



An Informational Bulletin Brought To You By Polaris Group

CMS Releases 2018 Therapy Code Updates

The Centers for Medicare and Medicaid Services (CMS) released the 2018 therapy code changes that become effective Jan. 1, 2018. The additions, changes, and deletions to the therapy code list reflect those made in the Calendar Year (CY) 2018 Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4).

- The CPT editorial Panel revised the set of codes physical and occupational therapists use to report orthotic and prosthetic management and training services by differentiating between initial and subsequent encounters through the;
 - (a) Addition of the term “initial encounter” to the code descriptors for CPT codes 97760 and 97761.
 - (b) Creation of CPT code 97763 to describe all subsequent encounters for orthotics and/or prosthetics management and training services.
 - (c) Deletion of CPT code 97762.
- The new long descriptors for CPT codes 97760 and 97761 are now intended only to be reported for the initial encounter with the patient, and are as follows:
 - CPT code 97760 (Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes).
 - CPT code 97761 (Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes)
- CMS will add CPT code 97763 to the therapy code list and CPT code 97762 will be deleted.
- The therapy code list is updated with one new “always therapy” code and one new “sometimes therapy” code, using their HCPCS/CPT long descriptors, as follows:
 - CPT code 97763 – This “always therapy” code replaces/deletes CPT code 97762.
 - CPT code 97763: Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes.
 - HCPCS code G0515 – This “sometimes therapy” code replaces/deletes CPT code 97532.

-HCPCS code G0515: Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes.

To read the complete CMS MLN 2018 Therapy Code Updates: http://polaris-group.com/news_releases.asp

CMS Finalizes Changes to the Acute-Care Bundled Payment Models

On November 30, 2017, the Centers for Medicare and Medicaid Services (CMS) announced a final rule and interim final rule with comment period in the Federal Register. This rule finalizes the cancellation of the Episode Payment Models (EPMs) and the Cardiac Rehabilitation (CR) Incentive Payment Model that were to begin on January 1, 2018 and implements changes to the Comprehensive Care for Joint Replacement (CJR) Model.

- This final rule cancels the most recent mandatory bundling program. This is the program that would have added two cardiac episodes to mandatory bundling. CMS had previously delayed this program until January 1, 2018 and has now eliminated it.
- The final rule also makes major changes to the initial mandatory bundle, the Comprehensive Care for Joint Replacement (CJR). Specifically, the rule reduces the number of Metropolitan Statistical Areas (MSAs) included in the demonstration from 67 to 34. Low-volume and rural hospitals will not be required to participate. For the 33 MSAs that are eliminated, bundling can continue but only on a voluntary basis. For a complete list of the MSAs that are included; <https://innovation.cms.gov/initiatives/cjr>
- CMS states that it expects to roll out additional opportunities for providers to participate in voluntary initiatives instead of mandatory bundled payment models.
- In addition to the final rule, CMS issued an interim final rule with a comment period establishing and seeking comment on a policy to provide flexibility in determining episode costs for providers located in areas impacted by extreme and uncontrollable circumstances, such as the hurricanes that occurred in 2017.

To read the CMS Final Rule; http://polaris-group.com/news_releases.asp



CMS Releases RAI Manual Errata Document V1.15R

CMS has released replacement pages for the MDS 3.0 RAI Manual, with changes in Chapter 3, Sections I, N, and P.

The errata document begins with a table that lists all identified revisions and the pages to which they have been applied. Following the table are the actual corrected replacement pages.

Section I: Diagnoses

The coding instructions for I2300, Urinary Tract Infection, have been updated.

Item I2300 Urinary tract infection (UTI):

The change comes in the addition of a third and fourth bullet under “Coding Tips” on page I-9:

- If the diagnosis of UTI was made prior to the resident’s admission, entry, or reentry into the facility, it is not necessary to obtain or evaluate the evidence-based criteria used to make the diagnosis in the prior setting. A documented physician diagnosis of UTI prior to admission is acceptable. This information may be included in the hospital transfer summary or other paperwork.
- When the resident is transferred, but not admitted, to a hospital (e.g., emergency room visit, observation stay) the facility must use evidence-based criteria to evaluate the resident and determine if the criteria for UTI are met AND verify that there is a physician-documented UTI diagnosis when completing I2300 Urinary Tract Infection (UTI).

Section N: Medications

CMS corrected a spelling error, updated a web-link and changed wording on page N-11 to update the explanation accompanying the list of resources and tools:

N0410: Medications Received

When an opioid, like Fentanyl, is delivered via a transdermal patch delivery system, code “days medication received” in N0410H for the number of times the patch was placed in the seven-day lookback period. On page N-8 a new first bullet has been added:

- A transdermal patch is designed to release medication over a period of time (typically 3–5 days); therefore, transdermal patches would be considered long-acting medications for the purpose of coding the MDS, and only the days the staff attaches the patch to the skin are counted for the MDS. For example, if, during the 7-day look-back period, a fentanyl patch was applied on days 1, 4, and 7, N0410H Opioid would be coded 3, because the application occurred on 3 days during the look-back period.

N0450: Antipsychotic Medication Review

The coding tips for N0450B and N0450C were revised, to include relocation of some coding tips and addition of new coding tips. These are now found on pages N-13 and N-14. The new coding tips are as follows:

Coding Tips and Special Populations (N0450B and N0450C)

- N0450B and N0450C, include Gradual Dose Reduction (GDR) attempts conducted since the resident was admitted to the facility, if the resident was receiving an antipsychotic medication at the time of admission, **OR** since the resident was started on the antipsychotic medication, if the medication was started after the resident was admitted.
- Do not include GDR that occurred prior to admission to the facility (e.g., GDRs attempted during the resident’s acute care stay prior to admission to the facility).
- If the resident was admitted to the facility with a documented GDR attempt in progress and the resident received the last dose(s) of the antipsychotic medication of the GDR in the facility, then the GDR would be coded in N0450B and N0450C.
- If the resident received a dose or doses of an antipsychotic medication that was not part of a documented GDR attempt, such as if the resident received a dose or doses of the medication PRN or one or two doses were ordered for the resident for a specific day or procedure, these are not coded as a GDR attempt in N0450B and N0450C.
- Discontinuation of an antipsychotic medication, even without a GDR process, should be coded in N0450B and N0450C as a GDR, as the medication was discontinued. When an antipsychotic medication is discontinued without a gradual dose reduction, the date of the GDR in N0450C is the first day the resident did not receive the discontinued antipsychotic medication.
- The start date of the last attempted GDR should be entered in N0450C, Date of last attempted GDR. The GDR start date is the first day the resident received the reduced dose of the antipsychotic medication.

Coding Tips and Special Population (N0450D and N0450E)

- In N0450D and N0450E, include physician documentation that a GDR attempt is clinically contraindicated since the resident was admitted to the facility, if the resident was receiving an antipsychotic medication at the time of admission, **OR** since the resident was started on the antipsychotic medication, if the medication was started after the resident was admitted to the facility.

Section P: Alarms and Restraints

In the coding instructions for P0100: Physical Restraints, a new coding tip was added as the fourth bullet on page P-5:



POLARIS GROUP™
Strategic solutions for health care



POLARIS PULSE

- When coding this section, do not consider as a restraint a locked/secured unit or building in which the resident has the freedom to move about the locked/secured unit or building.

A few revisions were made in the coding instructions for P0200: Alarms.

- When an alarm is used as an intervention in the resident's safety strategy, the effect the alarm has on the resident must be evaluated individually for that resident.

A few revisions were made in the Coding Tips:

- Wander/elopement alarm** includes devices such as bracelets, pins/buttons worn on the resident's clothing, sensors in shoes, or building/unit exit sensors worn by/attached to the resident that activate an alarm and/or alert the staff when the resident nears or exits a specific area or the building. This includes devices that are attached to the resident's assistive device (e.g., walker, wheelchair, cane) or other belongings.
- Bracelets or devices worn by or attached to the resident and/or his or her belongings that signal a door to lock when the resident approaches should be coded in P0200E Wander/elopement alarm, whether or not the device activates a sound or alerts the staff.
- When determining whether the use of an alarm also meets the criteria of a restraint, refer to the section "Determination of the Use of Position Change Alarms as Restraints" of F604 in Appendix PP of the State Operations Manual.

For the complete MDS 3.0 RAI Errata v1.15R; http://polaris-group.com/news_releases.asp

**Polaris Group Solution Center
Hotline Q&A
"Where No Question Goes Unanswered!"**

Question:

We have a resident who has Dementia and is always incontinent. When we take her to the shower room we place her on the toilet while we are preparing her for her shower and she will void. Would that be considered a continent episode?

Answer:

Yes, because the definition of continence is any void that occurs voluntarily, or as the result of prompted toileting, assisted toileting, or scheduled toileting.

Question:

Is transportation to dialysis an outlier for Medicare Part A?

Answer:

Yes, as long as the patient has a diagnosis of ESRD and the services is provided in a dialysis facility.

2017 WEBINAR TRAININGS

Polaris Group is pleased to offer the following
CEU approved live Webinars

	<u>Date</u>
<u>New Survey Process Training Series</u>	
De-Mystify IMPACT QMs - Current & Future	1/9
New Survey Process - November 2017	1/11
Focus on Phase 2 Rules	1/25
<u>Emergency Preparedness Training</u>	
Emergency Preparedness Requirements for LTC	1/24
<u>ICD - 10 Coding Training</u>	
ICD - 10 Coding Tips	1/31
<u>Part B Compliance Training Series</u>	
Part B Therapy Programs - Part 1 - Clinical	1/18
Part B Therapy Programs - Part 2 - Therapy Documentation	1/23
Part B Therapy Programs - Coverage and Billing	2/13
Part B Therapy Programs - Triple Check, Therapy Denials & Appeals	2/14

Please join us!

**For further information, please contact the Webinar
Department at: 800-275-6252 ext. 250
or register online at: www.polaris-group.com**



Comprehensive 3-day training workshops to implement
a compliant and successful Medicare program

**Training Workshops for LTC
Current 2018 Dates & Locations:**

Advanced Billing for SNFs

May 22-24 Chicago, IL
August 21-23 Las Vegas, NV
October 16-18 Orlando, FL

SNF Medicare & PPS Compliance

February 13-15 Las Vegas, NV
May 8-10 Denver, CO
November 13-15 New Orleans, LA

Surviving MAC/RAC/ZPIC Audits

April 18-19 Las Vegas, NV
September 12-13 Tampa, FL

SNF Billing Training

March 20-22 Las Vegas, NV
June 19-21 Orlando, FL
September 18-20 Dallas/Ft. Worth, TX

POLARIS PULSE is an informational newsletter distributed to **POLARIS GROUP** clients. For further information regarding services or information contained in this publication, please contact **POLARIS GROUP** corporate headquarters at 800-275-6252.

Contributors:

Debora Glatfelter, RN, RAC-CT
Victor Kintz, MBA, CHC, LNHA, RAC-CT, CCA
Marty Pachciarz, RN, RAC-CT
Cynthia Wilkins, RN, MSN, LNHA
Wendy Erickson, BSN, RN, RAC-CT, CCA

Editor:

Chuck Cave, BS, CHC

Production Manager:

Mica Meadows