

## Eli's Rehab Report

### SNF Reimbursement: MDS 3.0: Section G Changes Likely to Stir the Pot

#### Drastic ADL scoring changes could wipe out the RMX RUG category.

If you work in a skilled nursing facility setting and are getting up to speed on the Centers for Medicare & Medicaid Services' draft MDS 3.0, don't skip over Section G just because therapy doesn't fill it out. Changes in this section could potentially impact your team's productivity -- and even the overall reimbursement to the SNF.

#### Brace for More Meetings

When it comes to activities of daily living (Section G1 on the MDS 2.0), any billable time a resident spends in therapy will not be considered under ADL section on the MDS 3.0 (GO100), points out **Rena Shephard, MHA, RN, RAC-MT, C-NE**, founding chair and executive editor of the American Association of Nurse Assessment Coordinators and president of RRS Healthcare Consulting Services in San Diego.

Potential disadvantage: Residents will have variations in performance throughout the day, so if therapy observes something different than the nursing personnel observes, therapy's ADL documentation won't contribute to this MDS score, Shephard laments.

"For care planning purposes, it's critical that the rehab staff be in close communication with nursing -- even if there were no MDS," she says.

But this communication could easily become less if the MDS 3.0 doesn't need therapy notes to code section G. And that could even keep your SNF from getting optimum reimbursement should key ADL information that therapy sees go unrecorded.

If your skilled nursing facility has considered this, your rehab team could be affected from an efficiency standpoint, cautions **Kate Brewer, PT, MBA, GCS**, vice president of Greenfield Rehabilitation Agency in Greenfield, Wis.

"It could mean a lot more meetings, which is maybe necessary for the facility to obtain optimum reimbursement, but that's obviously not going to be billable therapy time -- so we should keep our ears perked to see how this ADL scoring develops and actually plays out," Brewer says.

#### RMX Soon a Thing of the Past?

If your SNF has been enjoying the Rehab Medium RUG "supercategory" that trumps the RVL category and scores you better reimbursement, that could change in October when the MDS 3.0 comes out. (Email the editor at [lindseyr@eliresearch.com](mailto:lindseyr@eliresearch.com) for two articles from Eli's Rehab Report that explain why the Rehab Medium RUG trumps the RVL category.)

Why: Although the MDS makes ADL scoring a lot simpler, it "drastically changes the scoring in a way that almost requires that CMS restructure and rebase the RUG categories because they now have a score of 1-8, and they don't have a crosswalk," Judd explains. "So the current scoring system that results in the end-split can't work -- it doesn't translate."

Stay tuned to future issues of Physical Medicine & Rehab Coding Alert for more information on what CMS' solution will be and for a more in-depth explanation of how the RUG scoring system works.