

MDS Alert

MDS & Billing News

Check out the January 2006 RAI manual update. The update includes changes to the triggers for the Dehydration/Fluid Maintenance RAP. As of Jan. 1, the **Centers for Medicare & Medicaid Services** announced that the following ICD-9 codes will join the list of triggers for the Dehydration/Fluid Maintenance RAP when reported on the MDS in Section I3:

- 276.50 (Volume depletion, unspecified)
- 276.51 (Dehydration)
- 276.52 (Hypovolemia)

Previously, 276.5 (Volume depletion) was the only ICD-9 code that triggered a Dehydration RAP.

Although the dehydration diagnosis codes were updated in October, the codes on the MDS that impact the RAP and QI were not, says **Christine Twombly, RNC** with **Reingruber & Company** in St. Petersburg, FL. Prior to January, the dehydration RAP might not appropriately trigger if one of the new codes was used, she says.

Remember: Although 276.5 will still trigger the Dehydration/Fluid Maintenance RAP, it is no longer a valid code because it now requires a fifth digit.

Download the update at www.cms.hhs.gov/NursingHomeQualityInits/downloads/MDS20Update200601.pdf.

Do you really know if your facility is urban or rural under the 53-RUG- system? The answer may surprise some people doing the MDS. The **Centers for Medicare & Medicaid Services** has changed the way it classifies whether a facility is urban or rural. "It now uses the core-based statistical analysis rather than the metropolitan statistical analysis" to make that determination, notes **Rita Roedel, RN, MS**, director of clinical reimbursement for **Extendicare Health Services** in Milwaukee. The rural rates pay more than the urban ones due to differences in therapy salaries for the former, notes Roedel. Thus, the case-mix index maximized ranking for urban and rural will also differ. **Read the signs:** If the state sometimes calculates a different RUG classification than the one your facility does, you may not be using the correct geographical setting (urban or rural) for your grouper, says **Ron Orth**, president of **Clinical Reimbursement Solutions** in Milwaukee.

You can double-check your facility's classification in the Federal Register for the final PPS rule implementing the RUG-53 system. "Look up the facility's county and area to find out," suggests Orth. Access the final rule online at www.cms.hhs.gov/snfpps/downloads/cms-1282-f.pdf.

Coding bipolar disease or Alzheimer's disease-related dementia won't exclude a resident from triggering on the QI looking at antipsychotic use in the absence of psychotic or related conditions. That is not unless the resident also has hallucinations coded, which is an exclusion, according to a recent SNF Open Door Forum. Check the exclusions for each of the QIs/QMs at www.qtso.com/download/mds/qiqm_rpt/Appendix_A_Technical_Specs.pdf.