Codify
BY AAPC

Long-Term Care Survey Alert

RAI Compliance: Keep A Clean Survey Slate With The Latest

Beware: CMS has dished up a full plate of changes.

Throw out the old coding instructions and make way for the new on May 1 - or risk F tags for noncompliance in numerous areas.

The **Centers for Medicare & Medicaid Services** has released 55 pages of MDS coding clarifications, which take effect on May 1, 2005. Highlights include:

1. **ADL coding.** You can no longer include eating/drinking during med pass as part of a resident's ADL self-performance for eating (Section G1A).

2. **Wound coding in Section M.** In an effort to prevent coding redundancy, the RAI manual update directs providers to code in Section M1 only wounds caused by pressure or circulatory issues.

   Circulatory-related ulcers would include arterial or vascular insufficiency ulcers. In deciding whether to code diabetic ulcers in M1, look at the wound's etiology to see if it is pressure- or circulatory-related, said CMS' **Ellen Gay** in a presentation at the March 2005 **American Association of Nurse Assessment Coordinators** in Chicago.

   The term "diabetic ulcer" is not descriptive enough to determine the precise etiology of the wound, says **Rena Shephard, MHA, RN, FACDONA**, president of **RRS Healthcare Consulting** in San Diego. "The nurse, in consultation with the physician, should conduct a thorough assessment to determine the etiology of the ulcer," she says. "This is a clinical judgment."

   Code skin problems or lesions in M4c that aren't coded elsewhere in Section M. "M4c is a kind of basket or catch-all" for everything else, Gay instructed conference attendees.

   Starting May 1, you can code pressure-reducing devices in M5a and M5b (previous RAI manual language appeared to restrict coding of these items to pressure-relieving devices only).

3. **Signing the attestation at AA9.** All staff responsible for completing any portion of the MDS, MPAF and/or tracking forms must enter their signatures, titles, sections they completed and the date they completed collection of the information for their sections.

4. **Transfers of residents due to disasters (fire, flood, earthquake, etc.).** Facilities that have to transfer residents due to a disaster but expect the residents to return should contact their fiscal intermediary, regional office and state survey agency for guidance, the update directs.

   If the facility in such a case determines the residents won't return, it would discharge the residents. The receiving facility would start the MDS assessment cycle at admission. For questions about the latter scenario, contact your state survey agency and regional office.

   To view the complete document, go to www.cms.hhs.gov/quality/mds20.

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