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Medical Review – It's Heating Up... Strategies for Staying Cool – Q&A

1. If documenting electronically, do you still need to use the paper GG form with signatures or can you pull out who documented GG on POC?

   A: Need a point of entry into the medical record providing evidence of interdisciplinary determination of usual performance based on first three days of stay, prior to the benefit of intervention.

2. Our nursing department has a separate form for section GG admission and discharge, therapy documents section GG areas in our daily note. Is this enough support for GG signed IDT?

   A: Please refer to question one.

3. Do you find that therapy documentation needs to include a statement that services were provided in room for patients on isolation? Are you seeing isolation coding denied due to lack of this in the therapy documentation?

   A: Best practice for all interventions to be noted as delivered in patients' room if on isolation. I'm not aware of denial based on lack of therapy clarification of patient room, only intervention, but if documentation leaves interpretation open, it does raise the question. However, denials have been received due to conflicting documentation within the medical record.

4. Do you recommend physician documentation for at risk or malnutrition? I have seen supportive documentation requested in audits but there seems to be confusions on this in the field.

   A: All diagnosis' must be verified by an MD/NP. That includes the check box for malnutrition/risk of.

5. Can you comment on whether the RAI requirements for isolation need to be present for every day in the assessment period or, if they are only meeting all the requirements for a few days, can you still code isolation on the MDS?

   A: Requirements specify that documentation is present during the look back period. Per MDS 3.0 RAI Manual v 1.17.1, October 2019, Chapter 2, page 2-14, "Observation (Look Back) Period...When completing the MDS, only those occurrences during the look back period will be captured. In other words, if it did not occur during the look back period, it is not coded on the MDS."

6. Has QRM seen any information on when TPEs will resume, beyond "later this year" indicated in the MLN article?

   A: Per the 6/3/21 CMS MLN Connects, "The Targeted Probe and Educate program (intensive education to assess provider compliance through up to three rounds of review) will restart later. The MACs will continue to offer detailed review decisions and education as appropriate."

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7. Knowing the reimbursement impact of GG esp. on PT/OT/Nursing CMG splits, would you recommend completing section GG on day one of stay or complete the entire three-day observation period?

A: Section GG is an interdisciplinary assessment of usual performance at baseline (prior to the benefit of intervention) from admission through 11:59 pm on the third day of stay. Once benefits are noted in an area being observed, stop and capture the level prior to benefiting from intervention. Signatures and attestation date should show when the coding decisions were made.

8. Are there audits directed at making sure a physician/provider is involved in IDT?

A: There are audits involving verification of diagnoses documented as active. Per MDS 3.0 RAI Manual v 1.17.1, October 2019, Chapter 3, page I-7, "…only diagnoses confirmed by the physician should be entered."

9. When coding isolation, the patient meets all the requirements on the RAI Manual, but the medical record has the patient's locomotion on or off unit occurring once or twice within the look-back period. Will this meet the requirement for coding isolation?

A: Please refer to question five.

10. Isolation coding, a patient has an active infection and, in a room, alone; does staying in the room for at least 2 days within the look-back period meet the requirement for isolation? We were told that if the patient has the infection and, in the room, alone for the entire look-back period, but the staying in the room can only be for at least one day.

A: Please refer to question five.

11. Section GG- when should the IDT documentation be signed? By day three or day four after gathering three days of data?

A: Section GG is an interdisciplinary assessment of usual performance at baseline (prior to the benefit of intervention). Once benefits are noted in an area being observed, stop and capture the level prior to benefiting from intervention. Signatures and attestation date should show when the coding decisions were made – by end of day three is now seen as best practice – prior to 11:59 pm.

12. What is the required time frame GG IDT should be completed by the team?

A: Please refer to question eleven.