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The AHIS Advisor

**AHIS is committed to your ICD-10 Readiness!
Join us for an Orientation to ICD-10 Webinar
Friday, November 4, from 10:30 – 11:30 am
RSVP to monique@ahis.net or call the office at
(714)558-3887
It is absolutely FREE to our clients!**

ICD-10: Let's Take a Look at History

~Rhonda Anderson, RHIA - President, AHIS

HIPAA 5010 – ELECTRONIC TRANSMISSION OF CLAIMS – A PRECURSOR TO ICD-10 CODE SETS

HIPAA – The Privacy Rule provides federal protections for personal health information held by covered entities and gives residents' rights with respect to the protection of their health information. At the same time it allows for disclosure for care and payment uses (diagnoses & services to support \$\$ charged).

The Security Rule provides a series of safeguards for covered entities to use to assure the confidentiality, security and integrity and availability of electronic Protected Health Information (PHI) (diagnoses, services and \$\$ charged transmitted to and from the facility)...of course along with other security and HITECH requirements.

The information we send every day for the coding and diagnoses along with the personal information of the resident falls under the HIPAA requirements and we know that.

ICD-9 was first adopted by the Centers for Medicare and Medicaid Services (CMS) on April 1, 1989. A little time has passed and many advances in health care and the services, technologies have occurred. ICD-9 produces limited data about a resident's medical condition, limited re: the technical advancement in medical practice and hospital procedures.

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If you would like to be added to our email listing to receive the *Advisor*, email the Office as above, with "Newsletter" in the subject line

ICD-10 (Continued)

ICD-10CM/PCS is more precise and provides better information. As we have said in prior newsletters and communications, ICD-10

- ✚ incorporates greater specificity and clinical information that results in:
 - ✓ Improved ability to measure health care services
 - ✓ Increased sensitivity when refining groups and reimbursement methodologies
 - ✓ Enhanced ability to conduct public health surveillance
 - ✓ Decreased need to include supporting documentation with claims.
- ✚ Includes updated medical terminology and classification of diseases.
- ✚ Provides codes to allow comparison of mortality and morbidity data
- ✚ Provides better data for measuring care, designing payment systems, making clinical decisions, tracking public health, identifying fraud and abuse, conducting research.

What we may find out is that Workers Compensation and Auto insurances may not use ICD-10.

Did you know the ICD-10 was further developed and adapted for use in the United States? There were and are various medical specialty groups that have contributed to the clinical accuracy and use of the ICD-10. Current Procedural Terminology used by the physicians and other clinicians will not change.

AHIS will outline in future newsletters the Steps for planning for ICD-10 to meet the required deadline of October 1, 2013.

New Requirement for Off-Label Use of Antipsychotic Meds

Many antipsychotic meds have a black-box warnings advising caution with use among the elderly. CDPH has long been concerned about the overuse and effectiveness of psychotropic meds in nursing homes. So it comes as no surprise that effective Oct. 1, 2011 all antipsychotics on the Medi-Cal Contract Drug List are subject to a Code 1 restriction under certain circumstances. If the med is being prescribed for a non-FDA-approved (commonly called "off-label") use for Medi-Cal beneficiaries in SNFs. This means that as of 10/1/11 a TAR will have to be submitted and reviewed by DHCS for medical necessity of the drug, and approved before it will be covered.

Updated F-Tags for Feeding Tubes

CMS recently released a new memo regarding changes in the F-tags regarding residents with tube feeding. Basically, F-321 and F-322 have been combined into the same F-tag (F-322).

F-321 stated that residents were not supposed to have NG tubes, unless their medical condition made it unavoidable. Now, F-322 will refer to all types of feeding tubes "used to provide enteral nutrition by bypassing oral intake."

The intent of the reg, as always, has been to make sure that resident's do not have feeding tubes unless it is medically necessary, they are used in compliance with current standards of practice, ensure measures to prevent complications are taken, and that the facility will try and restore as much normal eating as possible. The revised tags will be in the SOM effective 11/30/11.



From all of us at Anderson Health Info. Systems -- Have a Happy Thanksgiving!