

**RAI Version 2.0 Q&As  
October-November 2008**

**New Facility & MDS Data Collection**

**Question:**

We are in the process of getting the rest of the beds in our facility certified for Medicare and Medicaid. So, currently, we have residents in beds that are not certified and their MDS assessments have been done per OBRA guidelines but not submitted to the database. My question is the following:

When we do get the confirmation that all the beds in the facility are certified beds for Medicare and Medicaid will we need to submit an Admission MDS for each of these residents who do not have an Admission MDS in the database (and then follow a new OBRA schedule for their MDS assessments) or do we just change their sub req to "3" and start submitting MDS assessments where ever their current OBRA schedule falls?

**Answer:**

For the OBRA schedule there should be a new comprehensive assessment close to the date of certification (Admission) to get started and those assessments have to be done at the time of the certified date or close to it - that will start the MDS clock for the OBRA assessments. Please read 1-16 regarding newly certified nursing homes under 1.11 - Facility Responsibilities for Completing Assessments. You can't take old assessments and just change the Sub Req # to get them submitted.

The facility will have to wait until they get their Medicare Provider number before they can start accepting PPS residents and then can follow the guidelines: 1. Necessary 3-day qualifying hospital stay and 2. Medically necessary skilled services are needed on a daily basis with physician's documentation. They can't collect data prior to the Medicare certification date, because they can't put a resident in a bed that is not certified unless they are ready to submit.

AHFSA RAI Panel 10/30/08

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**G6 Siderails for Mobility**

**Question:** We have installed a **Halo Safety Ring** which is attached to the mattress frame and fits snug against the mattress. These do not prevent any freedom of movement for the residents; it enables them to have more independence in their bed mobility and transfers.

<>The issue is how to appropriately code the Halo Safety Ring on the MDS. Section G6b states 'bedrails used for bed mobility or transfer'. Would you consider the Halo Safety Ring in the same category as a 'bedrail' which would allow a score on G6b?

**Answer:** Based on the intent and definition, the RAI Panel members believe the Halo Safety Ring can be coded at G6, provided the resident uses the ring for bed mobility or

transfer. As with all devices, it must be evaluated on an individual basis for risks and benefits.

AHFSA RAI Panel 11/24/2008

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## Questions on Section K K5c - Mechanically Altered Diet

**Question:** Currently the definition for “Therapeutic Diet” in the RAI Manual version 2.0, does not include mechanically altered diets. However, in the newly revised F325 tag, (eff: 9-1-08), the definition of mechanically altered diets is now included in the definition of the therapeutic diet. I have been telling the providers that until the new MDS version is out, to continue completing the MDS as it is written, following the 2.0 instructions. HOWEVER, I have heard that some providers had contacted CMS directly, and were told to start coding the MDS now, with the new definition.

**Answer:** The RAI User’s Manual, currently the 2.0 version, has always been the source for coding the MDS, and this *has not changed*. You are correct in telling the providers that they need to continue to code item K5c according to the current RAI manual. This concept is also true with the revised F314 (eff: 11-12-04) which clearly expects facilities to provide care and services that are based in the current standards of practice but the MDS requires coding based on old standards that are reflected in the manual.

AHFSA RAI Panel 10/31/2008

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## Section M

### M1 Deep Tissue Injury

**Question:** One of our state LTC Nurse Consultants attended a Pressure Ulcer Consortium in Kansas (9/2008). She stated that a representative of CMS advised attendees at a break out session to code a deep tissue injury with no open areas as a stage IV, Have there been any written clarifications from CMS regarding staging a DTI? How do you code suspected deep tissue injuries?

**Answer:** Suspected deep tissue injuries were discussed during the August Open Door Forum because CMS had been made aware of facilities coding them at Stage 1 or Stage 4. Currently there is no way to document a suspected deep tissue injury (SDTI) on the MDS 2.0 at item M1. The facilities should be directed to refer to the RAI Manual definitions for each stage and code what is known – not what is suspected. Code based on the observed appearance of the area and whether or not it matches any of the definitions of the various stages described in the manual. The facility should also document in the resident's clinical record if they suspect the resident has a deep tissue injury.

SDTIs can be coded on MDS 2.0 at I3, and on the billing UB. Effective October 1, 2008, the ICD9CM codes were updated. As part of this update, there are new codes for different ulcer stages, including suspected deep tissue injury and unstageable. The update can be found at:

<http://www.cdc.gov/nchs/dataawh/ftpse...htm#guidelines>

In addition, deep tissue injuries are a projected part of the MDS 3.0 coding.

AHFSA 11/13/2008

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## Questions on Section P

### MDS 2.0 Section P4d - Restraints

**Question:** I have another question to bring to the panel from one of our state's nurse consultants. Regarding a manual hold.....has CMS given any clarifications regarding a hold to prevent movement of an arm during a blood draw? I assume this would be coded under P4d, but thought I would check with you, just in case there has been a CMS update, that I am not aware of.

**Answer:** The AHFSA RAI Panel has reviewed your question and do not believe that this scenario would be considered a restraint. However, if the facility wanted to code this scenario if it occurred within the look-back period they could do so, but there should be a good restraint assessment according to the regulations and documentation as is required with any restraint. There has been no CMS guidance regarding this situation.

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### P8 Physician orders

**Question:** When the facility activates a standing order or a facility protocol, does that day count that as a day for physician order changes? The facilities activates the standing orders / facility protocols & then has the physician sign the order.

I know PRN orders are not counted. Standing orders are defined as: Physician orders pre-established and approved for use by nurses and other professionals under specific conditions in the absence of a physician.

**Answer:** As with PRN orders, the list of standing orders has already been written and "the potential need for the service had already been identified." As you indicated, the standing orders had been "approved for use." There is no change to the order simply because it has been implemented, so notifying the Dr. that the order was activated does not constitute a new or changed order and may not be counted for this MDS item.

AHSFA RAI Panel 11/20/2008

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