

MDS Alert

What Do You Think?

Question: I did an MDS as a short stay but the RUG category came up as a clinical not a rehab. Can you help me understand what might have happened?

Answer: When completing a short stay assessment, you must closely follow eight key items. Based on how the MDS was completed, the computer software should automatically code a short stay assessment. Most likely you did not code the MDS as a Start of Therapy. If this is not checked, the software won't trigger a short stay assessment. Here are the eight short-stay assessment criteria from the RAI manual (6-18). There is an algorithm on 6-20 that may also be helpful.

1. The assessment must be a Start of Therapy OMRA (A0310C = 1). You can perform this assessment alone or combined with any OBRA assessment, or combined with a PPS five-day or readmission/return assessment. You cannot combine the Start of Therapy OMRA with a PPS 14-day, 30-day, 60-day, or 90-day assessment.

You should also combine the Start of Therapy OMRA with a discharge assessment when the end of Part A stay is the result of discharge from the facility, but not combined with a discharge if the resident dies in the facility or is transferred to another payer source in the facility.

2. A PPS five-day (A0310B = 01) or readmission/return assessment (A0310B = 06) has been performed. You may perform the PPS five-day or readmission/return assessment alone or combined with the Start of Therapy OMRA.

3. The ARD (A2300) of the Start of Therapy OMRA must be on or before the eighth day of the Part A Medicare stay. The ARD minus the start of Medicare stay date (A2400B) must be seven days or less.

4. The ARD (A2300) of the Start of Therapy OMRA must be the last day of the Medicare Part A stay (A2400C). See instructions for Item A2400C in Chapter 3 for more detail.

5. The ARD (A2300) of the Start of Therapy OMRA may not be more than three days after the start of therapy date (Item O0400A5, O0400B5, or O0400C5, whichever is earliest), not including the start of therapy date. This is an exception to the rules for selecting the ARD for a SOT OMRA, as it is not possible for the ARD for the short stay Assessment to be five to seven days after the start of therapy, since therapy must have been able to be provided only one to four days.

6. Rehabilitation therapy (speech-language pathology services, occupational therapy or physical therapy) started during the last four days of the group assigned to the Start of Therapy OMRA must be Rehabilitation Plus Extensive Services or a Rehabilitation group (Z0100A). (If the RUG group Medicare Part A covered the stay, including weekends.) The end of Medicare stay date (A2400C) minus the earliest start date for the three therapy disciplines (O0400A5, O0400B5, or O0400C5) must equal three days or less.

7. At least one therapy discipline continued through the last day of the Medicare Part A stay. At least one of the therapy disciplines must have a dash-filled end of therapy date (O0400A6, O0400B6, or O0400C6) indicating ongoing therapy or an end of therapy date equal to the end of covered Medicare stay date (A2400C). Therapy is considered to be ongoing when:

- The resident was discharged and therapy was planned to continue had the resident remained in the facility;
- The resident's SNF benefit exhausted and therapy continued to be provided; or

- The resident's payer source changed and therapy continued to be provided.

8. The RUG assigned must be a Rehabilitation Plus Extensive Services or a Rehabilitation Group. If this is not the case, the assessment will be rejected.

Q&A provided by Marilyn Mines, RN, BC, RAC-CT, of FR&R Healthcare Consulting in Deerfield, IL.