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The Healthcare Bulletin

Draft MDS 3.0

The new draft of the MDS 3.0 has been posted on the CMS website. The draft is now being tested nationally in a number of states and, based on the results, a determination will be made about the items that may be on the final version.

Medicare Premiums and Deductibles for 2007:

CMS has released the following Medicare Premiums and Deductibles for 2007:

Part A Premium	\$410.00
Part A Deductible	992.00
Part A SNF Coinsurance	124.00
Part B Premium	93.50
Part B Annual Deductible	131.00

One-fourth of beneficiaries can receive assistance that will pay for their entire Part B premium.

Coding MDS Section B4. Cognitive Skills for Daily Decision-Making

"If the resident 'rarely or never' made decisions, despite being provided with opportunities and appropriate cues, Item B4 would be coded as "3" for Severely Impaired. If the resident attempts to make decisions, although poorly, code "2" for Moderately Impaired. (Source: MDS 2.0 User's Manual page 3-47)

New ICD-9-CM Codes Effective October 1, 2006

Providers should be sure they have purchased new ICD-9-CM coding books and updated their software with the new codes that are effective October 1. There is no longer a grace period for the annual updates. Intermediaries will reject claims with invalid or discontinued codes. The new codes are available on the CMS website at www.cms.hss.gov.

Medicare Payments to Nursing Homes Will Increase In 2007

CMS publishes annual updates to the Prospective Payment System (PPS) payment rates in the Federal Register. In

the July 31, 2006 Federal Register, CMS states there will be a 3.1% rate increase for Skilled Nursing Facilities in 2007. This rate hike will increase Medicare payments to nursing homes by approximately \$560 million.

Therapy Documentation Tip

Weekly summaries should include a mechanism of how the therapist communicated with other disciplines. Include multi-discipline conference notes.

Benefits Exhaust and No-Pay Bills

Under the new standard process effective on October 1, 2006, an SNF must submit monthly a benefits exhaust bill for those patients that continue to receive skilled care and also when there is a change in the level of care. In addition, SNF providers must submit no payment bills for beneficiaries that have previously received Medicare-covered care and subsequently dropped to a non-covered level of care, but continue to reside in a Medicare-certified area of the facility. For complete instructions, read the MLN Matters 4292 and the Medicare Claims Processing Manual. Providers should also refer their fiscal intermediary bulletins.

Restorative Nursing

All residents are candidates for nursing-based rehabilitative care that focuses on maintaining and expanding activities of daily living. **Nursing Rehabilitation/Restorative Care** manual for long term care facilities is a practical guide for the development of a nursing rehabilitation/restorative care program that will benefit residents and the provider's reimbursement. Price: \$99. For more information or to place an order, call Ed Roberts at 770-529-3241.

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