

## Long-Term Care Survey Alert

### MDS Corner: CMS Adds Another MDS 3.0 Training Session, Posts Revised RAI Manual

Don't miss this key change to UTI coding.

CMS is providing another opportunity for in-person MDS 3.0 training before the new instrument debuts on Oct. 1. People should "get their nickels and quarters together," said CMS' **Thomas Dudley** during the June 3 SNF/LTC Open Door Forum, as a way of introducing the training destination: Las Vegas, Aug. 9 through Aug. 13.

The purpose of the training, added CMS' **Sheila Lambowitz**, is to include people on the West Coast who may have been unable to attend the Baltimore training event.

Not just a replay: The Las Vegas training isn't going to be completely different from the Baltimore event, but it will include some updates based on the questions that people asked for CMS to answer, Lambowitz explained. Those will be included on the CMS Web site whether you attend the conference or not. Look for details about the training via the SNF/LTC Open Door Forum list serve and on the MDS 3.0 training site ([www.cms.gov/NursingHomeQualityInits/45\\_NHQIMDS30TrainingMaterials.asp](http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp)).

CMS Rolls Out Revised Manual

CMS was at press time still posting revised chapters of the MDS 3.0 RAI User's Manual on the same Web address.

A key change: CMS significantly revised coding instructions for urinary tract infection, as follows, quoted directly from the revised RAI manual for chapter 3, Section I, item I2300 (urinary tract infection):

#### **Code only if all the following are met**

1. Physician, nurse practitioner, physician assistant, or clinical nurse specialist or other authorized licensed staff as permitted by state law diagnosis of a UTI in last 30 days,
2. Sign or symptom attributed to UTI, which may or may not include but not be limited to: fever, urinary symptoms (e.g., peri-urethral site burning sensation, frequent urination of small amounts), pain or tenderness in flank, confusion or change in mental status, change in character of urine (e.g. pyuria),
3. "Significant laboratory findings" (The attending physician should determine the level of significant laboratory findings and whether or not a culture should be obtained),and
4. Current medication or treatment for a UTI in the last 30 days.

Resource: For a free copy of an MDS Alert article highlighting other changes to the manual, e-mail the editor at [KarenL@Eliresearch.com](mailto:KarenL@Eliresearch.com).