

MDS Alert

Item Focus: Follow These Tips for Flu Coding

Hint: The timing of flu diagnosis affects your MDS coding.

You probably noticed that there's no space for "influenza" in MDS Section I (Active Diagnoses). If a resident tests positive for flu, there are certain circumstances that must be met in order to include the diagnosis in the MDS.

The MDS does have a space in Section I where you might code influenza as an active diagnosis: item I8000 (Other ... additional active diagnoses).

"If the flu is diagnosed by a physician or nonphysician practitioner with adequate lab results to make that diagnosis, AND it is active during the ARD observation period, that diagnosis would be included in I8000," says **Marilyn Mines, Rn, BC, RaC-Ct**, senior manager at **Marcum LLP** in Deerfield, Illinois.

If the resident's flu diagnosis occurs within the aforementioned circumstances, symptoms could be coded elsewhere in the MDS, too. J1550 (Problem Conditions) lists four symptoms, some of which may present in a flu diagnosis. Code if applicable, Mines says.

What about Isolation?

The **Centers for Disease Control and Prevention** (CDC) strongly recommends isolating or quarantining residents who test positive for flu (or are suspected to be infected). The MDS addresses isolation and quarantine in subitem O1000M, but it can be tricky to decide what qualifies as isolation per the **Centers for Medicare and Medicaid services** (CMS) definition or the RAI process.

The RAI Manual says to code single-room isolation only if the following four conditions are met:

1. "The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
2. "Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
3. "The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.
4. "The resident must remain in his/her room. This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.)."

(See story on page XX for CDC recommendations on standard precautions and droplet precautions when confronting influenza in long-term care facilities and populations.)

Facilities may quarantine two residents with flu diagnoses in one room, which would violate condition 3 listed above, and therefore prevent coding O0100M (Isolation for active infectious disease (does not include standard precautions)).

"Isolation is a bit trickier," Mines says. "We only code in Section O if the person is put on strict isolation: in a single room, remains in room at all time with services brought to the person. If that is not the recommendation by the CDC for the type of isolation diagnosed, then isolation would not be coded. If the resident does have the flu that requires strict isolation, then the resident would be isolated and it would be coded in O1000M."

