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Understanding the Significance of Coding Infections on the Minimum Data Set (MDS)

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Reference links are provided at the end of the slides.

Objectives

- Review the MDS definition of “Active Diagnoses in the Last 7 Days” and the significance of accurate coding of infections.
- Gain insight into the connection between MDS coding and the facility data profile.
- Learn effective coding strategies, documentation techniques, and tips for maintaining compliance while coding infections accurately on the MDS.
- Discuss the potential pitfalls of inaccurate MDS coding of infections.

How is My MDS Information Used?

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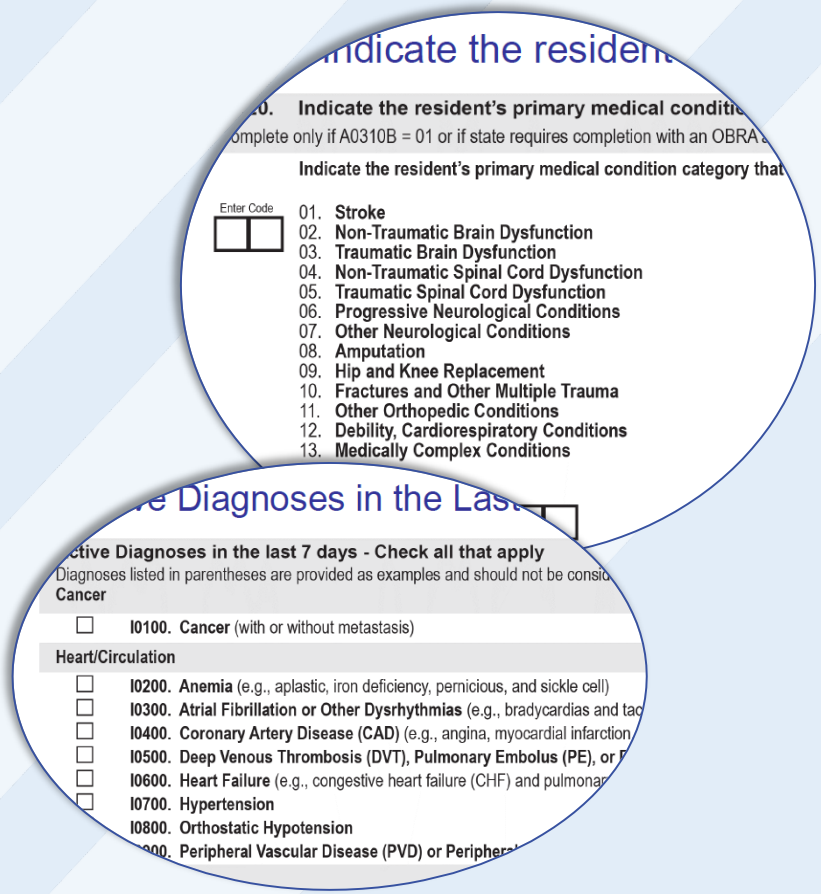
Section I: Active Diagnoses



- Intent:
  - Code diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death
  - One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status
- I0020B: Primary medical condition ICD-10 Code
- I0100 – I8000: Active diagnoses in the last 7 days

I0020B: Primary ICD-10 Code

- Medicare Part A PPS Assessments
  - The diagnosis that best describes the primary reason for the Medicare Part A stay
- OBRA Assessments
  - The diagnosis that best describes the primary reason for the stay in the nursing home
  - Only completed if required by the state

Medical record sources include: the most recent H&P, transfer documents, discharge summaries, provider progress notes, and other resources

Section I0100 – I8000: Active Diagnosis in the Last 7 Days

- Identifies active diseases and infections that drive the current plan of care
- Two look-back periods
  - Identification of diagnosis by the physician: 60-day look-back period
  - Diagnosis status as current: 7-day look-back period (except UTI)
- Active diagnosis
  - Have a direct relationship to the resident's current functional, cognitive, or mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period

Determining If a Diagnosis is Active

- Specific documentation of active diagnosis by the provider
- Recent onset or acute exacerbation of the disease or condition
- Symptoms and abnormal signs indicating ongoing or decompensated disease in the last 7 days
- Notation in the progress notes
- Orders for medication or treatment
- Therapy orders
- Nursing monitoring

Infections

- ☐ **I1700. Multidrug-Resistant Organism (MDRO)**
- ☐ **I2000. Pneumonia**
- ☐ **I2100. Septicemia**
- ☐ **I2200. Tuberculosis**
- ☐ **I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)**
- ☐ **I2400. Viral Hepatitis** (e.g., Hepatitis A, B, C, D, and E)
- ☐ **I2500. Wound Infection** (other than foot)

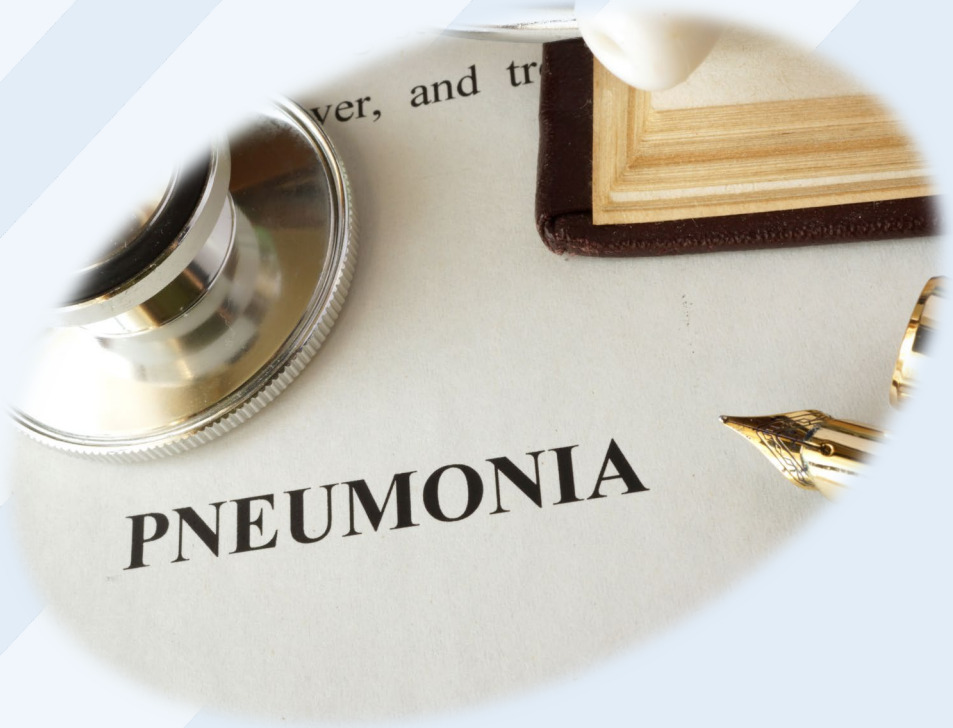
Multidrug-Resistant Organism (MDRO)

Microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents

- Methicillin-resistant S. aureus (MRSA)
- Vancomycin-resistant enterococci (VRE)
- Extended spectrum beta-lactamases (ESBLs)
- Candida auris
- Klebsiella pneumoniae
- Carbapenem-resistant Enterobacterales (CRE)
- Clostridioides difficile
- Multi-drug resistant gram-negative bacteria (MDR-GNB)
  - Pseudomonas aeruginosa
  - Acinetobacter baumannii
  - Escherichia coli
  - Stenotrophomonas maltophilia
  - Burkholderia cepacian
  - Ralstonia pickettii

*not all-inclusive

Pneumonia



- Bacterial, Viral, Aspiration
- Diagnosis
  - Symptoms
  - Chest x-ray
  - Blood test / blood culture
  - Pulse oximetry
  - Sputum test

Septicemia

- The presence of pathogenic organisms in the blood
- Can trigger sepsis
- Diagnosis
  - Presence of symptoms
  - Blood tests
- Septicemia vs. Sepsis vs. Bacteremia

Urinary Tract Infection (UTI)

- Look-back period is 30 days
- Two criteria to code – **both** must be met
  1. The evidence-based criteria are met: NHSN, McGeer, Loeb
  2. A physician (or NPP) documented UTI diagnosis
- Facilities are expected to use the same nationally recognized criteria chosen for use in their Infection Prevention and Control Program to determine the presence of a UTI in a resident

Urinary Tract Infection (UTI)

- Admission, entry, or re-entry
  - Not necessary to obtain or evaluate the evidence-based criteria used to make the diagnosis in the prior setting
  - Physician-documented diagnosis of the UTI prior to admission is sufficient
- Transferred but not admitted to the hospital
  - must use evidence-based criteria to evaluate the resident and determine if the criteria for UTI are met AND
  - Verify that there is supporting documentation of the UTI from the physician

Quality Measure: Percent of Residents with a Urinary Tract Infection

- Publicly reported on CMS Care Compare
- Used in Five-Star calculation
- Reported in iQIES on CASPER
- Exclusions
  - Target assessment is an Admission or 5-day PPS
  - I2300 UTI is missing [-]

Table 2-21
Percent of Residents with a Urinary Tract Infection (LS)
(CMS ID: N024.02) (CMIT Measure ID: 532)[14]

Measure Description
The measure reports the percentage of long stay residents who have a urinary tract infection.
Measure Specifications
Numerator Long-stay residents with a selected target assessment that indicates urinary tract infection within the last 30 days (I2300 = [1]). ***Denominator*** All long-stay residents with a selected target assessment, except those with exclusions. ***Exclusions*** 1. Target assessment is an admission assessment (A0310A = [01]) *or* a PPS 5-Day assessment (A0310B = [01]). 2. Urinary tract infection value is missing (I2300 = [-]).
Covariates
Not applicable.

SNF Healthcare-Associated Infections (HAIs)Requiring Hospitalization QRP Measure

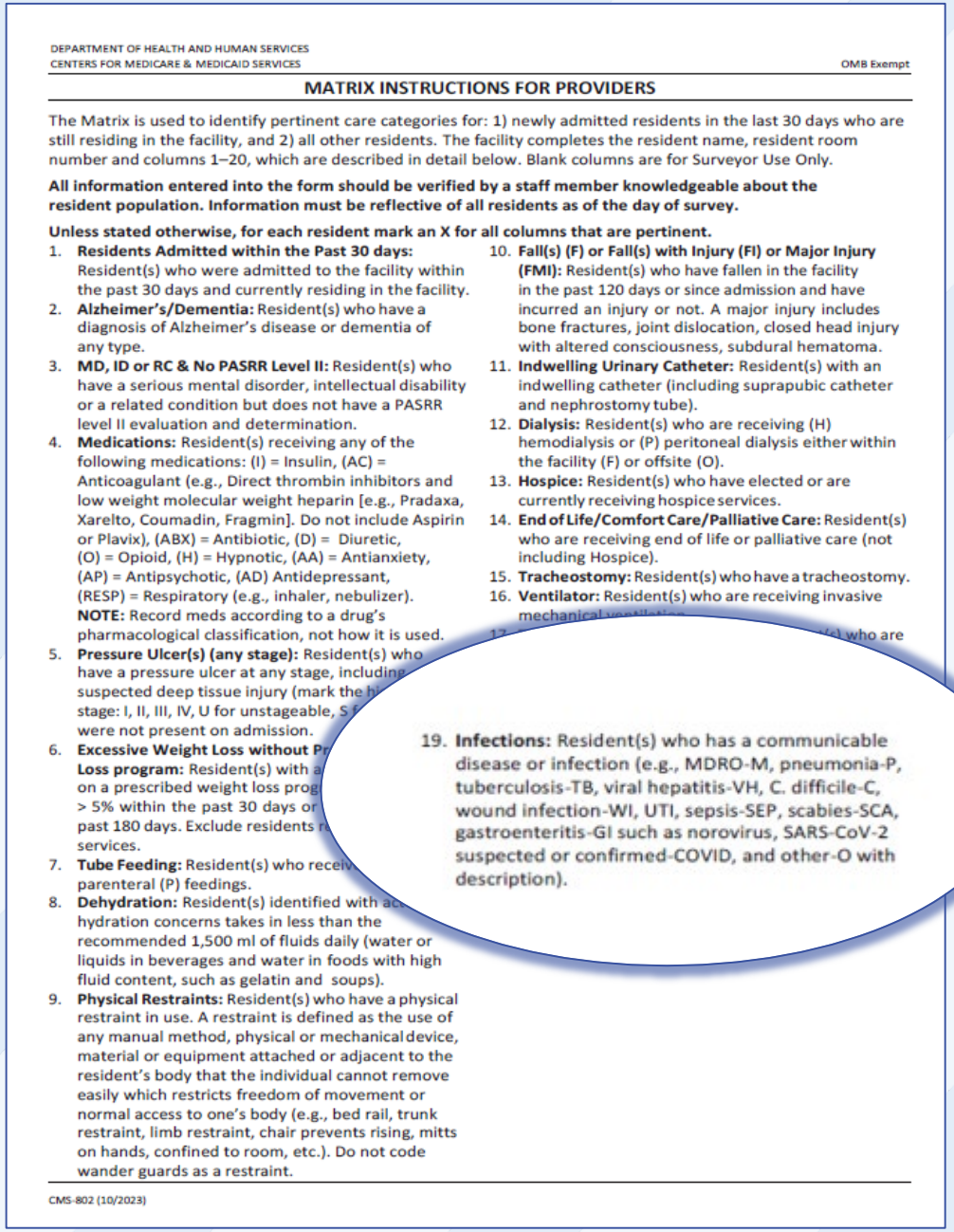
- Claims-based
- Estimates the risk-standardized rate of HAIs that are acquired during SNF care and result in hospitalization
- Identified using the principal diagnosis on the Medicare inpatient (IP) claims of SNF residents
- Infections included*
  - UTI
  - Pneumonia
  - Sepsis
  - Cellulitis

*not all-inclusive

MDS Coding of Infections

- CMS-802
- Pulls from the MDS
- Reflective of all residents as of the day of the survey
- Residents who have a communicable disease*
  - MDRO
  - Pneumonia
  - UTI
  - Sepsis

*not all-inclusive



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OMB Exempt

MATRIX INSTRUCTIONS FOR PROVIDERS

The Matrix is used to identify pertinent care categories for: 1) newly admitted residents in the last 30 days who are still residing in the facility, and 2) all other residents. The facility completes the resident name, resident room number and columns 1–20, which are described in detail below. Blank columns are for Surveyor Use Only.

All information entered into the form should be verified by a staff member knowledgeable about the resident population. Information must be reflective of all residents as of the day of survey.

Unless stated otherwise, for each resident mark an X for all columns that are pertinent.

1. **Residents Admitted within the Past 30 days:** Resident(s) who were admitted to the facility within the past 30 days and currently residing in the facility.
2. **Alzheimer's/Dementia:** Resident(s) who have a diagnosis of Alzheimer's disease or dementia of any type.
3. **MD, ID or RC & No PASRR Level II:** Resident(s) who have a serious mental disorder, intellectual disability or a related condition but does not have a PASRR level II evaluation and determination.
4. **Medications:** Resident(s) receiving any of the following medications: (I) = Insulin, (AC) = Anticoagulant (e.g., Direct thrombin inhibitors and low weight molecular weight heparin [e.g., Pradaxa, Xarelto, Coumadin, Fragmin]. Do not include Aspirin or Plavix), (ABX) = Antibiotic, (D) = Diuretic, (O) = Opioid, (H) = Hypnotic, (AA) = Antianxiety, (AP) = Antipsychotic, (AD) Antidepressant, (RESP) = Respiratory (e.g., inhaler, nebulizer). **NOTE:** Record meds according to a drug's pharmacological classification, not how it is used.
5. **Pressure Ulcer(s) (any stage):** Resident(s) who have a pressure ulcer at any stage, including suspected deep tissue injury (mark the h stage: I, II, III, IV, U for unstageable, S were not present on admission.
6. **Excessive Weight Loss without P Loss program:** Resident(s) with a on a prescribed weight loss prog > 5% within the past 30 days or past 180 days. Exclude residents r services.
7. **Tube Feeding:** Resident(s) who receiv parenteral (P) feedings.
8. **Dehydration:** Resident(s) identified with ac hydration concerns takes in less than the recommended 1,500 ml of fluids daily (water or liquids in beverages and water in foods with high fluid content, such as gelatin and soups).
9. **Physical Restraints:** Resident(s) who have a physical restraint in use. A restraint is defined as the use of any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body (e.g., bed rail, trunk restraint, limb restraint, chair prevents rising, mitts on hands, confined to room, etc.). Do not code wander guards as a restraint.
10. **Fall(s) (F) or Fall(s) with Injury (FI) or Major Injury (FMI):** Resident(s) who have fallen in the facility in the past 120 days or since admission and have incurred an injury or not. A major injury includes bone fractures, joint dislocation, closed head injury with altered consciousness, subdural hematoma.
11. **Indwelling Urinary Catheter:** Resident(s) with an indwelling catheter (including suprapubic catheter and nephrostomy tube).
12. **Dialysis:** Resident(s) who are receiving (H) hemodialysis or (P) peritoneal dialysis either within the facility (F) or offsite (O).
13. **Hospice:** Resident(s) who have elected or are currently receiving hospice services.
14. **End of Life/Comfort Care/Palliative Care:** Resident(s) who are receiving end of life or palliative care (not including Hospice).
15. **Tracheostomy:** Resident(s) who have a tracheostomy.
16. **Ventilator:** Resident(s) who are receiving invasive mechanical
17. who are

19. **Infections:** Resident(s) who has a communicable disease or infection (e.g., MDRO-M, pneumonia-P, tuberculosis-TB, viral hepatitis-VH, C. difficile-C, wound infection-WI, UTI, sepsis-SEP, scabies-SCA, gastroenteritis-GI such as norovirus, SARS-CoV-2 suspected or confirmed-COVID, and other-O with description).

CMS-802 (10/2023)

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Let’s Talk F-Tags

- F641 Accuracy of Assessment
- F880 Infection Prevention & Control

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What Does My Infection Data Say About My Facility?

- Infection diagnoses on the MDS are submitted to CMS via the iQIES
- Is our data correct?
- Do we have an issue with infection control?
- Is our MDS coding correct?
- Are we using the same evidence-based criteria in our infection prevention program for MDS coding of UTI?

References & Resources

- Long-Term Care Resident Assessment Instrument 3.0 User's Manual
- MDS 3.0 RAI User's Manual (v1.18.11R) Errata
- MDS 3.0 RAI User's Manual (v1.18.11R) Errata (v2)
- MDS 3.0 Final Item Sets (Zip file)
- Loeb criteria: Development of Minimum Criteria for the Initiation of Antibiotics in Residents of Long-Term–Care Facilities: Results of a Consensus Conference
- McGeer criteria: Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria
- NHSN criteria: UTI Protocols

References & Resources

- Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006 (PDF)
- Multidrug-Resistant Organism & Clostridioides difficile Infection (MDRO/CDI) Module
- Management of Multidrug-Resistant Organisms in Healthcare Settings (2006)
- Virginia Department of Health Multidrug-resistant Organisms (MDRO)
- Cleveland Clinic Septicemia
- Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization for the Skilled Nursing Facility Quality Reporting Program - Technical Report

Thank You

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