April 30, 2020

**KHCA/KCAL Tips to have good outcomes with MDS coding during the COVID-19 Pandemic.**

It is very important to have a current RAI manual. Most software has this available when entering MDS responses. Pay attention to the directions in the RAI manual when making entries. There have been several adjustments/waivers recently to the MDS world:

* CMS has adjusted the time required to complete and transmit the MDs. The time frame for opening & setting the ARD has not changed. Remember the MDS still has to be submitted and be accepted before billing can occur. This piece of the waiver was because it was recognized with resident needs to maintain social distancing, limiting new admits contact with current population & increased isolation services more staff time would be needed giving direct care.
* Isolation for MDS coding requires all 4 criteria listed in the RAI manual are met. CDC in their guidance did use verbiage regarding all new admits be isolated from general population. This guidance was to protect your current population from new residents to the population. The 14 day time frame was for observation for any illness symptoms. The criteria for coding isolation on the MDS is currently what is in the RAI manual. Key points are single room because there is a current diagnosis for active infection (symptomatic and/or have positive test and are in contagious stage) with a highly transmissible pathogen. This person requires more than standard isolation.
* When someone is in isolation coordinate the interview process so a single person has to enter the room appropriately dressed with PPE and assist with staff contact with the resident. There has also been a suggestion caring for an alert resident with COVID-19 a telephone interview process may be used. It is ok to interview staff for these areas when resident is unable to participate.
* With the presence of a COVID-19 resident assessment, documentation and MDS coding for diagnosis are key for accurate payment. Getting the correct ICD-10 Code starts with admission or change of condition. Coding for Coronavirus requires a confirmed case to use U07.1. This would be primary then other conditions follow. Do not just focus on the COVID-19, but also assess for presence of fever, pneumonia, acute bronchitis, and other respiratory conditions.
* Assessment is always important for MDS accuracy even before COVID-19. With a COVID-19 resident, do not forget to test for SOB when lying flat. When coding for Respiratory therapy needs to be performed by a qualified professional. If a nurse is performing, they need to have had training and is proficient in respiratory modalities. Remember treatment is documented in minutes with the qualifier of 15 minutes per day.

COVID-19 Care Planning suggestions:

* Residents with known or suspected infection have interventions that spell out specific intervention, include the education to the resident to comply with goal.
* With today’s CDC guidance, each resident has the potential for social isolation. Interventions should include education provided to the resident on the process and how they can remain in contact with others.
* Observe for mood changes and psychosocial well-being related to current changes and restrictions.

Being successful with the world of MDS during this pandemic depends on a strong communication process. This means following the current RAI manual for coding. Use resources such as AANAC & CMS to monitor for any changes to MDS coding. Documentation is always required to support the MDS coding. Documentation includes correct physician orders to support a COVID diagnosis and directions for giving care.