

MDS Question of the Month

October 2024

O0400D. Respiratory Therapy.

Question: Does assessing lung sounds and observing respirations constitute respiratory therapy when coding item D0400D?

Answer: Per the Appendix A, respiratory therapy services are for the assessment, treatment, and monitoring of patients with deficiencies or abnormalities of pulmonary function. Respiratory therapy services include coughing, deep breathing, nebulizer treatments, assessing breath sounds and mechanical ventilation, etc., which must be provided by a respiratory therapist or trained respiratory nurse. Simply assessing and monitoring a resident's respiratory status without providing treatment would not constitute respiratory therapy.

N0450B. Has a gradual dose reduction (GDR) been attempted?

Question: How often does a GDR need to be conducted if a physician has documented a contraindication?

Answer: The medical record should reflect ongoing monitoring and reevaluation of medication use and GDR attempts when not contraindicated. A one-time statement indicating a GDR is clinically contraindicated is not satisfactory to meet the requirements. Guidance on gradual dose reductions is found in the Appendix PP of the State Operations Manual section F758 for Psychotropic Medications. F758 provides valuable information on medication monitoring and dose reduction attempts as well as examples of opportunities when medication reevaluation should occur.

GG0170E - Chair/bed-to-chair transfer.

Question: Coding tips for GG0170E (page GG-54) include when assessing the resident moving from the chair/bed to the chair, the assessment begins with the resident sitting at the edge of the bed (or alternative sleeping surface) and ends with the resident sitting in a chair or

wheelchair. Additionally, when assessing the resident moving from the chair to the bed, the assessment begins with the resident sitting in a chair or wheelchair and ends with the resident returning to sitting at the edge of the bed (or alternative sleeping surface). Does this mean for all residents transferred via a Hoyer lift, GG0170E should be coded as “did not occur” since they are never sitting on the edge of the bed?

Answer: The intent of GG0170E – Chair/bed-to-chair transfer is to assess the patient's ability to transfer to and from a bed to a chair (or wheelchair). The activities of GG0170B, Sit to lying, and GG0170C, Lying to sitting on side of bed, are two separate activities that are not assessed as part of GG0170E. If a mechanical lift is used to assist in transferring a resident for a chair/bed-to-chair transfer and two helpers are needed to assist with the mechanical lift transfer, then code as 01, Dependent, even if the resident assists with any part of the chair/bed-to-chair transfer. Only use the "activity not attempted codes" if the activity did not occur; that is, the resident did not perform the activity, and a helper did not perform that activity for the resident.

For reference, please see Example #3 for GG0170E, Chair/bed-to-chair transfer in the MDS RAI 3.0 Manual:

Resident F’s medical conditions include morbid obesity, diabetes mellitus, and sepsis, and they recently underwent bilateral above-the-knee amputations. Resident F requires full assistance with transfers from the bed to the wheelchair using a lift device. Two certified nursing assistants are required for safety when using the device to transfer Resident F from the bed to a wheelchair. Resident F is unable to assist in the transfer from their bed to the wheelchair.

Coding: GG0170E would be coded 01, Dependent.

Rationale: The two helpers completed all the effort for the activity of chair/bed-to-chair transfer. If two or more helpers are required to assist the resident to complete an activity, code as 01, Dependent.

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