

MDS Alert

MDS Accuracy: Follow The Logic--Here's How The RUG Grouper Calculates The CPS Score

Detect MDS coding problems that can derail your score.

Key: To know if your payment is on target, you have to know not only a resident's Cognitive Performance Scale score but also how it's calculated. That way, you can double check your MDS coding accuracy when a dementia resident doesn't get at least a 3 on the scale--the minimum score that flags someone as cognitively impaired for RUG classification purposes.

The RUG grouper calculates the Cognitive Performance Scale invisibly. But many vendors "supply the ADL score and the CPS score so the MDS nurse or team can check to see if it seems right and how the score compares to prior assessments," says **Peter Arbuthnot**, regulatory industry analyst with **American HealthTech Inc.** in Jackson, MS.

Most everyone knows that Section B drives the scoring. Yet some MDS folks say they are surprised to find out that a resident's dependency in eating plays into the calculation, says Arbuthnot.

Here's how the grouper calculates scores of 5 and 6:

A resident will have a CPS of 6 if he is comatose (B1 = 1) and wasn't awake at all during the lookback (N1a, b, c = 0) and his ADL self-performance scores (G1aA, G1bA, G1hA and G1iA) are coded as 4 (total dependence) or 8 (activity did not occur), and his B4 (decision-making) is not 0, 1 or 2.

He will also get a 6 if he's coded at B4 as a 3 (severely impaired) and G1hA (eating) is 4 or 8.

CPS of 5: If B4 (decision-making) is 3 and G1hA (eating) is a dash, 0, 1, 2, 3.

Two Scales Play Into Scores Below 5

Once the grouper gets past the fact that the resident isn't comatose--or B4 (cognitive skills for daily decision-making) isn't tied in with eating--then it calculates CPS scores that fall below 5, says Arbuthnot. To make the calculation, the grouper looks at two scales or counts: An impairment count and a severe impairment count.

The impairment count: This scale can have a score or value between 0 and 3. The grouper calculates the score based on a count of B2a (short-term memory recall), B4 (cognitive skills for daily decision-making) and C4 (making self understood), says Arbuthnot. "If B2a is 1, the resident gets one point. If B4 is 1 or 2, then you add another point. If C4 is 1, 2 or a 3, then you add another point" for a total possible score of 3.

The severe impairment count: This scale can have a score between 0 and 2. If decision-making at B4 = 2, then add 1 point for this scale, advises **Marilyn Mines, RN, BC**, director of clinical services for **FR&R Healthcare Consulting** in Deerfield, IL.

If C4 (making self understood) is a 2 or 3, add another point. The resident gets no points if he has neither of those conditions.

So now you have two scores and are ready to actually calculate the CPS score.

If the first scale (impairment count) has a score of 2 or 3, then the grouper will also look at the severe impairment count,

says Arbuthnot. If the impairment count score is 2 or 3 and the severe impairment count is a 2, then the CPS is a 4.

If the impairment count is a 2 or 3 and the severe impairment count is 1, then the CPS is a 3.

Resident Scoring Below 3?

If the resident appears to have cognitive impairment and his score falls below 3, re-check your coding.

Tip: Make sure you didn't undercode C4 (makes self-understood) which could be why the resident's score isn't as high as you thought it should be (for details, see "Miscoding C4 Can = A Lost RUG Placement," included within this issue).