

MDS Alert

Reader Question: Do You Need A Dehydration Dx To Code IV Fluids (K5a)?

The wrong answer will leave your facility high and dry, payment-wise

Question: I'm a new MDS coordinator and wondering if we should be coding a diagnosis of dehydration in all cases in order to code IV fluids at K5a? The RAI Manual appears to indicate that we should only code IV fluids for nutrition or hydration.

Answer: The RAI Manual does state that K5a, Parenteral/Intravenous (IV), includes only fluids administered for nutrition or hydration.

But the resident doesn't have to have a diagnosis of dehydration to code IV fluids in K5a. For example, you'd code total parenteral nutrition or hyperalimentation at K5a. If IV fluids are part of the resident's hydration plan, you'd also code them at K5a.

Residents who have bouts of nausea and vomiting may be given IV fluid to prevent dehydration. So IV fluids do not require a diagnosis of dehydration to be coded in K5a. It is important that documentation is in the clinical record to support the need/rationale for the IV fluids.

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