MDS Alert

What Do You Think?

Can a Facility Maintain MDSs Electronically if It Doesn't Use Electronic Signatures?

Answer: Facilities have to maintain 15 months' worth of MDSs, noted CMS' **Christina Stillwell-Deaner** during a Nov. 9 agency-sponsored webinar on the MDS 3.0 and RUG-IV. And even if your facility hasn't gone entirely electronic with its records, you can still maintain MDSs in an electronic format, she said.

The catch: If the facility doesn't have electronic signatures, you have to print out and sign all of the signature pages for an MDS assessment and keep them in the resident's medical record, Stillwell-Deaner reminded listeners. You can maintain the rest of the assessment data electronically but it has to be "readily accessible and available for surveyors" and anyone providing care to the resident who needs the MDS information. "Facilities should have policies in place for how that's handled."

Specifically: The MDS 3.0 RAI User's Manual notes that when facilities maintain the MDS electronically without using electronic signatures, they "must maintain, at a minimum, hard copies of signed and dated CAA(s) completion (Items V0200B-C), correction completion (Items X1100A-E), and assessment completion (Items Z0400-Z0500) data that is resident-identifiable in the resident's active clinical record."

Does the Presumption of Coverage Still Apply Under RUG-IV?

SNFs can still use the presumption of coverage for Part A-stay residents, confirmed **Ellen Berry** in the August and November 2010 CMS webinars. The presumption applies to admissions/readmissions to the SNF that occur directly from the hospital, explains **Marilyn Mines, RN, RAC-CT, BC,** manager of clinical services for FR&R Healthcare Consulting in Deerfield, Ill. **How it works:** "If the resident comes in with a daily skilled need, and goes into one of the top 52 RUG-IV groups, you can cover the person through the ARD of the 5-day MDS assessment, up to day eight, if the person still requires skilled services," Mines explains. "You'd take the person off Medicare when he no longer required a daily skilled service, if that [happened] before day eight of the 5-day assessment. When the skilled need/service is done -- you're done" as far as Part A coverage, Mines adds.

While the presumption of coverage is exactly as it was before, says Mines, you can't use the lookback for hospital services, except for IV fluids and tube feedings, to place a person into a RUG. Thus, "the person is really going to have to go into one of the top 52 RUG-IV groups based on services received in the facility."

As for IV fluids and tube feeding. Code IV fluids at K0500A and tube feedings at K0500B. The RAI User's Manual (Chapter 3, Section K) notes that "K0500 includes any and all nutrition and hydration received by the nursing home resident in the last 7 days either at the nursing home, at the hospital as an outpatient or an inpatient, provided they were administered for nutrition or hydration." (See the related question below.)

Can You Code IV Fluids Provided as Part of Chemo?

Answer: No, according to the RAI User's Manual. The following items are NOT to be coded in K0500A: "IV Medications--Code these when appropriate in O0100H, IV Medications IV fluids used to reconstitute and/or dilute medications for IV administration.

IV fluids administered as a routine part of an operative or diagnostic procedure or recovery room stay.

IV fluids administered solely as flushes.

Parenteral/IV fluids administered in conjunction with chemotherapy or dialysis."

Codify
BY AAPC