

Long-Term Care Survey Alert

MDS 3.0: Are You Making These Costly ADL Coding Errors?

Correct these 5 Section G mistakes and save your facility thousands in lost pay.

Section G0110: Activities of Daily Living (ADL) Assistance is one of the most labor-intensive MDS sections to code. Read on for tips on how to paint an accurate picture of how a patient is actually progressing.

"I know Section G is one that everybody loves to hate, and I completely understand," **Rena Shephard, RN, MHA, C-NE, RAC-CT**, president of **RRS Healthcare Consulting Services**, said in a **Centers for Medicare & Medicaid Services (CMS)** instructional session.

Most people code correctly, but you can make mistakes by under-coding based on your feelings about the patients, **Mary Leber**, director of consulting services at **Ecumen**, stated in a whitepaper.

"We don't always want to count the total number of occurrences because we want patients to return to their families."

Caution: "However, under-coding leads to underpayment for services," Leber warned. "Consider this startling statistic: one ADL coding error can cost as much as \$46.65 a day. One item encoded incorrectly on 45 assessments this month costs \$62,978 a month in reimbursements from the federal government."

And correctly coding Section G can place residents into a higher reimbursement category. Leber and Shephard explain how you can avoid some common Section G mistakes:

1. Capture Occurrences This Way

You must capture each episode of the ADL that occurred during the seven-day look-back period □ "whether it was five episodes in the whole seven-day period, or whether it was five episodes every shift for the whole seven-day period," Shephard said.

Important: "Always capture the number of occurrences from all three shifts (day, evening and night)," Leber stressed. "Get the same information from all three shifts and paint a picture through 24-hour days, not just a moment in time."

For example, if something occurs once on the day shift, once on the evening shift and six times on the night shift, don't enter this as three occurrences over three shifts □ code this as eight occurrences, Leber instructed.

2. Code One Column at a Time

You're much more likely to make mistakes if you try to code column 1 and column 2 for each item, rather than coding all items for column 1 and then all items for column 2, Shephard explained.

"And the reason is because the rules for the two different columns are so different that if you try to go back and forth, you kind of don't get your head out of the rules for column 1 and you're in column 2, and you can make mistakes."

3. What 'Set-Up' Actually Means

"Set-up" is simply when you're prepping for a task or an activity, Leber said. "Anything else □ verbal or tactile cues,

giving instruction or encouragement □ should be recorded separately and evaluated for encoding as Supervision or Limited Assistance, but this is not set-up in Section G."

Best bet: "Tracking tools should be in place allowing you to evaluate number of occurrences and level of staff assistance," Leber noted.

4. Don't Overstate Supervision

Supervision is one-on-one, Leber stressed. You can't say that you supervised 15 people in a dining area □ to say this, "you would need 15 staffers available to observe each of those residents."

5. Leave These Movements Out of Transfers

Pay attention to the definition for transfers, because transfers are well defined in Section G, Leber said. Transfers don't include things like lifting legs into beds (included with Bed Mobility) or movement to/from the bath or toilet (covered under Toilet Use and Bathing). According to the item definition, transfer is "how a resident moves between surfaces, including to or from bed, chair, wheelchair, standing position," Shepard stated.

"Technically, the transfer ends when the resident sits □ in a chair or on a bed mattress," Leber explained.