

MDS Alert

Coding Tip: Does Your Turning/Repositioning Program Meet The RAI Manual Definition?

If not, your facility could be headed for a wounding medical review.

Simply turning and repositioning a resident at designated intervals may help prevent pressure ulcers, but it won't necessarily suffice for MDS coding and RUG payment purposes.

To take credit for a turning and repositioning program on the MDS, it has to be an "individualized care plan with interventions and goals," says **Julie Thurn-Favilla, RN**, a consultant with the Milwaukee office of **LarsonAllen**. The RAI manual defines "program" as a "specific approach that's organized, planned, documented, monitored and evaluated."

Coding a turning/repositioning program at M5c counts as one treatment for pressure ulcers. A resident with ulcers over all stages at two or more sites--or a single stage 3 or 4 ulcer--who receives two treatments qualifies for special care if he has an ADL index of at least 7. Other treatments that count are:

- M5a, b: Pressure-relieving chair and/or bed (if both provided, count only one)
- M5d: Nutrition or hydration intervention
- M5e: Ulcer care
- M5g: Application of dressings (not to feet)
- M5h: Application of ointments (not to feet)

Hot audit tip: Ancillaries recorded on the UB-92 can clue you in to an inappropriate RUG score, says **Marc Zimmet, MBA**, principal of **Zimmet Healthcare Services Group LLC** in Morganville, NJ. For example, if the UB-92 includes an air fluidized bed, and the resident has classified into clinically complex, you know that the beds are typically ordered for only a stage 3 or 4 ulcer, he says. So you might investigate whether the resident should have at least gone into special care.