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 7th 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 7th character A in LTC but need to recognize this code coming from the hospital and know that we would need to change 7th 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 7th 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 7th 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 7th character “S” identifies the injury responsible for the sequela. The specific
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
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.