

Long-Term Care Survey Alert

Compliance & Drug News to Use

If you thought the RACs would remain quiet in the SNF realm, no such luck. "SNFs have tremendous risk with respect to the RAC program on the Medicare side -- particularly related to RUG rate assignment in the arenas of intensive therapy," cautions **Nancy Beckley**, a consultant in Glendale, Wis.

The HHS Office of Inspector General recently released a report "suggesting SNFs are coding people inappropriately at a higher RUG rate" that isn't supported by the medical record documentation, Beckley says.

The December 2010 OIG report specifically noted that "the percentage of RUGs for ultra high therapy increased from 17 to 28 percent" during that two year timeframe. And "the percentage of RUGs with high ADL scores increased from 30 percent in 2006 to 34 percent in 2008." The OIG notes that a change in the Medicare SNF population can't explain the increased utilization. The patients' ages and diagnoses upon SNF admission remained "largely unchanged from 2006 to 2008." (Read the full report at <http://oig.hhs.gov/oei/reports/oei-02-09-00202.pdf>.)

Acetaminophen dosing can add up when patients take opioid medications containing the drug. For that reason, the U. S. Food & Drug Administration is requesting drug-makers to hold the amount of the acetaminophen in these combination painkillers to 325 mg per pill or dosing unit, according to a statement from the agency.

"Examples of prescription products that contain acetaminophen include hydrocodone with acetaminophen (Vicodin, Lortab), and oxycodone with acetaminophen (Tylox, Percocet)," the FDA states.

The statement warns that "from 1998 to 2003, acetaminophen was the leading cause of acute liver failure in the United States, with 48 percent of acetaminophen-related cases (131 of 275) associated with accidental overdose." Read the full statement at www.fda.gov/Drugs/DrugSafety/ucm239821.htm.