



An Informational Bulletin Brought To You By Polaris Group

## CMS Launches Infection Control Pilot Program

The Centers for Medicare and Medicaid Services (CMS) has begun a three-year pilot project to improve infection control and prevention assessments for nursing homes, hospitals and care transitions between the two. Using funding from the Centers for Disease Control and Prevention, the program will begin with 10 pilot surveys conducted in nursing homes in FY 2016. Surveys in FY 2017 and FY 2018 will be performed in both nursing homes and hospitals.

The surveys will be conducted by a national contractor, and will give healthcare facilities guidance on improving prevention for urinary tract infections, diarrheal diseases such as C. diff and other infections commonly found in nursing homes. All surveys during the pilot will be educational surveys. While no citations will be issued as part of the program, referrals will be made to the CMS Regional Office if any Immediate Jeopardy deficiencies are found, according to the December 23, 2015 CMS memo.

### ICD-10-CM Transition Series Part 10

#### Episodes of Care Definitions Related to 7<sup>th</sup> Character

**Sample Common Definitions:** *(There are many other options)*

**Initial Encounter (A) - receiving active treatment** includes: surgical treatment, emergency department encounter, and evaluation and treatment by the same or a different physician (but still during active treatment). Additional examples provided by AHA are: diagnosis and assessment of acute injury and definitive treatment

(e.g., suture repair, fracture reduction), malunions/nonunions when patient delayed seeking treatment for fracture, referral to orthopedist for injury evaluation and treatment plan development, antibiotic therapy for postoperative infection, and wound vac treatment of wound dehiscence. We would most likely not use the 7<sup>th</sup> character A in LTC but need to recognize this code coming from the hospital and know that we would need to change 7<sup>th</sup> character to appropriate subsequent character such as D.

**Subsequent Encounter (D)** after active treatment during healing and recovery phase/frequently used in LTC includes: cast change or removal, removal of external or internal fixation device, medication adjustment, x-ray to check healing status of a fracture, other aftercare and follow-up visits following treatment of the injury or condition. Additional examples provided by AHA are: rehabilitative therapy encounters (e.g., physical therapy, occupational therapy), suture removal, follow up visits to assess healing status (regardless of whether the follow up is with the same or a different provider), dressing changes and other aftercare, fracture malunions and nonunions are assigned the appropriate 7<sup>th</sup> character for subsequent encounter for malunion or nonunion (unless the patient delayed seeking fracture treatment).

**Sequela (Late Effect): Residual effect (condition produced) arising as a direct result of an acute condition.** When using 7<sup>th</sup> character "S", it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself. The "S" is added only to the injury code, not the sequela code. The 7<sup>th</sup> character "S" identifies the injury responsible for the sequela. The specific



type of sequela (e.g. scar) is sequenced first, followed by the injury code. Examples of sequela are: scar formation after a burn, traumatic arthritis following previous gunshot wound, quadriplegia due to spinal cord injury, skin contractures due to previous burns, auricular chondritis due to previous burns, chronic respiratory failure following drug overdose. An example of a sequela code would be:

Diagnosis: Right claw hand deformity due to old (healed) upper arm median nerve injury would be coded in following order:

- M21.511 Acquired clawhand, right hand
- S44.11XS Injury of median nerve at upper arm level, right arm, sequela

Sequela is listed first followed by the injury that lead to the sequela with 7<sup>th</sup> character "S". Another example would be: patient presents for release of skin contracture due to third degree burns of the right hand that occurred due to a house fire five years ago.

Principal Dx: L90.5, Scar conditions and fibrosis of skin

Secondary codes:

T23.301S, Burn of third degree of right hand, unspecified site, sequela

X00.0XXS, Exposure to flames in uncontrolled fire in building or structure, sequela

### Combination Codes

Only assign a combination code when it fully identifies the diagnostic conditions involved or when the Alphabetic Index directs. Multiple coding would be incorrect if a combination code would fully describe a condition. When the combination code lacks necessary specificity in describing the manifestation or complication, an additional secondary code should be used. Common coding mistake being identified is the lack of using proper combination codes. Many providers continue to report two codes when ICD-10-CM provides a single combination code.

For example, when a patient with diabetes mellitus and polyneuropathy is seen, two codes are being reported to explain the diagnosis fully as:

[E11.9](#) Type 2 diabetes mellitus without complications and [G62.9](#) Polyneuropathy, unspecified.

This is incorrect. What should be coded in the scenario is the combination code of: [E11.42](#) - Type 2 diabetes mellitus with diabetic polyneuropathy.

## IMPORTANT NOTICE TO PROVIDERS – Plan Ahead for MDS Submissions

CMS has announced that the QIES system will be down from Wednesday, March 16, 2016 after 8:00 p.m. (EST) through Monday, March 21, 2016 at 11:59 p.m. (EST). This downtime will affect all QIES connectivity and systems. This means the national database, CASPER reports, and QW will NOT be available during this time.

In addition, the following submission systems will not be available for:

- Hospice Providers and the Hospice Item Set
- Inpatient Rehabilitation Facilities and the IRF-PAI
- Long-term Care Hospitals and the LTCH CARE Data Set
- Skilled Nursing Facilities and the MDS and
- Payroll-Based Journal, and
- Home Health Agencies and the OASIS





**Polaris Group Solution Center**

**Hotline Q&A**

**“Where No Question Goes Unanswered!”**

**Question:**

Why do we need to do an End of Therapy (EOT)? Therapy said an EOT is done only if therapy is going to resume after missing 3 days.

**Answer:**

The EOT is done to get a nursing RUG after therapy has missed 3 days and/or nursing is going to continue for the skilled service. The RAI says: An EOT is required when the resident was classified in a RUG-IV Rehabilitation plus Extensive Services or Rehabilitation group and continues to need Part A SNF-level services after the planned or unplanned discontinuation of all rehabilitation therapies for three or more consecutive days.

**Question:**

We have a resident that is under Medicare Part A and is requiring a service that is very expensive which is included under consolidated billing. We are thinking of discharging that resident during the time of the outpatient procedure then readmitting them on the same day. Can we do that?

**Answer:**

Chapter 6 of the Claims Processing Manual, Section 40.3.4 - Situations that Require a Discharge or Leave of Absence says if the beneficiary is formally discharged then, is readmitted or returns by midnight of the same day, he is not considered discharged. So discharging and readmitting a resident that is under a consolidated stay on the same day will not absolve the SNF from liability.



**2015 WEBINAR TRAININGS**

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	<b>Date</b>
<b>Survey Management</b>	
CMS F-Tag Regulations Review	Feb 3
Traditional Survey Process Tasks 1-5: Part 1	Feb 4
Traditional Survey Tasks 5-7 & Staff Preparation Part 2	Feb 9
Writing a Plan of Correction	Feb 10
<b>New Regulations October 1 Training</b>	
Overview of New Regulations Impacting LTC Oct 1 <i>*New Topic</i>	Feb 11
<b>ICD-10 Coding Tips Training</b>	
ICD-10 Coding Tips	Feb 15
<b>PEPPER Report Training</b>	
Using the New PEPPER to Support Auditing & Monitoring Efforts	Feb 17
<b>MDS Focused Survey Training</b>	
New MDS Focused Survey - Coming Your Way	Feb 23
<b>5 Star Training</b>	
Overcome 5 Star Anxiety	Feb 24
<b>ADL Coding Training</b>	
Master ADL Coding	Feb 24
<b>Triple Check</b>	
Triple Check & More	Feb 25

*Please join us!*

For further information, please contact the Webinar Department at: 800-275-6252 ext. 233 or register online at: [www.polaris-group.com](http://www.polaris-group.com)



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February 16-18 Orlando, FL  
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July 12-14 Raleigh, NC  
September 13-15 San Antonio, TX

**Advanced Billing for SNFs**

April 12-14 Chicago, IL  
August 16-18 Las Vegas, NV  
November 15-17 Orlando, FL

**Surviving MAC, RAC & ZPIC Audits**

April 27-28 Brentwood, TN  
October 5-6 Las Vegas, NV

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