

MDS Alert

What Do You Think?

Question: Will Part B sometimes pay for rehab therapy for a patient on hospice?

Answer: "Although it is allowable to provide Part B therapy to hospice patients, I think it's very difficult to meet the Medicare regulatory requirements outside the hospice benefit," says **Roshunda Drummond-Dye, JD**, associate director of payment policy for the American Physical Therapy Association. "It's totally permissible under the hospice benefit to provide therapy for quality of life. Medicare mandates it under the hospice benefit."

Consultant **Beth Carpenter** says "it's increasingly become hard for medical reviewers who review charts to believe everything isn't related to the hospice diagnosis. For example, if the person has cancer metastasis and breaks a bone, the medical reviewer will say the fracture is related to the medication the person is receiving or the hospice diagnosis," adds Carpenter, with Beth Carpenter and Associates in Lake Barrington, Ill.

Question: What documentation is required and/or recommended for the MDS 3.0 resident interviews?

"The documentation should include who did the interview, the date, and time -- you can record that in Section Z," says **Mary Chiles, RN, RAC-CT**, principal of Chiles Healthcare Consulting LLC in Richmond, Va.

"Interviews with the residents are considered source documents when the MDS interview section is completed," says **Roberta Reed, RN, MSN**, senior consultant with Plante & Moran Clinical Group in Cleveland, Ohio. "If based on staff observations, you question the accuracy of the answers the resident gave, write a progress note addressing the discrepancies and proceed to care plan to meet the resident's needs."

"When the resident answers the item and it is appropriately coded, that is the supportive documentation," agrees **Marilyn Mines, RN, BSN, RAC-CT, BC**, manager of clinical services for FR&R Healthcare Consulting Inc. in Deerfield, Ill. She does advise documenting the time and date of the interview in the progress notes. "This is especially important for residents whose cognition fluctuates," she adds. Having that documentation can be "helpful for a resident who may present themselves differently in front of a surveyor" than what's coded on the MDS.