Common MDS Coding Mistakes

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Agenda

• Overview of MDS Coding
• Section G: ADL Coding
• Section GG: Self Care and Mobility
  • Other neurological conditions
  • Diagnosis
• Section I: Active Diagnoses
  • ICD-10 Coding
Overview of MDS Coding Instructions

Uses of the MDS

• Resident Assessment and Care Planning
• Reimbursement
  • Medicaid
  • Medicare
• Quality Indicators/Quality Measures
  • Impacts survey
  • 5 star rating/nursing home compare web site
  • Value Based Purchasing
MDS Accuracy

• MDS Accuracy is critical to:
  • Proper care planning
  • Proper payment
  • Accurate Quality Indicators and related survey implications

• Nurse executives and facility administration play a critical role in monitoring MDS accuracy, timeliness, and implementation of strong RAI process systems

MDS Accuracy

• Updated MDS Manual
  • Most recent update: September, 2017
  • (was your manual up to date prior to that?)

• Errata Document December 2017
MDS Accuracy

- MDS manual contains definitions, instructions, clarifications and examples critical to accurate completion of the MDS
- Assessment Reference Date (ARD) is critical to accurate assessments
- MDS is a functional assessment

MDS Manual Contents

- Chapter 1: Introduction to the RAI Process, overview
- Chapter 2: Timing and Scheduling – OBRA and PPS assessments
- Chapter 3: Coding Instructions Item by Item
- Chapter 4: Care Area Assessments and Care Planning
- Chapter 5: Corrections Process
- Chapter 6: RUGS IV, Relationship of PPS Assessments to Billing
MDS Information Gathering/Documentation

• Each item in the MDS manual discusses the “steps for assessment,” which may include:
  • Talk to the resident
  • Talk to the family
  • Talk to staff
  • Review the record
  • Observe yourself

Assessment Reference Date

• MDS accuracy: assessment must match the resident as of the assessment reference date
• Assessment reference date is the common date from which each participant in the assessment will count back the designated number of days for their section to establish the observation period
• MDS is a snapshot based on the ARD
Potential Overuse of Dashes

• Assessment data of first year of MDS 3.0 data:
  • Shows a large percentage of dashes
  • Dashes used for up to 40% of items
  • Frequently used on discharge assessments
  • Has implications for use of data, particularly QMs
• IMPACT Act includes financial penalty for overuse of dashes

Communication and Documentation
Section G: Activities of Daily Living

Most Common ADL Coding Issues

• Consider each aspect of the ADL
• Understand Limited Assistance vs Extensive Assistance
• Focus on what the staff are doing
• Capture two person assist
• Use all available sources of information
  • Talk to staff, resident, family
  • Review the record
  • Observe yourself
ADL Self-Performance

- May vary from day to day, shift to shift. Or within shifts
- Must consider all three shifts and weekdays and weekends
- Must consider ALL aspects of an ADL
  - For example, bed mobility includes how the resident moves to and from a lying position, how the resident turns from side to side, and how the resident positions himself while in bed

Bed Mobility

- How did you help the resident lay down and sit up
- How did you help the resident roll over
- How did you help the resident position themselves in bed
Transfer

• How did you help the resident get into bed
• How did you help the resident get from the bed to a chair?
• How did you help the resident get from bed into a wheelchair?
• How did you help the resident stand up when they were sitting?

Eating

• How did you help the resident eat?
• How did you help the resident drink?
Toilet Use

• When the resident used the toilet, commode, bed pan, or urinal:
  • How did you help her get on and off
  • How did you help the resident clean herself
  • How did you help the resident change pad or brief
  • How did you help the resident adjust her clothing
  • How did you help with an ostomy or catheter

Additional ADLs for QMs

• Locomotion on Unit
  • How did you help the resident move between locations in his/her room?
  • How did you help the resident move between locations in the adjacent corridor on same floor?
  • If resident is in a wheelchair, how did you help the resident move once they were already in the chair?

• Walking in Corridor
  • How did you help the resident walk in corridor on unit?
ADL Self-Performance

• 0: Independent
• 1: Supervision
• 2: Limited Assistance
• 3: Extensive Assistance
• 4: Total Dependence
• 7: Activity Occurred only Once or Twice
• 8: Activity Did Not Occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period.

ADL Self-Performance

• Independent
  • No help or staff oversight
  • (The resident did this all by herself)
ADL Self-Performance

• Supervision
  • Oversight, encouragement, or cueing provided
  • (I watched the resident do this for safety, or I talked the resident through it)

• Limited Assistance
  • Resident highly involved in activity but received physical help in guided maneuvering of limbs or other non-weight-bearing assistance
  • (I touched the resident to help her, but did not lift her arm, hand, leg, foot, or any other body part and the resident did not lean on me at all)
ADL Self-Performance

• Extensive Assistance
  • The resident performed part of the activity over the last seven days, but the following help was also provided:
    • Weight-bearing support provided OR
    • Full staff performance of a subtask of the activity
  • (I lifted the resident’s hand, arm, foot, leg or some other body part or the resident leaned on me while I was helping them)

ADL Self-Performance

• Total Dependence
  • Full staff performance of activity
  • Complete non-participation by the resident in all aspects of the ADL
  • (I did this for the resident and she didn’t help me at all)
ADL Self-Performance

• Activity Did Not Occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period.
  • Over the last seven days, the ADL actually was not performed by the resident or staff and did not occur at all
  • Cannot code for assistance provided by family or significant others, nursing or STNA students, hospice staff

ADL Support Provided

• 0: No setup or physical help from staff
• 1: Setup help only
• 2: One person physical assist
• 3: Two or more person physical assist
• 8: ADL activity itself did not occur during the entire seven days
Section GG: Self Care and Mobility

Most Common Section GG Issues

• Who should complete? Section GG should be a collaboration between therapy and nursing, also considering resident, family and direct care staff self report

• What is the observation period?
  • On the 5 day, it is the first three days of the Part A stay or until the initiation of therapeutic interventions (could be shorter than three days)
  • On the End of Stay, it is the last three days of the Part A stay (A2400C plus prior two days)

• Capture the resident’s “usual performance” while allowing the resident to be as independent as is safe
Most Common Section GG Issues

• Understand exactly what each item is assessing
  • For example, eating is using suitable utensils to bring food to the mouth and swallow food
    • Someone who is being tube fed is not “eating” in Section GG – should be coded 88

• Understand the coding scales
  • Partial/moderate assistance vs. Substantial/maximal assistance
  • Remember that if two helpers are required, code dependent

“Active” Diagnoses
Section I – “Active” Diagnoses

• Must have a diagnosis within the last 60 days AND
• Must have been active in the last 7 days
  • Treatment provided, including meds
  • Nursing monitoring
  • Symptomatic
  • Consider writing a note for RUG qualifiers
  • Had a relationship to mood, behavior, cognition, treatments received or risk of death
• UTIs are different and are not a RUG qualifier

Section I - UTIs

• 30 day lookback period
• Must meet both of the following or do not code on MDS, just care plan:
  • Physician diagnosis
  • Meet criteria on Loeb, McGreer, etc.
• Not a RUG Qualifier, is a QM that is a Medicaid Quality Incentive point
ICD-10 Coding

Question and Answer Session

• Which MDS items confuse you the most?
• What coding question have you always wanted to ask?