

January 2006

For more information
800.277.0080

www.mjcpa.com

**MAULDIN
& JENKINS**
CERTIFIED PUBLIC ACCOUNTANTS, LLC

Mauldin & Jenkins, Certified Public Accountants, LLC

The Healthcare Bulletin

SNF Long Term Care Open Door Forum

The SNF Long Term Care Open Door Forum will be held on Tuesday, January 31, at 2:00 PM Eastern Standard Time. Providers may participate by phone by dialing 1-800-837-1935. Reference Conference ID 3101878. An encore recording of the call can be accessed beginning two hours after the call has ended by dialing 1-800-642-1687. The recording expires after three full business days.

Presumption of Coverage

Beginning January 1, 2006, a beneficiary who classifies into one of the upper 35 RUG categories, may be covered under the "Presumption of Coverage" through the assessment reference date for the initial 5-day assessment. This coverage applies only when the beneficiary is admitted directly from the hospital.

RUGS Refinement Billing Tip

Be sure to check Final Validation Reports and submit billing with the right RUG for the right date of service. Use the RUG from the 44 RUG Group for claims with dates of service October 1, 2005 through December 31, 2005. Use the RUG from the 53 RUG Group for dates of service beginning January 1, 2006.

Physician and Non-Physician Practitioner (NPP) Visits

"In the SNF setting, after the initial visit by the physician, physicians may delegate alternating federally mandated physician visits to qualified NPPs (whether they are employed or not by the SNF).

Qualified NPPs in the NF setting, who are not employed by the NF, may at the option of the state perform federally mandated physician visits including the initial visit." (Source: *Medlearn Matters Number: MM4246*)

Documentation & Medical Review

Interdisciplinary (IDT) communication is critical for complete documentation in the clinical record. Documentation must "paint a

picture" of the beneficiary. It should be accurate, consistent, and supportive of Medicare coverage. Therapy documentation should give the level of independence prior to the patient's injury or illness.

OMRA Assessments

Many providers are still confused about OMRA assessments. "The Other Medicare Required Assessment (OMRA) is completed only if the resident was in a RUG III Rehabilitation Classification and will continue to need Part A SNF level of care service after the discontinuance of therapy." The OMRA assessment reference date must be set on day 8-10 after all therapies have been discontinued. "The OMRA will establish a new non-therapy RUG III Group and Medicare payment rate." (Source: *MDS 2.0 Users Manual page 2-31*)

OIG 2006 Work Plan - Rehabilitation and Infusion Therapy Services

The Office of Inspector General (OIG) 2006 work plan states: "Through medical review, we will analyze whether rehabilitation and infusion therapy services provided to Medicare beneficiaries in skilled nursing facilities (SNF) were medically necessary, adequately supported, and actually provided as ordered."

Medicare Resource Manual

Medicare Resource Information and Guidelines for the Skilled Nursing Facility a must for the new provider includes information for facility procedures, coverage and documentation, physician certifications and re-certifications, the new expedited review process, billing, and much more. Price: \$299. Revisions are available by subscription. Orders may be placed on the website at www.mjcpa.com or call 1-800-277-0080.

Disclaimer: The information contained in this bulletin is for general guidance only. Every reasonable effort has been made to assure the accuracy of the information. Mauldin & Jenkins disclaims all responsibility (including negligence) for all consequences of any person acting on, or refraining from acting on, information contained in this bulletin.