MDS Alert

Quality Assurance: Realize Your Professional License Is On The Line When You Sign AA9

Don't attest to improper coding practices.

The argument that "the facility told me to do it" won't go very far with government authorities scrutinizing improper MDS coding practices that drive payment and care planning.

Yet MDS nurses report that they sometimes feel pressured to go along to get along with their facility's coding strategies. Examples of improper coding practices that **Jane Belt, MS, RN, CS, CLNC,** has seen in facilities include the following:

• Section M: Calling what's believed to be a pressure ulcer a stasis ulcer to avoid triggering the QM/QI.

Beware: "If a facility intentionally doesn't code falls or a sentinel event, it's gambling that a surveyor will not uncover it," cautions **Rena Shephard, RN, MHA, FACDONA,** president of **RRS Healthcare Consulting** in San Diego. "Someone in the nursing facility could tell surveyors, or surveyors could stumble across it if they randomly select a resident who fell or had a problem that's not on the MDS during the lookback period" when it should have been there, she says.

• Section G1: Coding toileting assistance if the CNAs simply empty the urinal. "That's not set-up help or supervision," says Belt, with **Plante & Moran** in Columbus, OH.

• Section P3: Coding restorative nursing when the staff knows there isn't documentation in place to meet the RAI manual requirements. The facility may have provided the restorative in such cases, says Belt.

• Section E1: Capturing three instances of depressed, sad or anxious mood no matter what so residents in clinically complex RUGs get the depression end split, which pays more.

Take the Proactive High Road

MDS coordinators can take a leading role in helping facilities stay on the straight and narrow path to accurate MDS coding. These two strategies will help:

• **Be an educational resource.** MDS nurses can teach their facilities about MDS compliance or point them in the direction of resources that can help administrators learn about coding accuracy. **The American Association of Nurse Assessment Coordinators** offers a "class for administrators that covers all of the processes at a level that is intended to assist them to monitor the MDS and RAI compliance," reports Shephard.

• **Use the quality assurance committee to address questions about MDS coding.** "For example, if there is a contradiction in the RAI manual -- and there are still some a then asking the **Centers for Medicare & Medicaid Services** to clarify it is the best approach," says Shephard. "Or you can ask the state RAI coordinator for assistance, and if that person isn't sure, then go to CMS," she advises.