

# Question of the Month

September 2024

## **C0200-C0400. Brief Interview for Mental Status (BIMS)**

**Question:** If a facility conducts multiple BIMS interviews during the look back period, how should they decide which score to use when coding the MDS assessment?

**Answer:** When a provider conducts an interview multiple times during the same look back period, they should use the most recent interview, i.e., the one closest to the assessment reference date. However, the intention of this item is not to interview residents' numerous times during a look back period (except if clinically indicated). Facilities should not repeat resident interviews in the hopes that the resident's responses will change to increase payment.

## **I2300. Urinary Tract Infection (UTI) (Last 30 days).**

**Question:** If on admission a resident's hospital records includes a diagnosis of UTI but does not provide documentation to support the resident meets the facility's chosen evidence-based criteria (i.e., McGeer criteria for infection) utilized by the facility, is it acceptable not to code the urinary tract infection on the MDS at I2300. Urinary Tract Infection?

**Answer:** The coding instructions in the RAI 3.0 User's Manual (page I-13) for I2300. Urinary Tract Infection state that "if the diagnosis of UTI was made prior to the resident's admission, entry, or reentry into the facility, it is not necessary to obtain or evaluate the evidence-based criteria used to make the diagnosis in the prior setting. A documented physician diagnosis of UTI prior to admission is acceptable. This information may be included in the hospital transfer summary or other paperwork". The purpose of these instructions is to relieve providers of the burden of obtaining clinical evidence of a UTI from the prior healthcare setting. When a UTI has been diagnosed from a prior healthcare setting, the provider must code the UTI on the MDS (if the UTI was active within the 30 days prior to the assessment reference date) regardless to if there is documentation to support the resident meets the facility's chosen evidence-based criteria.

**M1200G. Application of nonsurgical dressings (with or without topical medications) other than to feet.**

**Question:** Can peripheral and/or central line dressing changes be coded at M1200G. Application of nonsurgical dressing (with or without topical medications) other than to feet?

**Answer:** M1200G. Application of nonsurgical dressing (with or without topical medications) other than to feet captures skin treatments and/or skin health interventions for those with skin health problems. Peripheral and central line dressings are not skin treatments and/or skin health interventions. They are a means to secure a device and prevent bloodstream infection therefore, they cannot be coded in item M1200G. Application of nonsurgical dressings (with or without topical medications) other than to feet.

If you have a question you would like to have answered, please submit your question to [Cheryl.Moya@odh.ohio.gov](mailto:Cheryl.Moya@odh.ohio.gov) and place **Question of the Month** in the subject line.