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# The Healthcare Bulletin

## **Resident Assessment Instrument Self Study and Case Study for MDS Training**

New MDS coordinators and other members of the interdisciplinary team may benefit from utilizing the self study guide that can be accessed at the following link: <http://www.nursinghomehelp.org/selfstudy.pdf>. These tools, developed by members of the Statewide Committee to improve the reliability of information for Missouri Nursing Homes, were revised in May 2006.

### **Name Change for Medicare/Medicaid Provider Number**

The Medicare/Medicaid Provider Number has been renamed the CCN (Centers for Medicare and Medicaid Services Certification Number). This change, effective immediately, is to avoid confusion with the National Provider Identifier (NPI). The CCN will be used in survey and certification, Assessment-related activities, and communications.

### **CMS Skilled Nursing Facility /Long Term Care Open Door Forum**

The next CMS Skilled Nursing Facility/Long-Term-Care Open Door Forum is scheduled for March 28, 2007 at 2:00 PM Eastern Daylight Time. To participate by phone, dial 1-800-837-1935 and reference Conference ID: 9401532. An encore recording of this call may be accessed by dialing 1-800-642-1687 and entering the Conference ID., beginning 2 hours after the call has ended. The recording expires after three business days.

### **OIG 2007 Work Plan - Skilled Nursing Facility Consolidated Billing**

The OIG 2007 Work Plan for Skilled Nursing Facilities includes determining whether controls are in place to preclude duplicate billings under Medicare Part B for services covered under the SNF PPS and assessing the effectiveness of Common Working File edits established in

2002 to prevent and detect improper payments.

### **Benefits Exhaust and No Pay Bills**

Medicare Billers and clinicians must have communication procedures in place in order to comply with the Benefits Exhaust and No Pay billing instructions. The clinical staff must inform the billing office when a Medicare beneficiary drops below a Medicare skilled level of care. This begins the tracking of the 60- day break in skilled services. Clinicians also are responsible for informing the Medicare biller when a beneficiary changes to a Medicare skilled level of care.

### **Quarterly HCPCS Code Update**

The April update to the HCPCS code list can be accessed at [www.cms.hhs.gov/SNFconsolidatedBilling/75\\_2007\\_FI\\_Update.asp](http://www.cms.hhs.gov/SNFconsolidatedBilling/75_2007_FI_Update.asp). The update includes three additional chemotherapy administration codes that are exclusions from consolidated billing. The implementation date for this update is April 2, 2007.

### **Rehabilitative Therapy**

"The concept of rehabilitative therapy includes recovery or improvement in function and, when possible, restoration to a previous level of health and well-being. Therefore, evaluation, re-evaluation, and assessment documented in the Progress Report should describe objective measurements which, when compared, show improvements in function, or decrease in severity, or rationalization for an optimistic outlook to justify continued treatment." (*Source: Medicare Benefit Policy Manual, Chapter 15, Rev. 63, 12-29-06*)

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