

## MDS Alert

### RAI Compliance: Before You Next Code IV Fluids At K5a, Read This

DAVE 2 has some news for you.

The MDS watchdog, DAVE 2, recently released a tip sheet for coding K5a (parenteral/IV), which ups the ante for making sure you have the documentation for coding this MDS item when provided in conjunction with an IV med.

Key take-home message: If an IV solution contains medication, nutrients and/or fluids for reconstitution, code K5a only if you have supporting documentation reflecting "an identified need for additional fluid intake for nutrition and/or hydration," according to the sheet.

Note the supporting documentation in the resident's record according to state or internal facility policies, DAVE 2 says.

Important question: Why is coding IV fluids and an IV med a big deal payment-wise? An IV medication and/or IV fluids will put a resident into extensive services. And the IV med and IV fluids each represent one point of the extensive service count to determine whether the resident goes into SE1, SE2 or SE3, explains **Diane Brown**, CEO of **Brown LTC Consultants** in Peabody, MA. "Therefore, failing to code both when indicated could make the difference between the person going into SE2 versus SE3," says Brown. "Also, an IV med alone will put a rehab resident into rehab plus extensive services, but coding the IV fluids potentially gives the resident two more ADL index points. The ADL score determines the final RUG-III category determination and may make the difference between RMX and RML or RVX and RVL," as examples, says Brown.

#### Obtain Hospital Documentation

Consultant **Patricia Boyer, RN, MSM, NHA**, believes that "99 percent of the time, the MDS team can find documentation from the hospital to support" that the resident received IV fluids for hydration or nutrition. But you need that documentation, she emphasizes. Examples include:

- Lab work showing the resident has electrolyte imbalances. This can help support the need for IV fluid therapy to correct the problem, says Boyer of **Boyer and Associates** in Brookfield, MA.
- Intake and output sheets show the hospital monitored the person's hydration status, and the IV fluids were part of the person's fluid intake, adds Boyer.

Example: Say a patient receives IV antibiotics where fluid is used to reconstitute the antibiotic medication to administer it in an IV. "If the person has an infection and fever, he is going to be a higher risk for dehydration, and the fluids may be used as part of the overall fluid intake for hydration," says Boyer.

Good question: If a resident received IV pain medication in the hospital -- for example, via a self-administered morphine pump -- could you code the IV at K5a? To answer that question, "look at the person's overall health status to see if anything tells you that IV fluids also enhanced his hydration status -- for example, if the person had a fever and was at risk for dehydration from that [and/or wasn't taking fluids well]," advises Boyer.

Care plan must-do: Include IV fluids given in the facility as part of the care plan related to hydration, if they are ordered for that purpose," advises Boyer.