

## MDS Alert

### Compliance: Don't Let These Rehab RUG Hot Spots Burn You On An Audit

The time to unravel these patterns is sooner rather than later.

Your RUG patterns can tell you if your therapy delivery and billing may need some quick rehabbing before the FI nabs you.

Case in point: Consultant Marc Zimmet, MBA, has seen FIs "raise some red flags" when a facility has many patients in RUA and RVA (ultra high or very high rehab) where the "A" at the end signals patients with very low ADL scores.

"FIs may investigate RUA/RVA on the five-day MDS because, by definition, the resident is independent on admission," which makes it harder, although not impossible, to "justify" ultra-high or very high rehab, says Zimmet, principal, Zimmet Healthcare Services Group in Morganville, NJ.

Bottom line: "If the facility has a lot of rehab RUGs ending in A on the five-day MDS, make sure you're not being overly aggressive with therapy," advises Zimmet, noting his firm has seen some FI audits on that issue.

Identify Aberrant RUG Progression

The way a resident moves from one RUG to another can clue you into when to review a resident's medical record documentation.

Examples: Take another look at a resident who goes from ultra to rehab medium on the five-day to 14-day or vice versa ...quot; or someone who goes from a rehab RUG to a clinical RUG, suggests Katy O'Connor, MSPT, a consultant with Zimmet Healthcare Services Group.

Of course, there may be reasons why that will legitimately occur, O'Connor adds. "Someone could have been in an ultra rehab group and suffered an acute condition that caused him to go into a clinical RUG [because he stopped therapy or isn't receiving enough to go into a rehab RUG]." But make sure the documentation explains what's going on.