

## MDS Alert

### CLIP & SAVE: Beware Differences Between MDS, CMS-802 Definitions

Find out where the crosswalk diverges.

**Picture this:** A surveyor demands to know why the CMS-802 doesn't indicate that Mr. Smith had a fecal impaction and chronic weight loss.

The most likely explanation is that those conditions on the CMS-802 don't exactly match the corresponding MDS item(s). For example, fecal impaction (item 12 on the CMS-802) includes residents who had the condition within the last 90 days. By contrast, MDS item H2d (fecal impaction) has a 14-day lookback.

Pay attention to these additional CMS-802 items that differ from their MDS counterparts:

- **Weight change/nutrition/swallowing/dentures.** Code "W" for this item if the resident has had an unintended weight loss/gain of 5 percent in one month or 10 percent in six months -- or chronic insidious weight loss or if he's at nutritional risk. MDS items for weight change don't differentiate between planned and unintended changes, but you code only unintended changes on the CMS-802. There's no crosswalk for chronic insidious weight loss or nutritional risk. Code a "W" manually with a W for either. "Insidious weight loss is a slow, steady and persistent weight loss over time" that's "clinically significant" when reviewed in the "aggregate," states the CMS-802 instructions.
- **Pressure sores.** Only check item 23 if the resident has a stage 2, 3 or 4 pressure ulcer(s).
- **Pain/comfort.** Check this item if the resident needs pain or comfort measures or is on a pain management program. You can't code a pain management program on the MDS.