PROCARE NEWS

ProCare Therapy Services Newsletter 3rd Quarter 2015

FALL HAS ARRIVED!

- Welcome to Fall! Don't forget to fall back on Sunday, November 1. Set your clocks back one hour at 2:00 a.m.!
- Lets give a friendly welcome and congratulations to:

Devon Smith, COTA , Heritage of Haynesville; Brad Herring, RD, PTA, Ouachita; Kim Huntsman, RD/COTA, Lake Village; Hannah Christmas, PTA, Lake Village; Brittany McJunkins, PT, Wentworth; Beth Hudspeth, OTR/L, new RD, Southern Trace

- ICD-10 is HERE!

FACILITY FOCUS: BELLE MEADE REHABILITATION & GUEST CARE

Groundbreaking for the 3rd Arkansas Greenhouse Cottage campus occurred this July. Belle Meade Rehabilitation and Guest Care, located in Paragould, a bedroom community just northeast of Jonesboro, patiently planned and waited for this groundbreaking. Belle Meade will continue to provide excellent care and rehabilitation services while awaiting completion of this state of the art concept facility.

The Green House Cottages of Belle Meade campus will consist of 9 individual cottages with 12 private rooms in each. This design will allow for a personal, private and home-like environment for residents and visitors. This campus will provide an essential and exceptional alternative for long term care and short term rehabilitation to the people of

Bele Meade's rehab team at the Cottages of Belle Meade ground breaking! Ross Ponthie, Mark Thomason, Jeff Zierbel, PTA, Michael Tenchavez, OTR/L, Sarah Lovan, PT, Missy Lillard, COTA

"Success is no accident. It is hard work, perseverance, studying, learning, sacrifice and most of all, love of what you are doing."

In This Issue

GOVERNOR'S Quality Award
CHALLENGE AWARD 2014

ICD-10 Is Not The End!

This month, October, 2015 we will see the largest expansion in diagnostic codes since 1979. The number of codes used for diagnosis (and billing) will increase from a paltry (ahem) 14,000 to 70,000, and hospital procedure codes will grow from 4,000 to 72,000. The reactions from health providers and those working in and around the healthcare system range from outright terror and predictions of doom, to a pragmatic acceptance regarding forward momentum.

Estimates regarding the increased time and cost involved with this change vary. Services provided after October 1, 2015 will need to have codes updated from ICD-9 to ICD-10. There is no automatic way to do this. An individual must make a clinical decision and perform specified system tasks to implement the change. Coding and claim experts are concerned that claims may increase significantly and payments may be delayed or denied as all parties learn the system, software changes are implemented, and patient charts update.

The reason for this change in diagnostic coding is not to terrorize the healthcare industry. Whereas many codes' specificity may appear to have dubious usefulness, (*just what were you doing when injured during the stampede*?) it is helpful to remember that this system is used for injury and illness world-wide. Also, the circumstance surrounding a disease or injury often affects the severity, and CMS and insurers claim that tracking and reimbursing severity is another important goal of ICD-10.

The specificity of correct diagnoses coding could actually help capture improved reimbursements in some cases, primarily hospitals and physicians. It is likely that we are better prepared than we think. CMS may initially offer some leniency related to specificity when the code category is correct, though commercial insurers will not. Also, it is important to remember that insurers and providers will need to work with both the ICD-9 for any claims generated for services provided *prior* to October 1, 2015.

GREENHOUSE COTTAGE CONCEPT

The Greenhouse Cottages strive to provide a neighborhood and familial environment and experience rather than an institutional one for elders living in the cottages, as well as for visitors and the surrounding community. The Greenhouse Cottages are designed to create a family home environment.

What is a Green House Cottage?
A Green House Cottage is an alternative to traditional residential nursing home care and housing. Rather than providing structured care within one large facility with shared institutional and functional spaces and routines, the Greenhouse concept provide a homelike setting within a house or "cottage." This smaller house provides private rooms and space for 10-12 people. Access to living areas, kitchen areas and common visiting spaces within the cottages are modeled after natural home family areas instead of institutional or medical structures that typically support large numbers of people. The cottages are modeled into "neighborhoods."

Why are cottages considered a favorable alternative to the traditional model?
Providing a homelike environment and a small community allows personal relationships and a more nurturing environment to occur naturally. The smaller community also allows for greater flexibility in routine, preferences and interests. By providing a neighborhood living environment and care that is modeled on the home environment, the cottages promote greater independence, and improved mental and physical health

Does an individual living in a Green House Cottage receive the same Medicare, Medicaid and Rehabilitation services that are available in other long term care settings?
Yes. The benefits that a resident of a cottage receives are the same received by a resident of Skilled Nursing Facility.

DID YOU KNOW?

- The ICD-10 was developed in 1992
- The ICD (international Classification of Diseases) is published by the World Health Org. (WHO)
- Canada has used the ICD-10 since 2000
- The ICD-9 is over 30 years old
- Francois Bossier de Lacroix is credited as the 1st to classify diseases systematically...in the 1700's.

CLINICAL CORNER - COPD

COPD? Wait! Isn't that primarily a medical issue?

Well, yes. Chronic Obstructive Pulmonary Disorder (COPD) is a disease characterized by generally irreversible airflow limitations. COPD leads to chronic bronchitis or emphysema and airflow obstruction that is generally progressive; this may be accompanied by airway hyperactivity that may be partially reversible. Causes include infections, allergens, skeletal problems, such as scoliosis, obesity, or nervous system diseases that affect the muscles that assist in breathing. Any factor that leads to chronic alveolar inflammation, such as smoking, may lead to COPD.

SO, how does COPD impact function and rehabilitation?

COPD results in preferential loss of lower extremity muscle strength. COPD patients are characterized by disuse atrophy, dyspnea and muscle fatigue. They may have problems with self-care tasks, mobility, leisure activities. COPD affects those tasks that require exertion. An individual with COPD may experience episodes of shortness of breath, decreased range of motion, and measurable decline in manual muscle strength. This is complicated by declining or low endurance and functional activity tolerance. A patient may or may not have insight into functional limitations or strategies to maximize function. Finally, a person with COPD, may have feelings of hopelessness or helplessness, and depression, which may lead to a withdrawal from social activities and further dependence. COPD patients are 2.5 times more expensive than any other Medicare patients because of the progressive course of disease and dependence on others.

So what can we do in therapy to help?

As clinicians, we can provide instruction and training in energy conservation techniques as well as active physical rehabilitation. Use of electrical stimulation, particularly the Omni stem FX2 is helpful. We should encourage focused maintenance of ADLs and mobility, conservation of energy, prioritize tasks, pacing activities, and economizing exertion.

Clinical suggestions: Functional neuro- electrical stimulation may be combined with strengthening activities to increase strength and activity tolerance, effectively using blood oxygen reserves. Use lower body resistive strengthening prior to progressing to progressing to aerobic training. This provides quick functional response to keep patient motivated. Consider interval training for aerobic exercise at intervals less than 30 seconds, for the same reason. Facilitate postural control and trunk extension to maximize breathing capacity. From sit, encourage anterior pelvic tilt; support of upper body on a table with forearms may be required; instruct in pursed lip breathing techniques and diaphragmatic breathing. Recommendations may include light weight coats in cold weather rather than heavy wool coats. Remember to allow rest breaks during exertion. Monitor vital signs, such as respirations, o2, heart rate, BP. Most importantly, work as a team to provide excellent service! Go Team ProCARE!

YES WE CAN

THERAPISTS, GET READY FOR ICD-10 !

What's the big deal?

The ICD-10 is the biggest change in therapists coding of treatment diagnoses that we have seen! We all must be prepared. The new code set allows for error and opportunity. ICD-10 demands DETAIL and SPECIFICTY!

This new code set requires greater descriptive detail:

- Laterality (right or left), traumatic or non-traumatic injury, dominant or non-dominant side; single condition or bilateral condition; or cause of traumatic injury (initial encounter, subsequent encounter, and sequela).
- ICD-10 has numerical changes:
  ICD-10 will include 3-7 characters. Character 1 is always alpha, character 2 is always numeric, and characters 3-7 are alpha or numeric. The decimal occurs after the third character.
- You will have to choose from many more possibilities within a disease process sequelae: One significant change from ICD-9 to ICD-10 is an increase in the number of diagnosis codes from just over 14000 codes to more than 69000 diagnosis codes.

ICD-10 will effectively increase the specificity of which we code. This will provide us all a clearer picture of the patient and the patient's need for skilled intervention. Specific coding will also allow us to provide the best care with the best practices. Accurate coding along with good documentation is good patient care. Remember that services billed prior to 10-1-2015 will be billed with ICD-9 codes, and services billed after 10-1-2015 will be billed with ICD-10 codes.

Communication between rehabilitation department and facilities is always important. Now, and moving forward, communication regarding treatment and diagnoses code is critical for accuracy. Accurate coding is necessary to provide and support treatment and billing. Let's work together to successfully transition to ICD-10!

ICD-10 EXAMPLES

Comparable Treatment Diagnosis
Lack of Coordination ICD 9 code 781.3 -à could be R27.0 Ataxia, unspecified
R27.8 Other Lack of Coordination
R27.9 Unspecified lack of coordination

Abnormality of Gait ICD 9 code 781.2 à could be R26.0 Ataxic Gait
R26.1 Paralytic Gait
R 26.89 Other abnormalities of gait and mobility
R26.9 Unspecified abnormalities of gait and mobility

Symbolic Dysfunction ICD 9 code 784.69 à could be R48.1 Agnosia
R48.2 Apraxia
R48.8 Other symbolic dysfunctions

Please contact Brian Brady if you have any questions. 501-944-6567 bbrady@procaretherapy.net

Contact Us

Give us a call for more information about our services, more information about your facility... or more information about you!

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