

## MDS Alert

### MDS 3.0 Coding: Keep an Eye on UTI in Section I

**Get advice on coding this condition on the MDS and doing quality assurance.**

When an assessor is considering coding UTI on the MDS 3.0, he or she should keep in mind the 30-day lookback, which is different from the rest of Section I, reminds **Jennifer Pettis, RN, WCC, RAC-MT**, director of program development for Harmony Healthcare International in Topsfield, Mass.

The RAI User's Manual requires the following to be present in order for you to code UTI:

"Item I2300 Urinary tract infection (UTI):

-- The UTI has a look-back period of 30 days for active disease instead of 7 days.

-- Code only if all the following are met

1. Physician, nurse practitioner, physician assistant, or clinical nurse specialist or other authorized licensed staff as permitted by state law diagnosis of a UTI in last 30 days,
2. Sign or symptom attributed to UTI, which may or may not include but not be limited to: fever, urinary symptoms (e.g., peri-urethral site burning sensation, frequent urination of small amounts), pain or tenderness in flank, confusion or change in mental status, change in character of urine (e.g. pyuria),
3. 'Significant laboratory findings'. (The attending physician should determine the level of significant laboratory findings and whether or not a culture should be obtained), and
4. Current medication or treatment for a UTI in the last 30 days."

Source: RAI User's Manual.

**Also keep in mind:** The McGeer criteria (see page 90 of this issue) "differs vastly from the RAI User's Manual definition, which must be met in order to code [UTI on] the MDS 3.0," Pettis points out.

QA tip: "The MDS 3.0 coding instructions are "very vague" in terms of "significant laboratory findings," says **Daniel Haimowitz, MD, CMD**, a nursing facility medical director in Levittown, Pa. This could include a "probably insignificant WBC elevation on a CBC -- or a 'dirty urine' as diagnosed on an ER visit for an unrelated problem." Thus, if the facility is going to do a quality assurance project looking at UTI, "using the McGeer criteria is more accurate for making sure there really is a UTI."