MDS Alert

CODING TIPSTER: Simple StrategiesWill Make Your Bathing Coding Pristine

Sidestep common reasons for miscoding bathing and related ADLs.

Bathing is one area where following the usual coding rules for ADLs in Section G will cause you to miss the boat. You also have to know what the ADL includes, which can be a bit tricky.

The coding ropes: While the coding for support (Column B) is the same for bathing as the other ADLs in Section G, self-performance (Column A) is quite different.For the latter, "code the appropriate amount of help indicated on the MDS," says **Marilyn Mines, RN, RAC-CT, BC**, manager of clinical services for FR&R Healthcare Consulting in Deerfield, Ill. That includes "no help, supervision, physical help limited to transfer only, [physical] help with any part of the bathing activity, or total dependence," Mines adds (see the quizzer on p. 32).

Key: Code the maximum amount of assistance provided during the lookback period even if the staff person(s) provided it only once, advises **Jennifer Gross, BSN, RN, RACCT**,healthcare specialist with PointRight Inc. in Lexington, Mass.

Don't Double Dip

"Be careful in coding transfers in G1b since the transfer to the shower or tub is included in the bathing ADL, and shouldn't be counted in coding transfers," says Gross.

The bathing ADL doesn't include washing the back or hair, according to the RAI User's Manual.

Target These Common Causes of Under-Coding

Undercoding bathing can occur because CNAs tend to document bathing in a way that gives the resident credit for doing his own bath,observes Gross.

Yet in terms of self-performance,a resident might do all of his upper body bathing but can't reach his legs and feet to make sure they are clean, she notes. And if CNAs provide hands-on physical assistance in that scenario, they should document the care and communicate it to the care team, Gross stresses.

People may also be somewhat lax about coding bathing accurately because it's not a late-loss ADL. However, "coding the ADLs that don't affect RUG placement is important for regulatory compliance and good practice, as assessment and coding affect care planning," says **Pam Campbell, RN**, a consultant with LTC-Solutions, a software and educational company in Cape Girardeau, Mo.

If your facility has a policy requiring staff to supervise all residents when bathing regardless of the residents' capabilities, you can code the staff supervision, according to the RAI User's Manual. That's the case even if the supervision is provided as a precautionary measure, according to the manual.

Tip: "If you have to pull the person up in bed and position him or her before giving a bed bath, count that assistance as part of bed mobility," advises **Joan Brundick, RN**, state RAI coordinator for Missouri.

Resource: To improve outcomes,including behavioral symptoms during the bath, read experts' suggestions in "Turn Bath Time Into Quality-of-Life and Care Time," in the Vol. 7, No. 2 issue of MDS Alert,available in the Online Subscription System.