MDS Alert

Industry News to Use: Still Confused About Quadriplegia? CMS Offers Clarification

Plus: CMS issues several other updates during the recent SNF/LTC ODF.

If you're coding I5100 without a diagnosis of quadriplegia, you're making a big mistake.

You must have a physician-documented diagnosis in order to code I5100 Quadriplegia, according to the March 21 **Centers for Medicare & Medicaid Services** (CMS) Skilled Nursing Facility/Long Term Care (SNF/LTC) Open Door Forum (ODF). You would code the underlying diagnosis if it's associated with quadriplegia.

Code functional quadriplegia in MDS item I8000 if the diagnosis refers to complete immobility due to severe physical disability or frailty that extends to all limbs. Item I5100 Quadriplegia refers to paralysis of all four limbs, arms and legs, caused by spinal cord injury.

For all diagnoses listed in MDS 3.0 Section I (Active Diagnoses in the Last 7 Days), you must code diagnoses that "refer to a physician-documented (or nurse practitioner, physician assistant, or clinical nurse specialist) diagnosis that is based on his or her clinical assessment and judgment."

In other news ...

Don't Hold Your Breath for QAPI & ACA-Related Regulations

CMS is still working on regulations on nursing home ethics and compliance programs, as mandated by the Affordable Care Act Section 6102. The agency has yet to issue rules and won't issue instructions to surveyors until the rules are promulgated, according to the March 21 SNF/LTC ODF.

CMS also noted in the ODF that the Quality Assurance and Performance Improvement (QAPI) regulation is still in development, but the agency did not offer an expected publishing date for the proposed rule. You can look for updates on the Unified Agenda of Regulatory and Deregulatory Actions at www.reginfo.gov/public/do/eAgendaMain, and you can send questions to the QAPI mailbox at NHQAPI@cms.hhs.gov.

Additionally, the ODF clarified that only the following should be transmitted for non-PPS assessments:

- OBRA assessments in A0310A (required for all residents in Medicare and/or Medicaid certified beds);
- Assessments completed for Medicare Part A reimbursement; and
- MDS assessments used for Medicaid reimbursement in certain states, transmitted pursuant to state requirements.

Get Ready for Nursing Home Compare to Display Deficiencies Statements

In a March 22 Survey and Certification Letter, CMS announces that beginning now Nursing Home Compare users will be

able to access facilities' Statements of Deficiencies (CMS-2567s). The now public data will include Statements of Deficiencies for the preceding three standard health surveys and three years of complaint surveys.

CMS has been posting CMS-2567s for nursing homes since July 2012, but in a much smaller scope only for the most recent standard health survey and the most recent 15 months of complaint surveys, according to Washington, D.C.-based **Leading Age**. Also, now CMS plans to add indicators for the scope and severity of each deficiency cited so that users can better interpret each Statement of Deficiency's findings.

You can read the entire CMS memo at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-21.pdf.