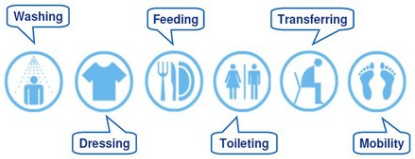
THE IMPORTANCE OF ACCURATE ADL CODING

By Marvette Lowrie-Morris, RN, MSM, LNHA, CLNC



Activities of Daily Living (ADLs) are everyday functional routines, such as mobility and self-care tasks, initially learned in childhood and carried into adult life. ADLs include eating, personal hygiene (such as bathing), toilet use, transferring in and out of bed, and walking. When a resident is unable to perform any one of these tasks, that resident depends on a caregiver to complete them. Illnesses and accidents may temporarily or permanently compromise a resident's ability to complete her everyday routines, and it's important for skilled nursing facilities to provide the assistance necessary to help each resident attain or maintain his or her highest practicable functional level. Quality Measures and Medicare reimbursement are directly linked to the level of assistance provided to qualified beneficiaries. That's why accurate coding is of paramount importance.

THE ELEMENTS OF ADL CODING

Resident Acuity

Skilled nursing facilities provide services such as occupational therapy, physical therapy and restorative nursing care to help residents maintain their functional capacities. The nursing staff is responsible for coding the level of assistance that is provided to each resident. As residents become older or more ill, they begin to lose a majority of the 11 most common ADL functions, such as their ability to walk independently or to dress themselves. Bed Mobility, Eating, Transfer and Toileting are referred to as **Late Loss ADLs** because they are the functions that are retained by the resident the longest. A resident may be unable to walk but can move around in bed or feed himself, and every effort should be made by the facility staff to preserve these remaining functions.

ADL Codes

ADL codes are divided into two major categories: **self-performance** and **staff performance,** both of which are further subdivided and assigned performance codes. These codes are a component of the Resource Utilization Groups (RUGs) level for each resident.

Self-Performance

This refers to the extent to which the resident can carry out certain tasks. There are four categories of resident self-performance described in the chart below.

CODE	SELF-PERFORMANCE	DESCRIPTION
0	**Independent**	• No assistance or cueing by staff. • Resident does all of the activity alone.
1	**Supervision**	• Staff provides instructions or verbal cueing. • No physical hands-on assistance by staff.
2	**Limited Assistance**	• Staff gives instruction by talking or cueing. • Staff DOES NOT lift any part of the resident's body. • Resident is highly involved in the activity.
3	**Extensive Assistance**	• Staff talk, touch AND lift or shift the resident. • The resident performed part of the activity.
4	**Total Dependence**	• The staff provides all action. • The resident does not assist at all.

Figure 1: Self-Performance Codes

Staff Performance

Staff performance refers to whether or not a staff member performed any of the **Late Loss ADLs** for the resident, and if so, how many staff members assisted. The table below describes the component of each category.

STAFF PERFORMANCE CODES	DESCRIPTION
0	No staff performance required.
1	Setup only (for example, opened milk, placed wheelchair at bedside).
2	One staff member physically assisted the resident.
3	Two or more staff members physically assisted the resident.
8	Activity did not occur for the entire shift.

Figure 2: Staff Performance Codes

WHY ACCURATE ADL CODING MATTERS

Impacts of ADL Scores

Various **Quality Measures** are linked to the ADL codes, which in turn determine a facility's rank and how it is paid. The four **Late Loss ADLs** (Bed Mobility, Eating, Transfer and Toileting) are tied to Medicare reimbursement to nursing homes, and more money is allocated per patient per

day for the most dependent level of self-performance and the highest level of staff performance. Conversely, the more independent the resident, the lower the reimbursement to the facility, because that resident requires less nursing care. ADL scores are also used to determine the placement of residents in skilled nursing facilities, in more independent settings or in their homes with specialized services provided by home care agencies. ADL coding can be very confusing for staff; therefore, it is important that skilled nursing facilities provide staff training on accurate ADL coding and conduct audits to ensure compliance. The ADL score is generated by the resident's ability to perform each task and the level of assistance provided by staff. For example, a resident may be able to feed himself but requires supervision by staff.

Inaccurate ADL coding has two major implications for skilled nursing facilities. First, there is the potential for loss of revenue due to "under-coding," and second, there is the potential for inflated coding resulting in overbilling, which may subject the facility and organization to an allegation of Medicare fraud and abuse. The rule of thumb is to code the activity when it occurs three times at any one level. However, if the activity occurs three or more times at multiple levels, then the most dependent level is coded. There are also other allowable variations for coding found in the MDS manual.

To ensure accurate coding, facility staff must receive initial and continued training to confirm that they understand the meaning of both the self-performance and the staff performance codes. Staff should be able to differentiate between the levels of assistance that are provided to residents and the degree to which the residents can perform the task. For example, staff should know how to code the ADL for a resident who can pull up his pants, but needs assistance buttoning or zipping his pants. Staff also needs to know the difference between **guided maneuvering** and **weight-bearing assistance.** When **guided maneuvering** is provided, staff does just that: "guide" the resident in performance of a task. For example, the resident can lift a spoon to his mouth but staff guides his hand. **Weight-bearing assistance** means the staff supported some of the weight of the resident's hand while helping to move the spoon from the plate to the resident's mouth.

5 Ways to Ensure Accuracy

To ensure accurate ADL coding, facilities should develop a protocol, preferably for daily documentation review. Often the Certified Nursing Assistants (CNAs) are responsible for completing the ADL flow sheets; however, it remains the nurses' responsibility to check for accuracy.

- Ask whether the code matches the resident's functional status and the assistance provided by the staff.
- Ensure that each flow sheet is completed in its entirety and there are no blanks.
- Do not wait too long to audit documentation for accuracy as memory tends to fade with passage of time, and staff may not be able to recall the assistance they provided and the level of the resident's performance.
- Provide 1:1 education with CNAs that includes opportunities for demonstration of the various levels of performance.
- Designate detail-oriented staff as champions to monitor ADL coding.

As residents become older and/or become more ill, their functional status may be compromised and they begin to lose their independence with performance of ADL functions. By federal regulations, skilled nursing facilities are required to have systems in place for assessing each resident's functional status, and a comprehensive plan of care addressing the potential for decline in ADL function. In addition, as Quality Measures and reimbursement are linked to accurate ADL coding, facility leadership should ensure that the required staff training is provided. Collaboration and communication are important prerequisites for accurate ADL coding; therefore, facility leadership should provide the necessary resources to ensure compliance. For more information, please see the following resources:

1. **http://www.mcknights.com/quest-columns/accuracy-with-adl-coding/article/261144/**
2. **http://nursinghomehelp.org/mdsflyers/webinars/WMHandouts061515.pdf**
3. **https://jeopardylabs.com/play/adl-coding-made-fun4**
4. **http://www.slideshare.net/HarmonyHealthcareInternational/documenting-the-care-you-provide-adl-accuracy**