



Overcoming Mistakes on Section G of the MDS: The Most Miscoded Section

By Mary Leber, Director, Ecumen Consulting Services

The Centers for Medicare and Medicaid's (CMS) Section G of the "Minimum Data Set" is an important assessment tool for reimbursement. The 10 to 12 page document requires nurses to spend, on average, four hours per resident assessment, correctly encoding the collected data and observations gathered over a period of days and weeks and then submitting the results to CMS for reimbursements.

Most nursing assistants and nurses code correctly but mistakes can be made due to the compassion many of us feel for patients. We don't always want to count the total number of occurrences because we want patients to return to their families.

However, undercoding leads to underpayment for services. Consider this startling statistic: One ADL (activities of daily living) coding error can cost as much as \$46.65 a day. One item encoded incorrectly on 45 assessments this month costs \$62,978 a month in reimbursements from the federal government. That could pay the salary and benefits of a nurse for a year.

Another issue is correctly coded **Section G** results can bump residents into a higher reimbursement category. Organizations should get paid appropriately for staff time, not less money for providing more services. This hurts an organization's financial performance.

What does **Section G** require? An accurate record of what the resident actually did for himself/herself (self performance in activities of daily living, or ADLs). Self performance in dressing, grooming, eating, transferring and bathing, among other activities are evaluated. An assessment, too, of how much verbal or physical help was required by staff members over the last 7 days.

5 Common Mistakes to Look Out For

- *Capture occurrences correctly.* Always capture the number of occurrences from all three shifts (day, evening and night). Get the same information from all three shifts and paint a picture through 24 hour days, not just a moment in time. For example, if something occurs once on the day shift, once on the evening shift and six times on the night shift that's 8 occurrences that must be recorded. Yet sometimes that is entered into Section G as three occurrences over three shifts.
- *Understand the definition of set-up.* When prepping for a task or an activity record it as set-up. Anything else -- verbal or tactile cues, giving instruction or encouragement – should be recorded separately and evaluated for encoding as Supervision or Limited Assistance but this is not set-up in **Section G**. Tracking tools should be in place allowing you to evaluate number of occurrences and level of staff assistance .
- *Understand what supervision means.* Supervision is defined by **Section G** as one-to-one supervision of a resident. Sometimes nurses and assistants fill out reports saying they supervised 15 people in a dining area. That's incorrect. To say you supervised 15 people eating you would need 15 staffers available to observe each of those residents
- *Transfers are misunderstood.* They are well defined and do not include lifting legs into beds. That activity is included with “bed mobility.” Exclude movement to/from bath or toilet, which is covered under “Toilet use” and “Bathing” Technically, the transfer ends when the resident sits – in a chair or on a bed mattress.
- *Watch for the Rule of “3s”.* For example, the scoring of ADLs on the MDS permit 1 or 2 instances for the provision of heavier care, but as soon as there are 3, the higher level of dependency must be considered. This may lead to a higher RUG (Resource Utilization Group) which is tied to a higher rate of reimbursement under CMS guidelines.

If you believe you're undercoding contact me to discuss audit options at maryleber@ecumen.org

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