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MDS Alert

PAYMENT: Boost Residents' ADL Scores By Capturing IV Fluids At K5a

Stay in the cash flow with this inside advice.

Failing to code an IV can result in a lower ADL score that costs your SNF a higher paying RUG.

Key example: Sometimes MDS teams don't bother coding hospital IV fluids when they know a rehab resident had an IV med, trach care, suctioning or a vent in the hospital, says **Diana Johnson, RN,** clinical consultant with **Health Dimensions Group** in Minneapolis. Any one of these four services has a 14-day lookback and will put a resident in a rehab RUG into rehab plus extensive services if he has an ADL score of at least 7.

But an IV coded at K5a gives the resident three points for a total eating score at G1h -- extra points that could bump him up from an L to an X in the rehab plus extensive services category, notes Johnson.

Since the IV "has a seven-day lookback period," the MDS team may have to push "the ARD forward in order to capture it," says **Marilyn Mines, RN, BC, RAC-C,** in Deerfield, IL.

Don't suffer this payment loss: "Sometimes missing that IV in the hospital will result in the resident with an IV med, for example, having an ADL of 6 instead of 7" so he doesn't even go into rehab plus extensive services even though he's receiving those services, Johnson cautions.

She has also seen instances where the MDS team sets the ARD on the five-day MDS to capture a very high rehab RUG. To do that, "the team will use a grace day to obtain the very high rehab RUG," but it won't be able to capture the IV fluids in the seven-day lookback, she says. Yet "an RML RUG pays higher than an RVA RUG."

Your best bet: Implement systems to obtain hospital documentation to support coding IV fluids and other services on the MDS. For example, consultant **Diane Atchinson, RN, MSN,** strongly advises that facilities send someone to prescreen the patient in the hospital and copy necessary medical record documentation to support MDS coding, including the medication administration record. And always use a case management approach to determine the best ARD to put the resident in the RUG with the highest case-mix index, which pays the most under the RUG-53 system.

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