

## MDS Alert

### Medicare: If A Resident Has Dehydration, Look To See If You've Captured These Conditions, Services

**This way your coffers won't run dry due to untapped payment.**

If a resident has dehydration, you want to capture fair reimbursement to treat and monitor the condition.

**The goal:** Set the assessment reference date to capture the condition and other commonly related problems and services, including fever and IV fluids, to ensure the resident goes into the RUG with the highest case-mix index, which pays the most.

For example, dehydration alone can put a resident in clinically complex. But coding dehydration and fever in the lookback will RUG him into special care, if he has the requisite ADL score.

**Case example:** If a resident had IV fluids in the lookback, and an ADL score of at least 7, he'd qualify for extensive services.

And if he also qualified for clinically complex and special care based on dehydration and a fever--and he had cognitive impairment [a score of 3 or higher on the Cognitive Performance Scale]--he'd go into SE3, says **Christine Reingruber, RN, RAC-C**, chief clinical consultant with **Reingruber & Company** in St. Petersburg, FL.

#### Know the Coding For Fever, Cognitive Impairment

**Coding tips:** Check fever at J1h when the resident's temperature (F) is 2.4 degrees higher than his baseline temperature. "The baseline may have been established before the assessment reference date," states the RAI user's manual.

The Cognitive Performance Scale looks at coding for short-term memory loss (B2a) and cognitive skills for decision-making (B4). The scale also considers the resident's ability to be understood (C4), whether he's comatose, and how dependent he is on staff for eating.

**Editor's note:** To review the coding for the Cognitive Performance Scale, see "Follow The Logic: Here's How The RUG Grouper Calculates The CPS Score," in the July 2006 MDS Alert. You can access past issues as part of your free Online Subscription Service.

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