MDS Alert

MDS Coding: Don't Let Dashes Derail Your RAI Compliance Track Record

Know what to do when an unplanned discharge prevents you from conducting any of these 3 interviews.

You can bet that facilities' use of dashes on the MDS will remain on CMS' radar screen. So if you haven't already, check out the agency's new instructions on this coding issue. MDS experts below also suggest some strategies to help you steer clear of problems.

What CMS says: "For the BIMS, PHQ-9 and Pain interviews," states a CMS memo on use of dashes, "if the resident is discharged unexpectedly and the resident interview has not yet been completed the staff assessment should be completed if appropriate clinical record information is available. In this case the gateway questions, C0100, D0100 and/or J0200 should be coded No (0) and the staff assessment should be completed."

CMS also notes in the memo that "future manual updates will provide more detailed guidance and training to appropriately code clinical items to accurately reflect care provided. In the meantime, we stress to all providers that the assessments must be fully completed with all available information at the time of assessment."

The memo also includes excerpted instructions on dashes from the current RAI User's Manual (to review, see page 78 of this issue). You can download the CMS memo at www.cms.gov/NursingHomeQualityInits/Downloads/MDS30TheUseOfDashes.pdf.

Coding tips: When you are using a dash, ask yourself: "Why am I doing it?" advises **Rena Shephard, MHA, RN, RAC-MT, C-NE,** president and CEO of RRS Healthcare Consulting Services in San Diego, and executive editor for the American Association of Nurse Assessment Coordinators. Ask "am I conducting the process like I'm supposed to? Sometimes the answer will be yes, but in some cases no, in which case the assessor should complete the item accordingly."

Example: "When you are talking about dashing the pressure ulcers: If the person came in with a stage 2 pressure ulcer, you might not know [the date] when he got it" in order to code the oldest stage 2 pressure ulcer, Shephard says.

Another example where it makes sense to use a dash, says Shephard, is where you have to compare a resident's weight at admission to his weight six months ago -- "and you don't have that weight."

It's "really inappropriate to use dashes" in the following scenarios, says **Judy Wilhide Brandt, RN, RAC-MT, C-NE,** of Judy Wilhide MDS Consulting, Inc. in Virginia Beach, Va.

- A deliberate effort to avoid reporting a negative outcome. This could be a fall with a major injury or a pressure ulcer, says Brandt.
- A lack of coding know-how for an item or section. "This is a systems issue," she says. "The coder must read the manual thoroughly and ask for assistance when anything needs to be clarified. If you sign the MDS, you are saying you know the rules and are following them."
- Other system breakdowns. "The ones that come quickly to mind could be that you can't find the chart or the resident is out to an appointment ... and you don't think you have the time to go back later," says Brandt. Or maybe "the other MDS coordinator is off this week but you don't have time to do your work and her work. Or the social worker hasn't turned in her work yet, and you don't want to make the MDS late, so you just dash it and turn it in. There are others and they are all systemic, relationship, or discipline issues in this scenario."