NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

More PDPM Audits are Coming!
Are You Leveraging Your Therapy Team's Documentation for MDS Support?

Speakers:

- **Jaclyn Warshauer, PT, CRC, Aegis Therapies**
- **Mary Saylor, PT, RAC-CT, Aegis Therapies**

Moderator:

- **Leigh Ann Frick, PT/MBA, RAC-CT, PNAP, Care Navigation Consulting, LLC**

NARA
The National Association of Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Housekeeping Reminders

- All attendees are on mute
- Handouts were provided in the reminder email for this webinar sent 1 hour ago
- **Questions for Speakers:** submit them using the Q&A button on the attendee control panel
- **Technical Questions:** submit them using the Chat button on the attendee control panel
- **Recording:** will be emailed to all registered attendees 48 hours after concluded; posted for NARA Members on the Portal within 24 hours
- There are no CEUs available for this webinar

Disclaimer

The information shared in today's presentation is shared in good faith and for general information purposes only. It is accurate as of the date and time of this presentation. Providers should seek further guidance and assistance from CMS and their Medicare Administrative Contractor (MAC), commercial payers, state and national associations, and continue to watch for new developments and information regarding the topics discussed today.

More PDPM Audits are Coming!
Are You Leveraging Your Therapy Team's Documentation for MDS Support?

NARA Webinar
June 28, 2023

aegis therapies®

PACS POST-ACUTE CARE SOLUTIONS

NARA
The National Association of Rehabilitation Providers and Agencies

Presenters

- **Jaclyn Warshauer, PT, CRC**
  - National Director of Medical Review & Quality Services at Aegis Therapies
  - Jaclyn.Warshauer@aegistherapies.com
  - No relevant financial or nonfinancial relationships to disclose

- **Mary Saylor-Mumau, MPT, RAC-CT**
  - Medical Review & Denials Manager at Aegis Therapies
  - Consultant for Post-Acute Care Solutions (PACS)
  - Mary.Saylor@aegistherapies.com
  - No relevant financial or nonfinancial relationships to disclose

Disclaimer

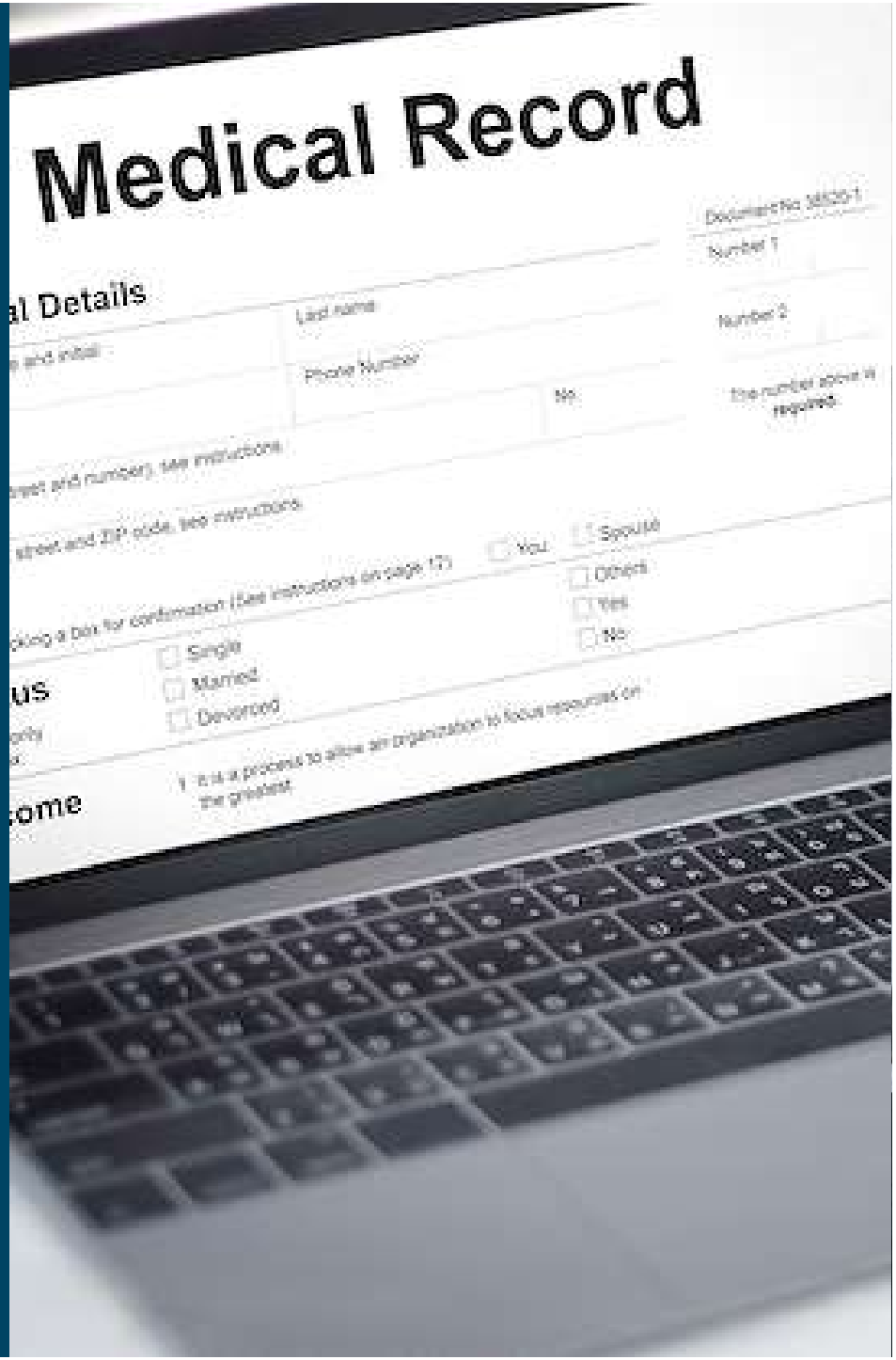
This session highlights possible coding opportunities that could be easily overlooked. Please note, however, that the Minimum Data Set (MDS) must always be coded accurately and with integrity. Accurately reflecting the resident's condition leads to accurate reimbursement. Resident details must never be misrepresented on the MDS to increase reimbursement.

"More PDPM Audits are Coming!"

Current Medical Review Landscape

aegis therapies®

INSPIRE. IMPACT. INNOVATE.



Medicare Targeted Probe & Educate (TPE)

- Every MAC has SNF Part A TPEs on the radar
  - **6 of the 7 MACs have posted SNFs as a current TPE topic**
  - **Noridian:** No TPE topics are posted on their website, but facilities have received SNF Part A TPEs

Managed Care PDPM Validations

- HIPPS code validation audits

(relatively) **NEW! HOT OFF THE PRESS!**

CMS Announces SNF Part A 5-Claim Probe

MACs are to review 5 Part A claims from every SNF starting with providers that present the highest risk (based on their internal analytics)

Pre-pay audits

Education available upon completion

Then What Happens?

- **If 0 claims are denied (0% error rate):** **No further action is needed.**
- **If 1 claim is denied (20% error rate):** The facility may request education from the MAC if desired. Denial will need to be appealed.
- **If 2-4 claims are denied (40-80% error rate):** The MAC will contact the facility and offer education. The denials will need to be appealed. **(Note that this *could* increase that facility's odds of being selected for a TPE in the future.)**
- **If all 5 claims are denied (100% error rate):** Education will be offered, and all denials will need to be appealed. **The MAC will prioritize this provider for a Part A SNF TPE.**

Patient Driven Payment Model (PDPM) Overview

aegis therapies®

INSPIRE. IMPACT. INNOVATE.

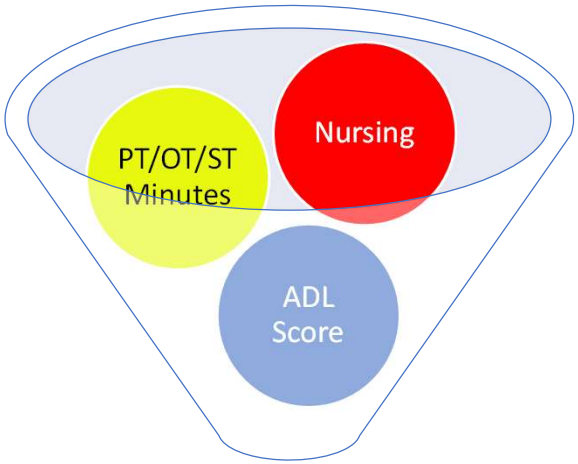
Patient Driven

aegis therapies®

INSPIRE. IMPACT. INNOVATE.

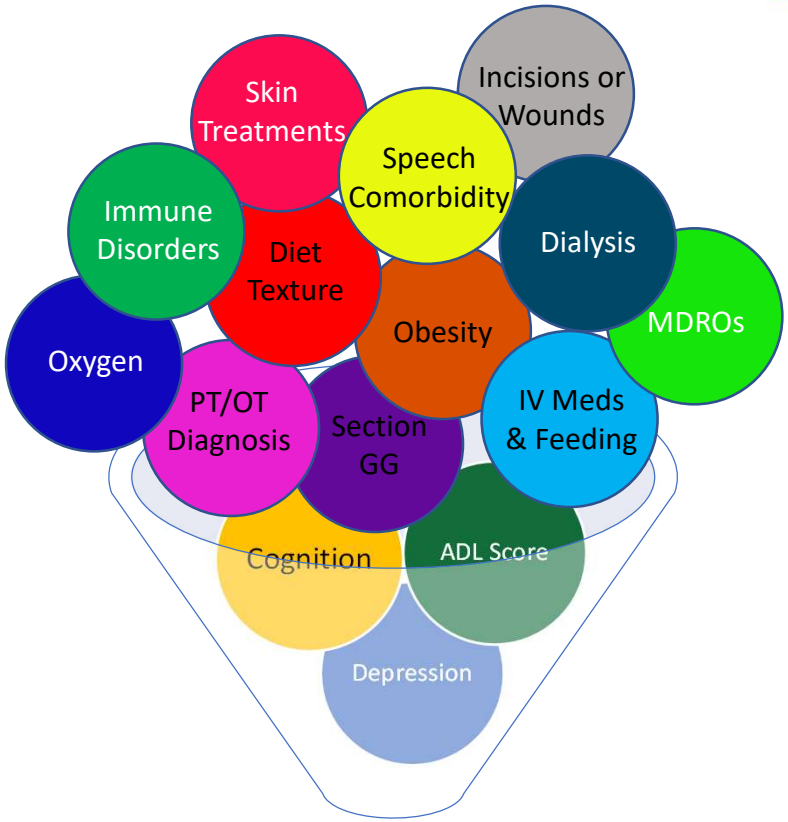
PDPM Based on Patient Characteristics and Resources

RUG-IV vs PDPM



RUG Score

Reimbursement



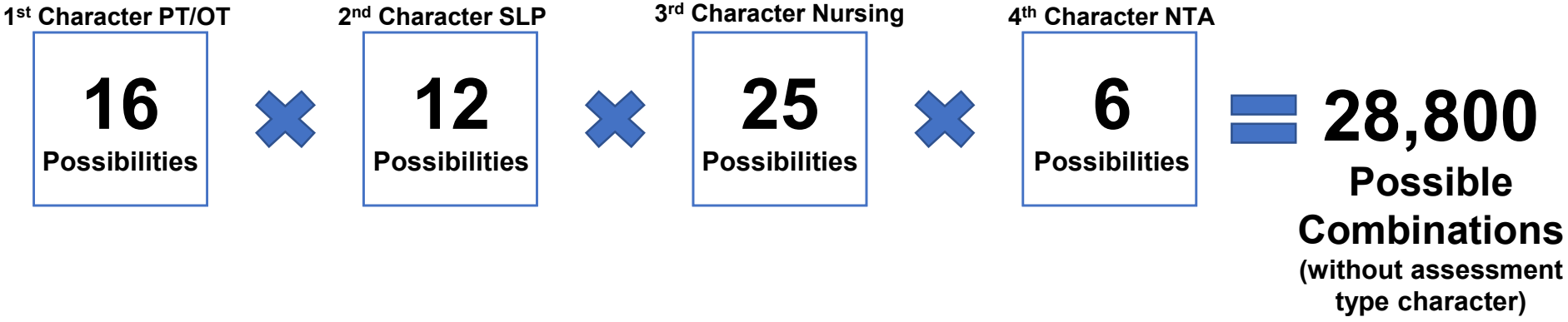
HIPPS Code

Reimbursement

HIPPS Code

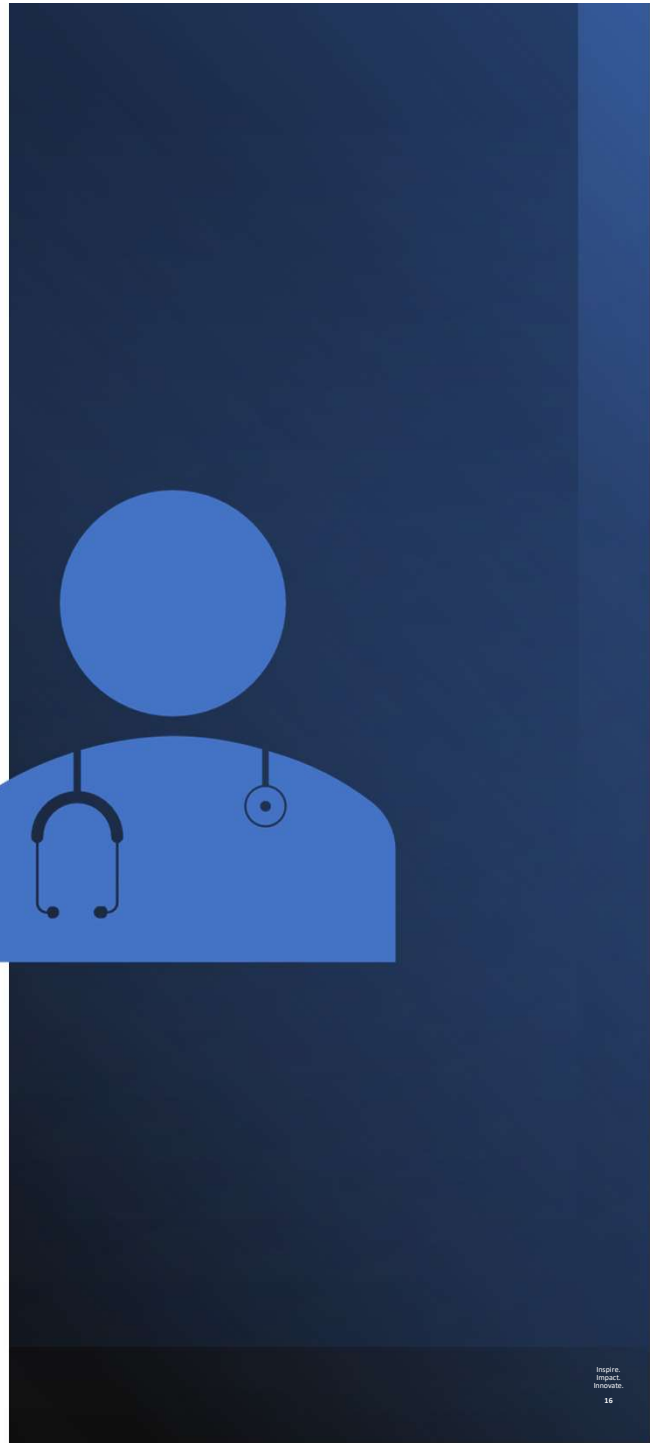
HIPPS Code 5 Characters

- 1st character: PT/OT (2 payment components combined)
- 2nd character: SLP
- 3rd character: Nursing
- 4th character: Non-Therapy Ancillary (NTA)
- 5th character: Denotes assessment type (5-day assessment vs IPA)



The POWER of ONE

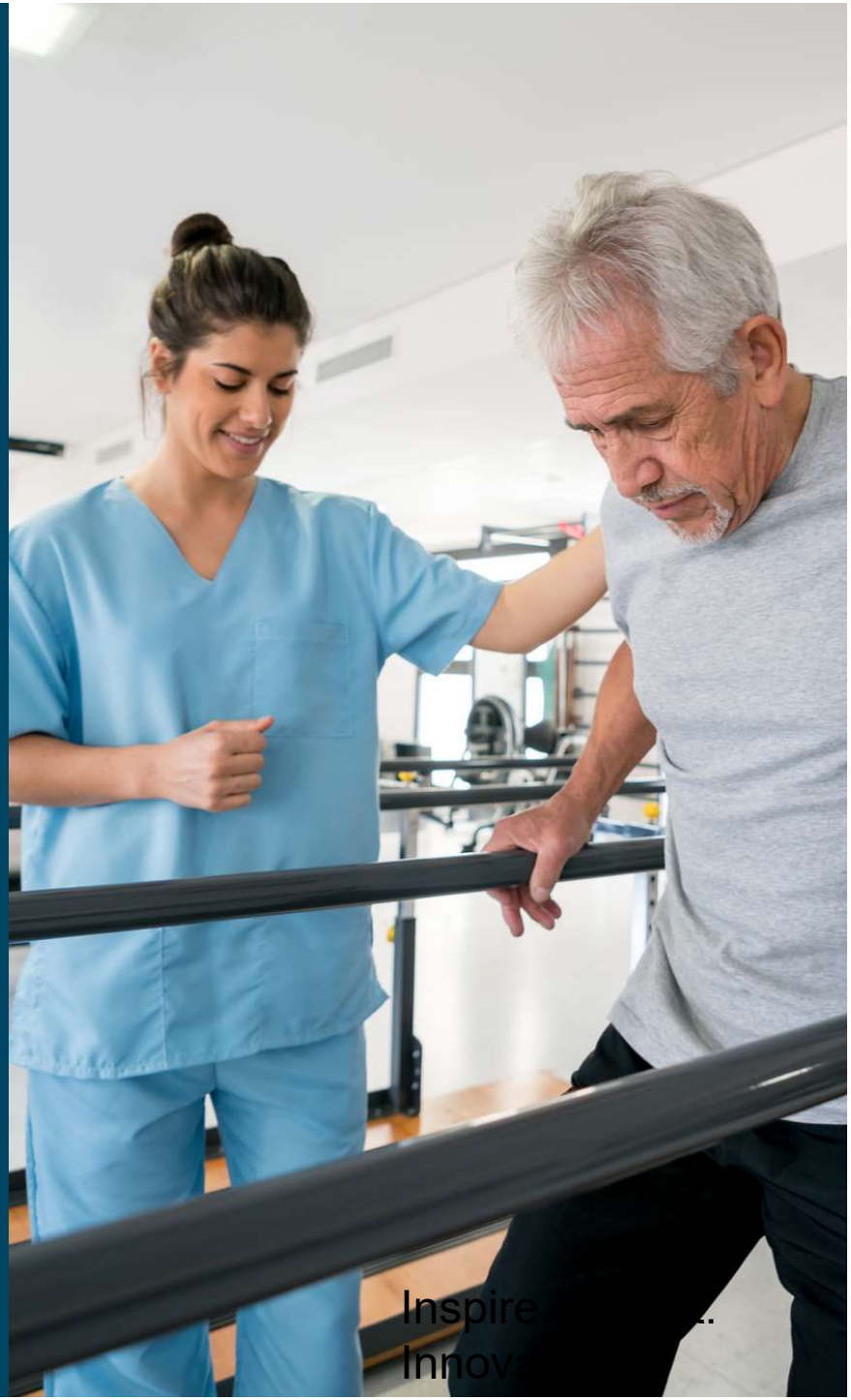
- **ONE** identified condition shared with the MDS Coordinator and Interdisciplinary Team (IDT) can impact:
  - Care planning
  - Treatment
  - HIPPS code captured



Functional Status

aegis therapies®

INSPIRE. IMPACT. INNOVATE.



Inspire
Innov

Section GG Functional Measures

- Roll left and right
- Sit to lying
- Lying to sitting on side of bed
- Sit to stand
- Chair/bed-to-chair transfer
- Toilet transfer
- Car transfer
- Walk 10 feet
- Walk 50 feet with two turns
- Walk 150 feet
- Walk 10 feet on uneven surfaces
- 1 step (curb)
- 4 steps
- 12 steps
- Picking up object
- Wheel 50 feet with two turns
- Wheel 150 feet
- Eating
- Oral hygiene
- Toileting hygiene
- Shower/bathe self
- Upper body dressing
- Lower body dressing
- Putting on/taking off footwear

Know the Activities Involved

Section GG Functional Measures: YOUR JOB

1. **Know the activities involved in the tasks you are measuring.**
2. **Know the scoring scale.**

What tasks are involved in “Lying to sitting on side of bed”?

1. Lying supine
2. Transition to sitting on side of the bed
3. Feet flat on the floor
4. Sitting without back support

Know the Activities Involved

Section GG Functional Measures: YOUR JOB

1. **Know the activities involved in the tasks you are measuring.**
2. **Know the scoring scale.**

What tasks are involved in “Lying to sitting on side of bed”?

1. Lying supine
2. Transition to sitting on side of the bed
3. ~~Feet flat on the floor~~
4. Sitting without back support

In the DRAFT October 2023 RAI Manual, this step is removed

Know the Scoring Scale

Section GG Functional Measures

Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).

Coding:

Safety and **Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

From RAI Manual

Know the Scoring Scale

Section GG Functional Measures

Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).

Coding:

Safety and **Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

From RAI Manual

Know the Scoring Scale

Section GG Functional Measures

Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).

Coding:

Safety and **Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

From RAI Manual

Section GG Functional Measures

Medical Record Documentation

- Documented by the care team – not just therapy
- Know the activity definition
- Know the scoring definitions
- Record the "actual" performance
- Don't limit GG measures to the initial eval and discharge summary
  - Daily notes during the GG window
- **SHARE with Interdisciplinary Team (IDT)**

MDS

- Entered on MDS at Admission, IPA – as needed, and Discharge
- Reports the "usual" performance across the IDT
  - First 3 calendar days of admission (not 72 hours)
  - Not the highest or lowest
  - Not only what is recorded by therapy
  - Common cause for denial

What matters most is:
The details are entered into the official medical record *—AND—*
The MDS Coordinator is alerted so the MDS can be properly coded

Section GG Functional Measures

"The admission functional assessment, when possible, should be conducted prior to the resident benefitting from treatment interventions in order to reflect the resident's true admission baseline functional status."

From RAI Manual

PT/OT HIPPS Component

- Roll left and right
- Sit to lying
- Lying to sitting on side of bed
- Sit to stand
- Chair/bed-to-chair transfer
- Toilet transfer
- Car transfer
- Walk 10 feet
- Walk 50 feet with two turns
- Walk 150 feet
- Walk 10 feet on uneven surfaces
- 1 step (curb)
- 4 steps
- 12 steps
- Picking up object
- Wheel 50 feet with two turns
- Wheel 150 feet
- Eating
- Oral hygiene
- Toileting hygiene
- Shower/bathe self
- Upper body dressing
- Lower body dressing
- Putting on/taking off footwear

Section GG Functional Measures

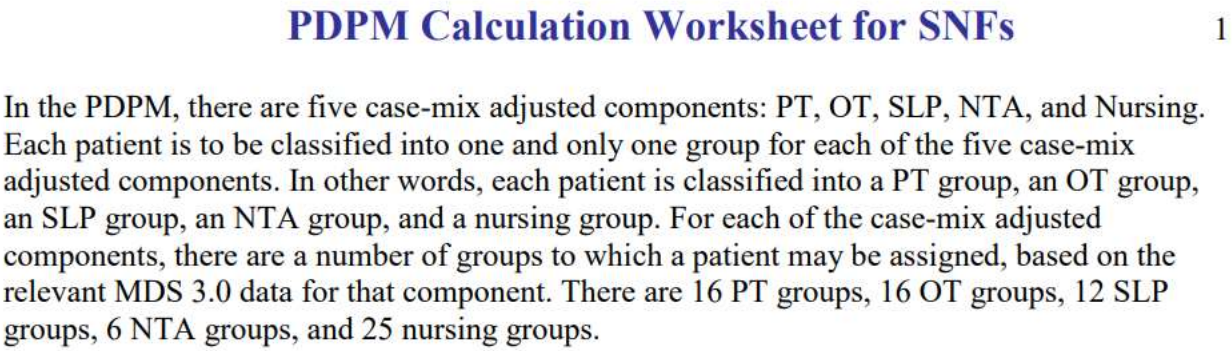
Nursing HIPPS Component

- Roll left and right
- Sit to lying
- Lying to sitting on side of bed
- Sit to stand
- Chair/bed-to-chair transfer
- Toilet transfer
- Car transfer
- Walk 10 feet
- Walk 50 feet with two turns
- Walk 150 feet
- Walk 10 feet on uneven surfaces
- 1 step (curb)
- 4 steps
- 12 steps
- Picking up object
- Wheel 50 feet with two turns
- Wheel 150 feet
- Eating
- Oral hygiene
- Toileting hygiene
- Shower/bathe self
- Upper body dressing
- Lower body dressing
- Putting on/taking off footwear

Calculating the PT/OT Function Score

CMS has a worksheet for calculating the PT and OT Function Scores. The PDPM Function score ranges from 0 to 24.

- https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/SNF_PDPM_Classification_Walkthrough_v2.pdf



PDPM Calculation Worksheet for SNFs 1

In the PDPM, there are five case-mix adjusted components: PT, OT, SLP, NTA, and Nursing. Each patient is to be classified into one and only one group for each of the five case-mix adjusted components. In other words, each patient is classified into a PT group, an OT group, an SLP group, an NTA group, and a nursing group. For each of the case-mix adjusted components, there are a number of groups to which a patient may be assigned, based on the relevant MDS 3.0 data for that component. There are 16 PT groups, 16 OT groups, 12 SLP groups, 6 NTA groups, and 25 nursing groups.

PT/OT Component—Documentation, Denials, & Appeals

Actual ADR Decision/Denial from a Medicare Advantage HIPPS validation review:

"Unable to validate coding of Section GG. Billed PDPM Score IECD1 x 10 days. Validated PDPM Score LEOE1. Documentation provided does not support coding of all Section GG payment items which results in a reduction of the PT/OT and Nursing components of the validated PDPM score."

- Downcoded Medical Management Function Score from "I" to "L".

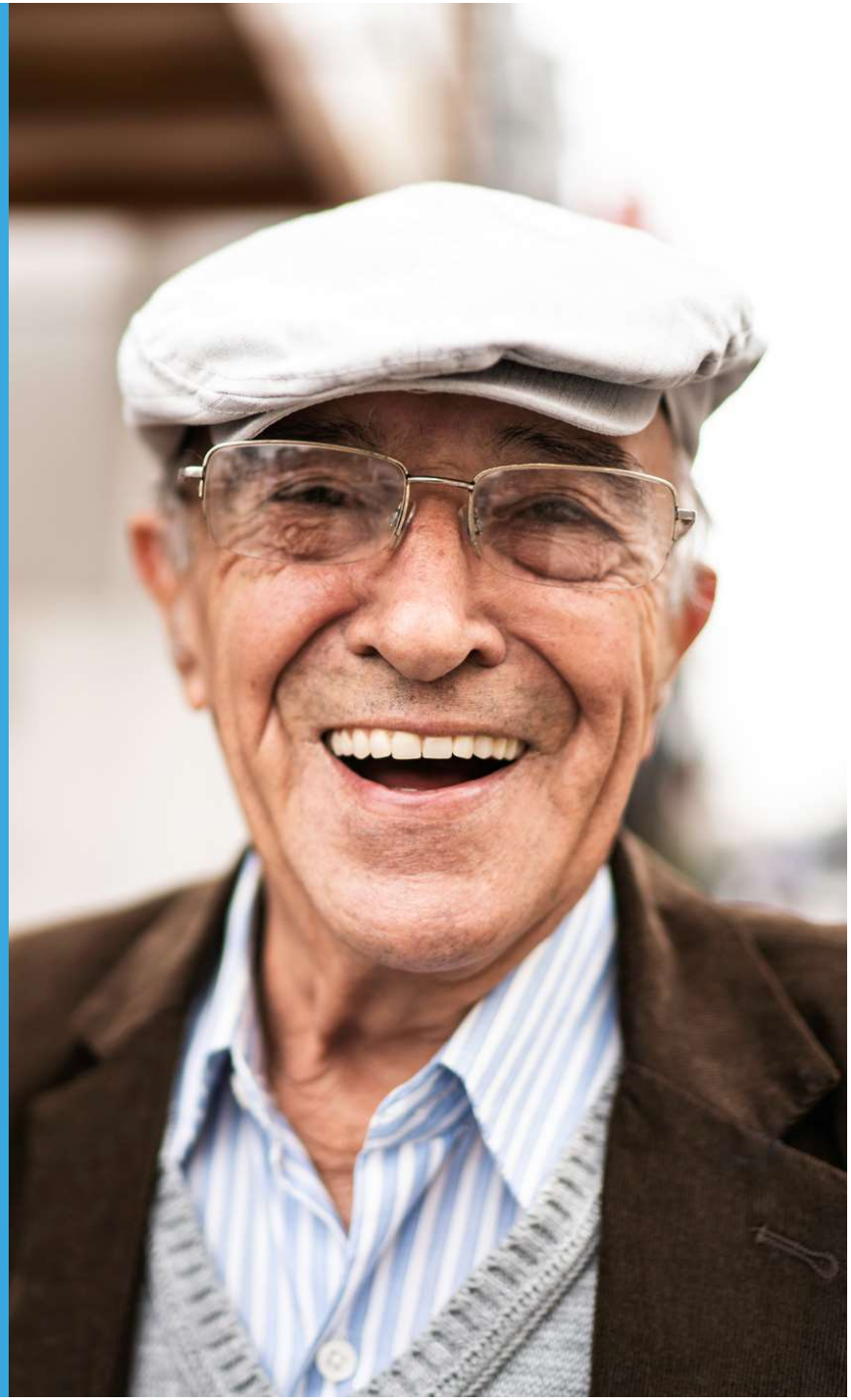
Clinical Category	Function Score	PT/OT CMG	PT CMI	OT CMI
Medical Management	0-5	TI	1.10	1.15
Medical Management	6-9	TJ	1.38	1.41
Medical Management	10-23	TK	1.48	1.50
Medical Management	24	TL	1.06	1.08

- **Appeal strategy - Find evidence in the medical record that justifies:**
  - Measures exist to show that the PT/OT Component Function Score was lower than the 24 that the reviewer indicated.

Active Diagnoses

aegis therapies®

INSPIRE. IMPACT. INNOVATE.

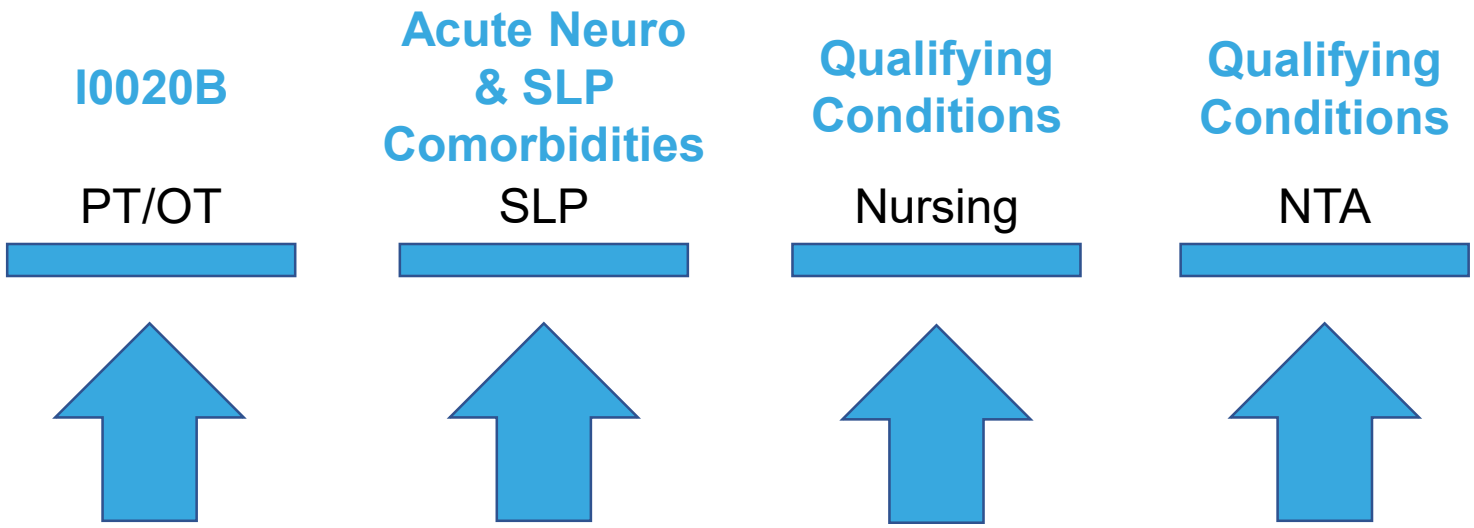


Active Diagnosis Criteria

According to the RAI Manual, an Active Diagnosis must be:

- Physician or permitted NPP documented in the last 60 days AND
- Must have a (documented) direct relationship during the 7-day look-back period of the MDS to the resident's current:
  - functional status
  - cognitive status
  - mood or behavior
  - medical treatments
  - nursing monitoring
  - or risk of death

ACTIVE DIAGNOSES impact all four digits of the HIPPS code



Our Request of You Today:

- Even if the PDPM content isn't new material to you, listen today from a new perspective.
- Be reflective. Ask yourself:
  - Do I look for these PDPM details now and recognize their impact on MDS accuracy and patient complexity?
  - Do I currently see these details as being one of my reporting responsibilities?
  - Do I routinely document them?
  - Do I have a system in which I flag these details for discussion with the MDS coordinator and/or the Interdisciplinary team?
  - What small changes can I make in my daily routine that could impact MDS accuracy and identification of patient complexity and needs?

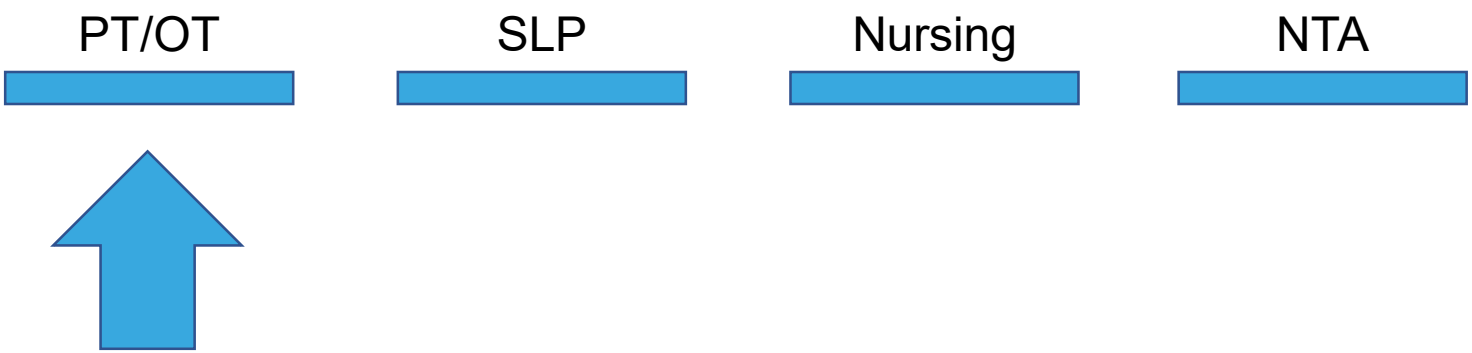
HIPPS Refresher

aegis therapies®

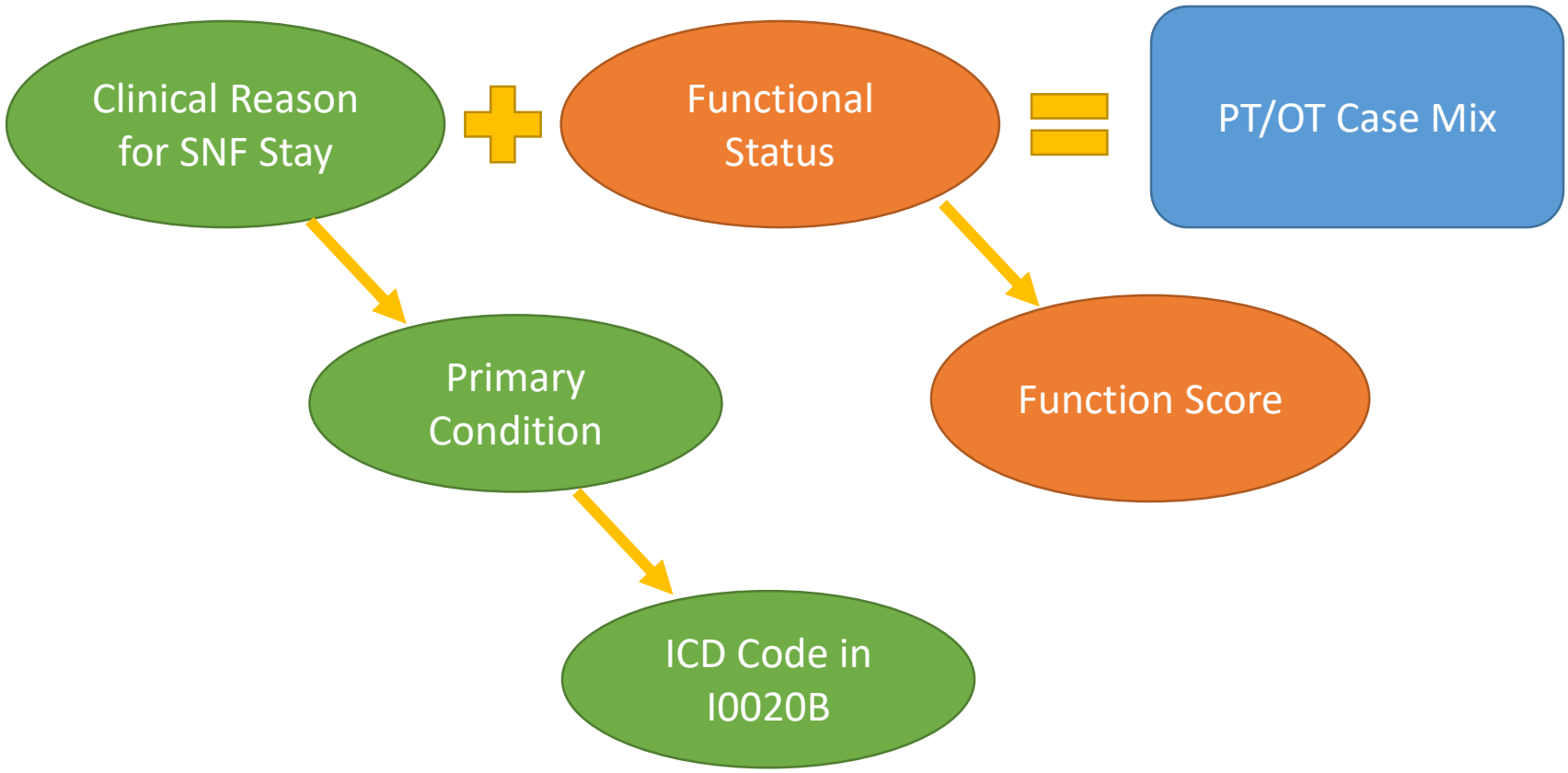
INSPIRE.
IMPACT.
INNOVATE.

PT/OT
HIPPS Component

1st Digit of HIPPS



PT/OT HIPPS Component



PT/OT HIPPS Component: Clinical Reason for the Stay

ICD Code in I0020B + "Major" Surgical Procedure(s) = PDPM Clinical Category

PDPM Diagnosis Clinical Category
Major Joint Replacement or Spinal Surgery
Non-Orthopedic Surgery
Acute Neurologic
Non-Surgical Orthopedic/Musculoskeletal
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)
Medical Management
Acute Infections
Cancer
Pulmonary
Cardiovascular and Coagulations

J2100 Major Surgical Procedure

- Was an inpatient in the hospital for at least one day in the 30 days prior to admission to the SNF; *and*
- Surgery carried some degree of risk to the resident's life or the potential for severe disability

TIP: Pay attention to recent surgical history

PT/OT HIPPS Component

PDPM Diagnosis Clinical Category	Collapsed PT and OT Clinical Category
Major Joint Replacement or Spinal Surgery	**Major Joint Replacement or Spinal Surgery**
Non-Orthopedic Surgery	**Non-Orthopedic Surgery and Acute Neurologic**
Acute Neurologic	
Non-Surgical Orthopedic/Musculoskeletal	**Other Orthopedic**
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	
Medical Management	**Medical Management**
Acute Infections	
Cancer	
Pulmonary	
Cardiovascular and Coagulations	

PT/OT HIPPS Component

Determining the PT/OT Clinical Category for the I0020B diagnosis. Begin with the CMS mapping file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM

Mapping of the ICD-10-CM Recorded in Item I0020B of the MDS Assessment to PDPM Clinical Categories

Sort Orde	ICD-10-CM Co	ICD-10-CM Code Description	Default Clinical Category	Resident Had a Major Procedure during the Prior Inpatient Stay that Impacts the SNF Care Plan?
1147	C172	Malignant neoplasm of ileum	Cancer	May be Eligible for the Non-Orthopedic Surgery Category
3919	E860	Dehydration	Medical Management	N/A
5161	G540	Brachial plexus disorders	Acute Neurologic	N/A
9017	I4901	Ventricular fibrillation	Cardiovascular and Coagulations	N/A
9100	I6302	Cerebral infarction due to thrombosis of basilar artery	Acute Neurologic	N/A
10357	J470	Bronchiectasis with acute lower respiratory infection	Pulmonary	N/A
12711	M06261	Rheumatoid bursitis, right knee	Non-Surgical Orthopedic/Musculoskeletal	N/A
14934	M4804	Spinal stenosis, thoracic region	Non-Surgical Orthopedic/Musculoskeletal	May be Eligible for One of the Two Orthopedic Surgery Categories
17035	M84475G	Pathological fracture, left foot, subsequent encounter for fracture with delayed healing	Medical Management	May be Eligible for One of the Two Orthopedic Surgery Categories
17039	M84476A	Pathological fracture, unspecified foot, initial encounter for fracture	Return to Provider	N/A
19071	N410	Acute prostatitis	Acute Infections	N/A
23861	R627	Adult failure to thrive	Return to Provider	N/A
64217	T84011D	Broken internal left hip prosthesis, subsequent encounter	Major Joint Replacement or Spinal Surgery	N/A
72809	Z471	Aftercare following joint replacement surgery	Major Joint Replacement or Spinal Surgery	N/A

Image taken from CMS's "PDPM ICD-10-CM Mappings FY2023" file

PT/OT HIPPS Component

Determining the PT/OT Clinical Category for the I0020B diagnosis. Begin with the CMS mapping file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM

Mapping of the ICD-10-CM Recorded in Item I0020B of the MDS Assessment to PDPM Clinical Categories

Sort Orde	ICD-10-CM Co	ICD-10-CM Code Description	Default Clinical Category	Resident Had a Major Procedure during the Prior Inpatient Stay that Impacts the SNF Care Plan?
1147	C172	Malignant neoplasm of ileum	Cancer	May be Eligible for the Non-Orthopedic Surgery Category
3919	E860	Dehydration	Medical Management	N/A
5161	G540	Brachial plexus disorders	Acute Neurologic	N/A
9017	I4901	Ventricular fibrillation	Cardiovascular and Coagulations	N/A
9100	I6302	Cerebral infarction due to thrombosis of basilar artery	Acute Neurologic	N/A
10357	J470	Bronchiectasis with acute lower respiratory infection	Pulmonary	N/A
12711	M06261	Rheumatoid bursitis, right knee	Non-Surgical Orthopedic/Musculoskeletal	N/A
14934	M4804	Spinal stenosis, thoracic region	Non-Surgical Orthopedic/Musculoskeletal	May be Eligible for One of the Two Orthopedic Surgery Categories
17035	M84475G	Pathological fracture, left foot, subsequent encounter for fracture with delayed healing	Medical Management	May be Eligible for One of the Two Orthopedic Surgery Categories
17039	M84476A	Pathological fracture, unspecified foot, initial encounter for fracture	Return to Provider	N/A
19071	N410	Acute prostatitis	Acute Infections	N/A
23861	R627	Adult failure to thrive	Return to Provider	N/A
64217	T84011D	Broken internal left hip prosthesis, subsequent encounter	Major Joint Replacement or Spinal Surgery	N/A
72809	Z471	Aftercare following joint replacement surgery	Major Joint Replacement or Spinal Surgery	N/A

Image taken from CMS's "PDPM ICD-10-CM Mappings FY2023" file

PT/OT HIPPS Component

Determining the PT/OT Clinical Category for the I0020B diagnosis. Begin with the CMS mapping file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM

Mapping of the ICD-10-CM Recorded in Item I0020B of the MDS Assessment to PDPM Clinical Categories

Sort Orde	ICD-10-CM Co	ICD-10-CM Code Description	Default Clinical Category	Resident Had a Major Procedure during the Prior Inpatient Stay that Impacts the SNF Care Plan?
1147	C172	Malignant neoplasm of ileum	Cancer	May be Eligible for the Non-Orthopedic Surgery Category
3919	E860	Dehydration	Medical Management	N/A
5161	G540	Brachial plexus disorders	Acute Neurologic	N/A
9017	I4901	Ventricular fibrillation	Cardiovascular and Coagulations	N/A
9100	I6302	Cerebral infarction due to thrombosis of basilar artery	Acute Neurologic	N/A
10357	J470	Bronchiectasis with acute lower respiratory infection	Pulmonary	N/A
12711	M06261	Rheumatoid bursitis, right knee	Non-Surgical Orthopedic/Musculoskeletal	N/A
14934	M4804	Spinal stenosis, thoracic region	Non-Surgical Orthopedic/Musculoskeletal	May be Eligible for One of the Two Orthopedic Surgery Categories
17035	M84475G	Pathological fracture, left foot, subsequent encounter for fracture with delayed healing	Medical Management	May be Eligible for One of the Two Orthopedic Surgery Categories
17039	M84476A	Pathological fracture, unspecified foot, initial encounter for fracture	Return to Provider	N/A
19071	N410	Acute prostatitis	Acute Infections	N/A
23861	R627	Adult failure to thrive	Return to Provider	N/A
64217	T84011D	Broken internal left hip prosthesis, subsequent encounter	Major Joint Replacement or Spinal Surgery	N/A
72809	Z471	Aftercare following joint replacement surgery	Major Joint Replacement or Spinal Surgery	N/A

Image taken from CMS's "PDPM ICD-10-CM Mappings FY2023" file

PT/OT HIPPS Component

Determining the PT/OT Clinical Category for the I0020B diagnosis. Begin with the CMS mapping file. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM

Mapping of the ICD-10-CM Recorded in Item I0020B of the MDS Assessment to PDPM Clinical Categories

Sort Orde	ICD-10-CM Co	ICD-10-CM Code Description	Default Clinical Category	Resident Had a Major Procedure during the Prior Inpatient Stay that Impacts the SNF Care Plan?
1147	C172	Malignant neoplasm of ileum	Cancer	May be Eligible for the Non-Orthopedic Surgery Category
3919	E860	Dehydration	Medical Management	N/A
5161	G540	Brachial plexus disorders	Acute Neurologic	N/A
9017	I4901	Ventricular fibrillation	Cardiovascular and Coagulations	N/A
9100	I6302	Cerebral infarction due to thrombosis of basilar artery	Acute Neurologic	N/A
10357	J470	Bronchiectasis with acute lower respiratory infection	Pulmonary	N/A
12711	M06261	Rheumatoid bursitis, right knee	Non-Surgical Orthopedic/Musculoskeletal	N/A
14934	M4804	Spinal stenosis, thoracic region	Non-Surgical Orthopedic/Musculoskeletal	May be Eligible for One of the Two Orthopedic Surgery Categories
17035	M84475G	Pathological fracture, left foot, subsequent encounter for fracture with delayed healing	Medical Management	May be Eligible for One of the Two Orthopedic Surgery Categories
17039	M84476A	Pathological fracture, unspecified foot, initial encounter for fracture	Return to Provider	N/A
19071	N410	Acute prostatitis	Acute Infections	N/A
23861	R627	Adult failure to thrive	Return to Provider	N/A
64217	T84011D	Broken internal left hip prosthesis, subsequent encounter	Major Joint Replacement or Spinal Surgery	N/A
72809	Z471	Aftercare following joint replacement surgery	Major Joint Replacement or Spinal Surgery	N/A

Image taken from CMS's "PDPM ICD-10-CM Mappings FY2023" file

PT/OT HIPPS Component Example

A resident with a history of CVA, hemiplegia, and dysphagia is admitted to a skilled nursing facility following a prolonged hospitalization due to a COVID-19 infection with complications.

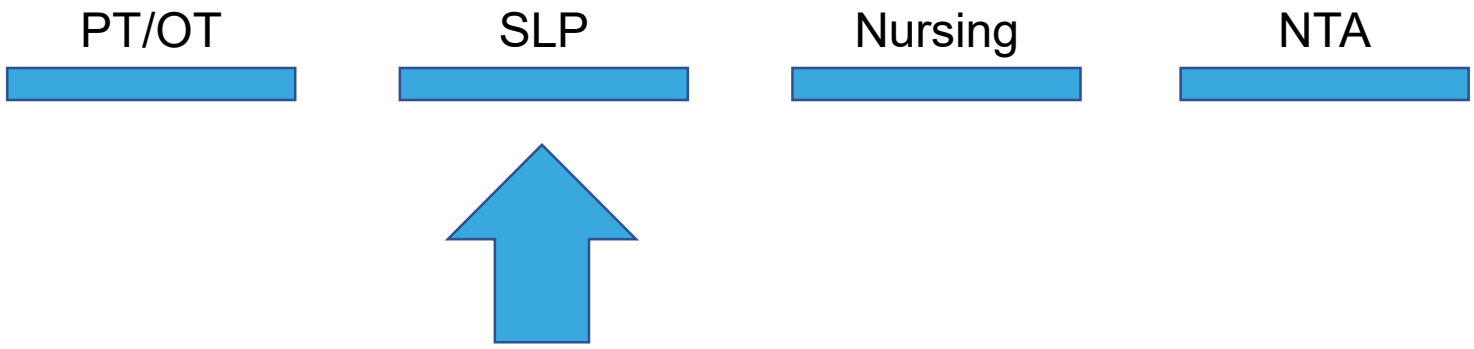
But what if…

During their qualifying hospital stay for COVID-19, the resident's CVA-related right-sided weakness and dysphagia progressed, and it was these 2 symptoms that placed the resident's safety most at risk if they had returned directly to their home where they lived alone following their hospitalization.

TIP: There may be more than one viable ICD for I0020B

SLP
HIPPS Component

2nd Digit of HIPPS



SLP HIPPS—5 Elements

1st Column

2nd Column

5 Elements of SLP HIPPS

- **Acute Neurologic Condition**
- **SLP Related Comorbidity**
- **Cognitive Impairment**

- **Presence of Swallowing Disorder**
- **Mechanically Altered Diet**

Each one of these elements, if appropriately captured, will independently increase the payment level for the SLP component.

1st Column	2nd Column		
Presence of: 1) Acute Neurologic Condition; and/or 2) SLP-Related Comorbidity; and/or 3) Cognitive Impairment	Presence of: 1) Mechanically Altered Diet and/or 2) Swallowing Disorder	SLP Case-Mix Group (CMG)	SLP Case-Mix Index (CMI)
None of the Three	Neither	SA	0.66
None of the Three	Either	SB	1.77
None of the Three	Both	SC	2.60
Any One of the Three	Neither	SD	1.42
Any One of the Three	Either	SE	2.28
Any One of the Three	Both	SF	2.90
Any Two of the Three	Neither	SG	1.98
Any Two of the Three	Either	SH	2.78
Any Two of the Three	Both	SI	3.43
All Three	Neither	SJ	2.91
All Three	Either	SK	3.60
All Three	Both	SL	4.10

SLP HIPPS Component—Acute Neurological Condition

Acute Neurological Condition—This is captured if the diagnosis reported in I0020B maps to the acute neuro clinical category.

For example:

ICD-10-CM Code	ICD-10-CM Code Description	Default Clinical Category
G1221	Amyotrophic lateral sclerosis	Acute Neurologic
G1222	Progressive bulbar palsy	Acute Neurologic
G1223	Primary lateral sclerosis	Acute Neurologic
G14	Postpolio syndrome	Acute Neurologic
G20	Parkinson's disease	Acute Neurologic

TIP: Be on the lookout for neurological I0020B conditions

SLP HIPPS Component—SLP Comorbidities

SLP Comorbidities: CMS has identified twelve comorbidities that were directly correlated with increased SLP costs.

- Value is not cumulative.

Aphasia	Laryngeal Cancer
CVA, TIA, or Stroke	Apraxia
Hemiplegia or Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy Care (While a Resident)	Oral Cancers
Ventilator or Respirator (While a Resident)	Speech and Language Deficits

TIP: Be on the lookout for neurological comorbidities

SLP HIPPS Component—Cognitive Impairment

Cognitive impairment may be captured with:

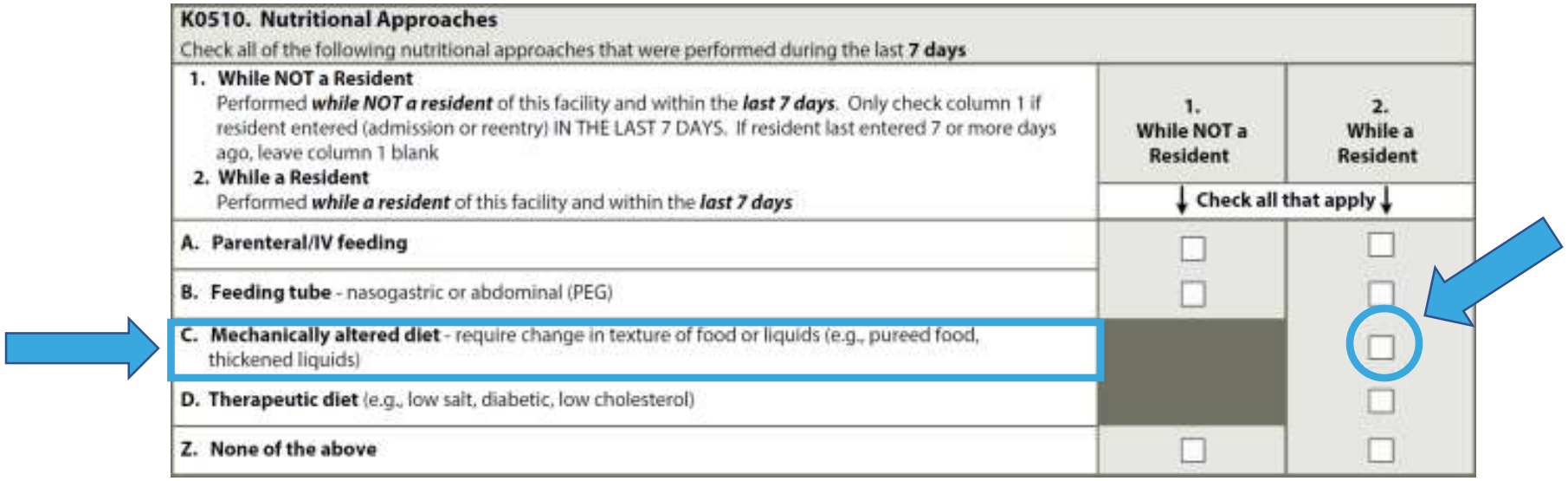
- Brief Interview for Mental Status (BIMS) score of 12 or less (indicates mild to moderate cognitive impairment).
- MDS Staff assessment score of 1-2 (mild impairment) 3-4 (moderate impairment), or 5-6 (severe impairment).

BIMS completion:

- PTs are permitted to complete the BIMS.
- Cognitive performance can fluctuate greatly during the MDS lookback window. Ideally, the patient should be assessed at a time that reflects their complexity and need for services.
- The BIMS can be reassessed during the 7-day window, but there should be good cause and repetitive testing should not occur regularly.

TIP: Learn the proper way to administer BIMS if you haven't already.

SLP HIPPS Component—Mechanically Altered Diet



K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last **7 days**

1. **While NOT a Resident**
   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank
2. **While a Resident**
   Performed ***while a resident*** of this facility and within the ***last 7 days***

	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
A. **Parenteral/IV feeding**	☐	☐
B. **Feeding tube** - nasogastric or abdominal (PEG)	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)		☐
Z. **None of the above**	☐	☐

A mechanically altered diet is captured, if appropriate, by checking MDS item K0510C2.

This item is worth validating to be certain it isn't missed.

TIP: Consider double-checking for this item on the MDS

SLP HIPPS Component—Swallowing Disorder/Section K

K0100. Swallowing Disorder Signs and symptoms of possible swallowing disorder	
↓ Check all that apply	
☐	A. Loss of liquids/solids from mouth when eating or drinking
☐	B. Holding food in mouth/cheeks or residual food in mouth after meals
☐	C. Coughing or choking during meals or when swallowing medications
☐	D. Complaints of difficulty or pain with swallowing
☐	Z. None of the above

Notes:

- If one or more of these MDS K0100 items (A-D) are checked, then credit for a swallowing disorder will be granted when calculating the SLP HIPPS component.
- These s/s only have to occur one time during the MDS look back window (typically 7 days) to be captured on the MDS.
- The s/s do not have to be observed by an SLP to be reported on the MDS.

SLP HIPPS Component—Swallowing Disorder/Section K

Per the RAI manual, for K0100C, we should also watch for coughing or gagging, turning red, having more labored breathing, or having difficulty speaking when eating, drinking, or taking medications. It also states that the resident may frequently complain of food or medications "going down the wrong way."

Additionally, symptoms like difficulty chewing, prolonged mastication, fatigue with mastication, watery eyes after drinking/eating, or wet vocal quality could be an indicator of the patient's need for SLP services and should be reported to the SLP for further consideration.

If we observe behaviors that may be captured on the MDS (K0100A-D) they must be:

- **Documented by the person who witnessed it—describe the circumstances, what was observed, steps taken, and what (if known) the outcome was**
- **Reported to the MDS coordinator so it can be captured on the MDS**
- **Reported to the SLP(s) so they can determine if intervention is needed**

TIP: Therapists from ALL 3 disciplines can contribute to Section K accuracy.

SLP HIPPS—5 Elements

1st Column

2nd Column

5 Elements of SLP HIPPS

- **Acute Neurologic Condition**
- **SLP Related Comorbidity**
- **Cognitive Impairment**

- **Presence of Swallowing Disorder**
- **Mechanically Altered Diet**

Each one of these elements, if appropriately captured, will independently increase the payment level for the SLP component.

1st Column	2nd Column		
Presence of: 1) Acute Neurologic Condition; and/or 2) SLP-Related Comorbidity; and/or 3) Cognitive Impairment	Presence of: 1) Mechanically Altered Diet and/or 2) Swallowing Disorder	SLP Case-Mix Group (CMG)	SLP Case-Mix Index (CMI)
None of the Three	Neither	SA	0.66
None of the Three	Either	SB	1.77
None of the Three	Both	SC	2.60
Any One of the Three	Neither	SD	1.42
Any One of the Three	Either	SE	2.28
Any One of the Three	Both	SF	2.90
Any Two of the Three	Neither	SG	1.98
Any Two of the Three	Either	SH	2.78
Any Two of the Three	Both	SI	3.43
All Three	Neither	SJ	2.91
All Three	Either	SK	3.60
All Three	Both	SL	4.10

SLP Component—Documentation, Denials, & Appeals

Actual ADR Decision/Denial:

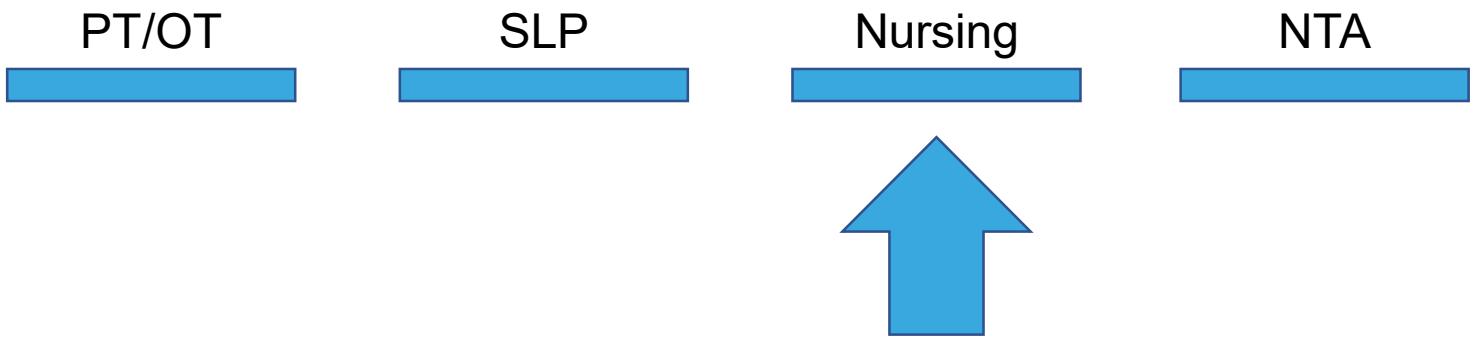
"The documentation provided does not appear to support the Speech Language Pathology (SLP) Therapy Case Mix Grouper as follows: The documentation provided does not appear to support the presence of a swallowing disorder: Holding food in mouth, cheeks or residual food in mouth after meals. Review of the ADR packet submitted revealed ST documentation that discusses education for and utilization of lingual sweep to left side between each bite from date of eval, but it wasn't overtly stated why the lingual sweep was recommended/needed."

- SLP CMG reduced from SI (CMI 3.43) to SH (CMI 2.78)

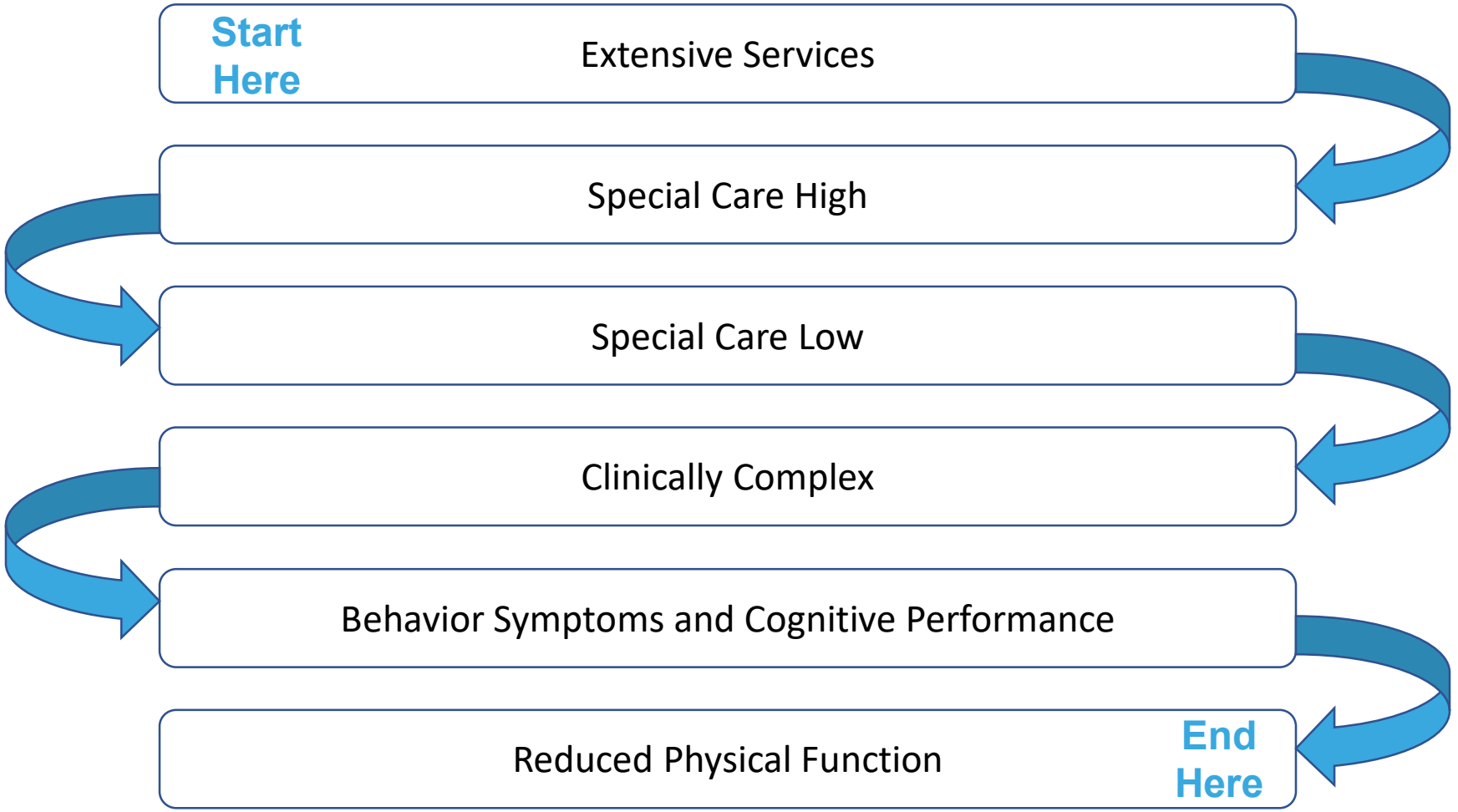
Recommended reviewing the medical record for additional documentation support of pocketing. If coding was based on the SLP notation of utilization of a lingual sweep, it would appear that the denial was appropriate, and no appeal would be needed.

Nursing
HIPPS Component

3rd Digit of HIPPS



Nursing HIPPS Component-Clinical Categories



Nursing Clinical Category—Extensive Services

Requires one of the following:

- Tracheostomy
- Ventilator/Respirator
- **Isolation**

Requires a nursing function score of 14 or less

CMI ranges from 2.85 to 3.95

NOTE:
Residents with nursing function score of 15–16 and meeting criteria for extensive services will qualify in clinically complex category.

Code for "single room isolation" only when all of the following conditions are met:

1. The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
2. Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
3. The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.
4. The resident must remain in his/her room. This requires that all services be brought to the resident (e.g., rehabilitation, activities, dining, etc.).

*Isolation criteria taken directly from the RAI Manual

Nursing Clinical Category—Extensive Services

Documentation Opportunities:

Isolation

- Document that your therapy services were provided in patient's room due to isolation restrictions and document what precautions you followed.
- Note that increased mobility distances could be a red flag, if distances are more than 5 or 10', document how you achieved increased distances while remaining in the room and compliant with isolation.
- Show that the services, even if limited to the room still required the therapist to be there and to participate.
- Document the skilled modifications that were required to accommodate the patient's interventions in this restricted space.
- Inform MDS coordinator if isolation is initiated after the 5-day assessment so a possible IPA can be considered.

TIP: Documentation should confirm that isolation criteria were followed during treatment session(s)

Nursing Clinical Category—Extensive Services Denial

Actual ADR Decision/Denial:

"Documentation provided does not support the coding of isolation as defined in CMS's RAI manual. Unable to find documentation that member is in a room alone without a roommate because of an active infection requiring precautions over and above standard precautions and that the member remained in the room and all services such as rehabilitation, dining and activities, were brought to the member."

- Nursing Clinical Category reduced from Extensive Services (CMI 2.85) to Clinically Complex (CMI 0.91)

This appeal needed to highlight any documentation that supported all four isolation criteria being met. This could include:

- Physician orders
- Nursing/**rehab**/social services notes documenting adaptation of performed services in room
- Lab results, cultures, physician visit notes

Nursing Clinical Category—Special Care High

Requires one of the following:

- Comatose and completely dependent on selected GG activities
- **Septicemia**
- Diabetes with both insulin injections all seven days and insulin order changes on two or more days
- **Quadriplegia with nursing function score of 11 or less**
- **COPD and shortness of breath while lying flat**
- **Fever** and one of the following: **pneumonia, vomiting**, weight loss, or feeding tube*
- Parenteral/IV feedings
- Respiratory therapy daily

CMG/CMI will depend on the presence or absence of depression (PHQ9 score of 10 or more)

Requires a nursing function score of 14 or less (two score groupings—0-5 and 6-14)

Note that resident with nursing function score of 15–16 and meeting criteria for special care high will qualify in clinically complex category

CMI ranges from 1.81 to 2.33

Nursing Clinical Category—Special Care High

Documentation Opportunities

COPD with SOB when lying flat

- many residents have COPD, but not all have difficulty lying flat due to SOB.
- This element may be captured on the MDS if the patient lies flat and experiences SOB **—OR—** if the patient reports that they avoid lying flat due to SOB.
- If you observe this difficulty or the patient reports this difficulty, document the event and report it to the MDS coordinator.
- Don't forget to assess breathing when lying flat!

Fever AND vomiting or pneumonia

- When someone isn't feeling well during therapy, we certainly tell the floor nurse, but do we tell the MDS coordinator? We should!
- Note that fever and vomiting don't have to happen at the same time, nor do they need to occur consistently throughout the 7-day lookback. If they have a fever at some point during the 7-day ARD lookback and has one of the following: pneumonia, vomiting (at least once), weight loss, or feeding tube—It counts.

TIP: Don't assume patient will be SOB when lying flat
TIP: Document fever and/or vomiting if observed

Nursing Clinical Category—Special Care High Denial

Actual ADR Decision/Denial:

"Clinical documentation does not support the coding of COPD with shortness of breath when lying flat or documentation that the member avoided lying flat due to shortness of breath during the lookback period."

- Downcoded from Special Care High (CMI 1.81) to Clinically Complex (CMI 1.30)

Nursing Clinical Categories—Special Care Low

Requires one of the following:

- **CP, MS, or Parkinson's** with a nursing function score of 11 or less
- feeding tube
- **Respiratory failure WITH O2**
- Multiple **wound** combinations WITH treatment
- Foot infection/**diabetic foot ulcer/open lesion on foot** WITH treatment
- Radiation or dialysis while a resident

CMG/CMI will depend on the presence or absence of depression (PHQ9 score of 10 or more)

Requires a nursing function score of 14 or less (two score groupings—0-5 and 6-14)

Note that resident with nursing function score of 15–16 and meeting criteria for special care low will qualify in clinically complex category

CMI ranges from 1.39 to 2.02

Nursing Clinical Categories—Special Care Low

Documentation opportunities

CP/MS/Parkinson's Disease—Look for these active diagnoses when completing chart review and point them out, if observed, to the MDS Coordinator

Respiratory Failure with use of oxygen—Document use of/need for supplemental O2, particularly if it is a PRN order

Stage 3 or 4 pressure ulcers—provide guidance to nursing (if needed) on staging

One Stage 2 and one venous/arterial ulcer—provide assistance to nursing (if needed) in wound type identification

Foot infection/diabetic foot ulcer, or other open lesion of the foot

TIP: Document when O2 is used during therapy
TIP: Assist with foot/wound assessments (if able)

Nursing Clinical Categories—Special Care Low Denials

Actual ADR Decision/Denial:

"The documentation provided does not appear to support the diagnosis of J96.90 Respiratory Failure, unspecified as being active during the 7-day lookback period."

- Downcoded from Special Care High (CMI 1.68) to Clinically Complex (CMI 1.58)

Nursing Clinical Categories—Clinically Complex

Requires at least one of the following:

- **Pneumonia**
- **Hemiplegia/hemiparesis** with nursing function score or 11 less
- **Surgical wounds or open lesions** WITH surgical wound care or application of dressing or ointment (not to feet)
- Burns – 2nd or 3rd degree
- Chemotherapy/**oxygen therapy**/IV meds/transfusion **while a resident**

CMG/CMI will depend on the presence or absence of depression (PHQ9 score of 10 or more)

No nursing function score restrictions —Three function score groupings (0-5, 6-14, and 15-16)

Remember that residents with nursing function score of 15–16 that met criteria for Extensive, Special Care High/Low will qualify in Clinically Complex Category

CMI ranges from 1.39 to 2.02

Nursing Clinical Categories—Clinically Complex

Documentation opportunities

Pneumonia—this could be a diagnosis that we identify in our chart review that could have been missed

Hemiplegia/hemiparesis with ADL score of 11 or less

- Hemiplegia/hemiparesis could be missed, especially if it is a remnant of an old CVA and was not the focus of the recent hospitalization. We should point out the presence of hemiplegia/hemiparesis to the MDS coordinator sooner rather than later, especially if a physician query is needed.

Surgical wounds or open lesions with any selected skin treatment

- If a patient has surgical wounds or open lesions, we should note these on our documentation and report it to the MDS coordinator.
- If a surgical wound hasn't fully healed yet, it would still count on the MDS.

Oxygen therapy while a resident

- Always document the provision of O2 if a PRN order is in place. We should also notify the MDS coordinator that the O2 was provided.

TIP: Alert IDT if hemiplegia/paresis is present
TIP: Document presence of surgical wounds
TIP: Document O2 use during therapy session(s)

Nursing Clinical Categories—Clinically Complex Denials

Actual ADR Decision/Denial:

"The documentation does not appear to support the Clinically Complex case mix grouper as the documentation provided does not appear to support the presence of a surgical wound."

- Downcoded from Clinically Complex (CMI 1.30) to Reduced Physical Function (CMI 1.10)

Nursing Clinical Categories—Behavioral Symptoms and Cognitive Performance

Requires at least one of the following:

- BIMS score of 9 or less
- Comatose and completely dependent
- Severely impaired with cognitive skills for daily decision making (C1000)
- Specified deficits with memory, cognition, and/or communication deficits coded on MDS
- **Hallucinations or delusions**
- **Physical/verbal behaviors directed toward others, other behaviors not directed toward others, rejection of care, wandering** x 4 or more days

CMG/CMI will increase if two or more restorative programs are present

Requires a nursing function score of 11-16. Those with a function score of 10 or less will fall into Reduced Physical Function category.

CMI ranges from 0.96 to 1.01

Nursing Clinical Categories—Behavioral Symptoms and Cognitive Performance

Documentation opportunities

Hallucinations, delusions, physical/verbal behaviors directed toward others, other behaviors not directed toward others, rejection of care, wandering:

- May or may not impact reimbursement on the MDS, but it is always important information to report in the medical record
- Documentation of these behaviors could support:
  - PT treatment plan, intervention selection, service delivery.
  - Interdisciplinary care planning. Patient may also require additional interventions to ensure the resident's safety and the safety of those around them.
  - Important intradisciplinary communication for staff and patient safety.

TIP: Document behaviors exhibited during therapy

Nursing Clinical Categories—Reduced Physical Function

This category is for residents who do not meet any previous category requirements

CMG/CMI will increase if two or more **restorative programs** are present

- Urinary and/or bowel toileting program
- Passive and/or active ROM
- Splint or brace assistance
- Bed mobility and/or walking training
- Dressing and/or grooming training
- Transfer training
- Eating and/or swallowing training
- Amputation/prosthesis care
- Communication training

Reduced Physical Function is a default category

No nursing function score restrictions —Three function score groupings (0-5, 6-14, and 15-16)

CMI ranges from 0.64 to 1.53

Nursing Clinical Categories—Reduced Physical Function

Documentation opportunities:

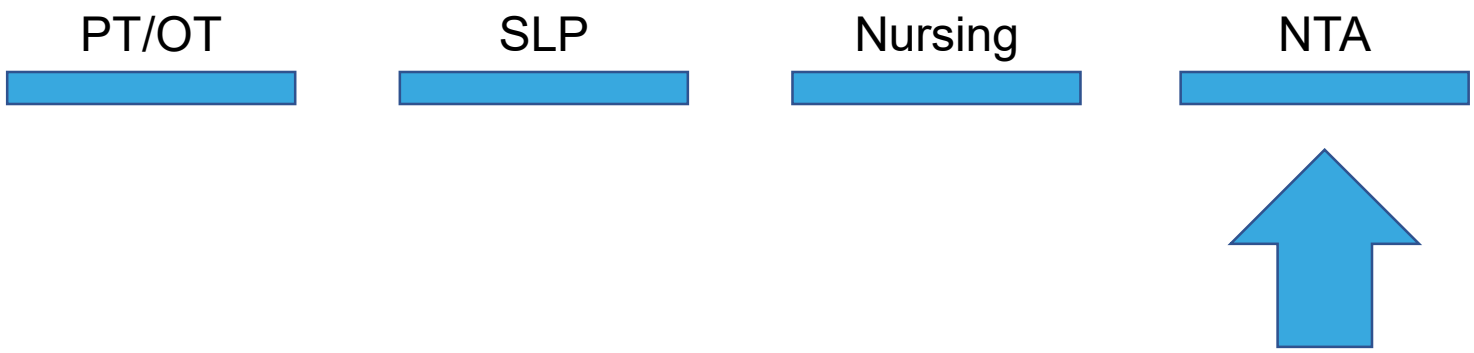
Restorative programs:

- MATTER. Not only do they benefit patient's function, but they can also increase payment levels.
- May be initiated prior to discharge from rehab.
- Allow for strategic treatment planning (passing off teachable exercises and activities to be outsourced to non-therapy professionals/caregivers).—Think Quadruple Aim (better outcomes, improved patient experience, improved clinician experience, and lower costs).

TIP: Consider early restorative program initiation (when appropriate)

Non-Therapy Ancillary (NTA) HIPPS Component

4th Digit of HIPPS



Non-Therapy Ancillary (NTA) HIPPS Component

- List of diagnoses or interventions (50 items)
- Each item is assigned NTA points (ranging from 1-8)

Condition/Extensive Service	NTA Points
Asthma, COPD, Chronic Lung Disease	2
Malnutrition (or Risk of…)	1
Morbid Obesity	1
IV Meds While a Resident	5
Isolation While a Resident	1

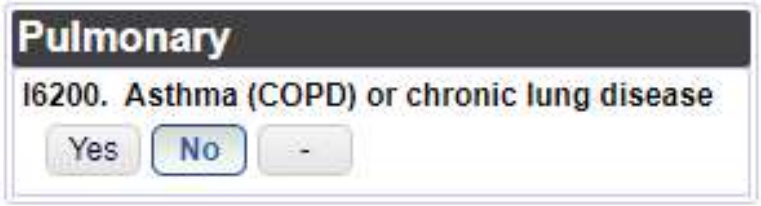
NTA Points	CMG	CMI
12+	NA	3.15
9-11	NB	2.46
6-8	NC	1.79
3-5	ND	1.29
1-2	NE	0.93
0	NF	0.7

ICD-10-CM Code	ICD-10-CM Code Description
E849	Cystic fibrosis, unspecified
E6601	Morbid (severe) obesity due to excess calories
Z6841	Body mass index [BMI]40.0-44.9, adult

Non-Therapy Ancillary (NTA) HIPPS Component

NTA oddities

- HIV (8 NTA points)—Points are **captured by UB04, NOT MDS**
- Malnutrition (1 NTA point) can be captured with a diagnosis of malnutrition –OR– documented (by a physician or NPP) risk of malnutrition
- Multiple items in the same category typically do not earn extra points. For example:
    - Having an unhealed stage 4 pressure ulcer is worth 1 point. Multiple unhealed stage 4 pressure ulcers are still only worth 1 point total.
    - Asthma, COPD, chronic lung disease are worth 2 points. Having a dx of asthma and a dx of COPD is still only worth 2 points total.



Non-Therapy Ancillary (NTA) HIPPS Component

Diabetes Mellitus

Multiple Sclerosis

Malnutrition (presence of or risk of)

Asthma, COPD, Chronic Lung Disease

Stage 4 Unhealed Pressure Ulcer

Foot infection or Open Lesions of Foot

Diabetic Foot Ulcer

Aseptic Bone Necrosis

Bone/Joint/Muscle Infections/Necrosis

Cardio-Respiratory Failure or Shock

Chronic Myeloid Leukemia

Chronic Pancreatitis

Cirrhosis of the Liver

Cystic Fibrosis

Diabetic Retinopathy

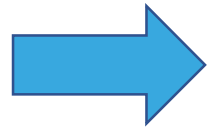
Immune Diseases/Disorders

Endocarditis

End Stage Liver Disease

Complication of Implanted Device/Graft

List continues on next slide



Non-Therapy Ancillary (NTA) HIPPS Component

- Intractable Epilepsy (NOTE: controlled epilepsy will not count, must be intractable)
- History of Lung or Other Major Organ Transplant
- Morbid Obesity
- Myelodysplastic Syndromes and Myelofibrosis
- Narcolepsy/Cataplexy
- Opportunistic Infections
- Proliferative Diabetic Retinopathy & Vitreous Hemorrhage
- Psoriatic Arthropathy & Systemic Sclerosis
- Pulmonary Fibrosis & Other Chronic Lung Disorders
- Respiratory Arrest
- Severe Skin Burn or Condition
- Specific Hereditary Metabolic/Immune Disorders
- Systemic Lupus Erythematosus, Other Connective Tissue Disorders & Inflammatory Spondylopathies

TIP: Familiarize yourself with the NTA options and be on the lookout for them

NTA Component—Therapist Impact Opportunities

Opportunities to contribute to NTA

- FIRST—Familiarize yourself with the NTA list, SECOND—be on the lookout for the presence of those items in the medical record, and then THIRD—communicate those observations to the IDT and MDS coordinator
- Recognize the power of 1

For Example: Mr. X, a 79 y/o male was admitted to the SNF s/p complications from a prior THA resulting in a total hip revision. His NTA point total, per the MDS coordinator, was 5 points (DM-2 points, COPD-2 points, and Morbid Obesity-1 point).

$86.88 (NTA base rate) x 1.29 (CMG) x 3 (day 1-3 multiplier) x 3 days = $1,008.68
$86.88 (NTA base rate) x 1.29 (CMG) x 39 days = $4,370.93
NTA component (with 5 points) x 42 day stay = $5,379.61

Remembering the circumstances of his surgery, you encourage the MDS coordinator to investigate and consider coding complication of device/graft—1 point. Support for this diagnosis was confirmed (T84.011D-Broken internal L hip prosthesis, subsequent encounter).

NTA base rate $86.88 x 1.79 (CMG) x 3 x 1st 3 days = $1,399.64
NTA base rate $86.88 x 1.79 (CMG) x 1 x 39 days = $6,065.09
NTA component (with 6 points) x 42 day stay = $7,464.73

DIFFERENCE OF $2,085.12 with 1 extra NTA

NTA Component—Denials

Actual ADR Decision/Denial:

"Documentation does not support the NTA component of the PDPM score billed. Clinical documentation does not support physician documented, active diagnosis of Malnutrition and Morbid obesity due to excess calories during the look back period."

- Downcoded NTA from ND (CMI 1.29) to NE (CMI 0.93)

"The documentation provided does not appear to support the diagnosis of J96.90 Respiratory Failure, unspecified whether with hypoxia or hypercapnia as being active during the 7-day lookback period."

- Downcoded NTA from NE (CMI 0.93) to NF (CMI 0.70)

"Documentation does not support NTA CMG level. Clinical documentation does not support coding of Asthma, COPD, or Chronic Lung Disease as active diagnosis between 03/09/2021 and 03/16/2021."

- Downcoded NTA from NE (CMI 0.93) to NF (CMI 0.70)

What else can we contribute besides our therapist skills?

Therapists have time with patients…

Skilled Level of Care

- Our therapy services often represent the skilled component of a resident's SNF stay.
- Must be SKILLED services that only a licensed PT, PTA, OT, COTA, or SLP can (or knows how to) provide.
- SKILL must be clearly reflected in the detail of the documentation.
- SKILL is more than a word, it's a concept/level of complexity/reflection of professional expertise.
- Documenting the word "skilled" before the activity (e.g., gait training, cognitive training, ther ex isn't enough to show that it required your skills as a therapist.
- What is skilled today, may not be skilled tomorrow.
- If something can be taught, it should be taught, and it is no longer skilled (outside of the short episode of education that would be needed)

TIP: Don't forget to document YOUR SKILL

Is this a Skilled Service or a Teachable Service?

Tasks/exercises/techniques that will continue to benefit the patient but can be safely taught (because their performance doesn't require our skill), should be taught.

Once comprehension of the instructions and mastery of the teachable task/exercise/technique has been demonstrated, it can be transitioned to an independent or supervised HEP or to a caregiver program (RNP/FMP).

Intermittent reassessment of that taught program can and should occur (as needed throughout the episode of care) to assess continued appropriateness and to make modifications or to progress if needed.

TIP: Tasks that can be taught, should be taught

Is this a Skilled Service or a Teachable Service?

When determining if a task is teachable, one must consider:

- The complexity/variability of the task --AND--
- The complexity/variability of the patient's clinical presentation

If you determine that something isn't teachable, consider this question:

WHY ISN'T IT TEACHABLE?

Answering that question and <u>documenting the details of the answer</u> will *likely* assist you in explaining WHY IT *IS* SKILLED.

Communication with MDS Coordinator/IDT

We've said a lot today, **"If you see [this], make sure you alert the IDT and the MDS coordinator."**

Note that this process of communicating your observations will need to be tailored to your facility and your team. That communication may need to be:

- Channeled through your rehab manager or team lead
- Relayed through a PDPM rehab communication form
- Discussed at a Medicare meeting

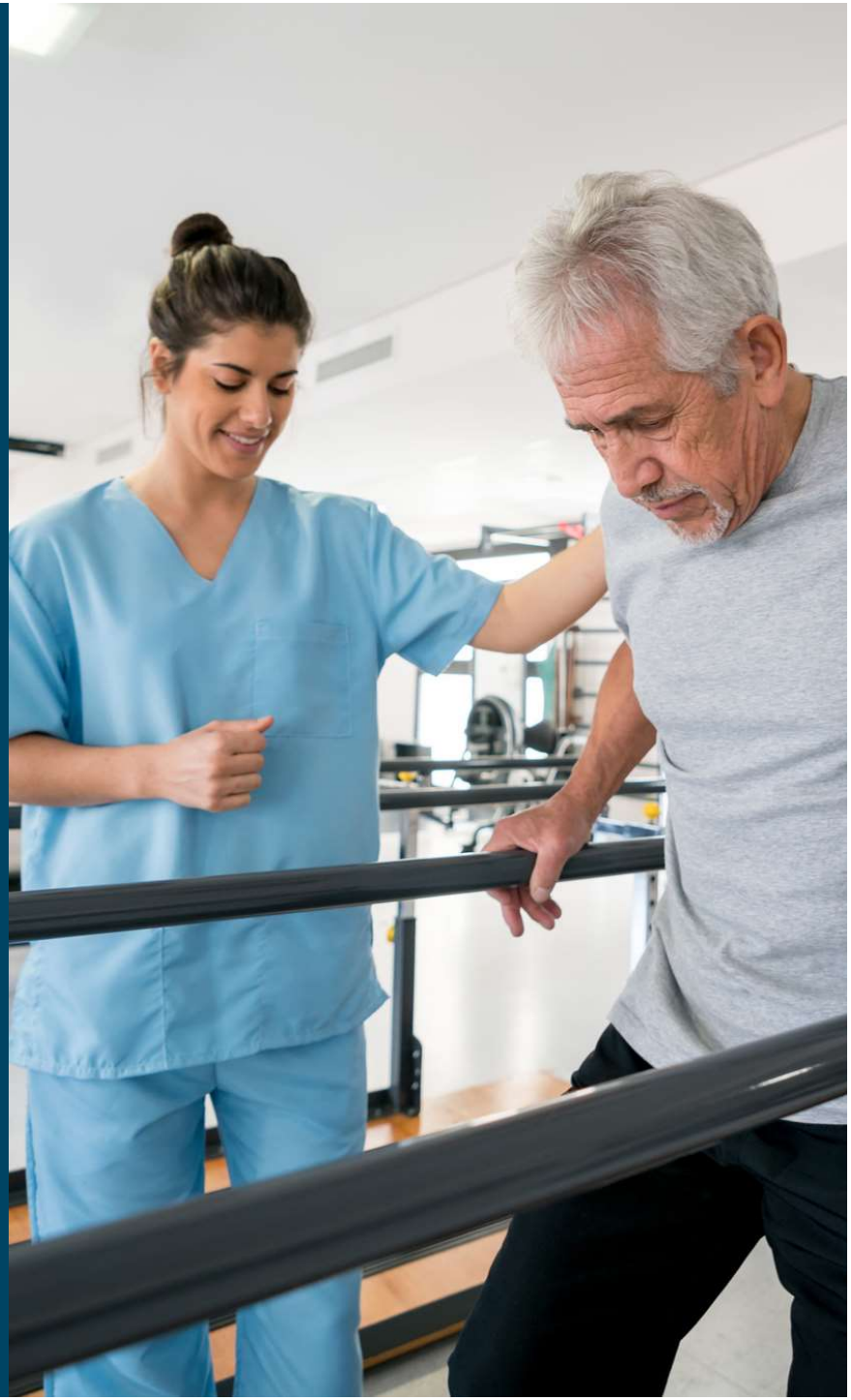
Not all teams are always receptive to suggestions initially. You may need to tread carefully and slowly work your way into the process. Make it clear that you aren't stepping on toes or trying to make final decisions but rather, you just want to contribute observations that could lead to increased MDS accuracy and appropriately higher reimbursement—both of which are good things!

TIP: Observe, Assess, Document, Communicate, Repeat…

Available Resources

aegis therapies®

INSPIRE. IMPACT. INNOVATE.



Available Resources

PDPM Mapping File

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM

PDPM Resources

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

- PDPM GROUPER Logic
- FY 2020 PDPM ICD-10 Mappings (ZIP) (revision posted 03-31-2020)
- FY 2021 PDPM ICD-10 Mappings (ZIP) (effective 01-01-2021)
- FY 2022 PDPM ICD-10 Mappings (ZIP) (revision posted 09-27-2021)
- FY 2023 PDPM ICD-10 Mapping (ZIP) (effective 10-01-2022)

Available Resources

- Malnutrition and Risk: Addressing When, How, and Why

https://static1.squarespace.com/static/5eb04dd2b97dd37656c78360/t/63dc3c7e6898fd4ef6e581e6/1675377791146/PACS-00088-22+Educational+Flier+for+Customers+Malnutrition+and+Risk+-+Addressing+When+How+and+Why_vFINAL.pdf

- COVID Exposure and COVID+: To Skill or Not to Skill

https://static1.squarespace.com/static/5eb04dd2b97dd37656c78360/t/63dc3d1d5c564645cb09e3f4/1675377950578/PACS-00090-22+Covid+to+Skill+or+not+Flier+-+Educational+Update_v2.pdf

- Section K Swallowing/Nutritional Status: Addressing Barriers to Identification

https://static1.squarespace.com/static/5eb04dd2b97dd37656c78360/t/63dc3d7c622f9864d78f621d/1675378045423/PACS-00098-22+Customer+Education+Flier+for+Dysphagia_v2.pdf

- PACS PDPM Payment Calculator—Helpful in projecting payment that would be captured with an IPA (coming soon to the Resources tab on the PACS Consulting website)

https://app.powerbi.com/view?r=eyJrIjoiZWU0YWZiODUtODRlYy00ZjQwLTk1OGEtNmMzZTYyNjZiMThlIiwidCI6IjllM2Y5ZDA0LTcxOWQtNGM2OC1hYjJhLTVjMDgwZmY1Y2NmMiIsImMiOjN9

Available Resources

CMS PDPM resources:

- PDPM Calculation Worksheet

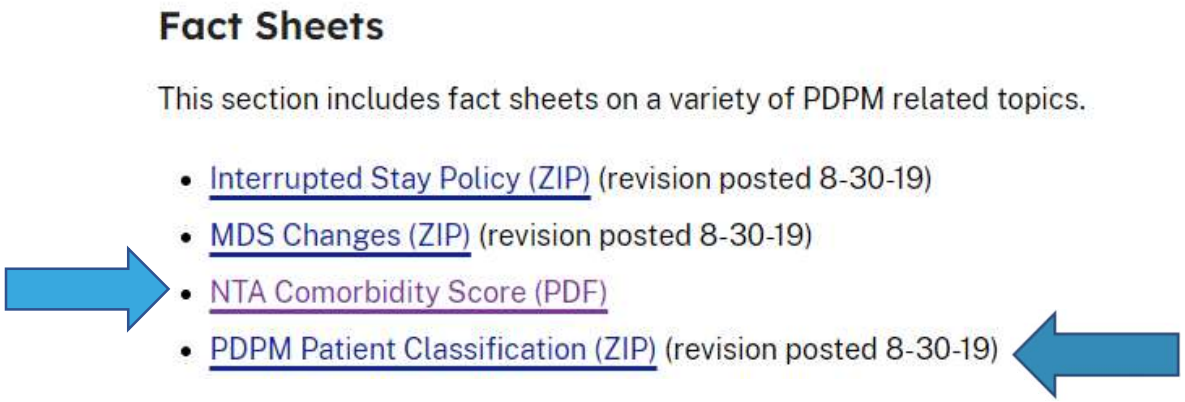
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/SNF_PDPM_Classification_Walkthrough_v2.pdf

- Fact Sheet: NTA Comorbidity Score

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_Fact_Sheet_NTAComorbidityScoring_v2_508.pdf

- PDPM Payment Classification (ZIP)

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM



Fact Sheets

This section includes fact sheets on a variety of PDPM related topics.

- Interrupted Stay Policy (ZIP) (revision posted 8-30-19)
- MDS Changes (ZIP) (revision posted 8-30-19)
- NTA Comorbidity Score (PDF)
- PDPM Patient Classification (ZIP) (revision posted 8-30-19)

Available Resources

YouTube Videos (from CMS HHS channel)

- **Brief Interview for Mental Status (BIMS)**

https://youtu.be/qv-RhrFQoWE

- **VIVE Mood (PHQ9 Video)**

https://youtu.be/Vj-3avHpx0M

THANK YOU!

If you haven’t’ submitted your questions yet, you may do so now using the Q&A button on the attendee control panel.

aegis therapies®

INSPIRE. IMPACT. INNOVATE.