MDS Alert

Medicare Billing: Develop Systems To Nail Down Assessment Type, RUGs

Here's how to keep your HIPPS in line.

Communication between the MDS nurse and billing provides the key to ensuring the HIPPS code reflects the correct assessment type and RUG, which will prevent over- or underbilling.

"The MDS or PPS coordinator really should validate the codes," emphasizes **Holly Sox, RN, RAC-C,** resident assessment director for **J.F. Hawkins Nursing Home** in Newberry, SC. For example, when Sox submits Medicare assessments, she checks the RUG and HIPPS codes generated by the software using a current list of HIPPS reflecting all the possible combinations of MDS assessments (see the chart later in this issue).

Avoid this mistake: Don't count on your software to come up with the correct assessment indicator. Software typically isn't sophisticated enough yet to determine the correct assessment modifier in some cases - for example, most software can't know that an OMRA is replacing a regular cycle MDS (30-, 60-, 90-day), says **Diane Atchinson, RN, MSN**, principal of **DPA Associates Inc**. in Kansas City, MO.

Check Your RUGs

The assessment indicator can be right, but if you bill an inaccurate RUG, your per diem payment won't be. So before you transmit the MDS to the state database, make sure the RUG score makes sense based on the person's rehab minutes, ADL score, diagnoses and clinical nursing care.

"Rehab RUGs may be wrong because the therapy minutes and days don't match therapy logs," cautions **Marilyn Mines, RN, BC**, director of clinical services with **FR&R Healthcare Consulting** in Deerfield, IL. "Either the therapy minutes and days have a math error or they were calculated based on a different ARD than coded in Section A3a," she says.

Tip: The person signing the attestation at AA9, indicating that a specified section on the MDS is accurate, should check the therapy logs before using the figures therapy submits, advises Mines. "That means the logs should go to the MDS coordinator or whoever inputs the days and minutes, unless therapy personnel are signing the attestation."

Remember: SNFs aren't supposed to bill Medicare until the state database has accepted the MDS that generated the RUG, says **Nancy Augustine, RN, MSN**, a consultant with **LTCQ Inc**. in Lexington, MA.