

MDS Alert

PAYMENT TIP :Is Your SNF Missing Out on RUG Payment for Wounds or Rx?

If you don't code certain wounds or treatments, your payment may suffer.

Your facility may do a good job of capturing pressure ulcers on the MDS, but what about other skin wounds or lesions that can affect RUG placement? And even if you code wounds correctly, if you don't code related wound care interventions, your SNF may not be receiving fair payment.

Wounds and wound treatments coded on the MDS could put the resident in Special Care, says **Nathan Lake, RN, BSN**, an MDS expert in Seattle. If the resident had IVs or other extensive service indicators and went into Extensive Services, then qualifying for Special Care would affect the extensive count.

Nail down the RUG drivers:

The resident may RUG into Special Care if he has the requisite ADL score and one of the following:

M1a,b,c,d Ulcers 2+ sites over all stages with 2 or more skin treatments**

M2a Any stage 3 or 4 pressure ulcer with 2 or more skin treatments**

M4g,M4c Surgical wounds or open lesions with 1 or more skin treatments***

**Skin treatments:

M5a, b# Pressure relieving chair and/or bed

M5c Turning/repositioning

M5d Nutrition or hydration intervention

M5e Ulcer care

M5g Application of dressings (not to feet)

M5h Application of ointments (not to feet)

#Count as one treatment even if both provided

***Skin Treatments

M5f Surgical wound care

M5g Application of dressing (not to feet)

M5h Application of ointments (not to feet)

Source: RAI User's Manual.

