

MDS Alert

MDS, Coding & Billing News to Use

CMS recently clarified how to do an MDS 3.0 discharge assessment for unplanned discharges.

In the June SNF/LTC Open Door Forum, CMS' **Thomas Dudley** noted that the agency expects facilities to complete the full assessment form for residents who have a planned or scheduled discharge. The facility might think of doing the assessment, in fact, as a kind of feather in its cap, according to Dudley. That's because it means the resident has gotten to the point where he can return to the community, which is why CMS wants the information at that point in time, he said. The discharge to the community is "going to make the facility itself look better," he reiterated.

In the case of unplanned or emergency discharges, obviously you're not going to be able to complete the full assessment, Dudley said. CMS realizes the interviews won't be there, but the facility should complete the assessment with available information, he stressed.

Use what you have: "We encourage you to check the record" to complete the assessment, added CMS' **Sheila Lambowitz**, on the call. "If you were in the process of scheduling a discharge and had all or part of the interviews or some of the questions on the discharge assessment answered," copy them onto the assessment. But as a resident is being wheeled to the ambulance at 2 a. m., "please do not try to do interviews -- we are not expecting you to do that."

CMS is providing another opportunity for in-person MDS 3.0 training before the new instrument debuts on Oct. 1. People should "get their nickels and quarters together," said CMS' **Thomas Dudley** during the June 3 SNF/LTC Open Door Forum, as a way of introducing the training destination: Las Vegas, Aug. 9 through Aug. 13.

The purpose of the training, added CMS' **Sheila Lambowitz**, is to include people on the West Coast who may have been unable to attend the Baltimore training event.

Not just a replay: The Las Vegas training isn't going to be completely different from the Baltimore event, but it will include some updates based on the questions that people asked for CMS to answer, Lambowitz explained. Those will be included on the CMS website whether you attend the conference or not. (CMS does not plan to make more changes to the RAI manual before the Oct. 1 implementation date, however, a CMS representative said on the call.)

Look for details about the training via the SNF/LTC Open Door Forum email list and on the MDS 3.0 training site (www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp).

Looking for a crib sheet that includes the deadlines for appealing claims denials and the threshold amounts for appealing? CMS Transmittal 1965 spells out updated requirements for the claim amount in controversy for you to file a level-three (administrative law judge hearing) and level-five (federal district court) appeal. And it includes a chart that summarizes that information and the time limits for filing requests for appeals (www.cms.gov/transmittals/downloads/R1965CP.pdf).

The updates for new appeal threshold go into effect on Aug. 9, 2010, and include:

- At least \$100 must remain in controversy to file an ALJ appeal, and for requests filed on or after Jan. 1, 2010, at least \$130 must remain in controversy.
- At least \$1,000 must remain in controversy to file a federal district court appeal, and for requests filed on or after Jan. 1, 2010, at least \$1,260 must remain in controversy.

Keep this medical review on your radar screen. The J1 Medical Review Department will be performing a service specific probe review of the lower 18 RUG codes for RUG-III (IA1, IA2, IB1, IB2, BA1, BA2, BB1, BB2, PA1, PA2, PB1, PB2, PC1, PC2,

PD1, PD2, PE1, and PE2) for skilled nursing facility services. The probe will involve a sample of 100 claims selected from Wisconsin Physician Service (WPS) providers that transitioned to Palmetto GBA.