MDS Alert

Corrections:

Do you have an eagle eye for MDS? The last issue included some misinformation.

On page 129, you'll see the following text: "Coding incontinence at H1b (on a scale of 0 to 4) depends on the frequency of episodes that meet the RAI definition of incontinence during the 14-day look-back, including the assessment reference date (ARD)."

Correction: The scale is 0-3 and 9. The look-back period for this item is 7 days. Refer to Chapter 3-H of RAI mansual.

On page 133, you'll see the following text:

"Diagnosis coding tip: You may record ICD-9-CM codes in Section I3 to explain the resident's type of incontinence, as follows:

Urge incontinence: 788.31

Stress incontinence (female): 625.6

Urge and stress incontinence: 788.33"

Correction: You cannot automatically code a type of incontinent in section I. The above comment may imply that you can, but you cannot. Check out this guidance from Chapter 3-I of the RAI manual: "Physician-documented diagnoses in the last 60 days that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period."

Also, on page 134, you see the following text: "The nurse practitioner assesses and treats residents following the F315 (urinary incontinence/catheters) survey guidelines and incontinence RAP." However, RAPS have not been used since October 2010. There is however, a CAA for Urinary Incontinence and Indwelling Catheter which should be used in lieu of the RAP.