

# PLAYING HIDE AND SEEK WITH PATIENT DRIVEN PAYMENT MODEL (PDPM) COMPONENTS

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Complete HealthCare Resources EASTERN, INC.  
STRATEGIC SOLUTIONS FOR SENIOR CARE PROVIDERS

# DISCLOSURE

- WE DO NOT HAVE ANY FINANCIAL RELATIONSHIPS TO DISCLOSE
- WE DO NOT HAVE ANY CONFLICTS OF INTEREST TO DISCLOSE
- WE WILL NOT PROMOTE ANY COMMERCIAL PRODUCTS OR SERVICES

# OBJECTIVES

- THIS PROGRAM IS INTENDED TO PROVIDE AN OVERVIEW OF THE ONGOING IMPORTANCE OF THE PDPM TO YOUR FACILITY.
- WE WILL DISCUSS THE IMPACT OF THE DOCUMENTATION TO SUPPORT PDPM COMPONENTS
  - IDENTIFY THE KEY AREAS ON THE MDS ASSESSMENTS
  - UNDERSTAND THE CHANGES WITH PDPM AND WHAT DOES NOT CHANGE
  - IDENTIFY HOW PDPM WILL IMPACT INTERDISCIPLINARY TEAM
  - UNDERSTAND THE IMPORTANCE OF ACCURATE AND TIMELY DIAGNOSIS DOCUMENTATION IN THE MEDICAL RECORD

# DISCLAIMER

- THE INFORMATION PRESENTED IS CURRENT AS OF TODAY AND IS ACCURATE AS TO THE INFORMATION AVAILABLE AT THIS TIME.

# SETTING PDPM REIMBURSEMENT

- MDS ASSESSMENT IS THE HEART OF WHAT HAPPENS LONG TERM CARE
  - WITH EXCEPTION OF HIVS CODED ON UB04 THE PAYMENT SYSTEM IS DRIVEN FROM MDS ASSESSMENT
- MDS ASSESSMENTS UNDER PDPM SYSTEM ONLY 3 ASSESSMENTS
  - MEDICARE 5 DAY (ASSESSMENT REFERENCE DATE ALLOWABLE DAYS TO SCHEDULE DAY 1-8 OF MEDICARE PART A STAY.
  - INTERIM PAYMENT ASSESSMENT – IPA **OPTIONAL**
  - PPS DISCHARGE ASSESSMENT

# MDS ROLE CHANGING

- IS THE MDS COORDINATOR ROLE CHANGING?
  - TASK ORIENTED, PASSIVE ROLE OF IDENTIFYING INFORMATION AND CODING INFORMATION ON MDS ASSESSMENT
- IS THIS ROLE CHANGING TO A CLINICAL CARE COORDINATOR?
  - HAVE THE RESIDENT ASSESSMENT SKILL SET?
  - PROACTIVE IN COLLECTING CLINICAL INFORMATION
    - HAVE NO INFORMATION OF RESIDENT HAVING COPD FROM HOSPITAL RECORDS HOWEVER DAUGHTER INDICATES RECEIVED MEDICINE AT HOME. WHAT WOULD YOUR MDS COORDINATOR DO?

# MEDICARE PART A ADMISSION

- WHAT CHANGES WITH PDPM FOR ADMISSION?
  - ICD-10 DRIVES THE REIMBURSEMENT
    - MORE THAN 1 DIAGNOSIS DRIVES REIMBURSEMENT
      - THERAPY DRIVEN REIMBURSEMENT WITH RUG IV IS GONE
    - IDENTIFY CLINICAL COMPLEXITY
      - INCREASE COMMUNICATION BETWEEN DISCHARGING FACILITY TO SNF





# PRIOR SURGERIES



consciousness, subdural hematoma

## J2000. Prior Surgery - Complete only if A0310B = 01

Enter Code

Did the resident have major surgery during the **100 days prior to admission**?

- 0. No
- 1. Yes
- 8. Unknown

## J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08

Enter Code

Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?

- 0. No
- 1. Yes
- 8. Unknown

## Section J

## Health Conditions

Surgical Procedures - Complete only if J2100 = 1

↓ Check all that apply

**Major Joint Replacement**

- J2300. Knee Replacement - partial or total
- J2310. Hip Replacement - partial or total
- J2320. Ankle Replacement - partial or total
- J2330. Shoulder Replacement - partial or total

**Spinal Surgery**

- J2400. Involving the spinal cord or major spinal nerves
- J2410. Involving fusion of spinal bones
- J2420. Involving lamina, discs, or facets
- J2499. Other major spinal surgery

**Other Orthopedic Surgery**

- J2500. Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)
- J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot)
- J2520. Repair but not replace joints
- J2530. Repair other bones (such as hand, foot, jaw)
- J2599. Other major orthopedic surgery

**Neurological Surgery**

- J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)
- J2610. Involving the peripheral or autonomic nervous system - open or percutaneous
- J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices
- J2699. Other major neurological surgery

**Cardiopulmonary Surgery**

- J2700. Involving the heart or major blood vessels - open or percutaneous procedures
- J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic
- J2799. Other major cardiopulmonary surgery

**Genitourinary Surgery**

- J2800. Involving male or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)
- J2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)
- J2899. Other major genitourinary surgery

**Other Major Surgery**

- J2900. Involving tendons, ligaments, or muscles
- J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)
- J2920. Involving the endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus - open
- J2930. Involving the breast
- J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant
- J5000. Other major surgery not listed above

 Rectangular Snip

# GETTING THE INFORMATION RIGHT- ADMISSION/5 DAY PPS MDS

- HOSPITAL DISCHARGE SUMMARY
  - DIAGNOSIS ICD-10 CODES FROM SNF AND HOSPITAL
    - ACCURATE PDPM MAPPING TO AVOID RTP ERRORS
  - HAVE THE HOSPITALS BEEN MADE AWARE OF THE CHANGES COMING WITH PDPM?
  - DO YOU HAVE A NURSE/LIAISON TO DO CLINICAL ASSESSMENT AND REVIEW THE HOSPITAL RECORD
  - IS THERE ENOUGH INFORMATION FOR THE NEW SECTION ON MDS SECTION J2000 FOR PAST SURGERIES
  - MDS DATA USED FOR PAYMENT CLASSIFICATION GROUPS VARY BY CASE MIX GROUPS
    - PT, OT, SLP, NURSING AND NON-THERAPY ANCILLARIES
  - TIMELY AND ACCURACY MDS SECTION GG (DAY 1-3), COGNITIVE, DEPRESSION
  - CAPTURING CLINICAL COMPLEXITIES OF RESIDENTS
- 
- **MDS ACCURACY STILL MATTERS!**



# SEEKING THE DOCUMENTATION

- QUICKLY LOCATE DOCUMENTATION IN THE CLINICAL RECORD
  - MDS ASSESSMENT REFERENCE DATE LATEST DATE IS DAY 8 OF MEDICARE PART A STAY
  - DIAGNOSIS IDENTIFIED THAT ARE CURRENT AND HISTORY
  - DISCHARGE SUMMARY, HISTORY AND PHYSICAL RECEIVED TIMELY
  - COMMUNICATION BETWEEN INTERDISCIPLINARY TEAM AND DOCUMENTATION COMPLETED EARLY



# NO CHANGE

## MEDICARE BENEFIT POLICY MANUAL CHAPTER 8 – COVERAGE OF EXTENDED CARE (SNF) SERVICES UNDER HOSPITAL INSURANCE

1. THE PATIENT REQUIRES SKILLED NURSING SERVICES OR SKILLED REHABILITATION SERVICES, I.E., SERVICES THAT MUST BE PERFORMED BY OR UNDER THE SUPERVISION OF PROFESSIONAL OR TECHNICAL PERSONNEL (SEE §§30.2 - 30.4); ARE ORDERED BY A PHYSICIAN AND THE SERVICES ARE RENDERED FOR A CONDITION FOR WHICH THE PATIENT RECEIVED INPATIENT HOSPITAL SERVICES OR FOR A CONDITION THAT AROSE WHILE RECEIVING CARE IN A SNF FOR A CONDITION FOR WHICH HE RECEIVED INPATIENT HOSPITAL SERVICES;
2. THE PATIENT REQUIRES THESE SKILLED SERVICES ON A DAILY BASIS (SEE §30.6); AND
3. AS A PRACTICAL MATTER, CONSIDERING ECONOMY AND EFFICIENCY, THE DAILY SKILLED SERVICES CAN BE PROVIDED ONLY ON AN INPATIENT BASIS IN A SNF. (SEE §30.7.)
4. THE SERVICES DELIVERED ARE REASONABLE AND NECESSARY FOR THE TREATMENT OF A PATIENT'S ILLNESS OR INJURY, I.E., ARE CONSISTENT WITH THE NATURE AND SEVERITY OF THE INDIVIDUAL'S ILLNESS OR INJURY, THE INDIVIDUAL'S PARTICULAR MEDICAL NEEDS, AND ACCEPTED STANDARDS OF MEDICAL PRACTICE. THE SERVICES MUST ALSO BE REASONABLE IN TERMS OF DURATION AND QUANTITY.

# WHAT ARE SOME CONSIDERATIONS FOR SKILLED NURSING SERVICE

- REQUIRE SKILLED NURSING FOR MANAGEMENT & EVALUATION OF A RESIDENT CARE PLAN
  - REQUIRE INVOLVEMENT OF SKILLED PERSONNEL TO
    - MEET MEDICAL RECORDS NEEDS
    - PROMOTE RECOVERY
    - ENSURE MEDICAL SAFETY
- **CLINICAL RECORD MUST CLEARLY ESTABLISH THAT THERE WAS A LIKELY POTENTIAL FOR SERIOUS COMPLICATIONS WITHOUT SKILLED MANAGEMENT**

# SKILLED SERVICES

- SKILLED NURSING/REHABILITATION
  - REQUIRE SKILLS OF QUALIFIED HEALTH PERSONNEL SUCH AS LICENSED NURSE, PT, OT SLP, DUE TO NATURE OF SERVICE AND
  - MUST BE PROVIDED DIRECTLY UNDER THE GENERAL SUPERVISION OF THESE SKILLED NURSING/REHABILITATION PERSONNEL TO ASSURE SAFETY OF THE RESIDENT AND ACHIEVE THE DESIRED MEDICAL RESULT
- **SKILLED CARE MAY BE NECESSARY TO IMPROVE CURRENT CONDITION, TO MAINTAIN CURRENT CONDITION OR PREVENT OR SLOW FURTHER DETERIORATION OF THE RESIDENT'S CONDITION**



# WHAT DETERMINES SKILLED SERVICE

- REMEMBER THAT IS NOT JUST A DIAGNOSIS OR PROGNOSIS IS NOT THE SOLE FACTOR IN DECIDING THAT A SERVICE IS SKILLED
- DECIDE IF THE SKILLED NURSING/THERAPY ARE PROVIDING THE SERVICE BECAUSE IT IS BEYOND THE SCOPE OF UNSKILLED STAFF
- IS THERE DOCUMENTATION TO SUPPORT THIS IN THE CLINICAL RECORD?
  - DOES IT REFLECT THE RESIDENT'S RESPONSE TO THE SKILLED SERVICES PROVIDED?
  - THE NEED FOR SKILLED SERVICE IN ADDITION TO RESIDENT'S COMORBIDITIES DOCUMENTED?

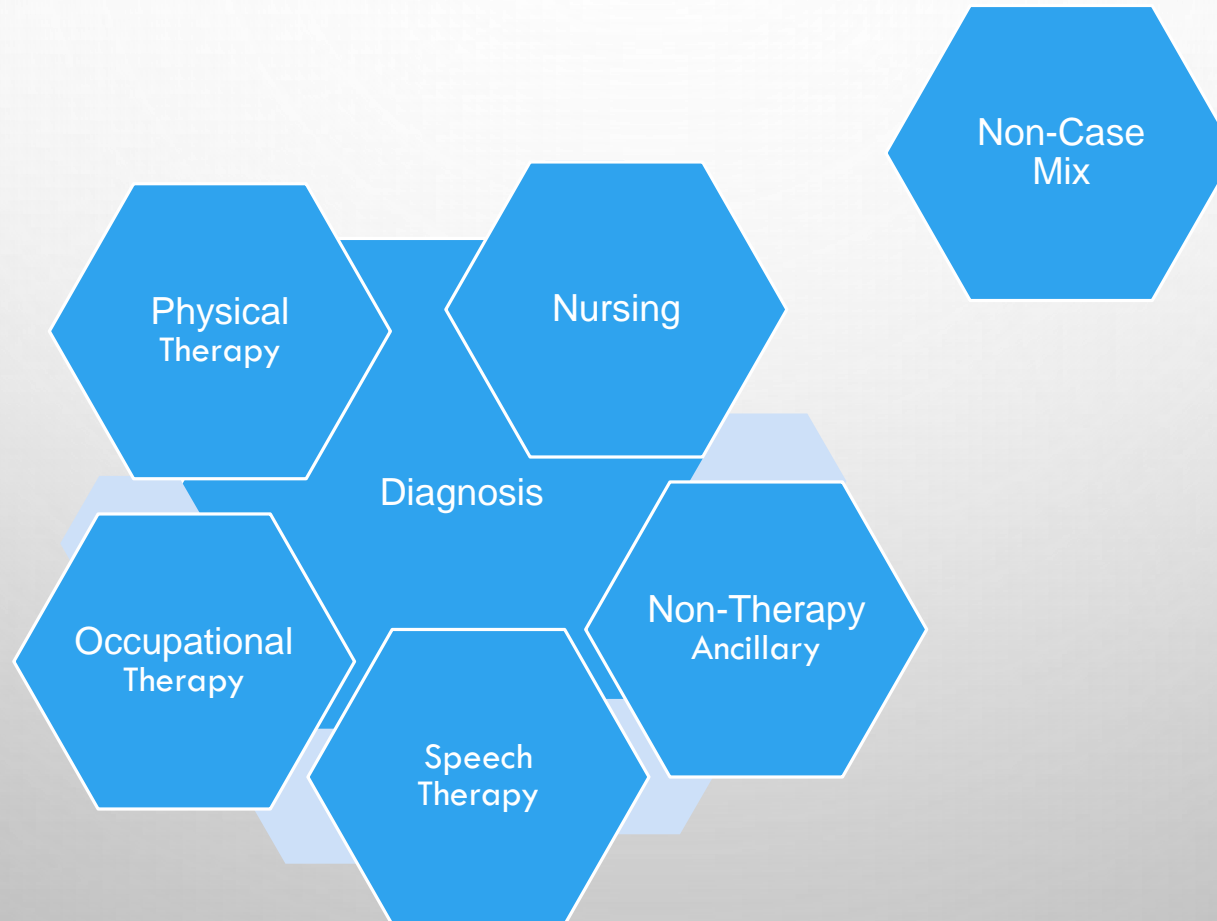


# UNDER PDPM QUALITY AND SURVEY EXPECTATIONS WILL NOT CHANGE

1. NEW SURVEY PROCESS PHASE III REQUIREMENTS OF PARTICIPATION WILL GO INTO EFFECT 11.28.2019
2. SHORT AND LONG STAY QUALITY MEASURES ARE STILL IN PLACE
3. QUALITY REPORTING PROGRAM
4. VALUE BASED PURCHASING
5. 5 STAR RATING SYSTEM

# WHERE DO YOU START IN PDPM?

- 6 COMPONENTS



# SECTION GG

Section GG Items	Score
Self-care: Eating	0-4
Self-Care: Oral <b>Hygiene</b> *	0-4
Self-Care: Toilet Hygiene	0-4
Mobility: Sit to Lying Mobility: Lying to sitting on side of bed	0-4 (average of 2 <b>bed mobility</b> items)
Mobility: Sit to Stand Mobility: Chair/bed-to-bed transfer Mobility: Toilet Transfer	0-4 (average of 3 <b>transfer</b> items)
<b>Mobility: Walk 50 feet with 2 turns *</b> <b>Mobility: Walk 150 feet *</b>	0-4 (average of 2 <b>walking</b> items)
<ul style="list-style-type: none"> <li>• <b>Indicates not on the Nursing Component Functional Score (Use 7 components)</b></li> </ul> <p><b>Therapy uses all 10 listed above for Functional Score</b></p>	

# SECTION GG FUNCTION SCORE

Response		Score
05, 06	Set-up assistance, Independence	4
04	Supervision or Touching assistance	3
03	Partial/Moderate assistance	2
02	Substantial/Maximal assist	1
01, 07, 09,88	Dependent, Refused, Not Attempted code	0

# DOCUMENTATION TO SUPPORT MDS SECTION

- MOST USUAL FUNCTIONAL PERFORMANCE
  - FIRST 3 DAYS OF MEDICARE STAY
  - LAST 3 DAYS OF MEDICARE STAY
- WHERE IS THIS INFORMATION DOCUMENTED?
- FUNCTIONAL SCORE REPLACES THE LATE LOSS ADL FOR CASE MIX COMPONENTS

# PATIENT DRIVEN PAYMENT MODEL PDPM

**FY 2019 PDPM Unadjusted Federal Rate Per Diem / URBAN  
Table !2**

Rate Component	Nursing	NTA	PT	OT	ST	Non-Case Mix
Per Diem Amount	\$103.46	\$78.05	\$59.33	\$55.23	\$22.15	\$92.63

**FY 2019 PDPM Unadjusted Federal Rate Per Diem / RURAL  
Table 13**

Rate Component	Nursing	NTA	PT	OT	ST	Non-Case Mix
Per Diem Amount	\$98.83	\$74.56	\$67.63	\$62.11	\$27.90	\$94.34

# NURSING RUG COMPONENT

Extensive Services		Function Score	RUG	CMI	Urban	Rural
Tracheostomy Care AND Ventilator			ES3	4.04	\$417.98	\$399.27
Tracheostomy Care OR Ventilator			ES2	3.06	\$316.59	\$302.42
Isolation for Active Infectious Disease			ES1	2.91	\$301.07	\$287.60
<b>SPECIAL CARE HIGH</b>						
Comatose, Septicemia, Diabetes with Daily Injection + Insulin Order Changes, Fever with one of the following: Pneumonia, Vomiting, Feeding Tube or Weight loss, Parenteral/IV feedings, Respiratory Treatment (7days), COPD with: shortness of breath while lying flat. End Split Depression PHQ = >9	0-5		HDE2	2.39	\$247.27	\$236.20
	0-5		HDE1	1.99	\$205.89	\$196.67
	6-14		HBC2	2.23	\$230.72	\$220.39
	6-14		HBC1	1.85	\$191.40	\$182.84

# NURSING RUG COMPONENT

SPECIAL CARE LOW	Function Score	CMI	RUG	Urban	Rural
Cerebral Palsy, Multiple Sclerosis, Parkinson's, Foot Infection, Feeding Tube (calories $\geq$ 51% or 26-50% & $\geq$ 501cc, > 1 Stage 2 Pressure Ulcer or any Stage 3 or 4 with 2 or more skin treatments, $\geq$ 1 venous/arterial ulcer or 1 stage 2 pressure ulcer & 1 venous/arterial ulcer Radiation Therapy *, Respiratory Failure & Oxygen therapy*, Dialysis, Diabetic Foot Ulcer, Foot Lesions with treatment *=while a resident Depression end split = PHQ 9	0-5	LDE2	2.07	\$214.16	\$204.58
	0-5	LDE1	1.72	\$177.95	\$169.99
	6-14	LBC2	1.71	\$179.92	\$169.00
	6-14	LBC1	1.43	\$147.95	\$141.32



# NURSING RUG COMPONENT

CLINICALLY COMPLEX	Function Score	CMI	RUG	Urban	Rural
Pneumonia, Hemiplegia/hemiparesis, Surgical Wounds**, Open Lesions **, Chemotherapy *, IV medications*, Transfusion*, Oxygen Therapy*, Burns  *=while a resident **=with treatment GG score <12 Depression End Split = PHQ >9	0-5	CDE2	1.86	\$192.44	\$183.82
	0-5	CDE1	1.62	\$167.61	\$160.10
	6-14	CBC2	1.54	\$159.33	\$151.20
	15-16	CA2	1.08	\$111.74	\$106.74
	6-14	CBC1	1.34	\$138.64	\$132.43
	15-16	CA1	0.94	\$97.25	\$92.90

# NURSING RUG COMPONENT

BEHAVIORS & COGNITIVE PERFORMANCE	Function Score	RUG	CMI	Urban	Rural
Cognitive impairment BIMS score $\leq 9$ or CPS $\geq 3$ OR Hallucinations OR Delusions OR Physical OR Verbal Behaviors symptoms towards others OR Other Behavior symptoms OR Rejection of Care OR Wandering End Split = 2 or more Restorative Nursing Programs 6 + Days/week	11-16	BAB2	1.04	\$107.60	\$102.78
	11-16	BAB1	0.99	\$102.43	\$97.84

# NURSING RUG COMPONENT

Physical Function Reduced	Function Score	RUG	CMI	Urban	Rural
Urinary/Bowel toileting program, Passive/Active Range of Motion, Splint or Brace assistance, Bed Mobility/Walking training, Transfer training, Dressing/grooming training, Eating, swallowing training, Amputation/prosthesis care, and Communication	0-5	PDE2	1.57	\$162.43	\$155.16
	0-5	PDE1	1.47	\$152.08	\$145.28
	6-4	PBC2	1.21	\$125.19	\$119.58
	15-16	PA2	0.70	\$72.42	\$69.18
	6-14	PBC1	1.13	\$116.91	\$111.68
	15-16	PA1	0.66	\$68.28	\$65.28
End Split = 2 or more Restorative Nursing Programs 6 + Days/week					

# WHAT IS THE REQUIREMENT TO CAPTURE RESTORATIVE NURSING PROGRAM

- MEASURABLE OBJECTIVE AND INTERVENTIONS MUST BE DOCUMENTED IN THE PLAN OF CARE
- EVIDENCE OF PERIODIC EVALUATION BY A LICENSED NURSE MUST BE PRESENT IN THE MEDICAL RECORD
- NURSING ASSISTANT/RESTORATIVE AIDES MUST BE TRAINED IN THE TECHNIQUES FOR RESTORATIVE NURSING PROGRAMS
- TO CAPTURE PHYSICAL FUNCTION END SPLIT CATEGORY MUST HAVE 6 DAYS OF 2 PROGRAMS FOR AT LEAST 15 MINUTES EACH PROGRAM

# UNCOVERING THE NON-THERAPY ANCILLARY (NTA) COMPONENTS



# NON-THERAPY ANCILLARY COMPONENT (NTA)

- YOU WILL GET A PRIZE FOR CAPTURING CLINICAL QUALIFIERS
- HOW MANY POINTS CAN YOU SEEK AND FIND
- 50 ITEMS ALONE FOR NTA

# NON-THERAPY ANCILLARY COMPONENT

Condition/Extensive Service	Source	Points
HIV/AIDS	SNF Claim	8
Ostomy - H0100C	MDS	1
Intermittent Catheterization – H0100D	MDS	1
Parenteral IV Feeding – K0510A2/ K0710A2 (High)	MDS	7
Parenteral IV Feeding – K0510A2?K0710A2 (Low)	MDS	4
Feeding Tube - K0510B2	MDS	1
Diabetic Foot Ulcer - M1040B	MDS	1
Highest Pressure Ulcer Stage 4 – M0300D1	MDS	1
Other Foot Skin Problems – M01040A,M10440B or M01040C	MDS	1
IV Medication – O0100H2	MDS	5
Ventilator/Respirator – O0100F2	MDS	4
Transfusion – O0100I2	MDS	2
Tracheostomy – O100E2	MDS	1
Infection Isolation – O0100M2	MDS	1
Radiation – O0100B2	MDS	1
Suctioning – O0100D2	MDS	1

# NON-THERAPY ANCILLARY COMPONENT

Condition/Extensive Service	Source	Points
Infection with Multi-Resistant Organism – I1700	MDS	1
Multiple Sclerosis – I5200	MDS	2
Asthma, COPD, or Chronic Lung Disease – I6200	MDS	2
Diabetes Mellitus- 12900	MDS	2
Wound Infection (Other than to foot) - I2500	MDS	2
Malnutrition – I5600	MDS	1
Lung Transplant Status –I8000	MDS	3
Major Organ Transplant Status, except lung-I8000	MDS	2
Opportunistic Infections-I8000	MDS	2
Bone/Joint/Muscle infections/necrosis – I8000	MDS	2
Chronic Myeloid Leukemia – I8000	MDS	2
Endocarditis- I8000	MDS	1
Immune Disorders – I8000	MDS	1
End stage Liver Disease – I8000	MDS	1
Narcolepsy and Cataplexy – I8000	MDS	1
Cystic Fibrosis – I8000	MDS	1
Specified Hereditary Metabolic/Immune Disorders-I8000	MDS	1
Morbid Obesity –I8000	MDS	1
Psoriatic Arthroplasty and Systemic Sclerosis –I8000	MDS	1



# NON-THERAPY ANCILLARY COMPONENT

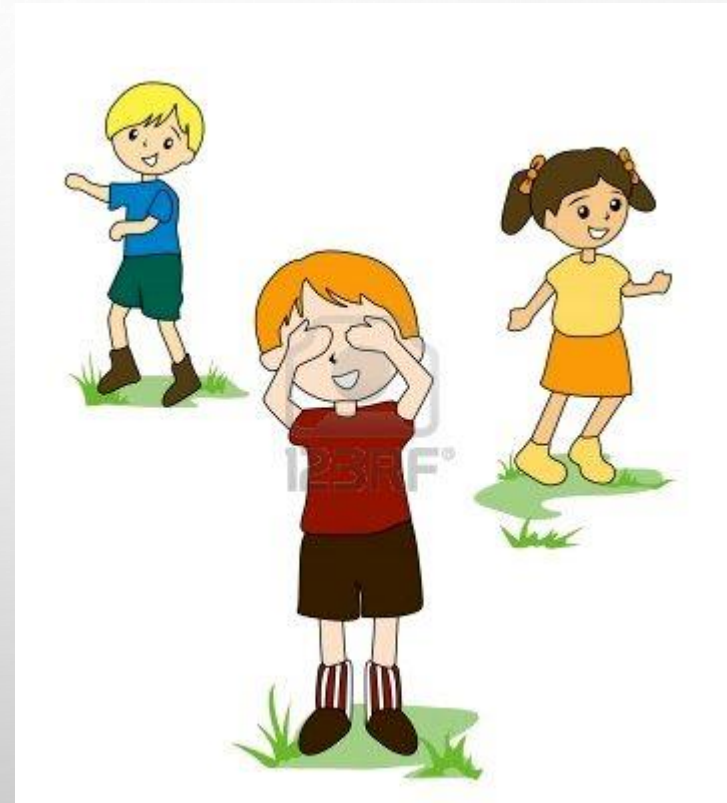
Condition/Extensive Service	Source	Points
Chronic Pancreatitis - I8000	MDS	1
Proliferated Diabetic Retinopathy and Vitreous Hemorrhage - I8000	MDS	1
Complication of Specified Implanted Device or Graft –I8000	MDS	1
Inflammatory Bowel Disease – I8000	MDS	1
Aseptic Necrosis of Bone – I8000	MDS	1
Cardio-Respiratory Failure or Shock – I8000	MDS	1
Myelodysplastic Syndrome and Myelofibrosis –I8000	MDS	1
Systemic Lupus Erythematosus, other connective tissue disorders and inflammatory Spondylopathies-I8000	MDS	1
Diabetic Retinopathy – I8000	MDS	1
Severe Skin Burns or Condition-I8000	MDS	1
Intractable Epilepsy-I8000	MDS	1
Disorder of Immunity (except RXCC97) – I8000	MDS	1
Cirrhosis of Liver – I8000	MDS	1
Respiratory Arrest – I8000	MDS	1
Pulmonary Fibrosis and Other Chronic Lung Disorders-I8000	MDS	1

# NTA CASE-MIX CLASSIFICATION GROUPS

NTA Score Range	NTA Case-Mix Group	NTA Case – Mix Index	Urban	Rural
12+	NA	3.25	\$253.66	\$242.32
9-11	NB	2.53	\$197.47	\$188.64
6-8	NC	1.85	\$144.39	\$137.94
3-5	ND	1.34	\$104.59	\$99.91
1-2	NE	0.96	\$74.93	\$71.58
0	NF	0.72	\$56.20	\$53.68
Variable Per-Diem Adjustment Factors and Schedule				
Medicare Payment Days		Adjustment Factor		
1-3		3.0		
4-100		1.0		

# DIAGNOSIS

- BACK TO HOME BASE – **DIAGNOSIS**
  - IMPACTS 5 COMPONENTS
    - NON-CASE MIX COMPONENT DOES NOT CHANGE
- WHO IS COMPLETING THE ICD-10 CODING



# FINDING THE CORRECT CODE

- READ ALL THE MEDICAL DOCUMENTATION TO IDENTIFY DIAGNOSIS
- MAY BE MORE THAN ONE DIAGNOSIS- SOME ACUTE, SOME CHRONIC, SOME DIRECTLY RELATED TO THE QUALIFY HOSPITAL STAY.
  - SOME MAY BE STABLE AND SOME THAT ARE NOT
- DETERMINE THE PRIMARY REASON FOR THIS SNF STAY
  - DISCUSSION WITH INTERDISCIPLINARY TERM
  - MUST BE ON PPS 5 DAY MDS (LATEST DATE FOR ARD IS DAY 8)

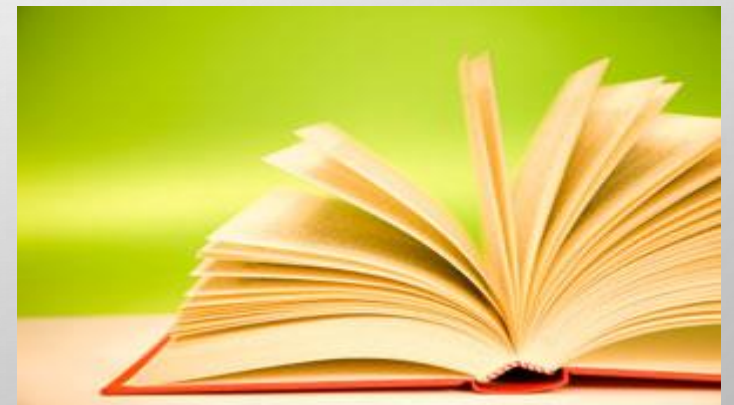
# WHERE TO FIND THE DIAGNOSIS

- HISTORY AND PHYSICAL
- ER RECORDS AND OTHER HOSPITAL RECORDS
- DISCHARGE SUMMARIES
- X-RAY REPORTS, CT SCANS, MRI RESULTS, OTHER RADIOLOGY EXAMS RESULTS AND SIGNED BY A PHYSICIAN
- SURGICAL REPORTS
- TRANSFER RECORDS
- PHYSICIAN PROGRESS NOTES
- PHYSICIAN CONSULT NOTES



# WHY IS IT IMPORTANT TO IDENTIFY CORRECT DIAGNOSIS

- USE CMS CROSSWALK
- IF THIS IS THE PRIMARY DIAGNOSIS EXAMPLE
  - S72009A FRACTURE OF UNSPECIFIED PART OF NECK OF UNSPECIFIED FEMUR = RTP (**RETURN TO PROVIDER**). CLAIM IS REJECTED



# [HTTPS://WWW.CMS.GOV/MEDICARE/MEDICARE-FEE-FOR-SERVICE-PAYMENT/SNFPPS/PDPM.HTML](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html)

## PDPM Resources

This section includes additional resources relevant to PDPM implementation, including various coding crosswalks and classification logic.

- [PDPM Classification Walkthrough](#)
- [PDPM GROUPER Logic \(SAS\)](#)
- [ICD-10 Clinical Category Crosswalk](#)
- [ICD-10 NTA Comorbidity Crosswalk](#)

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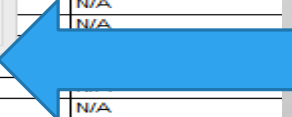
ICD-10-CM Code	Description	Default Clinical Category	Resident Had a Inpatient Stay
M62552	Muscle wasting and atrophy, not elsewhere classified, left thigh		N/A
M62559	Muscle wasting and atrophy, not elsewhere classified, unspecified		N/A
M62561	Muscle wasting and atrophy, not elsewhere classified, right lower leg		N/A
M62562	Muscle wasting and atrophy, not elsewhere classified, left lower leg		N/A
M62569	Muscle wasting and atrophy, not elsewhere classified, unspecified		N/A
M62571	Muscle wasting and atrophy, not elsewhere classified, right ankle		N/A
M62572	Muscle wasting and atrophy, not elsewhere classified, left ankle		N/A
M62579	Muscle wasting and atrophy, not elsewhere classified, unspecified		N/A
M6258	Muscle wasting and atrophy, not elsewhere classified, other site		N/A
M6259	Muscle wasting and atrophy, not elsewhere classified, multiple sites		N/A
M6281	Muscle weakness (generalized)	Return to Provider	
M6282	Rhabdomyolysis	Non-Surgical Orthopedic/Musculoskeletal	
M62830	Muscle spasm of back	Return to Provider	N/A
M62831	Muscle spasm of calf	Return to Provider	N/A
M62838	Other muscle spasm	Return to Provider	N/A
M6284	Sarcopenia	Non-Surgical Orthopedic/Musculoskeletal	N/A
M6289	Other specified disorders of muscle	Non-Surgical Orthopedic/Musculoskeletal	N/A
M629	Disorder of muscle, unspecified	Non-Surgical Orthopedic/Musculoskeletal	N/A
M6380	Disorders of muscle in diseases classified elsewhere, unspecified site	Return to Provider	N/A
M63811	Disorders of muscle in diseases classified elsewhere, right shoulder	Return to Provider	N/A
M63812	Disorders of muscle in diseases classified elsewhere, left shoulder	Return to Provider	N/A
M63819	Disorders of muscle in diseases classified elsewhere, unspecified shoulder	Return to Provider	N/A

Find and Replace

Find what: muscle weakness

Options >>

Find All Find Next Close



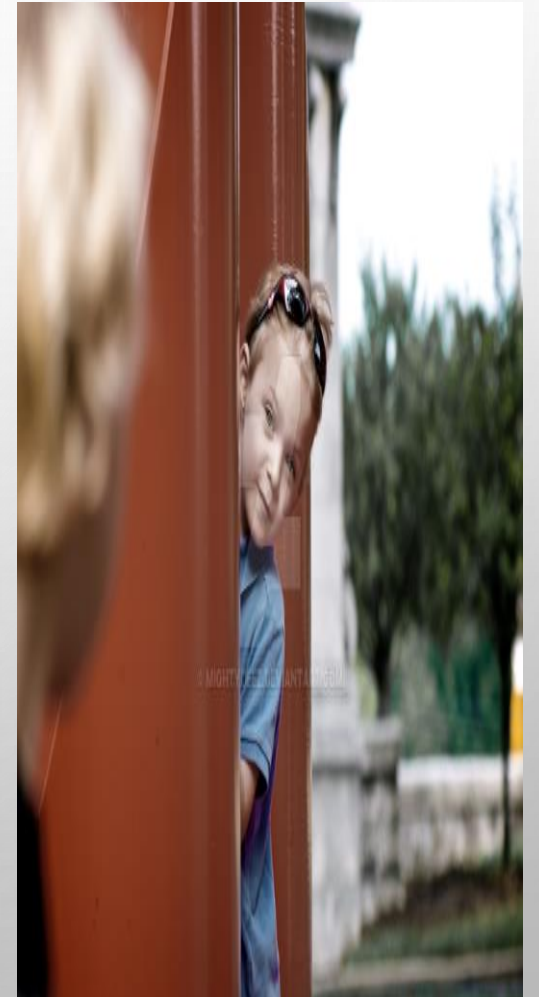
# RESIDENT INTERVIEWS

- WHO IS COMPLETING THE BIMS – COGNITIVE FUNCTION?
- WHO IS COMPLETING THE PHQ-9 OR PHQ9-OV
- DO THEY REPRESENT THE RESIDENT?



# THERAPY

- IS IT MY TURN YET?
- MDS WILL STILL DOCUMENT THERAPY MINUTES
- THERAPY WILL ALWAYS BE NEEDED FOR REHABILITATION AND DISCHARGE PLANNING
- SNF POST-ACUTE MARKET HAS BEEN BASED UPON THE NEED FOR THERAPY



# PHYSICAL THERAPY & OCCUPATIONAL THERAPY CATEGORIES

## Physical Therapy and Occupational Therapy

Major Joint Replacement or Spinal Surgery

Other Orthopedic

Medical Management:

Medical management

Acute Infections

Cancer

Pulmonary,

Cardiovascular & Coagulations

Non-Orthopedic Surgery & Acute Neurologic

Physical Therapy & Occupational Therapy Case-Mix Classifications								
Classification Group	Section GG Function Score	PT & OT Case-Mix Group	PT Case Mix Index	Urban	Rural	OT Case Mix Index	Urban	Rural
Major Joint Replacement or spinal Surgery	0-5	TA	1.53	\$90.77	\$103.47	1.49	\$82.29	\$92.54
Major Joint Replacement or spinal Surgery	6-9	TB	1.69	\$100.27	\$114.29	1.63	\$90.02	\$101.24
Major Joint Replacement or spinal Surgery	10-23	TC	1.88	\$111.54	\$127.14	1.68	\$92.79	\$104.34
Major Joint Replacement or spinal Surgery	24	TD	1.92	\$113.91	\$129.85	1.53	\$84.50	\$95.03

# Physical Therapy & Occupational Therapy Case-Mix Classifications

Classification Group	Section GG Function Score	PT & OT Case-Mix Group	PT Case Mix Index	Urban	Rural	OT Case Mix Index	Urban	Rural
Other Orthopedic	0-5	TE	1.42	\$84.25	\$96.03	1.41	\$77.87	\$87.58
Other Orthopedic	6-9	TF	1.61	\$95.52	\$108.88	1.59	\$88.92	\$98.75
Other Orthopedic	10-23	TG	1.67	\$99.08	\$112.94	1.64	\$90.69	\$101.86
Other Orthopedic	24	TH	1.16	\$68.82	\$78.45	1.15	\$63.51	\$71.43

# Physical Therapy & Occupational Therapy Case-Mix Classifications

Classification Group	Section GG Function Score	PT & OT Case-Mix Group	PT Case Mix Index	Urban	Rural	OT Case Mix Index	Urban	Rural
Medical Management	0-5	TI	1.13	\$67.04	\$76.42	1.17	\$64.62	\$72.67
Medical Management	6-9	TJ	1.42	\$84.25	\$96.03	1.44	\$79.53	\$89.44
Medical Management	10-23	TK	1.52	\$90.18	\$102.80	1.54	\$85.05	\$95.65
Medical Management	24	TL	1.09	\$64.67	\$73.72	1.11	\$61.31	\$68.94

Physical Therapy & Occupational Therapy Case-Mix Classifications								
Classification Group	Section GG Function Score	PT & OT Case-Mix Group	PT Case Mix Index	Urban	Rural	OT Case Mix Index	Urban	Rural
Non-Orthopedic Surgery & Acute Neurologic	0-5	TM	1.27	\$75.35	\$85.89	1.30	\$71.80	\$80.74
Non-Orthopedic Surgery & Acute Neurologic	6-9	TN	1.48	\$87.81	\$100.09	1.49	\$82.29	\$92.54
Non-Orthopedic Surgery & Acute Neurologic	10-23	TO	1.55	\$91.96	\$104.83	1.55	\$85.61	\$96.27
Non-Orthopedic Surgery & Acute Neurologic	24	TP	1.08	\$64.08	\$73.04	1.09	\$60.20	\$67.70

# PAYMENT VARIABLE LENGTH OF STAY

Medicare Payment	Adjustment Factor
1-20	1.00
21-27	0.98
28-34	0.96
35-41	0.94
42-48	0.92
49-55	0.90
56-62	0.88
63-69	0.86
70-76	0.84
77-83	0.82
84-90	0.80
91-97	0.78
98-100	0.76

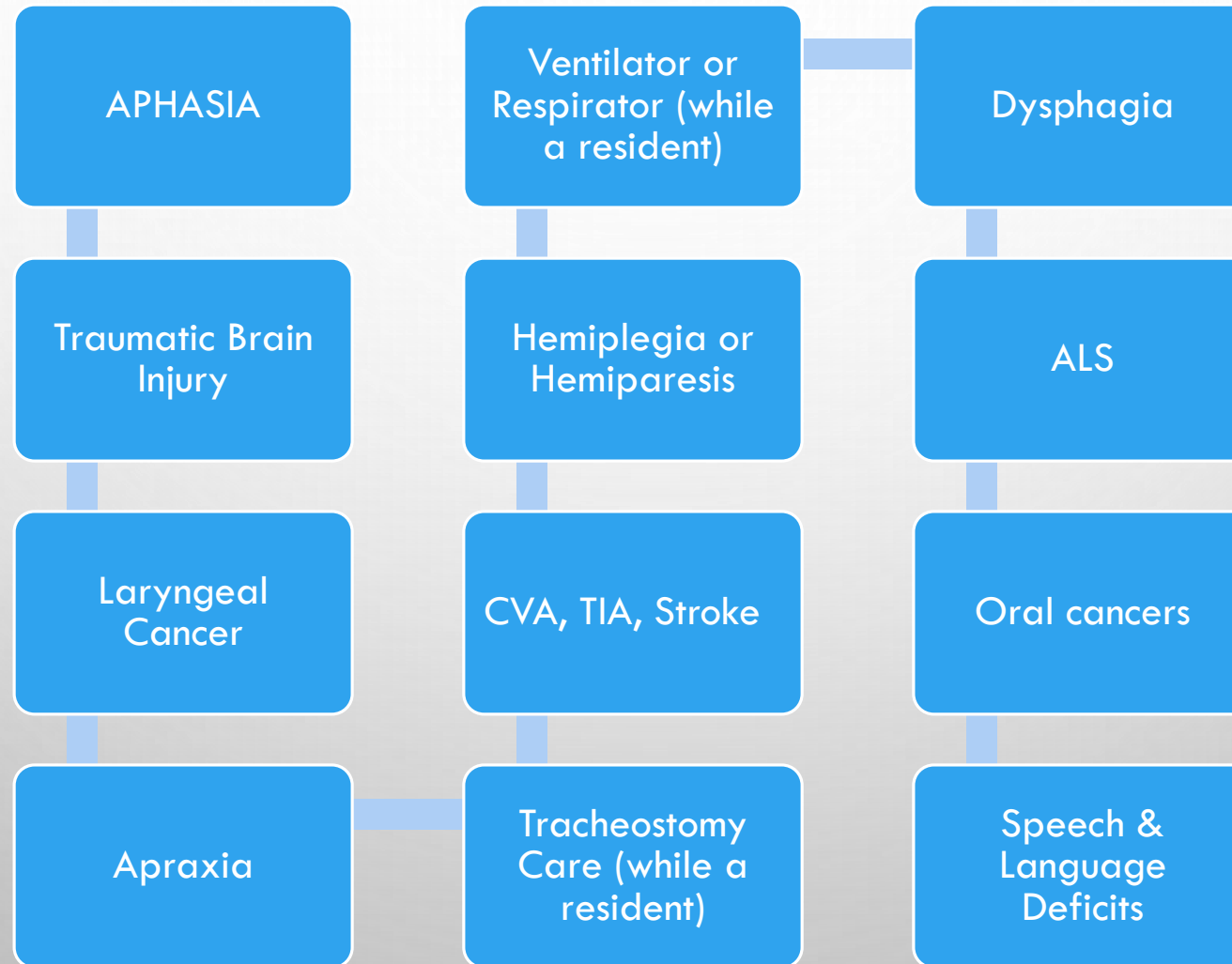
# SPEECH CASE MIX

- PRESENCE OF ACUTE NEUROLOGIC CONDITION
- NEUROLOGIC CONDITION





# SLP RELATED COMORBIDITIES (ANY ONE):



# SPEECH CASE MIX

- COGNITIVE IMPAIRMENT (BIMS, CPS SCORE)
  - CALCULATES IF NONE, ANY ONE, ANY TWO OR ALL THREE ARE PRESENT

## SEPARATE COMPONENT

- MDS SECTION K
  - SWALLOWING PROBLEM
  - MECHANICALLY ALTERED DIET
    - CALCULATES BOTH, EITHER OR NEITHER

Speech Therapy Case-Mix Classifications					
Presence of Acute Neurologic Condition, ST-Related Comorbidity or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	Speech Case-Mix Group	Speech Case-Mix Index	Urban	Rural
None	Neither	SA	0.68	\$15.30	\$18.97
None	Either	SB	1.82	\$40.31	\$50.78
None	Both	SC	2.66	\$58.92	\$74.21
Any One	Neither	SD	1.46	\$32.33	\$12.83
Any One	Either	SE	2.33	\$51.61	\$65.00
Any One	Both	SF	2.97	\$65.79	\$82.86
Any Two	Neither	SG	2.04	\$45.19	\$66.96
Any Two	Either	SH	2.85	\$63.13	\$79.52
Any Two	Both	SI	3.51	\$77.75	\$97.93
All Three	Neither	SJ	2.98	\$66.01	\$83.14
All Three	Either	SK	3.69	\$81.73	\$102.95
All Three	Both	SL	4.19	\$92.81	\$116.90

# TRIPLE CHECK

- DO YOU HAVE A TRIPLE CHECK PROCESS IN PLACE?
- WHO IS ATTENDS TRIPLE CHECK MEETING?
- WHAT IS REVIEWED IN TRIPLE CHECK?
- WHAT WILL NEED TO CHANGE IN PDPM REVIEW?

# HOME FREE NON-CASE MIX COMPONENT



# HOW TO PREPARE

- **ICD -10 CODING** – ICD -10 WORKSHOP SCHEDULED ON OCTOBER 24 & 25, 2018
  - ICD 10 CODING AT THE CENTER AT MOST OF PDPM COMPONENTS
- **MDS CODING ACCURACY**
  - ENSURE THAT ABLE TO CAPTURE THE CARE PROVIDED ON THE MDS PPS 5 DAY
- **SECTION GG CODING ACCURACY**
  - THIS IS INTERDISCIPLINARY AND NOT WHAT THERAPY IS IMPUTING ON THE SECTION
- **LENGTH OF STAY**
  - PAYMENT WILL DECREASE DURING MEDICARE PART A STAY
- **DOCUMENTATION IN THE CLINICAL RECORD**
  - DOCUMENTATION IN THE CLINICAL RECORD TO SUPPORT THE NURSING SERVICES PROVIDED

# RESOURCES

- [WWW.CMS.GOV](http://WWW.CMS.GOV)
- PATIENT DRIVEN PAYMENT MODEL
  - [HTTPS://WWW.CMS.GOV/MEDICARE/MEDICARE-FEE-FOR-SERVICE-PAYMENT/SNFPPS/PDPM.HTML](https://WWW.CMS.GOV/MEDICARE/MEDICARE-FEE-FOR-SERVICE-PAYMENT/SNFPPS/PDPM.HTML)
- MEDICARE BENEFIT POLICY MANUAL CH. 8
  - [HTTPS://WWW.CMS.GOV/REGULATIONS-AND-GUIDANCE/GUIDANCE/MANUALS/DOWNLOADS/BP102C08.PDF](https://WWW.CMS.GOV/REGULATIONS-AND-GUIDANCE/GUIDANCE/MANUALS/DOWNLOADS/BP102C08.PDF)
- PDPM TECHNICAL REPORT
  - [HTTPS://WWW.CMS.GOV/MEDICARE/MEDICARE-FEE-FOR-SERVICE-PAYMENT/SNFPPS/DOWNLOADS/PDPM TECHNICAL REPORT 508.PDF](https://WWW.CMS.GOV/MEDICARE/MEDICARE-FEE-FOR-SERVICE-PAYMENT/SNFPPS/DOWNLOADS/PDPM_TECHNICAL_REPORT_508.PDF)
- ICD.10-CM CLINICAL CATEGORY MAPPING:
  - [WWW.CMS.GOV/MEDICARE/MEDICARE-FEE-FOR-SERVICE-PAYMENT/SNFPPS/THERAPYRESEARCH.HTML](http://WWW.CMS.GOV/MEDICARE/MEDICARE-FEE-FOR-SERVICE-PAYMENT/SNFPPS/THERAPYRESEARCH.HTML)