

## MDS Alert

### MDS Coding: Think Of Section 12 (Walking When Most Self-Sufficient) As An Afterthought? Your FI And CMS May Think Otherwise

**Here's how to get the most out of T2 - and make sure it doesn't get you.**

Did you know that Section T2 can raise a red flag with medical reviewers about the medical necessity of a resident's extended rehab therapy?

But you can protect yourself by looking at the section with an FI auditor's or surveyor's eyes.

For example, "the FI can look at Section T2 (walking when most self-sufficient) to see whether the resident is improving on therapy," says **Diane Atchinson, RN-CS, MSN, ANP**, in Kansas City, MO.

Say the resident comes in walking 350 feet on his own and he receives physical therapy for 60 days. "The facility had better have some solid therapy documentation to explain the rationale for the extended rehab program when the resident was doing so well at admission," Atchinson warns.

In addition, the **Centers for Medicare & Medicaid Services** may one day use aggregate data from Section T2 to determine whether residents receiving PT are progressing - and what percentage of residents are profiting from restorative nursing/nursing rehab, says one rehab industry insider.

#### Know the Coding

Complete T2 if/when the resident's self-performance score for transfer (G1bA) is 0, 1, 2 or 3 and one of the following is present:

1. The resident receives physical therapy (PT) involving gait training (P1bc);
2. PT is ordered for the resident involving gait training (T1b);
3. The resident is receiving nursing rehab for walking (P3f);
4. PT involving gait training has been discontinued within the past six months.

Code the walking episode in which the resident required the least amount of assistance and support while walking the longest and farthest without sitting down, instructs the RAI manual. "The most sufficient episode can include physical help from others or assistive devices," says the RAI manual. Count only the episode where the resident uses a safe, functional gait.

The MDS nurse or rehab therapist codes the following (using a seven-day lookback):

5. the farthest distance the resident walked;
6. the length of time the resident walked;
7. the resident's self-performance in walking;

8. the walking support provided;
9. parallel bars used during walking.

**Coding tip:** If PT fills out T2, make sure the therapist understands the MDS definitions of "independent," "supervision," "limited assistance" and "extensive assistance" and scores accordingly in T2c (self-performance in walking). (See definitions, p. 3-221, RAI user's manual.)

Also pay attention to any "edits" or alerts your MDS software system has in place to detect inconsistencies among items, advises **Jennifer Boring, RN**, corporate manager of clinical systems for **RH Positive Computer Systems** in Columbus, OH. Consider the following MDS sections when coding Section T2:

10. Section G (walking in room, walking in corridor, locomotion on unit, balance test, functional range of motion, modes of locomotion and transfer and rehabilitation potential);
11. Section I (diagnoses that impact ability to walk such as cerebral palsy, hip fracture, stroke); and
12. Section J (unsteady gait).

#### **Use T2 as a QI Tool**

The RAI manual says facilities can use assessment of the resident's most self-sufficient walking episode to evaluate the effectiveness of PT and nursing rehab/restorative nursing - and the resident's continued need for these services. Facilities can also refer to T2 to see how well the resident maintains his walking ability after he stops receiving therapy or restorative nursing services.

**Here's an idea:** Implement Section T2 as a quality assurance tool to monitor residents' progress in rehab and restorative nursing. To do that, nursing and therapy must communicate closely to complete the section accurately, says **Laura Palmer**, project director with the **Colorado Foundation for Medical Care**, the state's quality improvement organization. Facilities could also use Section T2 to monitor their restorative nursing program. For example, "you could look to see if residents showing a decline in T2 are receiving restorative," suggests **Christy Riekeberg, RN, C**, director of subacute, rehabilitation and restorative services for **Loch Haven Nursing Home** in Macon, MO.