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The Healthcare Bulletin

Update to RAI Manual

The January update to the Resident Assessment Instrument Manual was posted on the CMS website on January 30, 2006. The update can be accessed at: www.cms.hhs.gov/nursinghomequalityinits/20_nhqimds20.asp.

Medicare Prescription Drug Coverage - Provider Communication Form

On January 24, 2005, The Centers for Medicare and Medicaid Services posted a voluntary provider communication form for faxing communications between pharmacists and physicians. The form is not required, and it is not a legal document. The form can be accessed at the CMS website.

SNF Long Term Care Open Door Forum

CMS has changed the frequency of the Open Door Forums to every six weeks. The next SNF Open Door Forum is scheduled for March 16, 2006. Providers may sign up on a listserv on the CMS website to receive a notice for participation two weeks in advance of the forum.

Draft Guidance for Influenza and Pneumococcal Immunizations

CMS has posted a Draft Guidance for F334 for influenza and pneumococcal immunizations. The draft is open for comments until February 27. CMS expects to issue an advance copy of the final guidance in April 2006.

April Update of HCPCS Codes

CMS has posted the new HCPCS codes for consolidated billing. These can be accessed at www.cms.hhs.gov/Transmittals/2006Trans/list.asp#TopOfPage.

Outpatient Therapy Caps Exceptions Process

On February 15, 2006 the Centers for Medicare and Medicaid Services (CMS) released an exceptions process for the 2006 Part B therapy caps. The process, retroactive to January 1, 2006, allows for two types of exceptions to caps for medically necessary services: Automatic Exceptions and Manual Exceptions. For complete details visit the CMS website at www.medicare.

Work-around for Therapy Edit Problem

When a HIPPS rate code containing a rehabilitation RUG is present on a claim, the appropriate number of therapy ancillary codes are required. Claims that do not include required rehabilitation therapy ancillary revenue codes will be returned to the SNF for resubmission. The current SNF PPS policy does not require that another assessment be performed when therapy services are reduced. When one therapy service is discontinued at the end of the month, and the RUG-III code being used on the subsequent month's bill does not have the appropriate number of therapy ancillary codes, the SNF may utilize a "workaround." Medical records must reflect that the beneficiary continued treatment in at least one therapy discipline until the next assessment was required.

Enter a single line of coding to represent the therapy which has been discontinued:

429 for discontinued PT

439 for discontinued OT

449 for discontinued ST

Enter a unit of 1

Enter charges of .01

Providers should not be using this work-around for the purpose of getting the claim through the FISS when an OMRA is appropriate, and they have failed to do one. This work-around is only appropriate when there has been a decrease in the level of therapy services and the next regularly scheduled assessment is more than 10 days away.

Expedited Review Forms Available

The Medicare Generic Notice of Non-Coverage and the Detailed Notice forms for the new Expedited Review Process are available from MAPS Group in NCR copy. To place an order call Ed Roberts at 770-529-3241.

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