

Long-Term Care Survey Alert

RAI Manual Update Contains Good News And Bad

Here are the highlights.

CMS giveth and taketh away in the August 2003 update to the Resident Assessment Instrument user's manual, which revises the December 2002 version. Among the key changes:

1. A more stringent definition of "program." A turning/repositioning program coded at Section M5c must be "organized, planned, documented, monitored and evaluated," according to **Mary Pratt**, a specialist with the **Centers for Medicare & Medicaid Services'** Center for Beneficiary Choices, Quality Measurement and Health Assessment Group. The agency intends to do a better job in making clear that this definition applies to other programs coded as such on the MDS, Pratt told attendees at the **American Association of Nurse Assessment Coordinators'** conference on Sept. 11 in Las Vegas.
2. A clarification for coding physician visits and orders at P7 and P8, respectively. CMS has deleted the provision that physician assistants and nurse practitioners working in collaboration with the physician may not be employed by the facility to be coded in these items. Also count visits/orders by clinical specialists working in collaboration with a physician. That's good news on the reimbursement front, considering that these MDS items count toward classification in the clinically complex category. Do not include visits that occurred during the resident's acute care stay.
3. No "rounding" numbers when calculating residents' weight change. Use the actual weight documented in the resident's clinical record to calculate the most accurate weight change recorded at K3, Pratt advised AANAC attendees.
4. Exclusion of IVs, IV meds and blood transfusion provided during cancer chemotherapy or dialysis. These treatments should not be coded in Sections K and P unless they were also provided during the nursing home stay and not simply during the chemotherapy or dialysis. Pratt characterized this change as reimbursement-related as Medicare considers that it already pays for the care as part of cancer chemotherapy or dialysis.
5. Pain coding instructions. The update deletes instructions to code a "0," No Pain, at J2, if the resident's goal for pain management is being met. The only time pain should be coded as "no pain" is when the resident experienced no pain during the lookback, regardless of the reason why he's pain free (such as a pain medication regimen), Pratt said.
6. Clarification of what counts as a medication for coding O1. To determine if a specific long-acting medication administered prior to the MDS observation period is still active and should be counted in O1, consult the physician, pharmacist, and or Physician's Desk Reference. IV additives (electrolytes and insulin added to the resident's TPN or IV fluids) also count in Section O1 and P1ac (IV medications).

Download the RAI manual update at <http://cms.hhs.gov/medicaid/mds20/rai1202-803.chg.pdf>.