Independence Rehab

Medicare Review and Targeted Risk Areas Under PDPM

In this webinar, we will:

- Discuss the Medicare Review error findings and targets of a probe sample review.
  - What does down-coding/re-coding look like under PDPM?
  - Identify and discuss the specific target areas and denial language
- Review COVID-19 and 1135 Waiver denials
- Identify strategies for a successful rebuttal/appeal
- Briefly Discuss Development of a Targeted Risk Assessment and training program

Large Sample Medicare Part A Probe

- 50 Charts from 2 separate facilities
  - 5 facilities involved altogether
- Cumulative Error rate of < 5%

Independence Rehab

Section GG Down-coding/Re-coding

- The documentation in the medical record does not support the coding in Section GG for eating, oral hygiene, toileting, sit to lying, lying to sitting on side of bed, sit to stand, chair/bed-to-chair transfer, toilet transfer, walk 50 feet, and walk 150 feet.

The medical record does not contain sufficient nursing documentation or specific therapy documentation to support coding; therefore, the MDS is coded as missing information.

The corrected coding changes the PT and OT function score from 22 to 0 and the nursing function score from 16 to 0."

Independence Rehab

PT & OT Components: Payment Groups

Clinical Category	PT & OT Function Score	PT & OT Case Mix Group	PT CMI	OT CMI
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49
Major Joint Replacement or Spinal Surgery	6-9	TB	1.69	1.63
Major Joint Replacement or Spinal Surgery	10-23	TC	1.88	1.68
Major Joint Replacement or Spinal Surgery	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
Other Orthopedic	6-9	TF	1.61	1.59
Other Orthopedic	10-23	TG	1.67	1.64
Other Orthopedic	24	TH	1.16	1.15
Medical Management	0-5	TI	1.13	1.17
Medical Management	6-9	TJ	1.42	1.44
Medical Management	10-23	TK	1.52	1.54
Medical Management	24	TL	1.09	1.11
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27	1.30
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN	1.48	1.49
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO	1.55	1.55
Non-Orthopedic Surgery and Acute Neurologic	24	TP	1.08	1.09

Independence Rehab

ANOTHER RE-CODING EXAMPLE

“The documentation in the medical record does not support the coding in Section GG for oral hygiene and Sit to lying. Based on the documentation the proper coding for the usual performance of the functional Abilities is moderate assistance for oral hygiene and sit to lying. The corrected coding changes the PT and OT Function score from 5 to 8 and the nursing function score from 5 to 6.”

PT & OT Components: Payment Groups

Clinical Category	PT & OT Function Score	PT & OT Case Mix Group	PT CMI	OT CMI
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49
Major Joint Replacement or Spinal Surgery	6-9	TB	1.69	1.63
Major Joint Replacement or Spinal Surgery	10-23	TC	1.88	1.68
Major Joint Replacement or Spinal Surgery	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
Other Orthopedic	6-9	TF	1.61	1.59
Other Orthopedic	10-23	TG	1.67	1.64
Other Orthopedic	24	TH	1.16	1.15
Medical Management	0-5	TI	1.13	1.17
Medical Management	6-9	TJ	1.42	1.44
Medical Management	10-23	TK	1.52	1.54
Medical Management	24	TL	1.09	1.11
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27	1.30
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN	1.48	1.49
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO	1.55	1.55
Non-Orthopedic Surgery and Acute Neurologic	24	TP	1.08	1.09

elected County: Salt Lake, UT
CBSA Code: 41620
SA Designation: Salt Lake City, UT
n/Rural Status: Urban

ge Index: .9728

State

RI	SC	SD
TN	TX	UT
VA	VI	VT

County

- Salt Lake
- San Juan
- Sanpete

Rates are effective for services beginning 10/1/2020

PT/OT	PT	OT	PT + OT
TA	$ 93.08	$ 84.38	$ 177.46
TB	$ 103.42	$ 92.31	$ 195.73
TC	$ 114.37	$ 95.70	$ 210.08
TD	$ 116.81	$ 86.64	$ 203.45
TE	$ 86.39	$ 79.85	$ 166.24
TF	$ 97.95	$ 90.61	$ 188.56
TG	$ 101.60	$ 92.87	$ 194.47
TH	$ 70.57	$ 65.12	$ 135.70
TI	$ 68.75	$ 66.82	$ 135.57
TJ	$ 86.39	$ 82.11	$ 168.50
TK	$ 92.47	$ 87.21	$ 179.68
TL	$ 66.31	$ 62.86	$ 129.17
TM	$ 77.26	$ 73.62	$ 150.88
TN	$ 90.04	$ 84.95	$ 174.98
TO	$ 94.30	$ 87.78	$ 182.07
TP	$ 65.70	$ 61.73	$ 127.43

Variable Per Diem Adjustment (VPDA) Example

Period	Begin	End	Adjustment
1	0	20	100%
2	21	27	98%

SLP	
SA	$ 15.44
SB	$ 41.33
SC	$ 60.64
SD	$ 33.16
SE	$ 53.14
SF	$ 67.68
SG	$ 46.33
SH	$ 64.95
SI	$ 80.17
SJ	$ 67.91
SK	$ 84.03
SL	$ 95.61

Nursing	
ES3	$ 430.61
ES2	$ 325.61
ES1	$ 310.76
HDE2	$ 254.55
HDE1	$ 211.06
HBC2	$ 237.58
HBC1	$ 197.28
LDE2	$ 220.61
LDE1	$ 183.49
LBC2	$ 182.43
LBC1	$ 151.67
CDE2	$ 198.34
CDE1	$ 171.82
CBC2	$ 164.40
CA2	$ 115.61
CBC1	$ 142.12
CA1	$ 99.70
BAB2	$ 110.30
BAB1	$ 105.00
PDE2	$ 166.52
PDE1	$ 155.91

NTA	
NA	$ 259.26
NB	$ 202.44
NC	$ 147.23
ND	$ 106.42
NE	$ 76.82
NF	$ 57.61

VPDA Example

Period	Adjustment
Days 1 - 3	300%
Days 4 +	100%

Non-Case-Mix

$ 94.97

Facility Specific Factors

Value-Based Purchasing (VBP)	100%
(VBP factor ranges between 98% and 104%)	
Quality Reporting Progam (QRP	100%

Independence Rehab

COVID-19 WAIVER RELATED DENIAL LANGUAGE

Independence Rehab

Available CDC data indicates that persons with mild to moderate COVID-19 remain infectious no longer than 10 days after symptom onset. Persons with more severe to critical illness or severe immunocompromise likely remain infectious no longer than 20 days after symptom onset. Recovered persons can continue to shed detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset, but at concentrations considerably lower than during illness, in ranges where replication-competent virus has not been reliably recovered and infectiousness is unlikely.

This patient tested positive for COVID-19 on 3/13/2020 and exhibited mild to moderate symptoms. The physician notes indicated positive COVID-19, medication changes, and the exacerbation of condition should be monitored; however, observation and assessment are skilled services when the likelihood of change in a resident's condition requires skilled nursing personnel to identify and evaluate the resident's need for possible modification of treatment or initiation of additional medical procedures, until the resident's condition is essentially stabilized.

The physician note dated 4/27/2020 indicated, “Acute lower respiratory infection. COVID POSITIVE. Stable.” As of 4/27/2020, this resident was stabilized. The documentation does not support that the resident required daily skilled nursing services. The last covered day for Medicare Part A is 4/26/2020.

REBUTTAL/APPEAL

"This patient's diagnoses included Cirrhosis of the Liver, Congestive Heart Failure, Chronic Kidney Disease, and Diabetes Mellitus. All of these diagnoses have an increased Mortality related to COVID-19.

This patient's care had not stabilized, and he was receiving daily skilled services. He had frequent lab tests, which showed an elevated BUN and Creatinine levels as well as elevated blood sugars. There was a high likelihood of complications and change in condition, requiring the skills and knowledge of licensed nursing staff."

WE WON!!

Independence Rehab

ISOLATION DENIAL

Independence Rehab

On 07/24/2020, the CNA ADL tracker codes extensive assistance of one for Locomotion Off Unit, which indicates resident was not treated in room. This does not meet the requirement for coding isolation.

- Resident has active infection with highly transmissible or epidemiologically significant pathogens…
- Precautions are over and above standard precautions…
- The resident is in a room alone because of active infection and cannot have a roommate…
- **The resident must remain in his/her room. This requires that all services be brought to the resident…**

NOTEWORTHY

- **DENIAL:** The medical record does not support the coding of shortness of breath when lying flat. The documentation does not support his condition was active during the lookback period. This coding change affects the Nursing score.

- **REBUTTAL:** Please see the supporting documentation for SOB while lying flat which was charted on Note Report dated 1/10/20 (ARD)

- **AUDITOR's RESPONSE:** Reviewed the supplemental Note Report from the modified MDS, ARD 1/0/20, that was provided on 10/20/20,. This document, which is assumed to have been recorded by the MDS Coordinator, documents that the resident "complained of SOB when lying flat" during the interview, and per staff, nurses, and "this writer's observation". This same information was not documented by the nurses in the medical record. Since documentation was provided, it will be allowed. However, this Note Report should be included in the original medical record. The audit finding is reversed.

Independence Rehab

MISSED SECTION K CODING OPPORTUNITIES

The medical record supported coding of coughing or choking during meals and complaints of difficulty or pain with swallowing in MDS Section K. The Registered Dietician assessment dated 11/20/2019 indicated swallowing difficulty and “Res endorses some “choking”. This affects the SLP case mix.

The medical record supports coding of holding food in mouth/cheeks MDS Section K. This affects the SLP case mix. The SLP evaluation dated 10/20/2019 indicated oral residue with regular solids and regular ground.

The medical record supports coding of loss of liquids/solids from the mouth and holding food in mouth/cheeks in MDS Section K. The SLP evaluation dated 10/4/2019 indicated anterior spillage with thin liquids and puree, and noted oral residue with chopped, ground and puree. This affects the SLP case mix.

Independence Rehab

NTA MISSED OPPORTUNITIES

- "The medical record supports coding of J80-Acute respiratory distress syndrome. The documentation supports this diagnosis was active during the lookback period. This coding affects the NTA comorbidity score."

- "The medical record supports coding of morbid obesity, BMI > 40. The documentation supports this Diagnosis was active during the lookback period. This coding affects the NTA score."

Independence Rehab

TARGETED RISK AREAS

- DIAGNOSIS CODING
- SECTION GG
- SECTION K
- LOS: exactly 20 days or 90+ days
- FREQUENCY/DURATION
- BIMS/COGNITION
- MD TIMELY SIGNATURE
- TIMELY DOCUMENTATION

Independence Rehab

Resources we created for training purposes

- QA FORM
- SECTION K CHEAT SHEET
- WAIVER CHECKLIST
- COVID PHRASING TO INCLUDE IN DOCUMENTATION
- CPT CODES TO USE WHEN BILLING COVID PATIENTS

Independence Rehab

Date:

QA Audit Form: Rehab Part A Part B Other

Resident Initials:	Discipline: PT OT ST
Therapist:	
Reviewer: *your name, title, dept, phone #*	Score: */14 evaluating staff or /8 for assistants*
Start of Care:	Facility:

Focus Area	Score	Risk
ICD-10 PRIMARY MEDICAL DIAGNOSIS CODING – PT / OT / SLP ONLY ✓ Med A: Primary Codes match across disciplines and not altered more than 3 days beyond admit ✓ Med B: Primary Code should match the treatment code OR is a covered Diagnosis Code (covered in LCDs) Comments:		
TREATMENT DIAGNOSIS - PT / OT / SLP ONLY ✓ Treatment Codes selected must have an assessment and a goal to support it ✓ M62.81 Muscle Weakness should not be the primary treatment diagnosis, can be included as secondary or tertiary Comments:		
MEDICAL NECESSITY ESTABLISHED UPON EVALUATION– PT / OT / SLP ONLY ✓ Referral complete with brief hospital stay, active/acute reason for admission – supportive of Primary Med Diagnosis ✓ Includes case complexities ✓ Precautions listed ✓ Prior hospital therapy treatment/ outcomes reported (if known) ✓ Clinical impressions summary includes brief overview of the deficits, how far below baseline pt. is at the time of eval, and how they will benefit from skilled treatment Comments:		
PLOF ESTABLISHED– PT / OT / SLP ONLY ✓ Must have a PLOF for each goal/ functional addressed in POC at minimum ✓ Include as many functional areas a possible to allow for evolution of the POC later in the episode (Example: Give PLOF for IADL / Community mobility to be addressed prior to discharge) Comments:		
OBJECTIVE BASELINE– PT / OT / SLP ONLY ✓ Baseline data for each goal / functional area address in POC ✓ Baseline data for all deficit areas ✓ Is Muscle Weakness is used in treatment coding – Manual Muscle Test score present Comments:		
BILLING ON DAY OF EVAL– PT / OT / SLP ONLY ✓ Day of eval, billing for eval code does not state "See Eval" and separate treatments which may be provided same day are billed accordingly ✓ Evaluations are billed accurately, not over or under billed (Example: Billing only 15 minutes or billing over 60 PT/OT minutes for evaluations is not reasonable, and over 90 mins for SLP) Comments:		
SECTION GG CODING (MED A) ✓ Completed Timely and Accurately ✓ Evaluation and Discharge Summary need to reflect the information in Section GG – they should match Comments:		
STANDARDIZED ASSESSMENTS ✓ Standardized assessments utilized within POC, goals and in daily treatment		

Independence Rehab

Focus Area	Score	Risk
✓ Score updated, explained, and relates back to pt. functional performance Comments:		
GOALS: MEASURABLE AND FUNCTIONAL ✓ Each goal is clear, precise, measurable and relates to a specific deficit found in eval ✓ STGs written to be met within 1-2 reporting periods ✓ STGs lead to LTGs and reflect the focus of the POC (restorative, adaptive, compensatory) ✓ If LTGs are met PRIOR to the end of episode, STG and LTG are updated by PT/OT/SLP ✓ Med A: Goals relate to deficit areas noted in the Section GG admission		
REASONABLE EXPECTATION OF PROGRESS (PROGRESS NOTES) ✓ Each reporting period show progress in 1-2 goals ✓ STG updated with skilled comments present in each goal area ✓ If no progress made, skilled comments required to list continued barriers and justification for continued skilled level of care ✓ POC evolves and new goals added, or goals modified / discontinued or broken out in separate goals if needed (GOALS NOT CONTINUED INDEFINITELY) Comments:		
SKILLED SERVICES JUSTIFIED (TREATMENT ENCOUNTER NOTES) ✓ Daily Notes show sophistication and demonstrate skill provided ✓ Daily Notes reflect updated precautions ✓ Supervisory Visits noted ✓ Specific Training with caregivers (including CNAs) noted, quality of return demo or % of carryover ✓ Daily notes are not routine/ repetitive Comments:		
DURATION AND INTENSITY SUPPORTED ✓ Evaluations not defaulted to certify 90 days or 12 weeks, POC individualized ✓ Med A: Case-Mix Group / Clinical Category is supported by enough STG to justify all the time billed (Usually 4 STG appropriate) ✓ Number of goals should be proportionate to the amount of time spent/billed time for the patient Comments:		
TECHNICALLY COMPLIANT ✓ Evaluations completed/signed same day, TEN completed same day or within 24 hours of service, progress notes completed within 72 hours of due date ✓ CPT codes reported are supported by POC, goals and treatment interventions ✓ If using Clinician: Physician signature present and signed within 30 days Comments:		
MINUTE MANAGEMENT ✓ Daily billing is precise, not rounded, exact minutes reported Comments:		

1 point for each category if Yes and Low Risk, .5 point for Partial and/or Moderate risk, 0 for No or High Risk

Comments: Audit Scoring Scale:

91-100% Outstanding
81-90% Exceeds Expectations
71-80% Meets Expectations, training suggested (Staff expected to be here between 6-12 months after hire date)
61-70% Below Expectation, training required
<60% Unsatisfactory, training required

*All audits are an opportunity to improve documentation skills and prepare for annual reviews.

Independence Rehab

Independence Rehab

Section K
Coding Worksheet

SECTION	Nursing	Therapy
K0100A	Loss of Liquids/ solids from mouth when eating or drinking	❑ Anterior Spillage ❑ Decreased oral containment on right or left side ❑ Drooling ❑ Labial/ bolus loss ❑ Residue on lips or chin ❑ Decreased ability to clear food from spoon ❑ Poor saliva management ❑ Perservative mastication with food expulsion/ loss
K0100B	Holding Food in mouth/cheeks or residual food in mouth after meals	❑ Reduced oral clearance with residue ❑ Reduced bolus formation ❑ Limited anterior-posterior propulsion of bolus or tongue movement ❑ Tongue pumping ❑ Reduced mastication ❑ Increased time for meal consumption ❑ Reduced tolerance to varied textures ❑ Reduced tolerance to hot/ cold temperatures ❑ Munched chewing
K0100C	Coughing or choking during meals or when swallowing medications	Signs of choking or coughing such as: ❑ Watery eyes ❑ Runny nose ❑ Effortful swallow ❑ Poor airway protection ❑ Poor reflexive and volitional swallow ❑ Wet vocal cords or change in vocal quality or breath sounds ❑ Shortness of breath ❑ Throat clearing ❑ Recurring pneumonia
K0100D	Complaints of difficulty or pain with swallowing	❑ Odynophagia = pain with swallowing ❑ Globus sensation = feeling of food stuck in throat at level of sternal notch ❑ Premature feeling of fullness ❑ Oral or nasal emesis during/ after intake ❑ Heartburn sensation

Patient Name:_____ MRN: _____

Therapist Signature:_____ Date:_____

COVID-19 Checklist for Med A Evaluations

Medical Necessity and Compliance

- ☐ Contact DOR (text or phone call) to ensure doctor's orders for new Med A case have been obtained.
- ☐ Med A primary codes match across disciplines.
- ☐ Tx codes are relevant and justify skilled need. Must have an assessment and goal to support the tx code used. (Muscle Weakness should not be primary or only tx code)
  - Examples: R06.02 Shortness of breath, R29.3 Abnormal Posture, R29.91 Unspecified symptoms and signs involving the musculoskeletal system
- ☐ Reason for referral is complete with:
  - Documented patient is referred to skilled therapy as part of eligible COVID-19 national emergency waiver in order to prevent a hospitalization.
  - Current diagnosis and deficits warranting skilled therapy services at this time.
  - Any complexities and precautions are listed
  - If patient had prior therapy what was the outcome and why do they qualify for Med A at this time.
- ☐ Goals are specific to patient case, diagnosis and deficits.
  - The expectation is that the goals will be geared towards OOB activities or EOB activities and NOT for supine in bed exercises/activities. We need to justify why this high-risk person requires therapy 5x/week and how we are preventing hospitalization.
  - COVID-19 related goals added to the POC (breathing ex, handwashing/infection control, postural control). Vitals noted on eval, these measurements/objective data used within the goals.
  - Admission Section GG scores must match the baseline scores listed on Eval, goals must be added for those functional deficit areas noted on Section GG
  - Include a standardized assessment, be sure to explain what the score indicates/how does it relate to this patient's functional performance, and write a goal for improving the score.
  - Goals should be objective, measurable and justify prevention of hospitalization (not just cookie cutter goals and not just to increase strength or do ther-ex)
  - Goals have clear baselines and PLOF noted on eval. Deficits should be at a level of complexity to warrant skilled therapy on a 5x/week basis. Baselines of set-up, SBA and CGA usually do not indicate the need for skilled level of care unless there are other complicating factors.
  - Documentation to support progress to be made, maintain or prevent decline.
- ☐ Was the patient formally D/C'd from prior payer source and re-evaluated under Part A?
- ☐ PLOF is thorough and all other necessary items are present on the eval.
  - Frequency and duration are appropriate and not defaulted to 90 days
  - Appropriate CPT codes present
  - Clinical summary/brief overview of patient's current condition/how far below their usual baseline

Independence Rehab

Independence Rehab

Created April 2020

Rehab Documentation Guidance for COVID-19

Continued Skilled Care:

- Following a thorough review of patient clinical condition and complexities, rehab care plan and discharge goals, the IDT has determined the following to be in the best interest of the patient during COVID-19 pandemic:
  - Current therapy POC is essential to meet the patient's needs and remains medically necessary.
  - OR
  - Therapy POC will be modified, prioritizing the most essential needs of the patient in consideration with the COVID-19 pandemic.

Modified POC:

- Current unavoidable staffing circumstances in which licensed therapists are not able to care in more than one location, patient's POC modification is necessary to provide services in accordance with the CDC guidlelines and prevent spread of infection.
- The rehab POC will be placed on temporary hold as an infection control/prevention measure in compliance with a facility directed PPE conservation plan. The facility is currently experiencing PPE shortage, and existing supplies are being directed to critical care needs.

Discontinued POC:

- The patients medical needs supercede the established therapy POC at this time related to confirmed/suspected acute infection and the current POC will be discontinued.
- The IDT has determined in the best interest of safety and health of the residents during COVID-19 pandemic that the rehab POCs will be discontined.
- The patient's POC has been updated to accommodate the unavoidable absence of unavailable therapy staff during COVID-19 pandemic. The patient has been transitioned to RNP/ HEP/ FMP to reduce the risk of functional decline.

General Statements:

- Following COVID-19 protocol, therapy will continue to provide skilled rehab services while following CDC guidelines to prevent and minimize the spread of infection.
- As an infection control/ prevention intervention, the provider has recommended limiting movement between provider locations in accordance with CDC guidelines.
- In room sessions are being completed to accommodate suspected/confirmed COVID-19 infection

Independence Rehab

Independence Rehab

COVID-19 Coding and Billing Resource

Use these **ICD-10 Treatment Diagnosis** codes to best support goals related to postural control, breathing techniques:

- R06.02 Shortness of Breath
- R29.3 Abnormal Posture
- R29.91 Unspecified symptoms and signs involving the musculoskeletal system

Please remember that our treatment diagnosis codes must be supported by a proper assessment, baseline scores, and goals directly related to the codes. Some examples of these goals are listed below:

- In the environment of COVID-19 within the community, patient will be instructed on proper hand washing techniques, infection control and use of gel hand sanitizer demonstrating fair understanding with 50% of trials.
- Patient will be instructed in deep breathing exercises to including diaphragmatic and pursed lip breathing in order to increase lung capacity and improved respiratory tolerance, pt will perform and utilize these techniques correctly 50% of trials.
- Pt will be instructed on postural control exercise in supported sitting including but not limited to scapular retraction, posterior shoulder rolls and shin tuck to promote upright posture and diaphragmatic expansion for improved lung function, pt will demonstrate fair understanding 75% or trials.
- Patient will perform LE dressing with s/u and use of diaphragmatic breathing to keep O2 sats >90% and with occasional verbal cues for use of breathing strategies in order to improve functional performance.

CPT codes to use when billing for these types of treatments:

- 97110 Ther Ex
  - Breathing/ Diaphragmatic exercises
  - AROM/Strengthening for postural control
- 97530 Ther Act
  - Monitoring and Instructing patient while utilizing breathing and/or postural control techniques during mobility, transfers, etc.
- 97535 Self Care
  - Monitoring and Instructing patient while utilizing breathing and/or postural control techniques during ADL tasks
- 97140 Manual Tx
  - PROM/Stretching of cervical, thoracic spine
  - Myofascial release of cervical and thoracic musculature to increase flexibility
- 97112 Neuro Re-Ed
  - Utilizing postural control techniques as part of balance training

Independence Rehab