ICD-10 & PDPM
Participants will understand

- Basic concepts of what the coding process with ICD-10 involves.
- Impact of ICD-10 on PDPM and how it drives the 10 “Clinical Categories”.
- Specific examples of the 24,118 codes that will be rejected October 1, 2019.
- Specific examples of the 40,920 codes that will be accepted October 1, 2019.
- Gain useful knowledge in strategies for coding success under PDPM in their own facility.
Objective #1 (Coding Basics)

• “GOOGLING” codes is BAD!
• The Office of the Inspector General expects that the codes we use accurately reflect what is documented in the chart.
• “Up-coding” is considered fraud. “Undercoding” leaves money on the table.
• You must be trained (and have your coding audited).
• The payors have been going very easy relative to coding errors, they have been paying claims with Principal Diagnosis codes that break coding rules.
• These will be rejected October 1, 2019.
Examples

- Z96.641 Presence of right artificial hip joint
- This has been paid as Principal Diagnosis
- **Z96.641 WILL NOT BE PAID EFFECTIVE OCTOBER 1** if reported as “Primary Diagnosis” on the MDS!
- Wake up!
Patient with severe degenerative osteoarthritis of the hip, underwent hip replacement and the current encounter/admission is for rehabilitation:

- Z47.1, Aftercare following joint replacement surgery, as the first-listed or principal diagnosis.

- Z96.641, Presence of right artificial hip joint (used in a secondary position)
The Code Book

• Your coder must have a current 2019 ICD-10-CM code book ($180)
• Codes go into effect October 1 each year
• Your coder must have a copy of the 120 pages of 2019 Guidelines: https://www.cms.gov/medicare/coding/icd10/2019-icd-10-cm.html
• Your coder must have read (and reread) the Guidelines!
Crucial Steps of Coding Function

• Step 1:

✓ Find the condition in the alphabetic index.

✓ Begin the process by looking for the main term in the alphabetic index.
Crucial Steps of Coding Function

• Step 2:

✓ Verify the code and identify the highest specificity.
✓ The tabular index.
✓ “Excludes 1” and “Excludes 2” status.
• Step 3:

✓ Review the chapter-specific coding guidelines. (120 pages of rules)

“Adherence to these guidelines when assigning ICD-10-CM diagnosis codes is required under the Health Insurance Portability and Accountability Act (HIPAA)”

Objective #1

• Are your coders “GOOGLERS”?
  ✓ “We must be coding right because we are getting paid!”
  ✓ “We are going to wait to see if we get denials, then we will look at doing training”

• Speak to the Emperor (you forgot your pants!)
Objective #1

Participants will understand the impact of ICD-10 on PDPM and how it drives the Clinical Categories.
On 7/31/18, CMS issued Final Rule to replace the (RUGs) Resource Utilization Groups with the new PDPM system effective October 1st, 2019.

You can download it here:


424 pages of “light reading”
Each code reported as Primary Diagnosis on MDS is mapped to one of the above 10 Clinical Categories.

A large number of codes will be rejected as: “RETURN TO PROVIDER”
MDS Changes

• MDS Changes: New & Revised Items (1)
  ✓ SNF Primary Diagnosis: Item I0020B (New Item)
  ✓ This item is for providers to report, using an ICD-10-CM code, the patient’s primary SNF diagnosis
  ✓ “What is the main reason this person is being admitted to the SNF?”
  ✓ Coded when I0020 is coded as any response 1 –13
• Patient Surgical History:

Items J2100 – J5000 (New Items)

✓ These items are used to capture any major surgical procedures that occurred during the inpatient hospital stay that immediately preceded the SNF admission (i.e., the qualifying hospital stay)

✓ Similar to the active diagnoses captured in Section I, these Section J items will be in the form of checkboxes

Source: CMS PDPM Call 12/11/18:
# MDS Changes: Patient Surgical Categories

<table>
<thead>
<tr>
<th>Item</th>
<th>Surgical Procedure Category</th>
<th>Item</th>
<th>Surgical Procedure Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2100</td>
<td>Recent Surgery Requiring Active SNF Care</td>
<td>J2610</td>
<td>Neuro surgery - peripheral and autonomic nervous system - open and percutaneous</td>
</tr>
<tr>
<td>J2300</td>
<td>Knee Replacement - partial or total</td>
<td>J2620</td>
<td>Neuro surgery - insertion or removal of spinal and brain neurostimulators, electrodes, catheters, and CSF drainage devices</td>
</tr>
<tr>
<td>J2310</td>
<td>Hip Replacement - partial or total</td>
<td>J2699</td>
<td>Neuro surgery - other</td>
</tr>
<tr>
<td>J2320</td>
<td>Ankle Replacement - partial or total</td>
<td>J2700</td>
<td>Cardiopulmonary surgery - heart or major blood vessels - open and percutaneous procedures</td>
</tr>
<tr>
<td>J2330</td>
<td>Shoulder Replacement - partial or total</td>
<td>J2710</td>
<td>Cardiopulmonary surgery - respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open and endoscopic</td>
</tr>
<tr>
<td>J2400</td>
<td>Spinal surgery - spinal cord or major spinal nerves</td>
<td>J2799</td>
<td>Cardiopulmonary surgery - other</td>
</tr>
<tr>
<td>J2410</td>
<td>Spinal surgery - fusion of spinal bones</td>
<td>J2800</td>
<td>Genitourinary surgery - male or female organs</td>
</tr>
<tr>
<td>J2420</td>
<td>Spinal surgery - lamina, discs, or facets</td>
<td>J2810</td>
<td>Genitourinary surgery - kidneys, ureter, adrenals, and bladder - open, laparoscopic</td>
</tr>
<tr>
<td>J2499</td>
<td>Spinal surgery - other</td>
<td>J2899</td>
<td>Genitourinary surgery - other</td>
</tr>
<tr>
<td>J2500</td>
<td>Ortho surgery - repair fractures of shoulder or arm</td>
<td>J2900</td>
<td>Major surgery - tendons, ligament, or muscles</td>
</tr>
<tr>
<td>J2510</td>
<td>Ortho surgery - repair fractures of pelvis, hip, leg, knee, or ankle</td>
<td>J2910</td>
<td>Major surgery - GI tract and abdominal contents from esophagus to anus, biliary tree, gall bladder, liver, pancreas, spleen - open, laparoscopic</td>
</tr>
<tr>
<td>J2520</td>
<td>Ortho surgery - repair but not replace joints</td>
<td>J2920</td>
<td>Major surgery - endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, and thymus - open</td>
</tr>
<tr>
<td>J2530</td>
<td>Ortho surgery - repair other bones</td>
<td>J2930</td>
<td>Major surgery - breast</td>
</tr>
<tr>
<td>J2599</td>
<td>Ortho surgery - other</td>
<td>J2940</td>
<td>Major surgery - deep ulcers, internal brachytherapy, bone marrow, stem cell harvest/transplant</td>
</tr>
<tr>
<td>J2600</td>
<td>Neuro surgery - brain, surrounding tissue/blood vessels</td>
<td>J5000</td>
<td>Major surgery - other not listed above</td>
</tr>
</tbody>
</table>
Go Here

CMS PDPM website:

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

But what will we find there Mr. Bill?
• Fact Sheets
  ✓ This section includes fact sheets on a variety of PDPM related topics.
  ✓ PDPM Payments for SNF Patients with HIV/AIDS
  ✓ Concurrent and Group Therapy Limit
  ✓ PDPM Functional and Cognitive Scoring
  ✓ Interrupted Stay Policy
  ✓ MDS Changes
• PDPM Frequently Asked Questions
  ✓ This section contains frequently asked questions (FAQs) related to PDPM policy and implementation.
  ✓ PDPM FAQs

• PDPM Training Presentation
  ✓ This section includes a training presentation which can be used to educate providers and other stakeholders on PDPM policy and implementation.
  ✓ PDPM Presentation
• **PDPM Resources**

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

  ✓ PDPMB Classification Walkthrough
  ✓ PDPMB GROUPER Logic (SAS)
  ✓ ICD-10 Clinical Category Crosswalk
  ✓ ICD-10 NTA Comorbidity Crosswalk
Objective #2

Participants will see specific examples of the 24,118 codes that will be rejected October 1, 2019
Objective #2 REJECT!

- S72499D: Other fracture of lower end of unspecified femur, subsequent encounter for closed fracture with routine healing

Make sure that you are not using UNSPECIFIED side of the body codes!
Objective #2 REJECT!

- M62.81: Muscle weakness (generalized)
- R19.6: Halitosis
- R29.6: Repeated falls
- F40.232: Fear of other medical care
Objective #2 REJECT!

- C44.311: Basal cell carcinoma of skin of nose
- G25.0: Essential tremor
- G44.53: Primary Thunderclap Headache
- G44.482: Headache associated with sexual activity
Objective #2 REJECT!

- R40.1 Stupor
  - Catatonic stupor
  - Semicoma
- Excludes1: Catatonic Schizophrenia (F20.2)

- Is your coder watching for Excludes 1 notes?

- These are two codes that cannot be used together.
Objective #2 REJECT!

- R46.1: Bizarre Personal Appearance
- R46.0: Very low level of personal hygiene
- R46.2: Strange and inexplicable behavior
Objective #2 REJECT!

- S72499D Other fracture of lower end of unspecified femur, subsequent encounter for closed fracture with routine healing

Make sure that you are not using UNSPECIFIED side of the body codes!

If you have been tuning me out, this is probably the most important thing to know regarding the majority of denied codes.
Objective #2 REJECT!

- S72499D Other fracture of lower end of unspecified femur, subsequent encounter for closed fracture with routine healing

Make sure that you are not using UNSPECIFIED side of the body codes!
Participants will see specific examples of the 40,920 codes that will be accepted October 1, 2019
Objective #3 ACCEPTED

- Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99) 
  **ARE ALL ACCEPTED**
- This is the only chapter where every code is accepted as Primary Diagnosis on the MDS
- A41.9: Sepsis, unspecified organism
- B04: Monkeypox
Objective #3 ACCEPTED

• A41.9: Sepsis, unspecified organism
  ✓ Clinical Category: ACUTE INFECTIONS

• B04: Monkey Pox
  ✓ Clinical Category: MEDICAL MANAGEMENT
Objective #3 ACCEPTED

- F41.9: Anxiety disorder, unspecified
  ✓ Clinical Category: MEDICAL MANAGEMENT

- F53.0: Postpartum depression
  ✓ Clinical Category: MEDICAL MANAGEMENT

- F55.2: Abuse of laxatives
  ✓ Clinical Category: MEDICAL MANAGEMENT
Objective #3 ACCEPTED

- F84.5: Asperger’s Syndrome
  ✓ Clinical Category: MEDICAL MANAGEMENT

- F94.0: Selective Mutism
  ✓ Clinical Category: MEDICAL MANAGEMENT

- G35: Multiple Sclerosis
  ✓ Clinical Category: ACUTE NEUROLOGIC
• F10.97: Alcohol use, unspecified with alcohol induced persisting dementia
  ✓ Clinical Category: MEDICAL MANAGEMENT

• F12.93: Cannabis use, unspecified with withdrawal
  ✓ Clinical Category: MEDICAL MANAGEMENT

• I69.953: Hemiplegia and Hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
  ✓ Clinical Category: ACUTE NEUROLOGIC
Objective #3 ACCEPTED

- M80822D: Other osteoporosis with current pathological fracture, left humerus, subsequent encounter for fracture with routine healing
  ✓ Clinical Category: NON-SURGICAL ORTHOPEDIC/MUSCULOSKELETAL

- M84321D: Stress fracture, right humerus, subsequent encounter for fracture with routine healing
  ✓ Clinical Category: NON-SURGICAL ORTHOPEDIC/MUSCULOSKELETAL
Objective #3 ACCEPTED

- **N39.0**: Urinary tract infection, site not specified
  ✓ Clinical Category: ACUTE INFECTIONS

- **Q70.13**: Webbed fingers, bilateral
  ✓ Clinical Category: NON-SURGICAL ORTHOPEDIC/MUSCULOSKELETAL

- **R26.89**: Other abnormalities of gait and mobility
  ✓ Clinical Category: NON-SURGICAL ORTHOPEDIC/MUSCULOSKELETAL
Objective #3 ACCEPTED

- R40.3: Persistent vegetative state
  ✓ Clinical Category: MEDICAL MANAGEMENT

- S08.811D: Complete traumatic amputation of nose, subsequent encounter
  ✓ Clinical Category: NON-ORTHOPEDIC SURGERY
Objective #3 ACCEPTED

- S72.492R: Other fracture of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with Malunion

- Clinical Category: ORTHOPEDIC SURGERY (EXCEPT MAJOR JOINT REPLACEMENT OR SPINAL SURGERY)
Objective #3 COMORBIDITIES

• “Co-morbidities” are additional diagnoses that will be reported on the MDS under I8000 additional diagnoses

• Certain co-morbidities have higher point scores that will affect reimbursement via the Comorbidity Score
### Objective #3 COMORBIDITIES

<table>
<thead>
<tr>
<th>Condition/Extensive Service</th>
<th>MDS Item</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>SNF Claim ICD-10 B20</td>
<td>8</td>
</tr>
<tr>
<td>Parenteral IV Feeding: Level High</td>
<td>K0510A2 K0710A2</td>
<td>7</td>
</tr>
<tr>
<td>Special Treatments/Programs: Intravenous Medication Post-admit Code</td>
<td>O0100H2</td>
<td>5</td>
</tr>
<tr>
<td>Special Treatments/Programs: Ventilator Post-admit Code</td>
<td>O0100F2</td>
<td>4</td>
</tr>
<tr>
<td>Parenteral IV feeding: Level Low</td>
<td>K0510A2 K0710A2 K0710B2</td>
<td>3</td>
</tr>
<tr>
<td>Lung Transplant Status</td>
<td>I8000</td>
<td>3</td>
</tr>
<tr>
<td>Special Treatments/Programs: Transfusion Post-admit Code</td>
<td>O0100I2</td>
<td>2</td>
</tr>
<tr>
<td>Major Organ Transplant Status, Except Lung</td>
<td>I8000</td>
<td>2</td>
</tr>
<tr>
<td>Active Diagnoses: Multiple Sclerosis Code</td>
<td>I5200</td>
<td>2</td>
</tr>
<tr>
<td>Opportunistic Infections</td>
<td>I8000</td>
<td>2</td>
</tr>
<tr>
<td>Active Diagnoses: Asthma COPD Chronic Lung Disease Code</td>
<td>I6200</td>
<td>2</td>
</tr>
<tr>
<td>Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone</td>
<td>I8000</td>
<td>2</td>
</tr>
<tr>
<td>Chronic Myeloid Leukemia</td>
<td>I8000</td>
<td>2</td>
</tr>
<tr>
<td>Wound Infection Code</td>
<td>I2500</td>
<td>2</td>
</tr>
<tr>
<td>Active Diagnoses: Diabetes Mellitus (DM) Code</td>
<td>I2900</td>
<td>2</td>
</tr>
<tr>
<td>Endocarditis</td>
<td>I8000</td>
<td>1</td>
</tr>
<tr>
<td>Immune Disorders</td>
<td>I8000</td>
<td>1</td>
</tr>
<tr>
<td>End-Stage Liver Disease</td>
<td>I8000</td>
<td>1</td>
</tr>
<tr>
<td>Other Foot Skin Problems: Diabetic Foot Ulcer Code</td>
<td>M1040B</td>
<td>1</td>
</tr>
<tr>
<td>Narcolepsy and Cataplexy</td>
<td>I8000</td>
<td>1</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>I8000</td>
<td>1</td>
</tr>
<tr>
<td>Special Treatments/Programs: Tracheostomy Post-admit Code</td>
<td>O0100E2</td>
<td>1</td>
</tr>
<tr>
<td>Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code</td>
<td>I1700</td>
<td>1</td>
</tr>
<tr>
<td>Special Treatments/Programs: Isolation Post-admit Code</td>
<td>O0100M2</td>
<td>1</td>
</tr>
<tr>
<td>Specified Hereditary Metabolic/Immune Disorders</td>
<td>I8000</td>
<td>1</td>
</tr>
<tr>
<td>Morbid Obesity</td>
<td>I8000</td>
<td>1</td>
</tr>
<tr>
<td>Special Treatments/Programs: Radiation Post-admit Code</td>
<td>O0100R2</td>
<td>1</td>
</tr>
<tr>
<td>Grouped</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The conditions in the table are ranked, with the greatest number of points given to HIV/AIDS, and other conditions, such as morbid obesity get 1 point.
# Objective #3 COMORBIDITIES

Mapping of Comorbidities Included in the Proposed PDPM NTA Component to ICD-10-CM Codes

Overview

The following mapping of CCs and RxCCs to ICD-10-CM codes is based on the 2017 Risk Adjustment model software found at [https://www.cms.gov/Medicare/Audit-Activities](https://www.cms.gov/Medicare/Audit-Activities)

<table>
<thead>
<tr>
<th>Sort Order</th>
<th>Comorbidity Description</th>
<th>ICD-10-CM Code</th>
<th>ICD-10-CM Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV/AIDS</td>
<td>B20</td>
<td>Human immunodeficiency virus [HIV] disease</td>
</tr>
<tr>
<td>2</td>
<td>RxCC395: Lung Transplant Status</td>
<td>T8630</td>
<td>Unspecified complication of heart-lung transplant</td>
</tr>
<tr>
<td>3</td>
<td>RxCC395: Lung Transplant Status</td>
<td>T8631</td>
<td>Heart-lung transplant rejection</td>
</tr>
<tr>
<td>4</td>
<td>RxCC395: Lung Transplant Status</td>
<td>T8632</td>
<td>Heart-lung transplant failure</td>
</tr>
<tr>
<td>5</td>
<td>RxCC395: Lung Transplant Status</td>
<td>T8633</td>
<td>Heart-lung transplant infection</td>
</tr>
<tr>
<td>6</td>
<td>RxCC395: Lung Transplant Status</td>
<td>T8639</td>
<td>Other complications of heart-lung transplant</td>
</tr>
<tr>
<td>7</td>
<td>RxCC395: Lung Transplant Status</td>
<td>T86810</td>
<td>Lung transplant rejection</td>
</tr>
<tr>
<td>8</td>
<td>RxCC395: Lung Transplant Status</td>
<td>T86811</td>
<td>Lung transplant failure</td>
</tr>
<tr>
<td>9</td>
<td>RxCC395: Lung Transplant Status</td>
<td>T86812</td>
<td>Lung transplant infection</td>
</tr>
<tr>
<td>10</td>
<td>RxCC395: Lung Transplant Status</td>
<td>T86818</td>
<td>Other complications of lung transplant</td>
</tr>
<tr>
<td>11</td>
<td>RxCC395: Lung Transplant Status</td>
<td>T86819</td>
<td>Unspecified complication of lung transplant</td>
</tr>
<tr>
<td>12</td>
<td>RxCC395: Lung Transplant Status</td>
<td>Z4824</td>
<td>Encounter for aftercare following lung transplant</td>
</tr>
<tr>
<td>13</td>
<td>RxCC395: Lung Transplant Status</td>
<td>Z48280</td>
<td>Encounter for aftercare following heart-lung transplant</td>
</tr>
<tr>
<td>14</td>
<td>RxCC395: Lung Transplant Status</td>
<td>Z942</td>
<td>Lung transplant status</td>
</tr>
<tr>
<td>15</td>
<td>RxCC395: Lung Transplant Status</td>
<td>Z943</td>
<td>Heart and lungs transplant status</td>
</tr>
<tr>
<td>16</td>
<td>CC39: Bone/Joint/Muscle Infections/Necrosis - Except: IA0104</td>
<td>IA0104</td>
<td>Typhoid arthritis</td>
</tr>
<tr>
<td>17</td>
<td>CC39: Bone/Joint/Muscle Infections/Necrosis - Except: IA0105</td>
<td>IA0105</td>
<td>Typhoid osteomyelitis</td>
</tr>
<tr>
<td>18</td>
<td>CC39: Bone/Joint/Muscle Infections/Necrosis - Except: IA0223</td>
<td>IA0223</td>
<td>Salmonella arthritis</td>
</tr>
<tr>
<td>19</td>
<td>CC39: Bone/Joint/Muscle Infections/Necrosis - Except: IA0224</td>
<td>IA0224</td>
<td>Salmonella osteomyelitis</td>
</tr>
<tr>
<td>20</td>
<td>CC39: Bone/Joint/Muscle Infections/Necrosis - Except: IA3983</td>
<td>IA3983</td>
<td>Meningococcal arthritis</td>
</tr>
<tr>
<td>21</td>
<td>CC39: Bone/Joint/Muscle Infections/Necrosis - Except: IA3984</td>
<td>IA3984</td>
<td>Postmeningococcal arthritis</td>
</tr>
<tr>
<td>22</td>
<td>CC39: Bone/Joint/Muscle Infections/Necrosis - Except: IA5055</td>
<td>IA5055</td>
<td>Late congenital syphilitic arthropathy</td>
</tr>
</tbody>
</table>
Objective #3 SPECIFIC CODES

• MR. BILL says “RUN, DON’T WALK” to the CMS PDPM website and download the Co-morbidity mapping spreadsheet.

• Study the specific codes and conditions and plan to capture these conditions on the MDS when appropriate.
Houston, We Have a PDPM Problem

• I63.9: Cerebral Infarction, Unspecified
  ✓ Clinical Category: ACUTE NEUROLOGIC

Coding Clinic 4th Quarter 2012

Question:
A patient is discharged from the hospital and admitted to a long-term care facility (LTC) with a diagnosis of acute cerebral infarction with left-sided hemiparesis and dysphasia. The diagnosis on admission to the LTC is documented as acute CVA. What is the appropriate code assignment to describe this patient’s condition?
Answer:

- Assign code I69.354, Hemiplegia and Hemiparesis following cerebral infarction affecting left non-dominant side, and code I69.321, Dysphasia following cerebral infarction, to completely describe the patient’s condition. The Hemiparesis and dysphasia are considered Sequelae of the acute CVA for this LTC admission. Coding guidelines state that these “late effects” include neurologic deficits that persist after initial onset of conditions classifiable to categories I60-I67. **Codes from I60-I67 are reserved for the initial (first) episode of care for the acute cerebrovascular disease.**

- When the patient is admitted to long term care (LTC) following treatment of an acute CVA, a code from subcategory I69.3, Sequelae of cerebral infarction, is assigned for the LTC admission.
Houston, We Have a PDPM Problem

- R65.20: Severe Sepsis Without Septic Shock
  ✔ Clinical Category: ACUTE INFECTIONS
- R65.21: Severe Sepsis With Septic Shock
  ✔ Clinical Category: ACUTE INFECTIONS

2019 ICD-10-CM Guidelines:

• Sequencing of severe sepsis
• If severe sepsis is present on admission, and meets the definition of principal diagnosis, the underlying systemic infection should be assigned as principal diagnosis followed by the appropriate code from subcategory R65.2 as required by the sequencing rules in the Tabular List. **A code from subcategory R65.2 can never be assigned as a principal diagnosis.**
AHIMA and AHCA are now providing 16 hours of online PDPM training for $599:


From their FAQ:

“Also, of note, CMS may revise its ICD-10 mapping. Should the Agency take such steps, AHCA will release a Version 2 of the training.”
• Ask yourself “if the transmission of this resident’s MDS is rejected as RETURN TO PROVIDER because of an invalid Primary Diagnosis code, how much money is pending on this particular claim?” That’s how your reimbursement will be effected – DELAYED!

• Ask yourself “if we missed coding comorbidities for this resident, how will that negatively impact our Comorbidity Score?”
Objective #4

Participants will gain useful knowledge in strategies for coding success under PDPM in their own facility.
Objective #4 (Help Us Mr. Bill!)

- **The Book:** Do they still need a 2019 book (codes effective 10/1/18)? Are they “Google coders” (aka Googlers)?
- **Training:** Check in with your coder, do they need training?
- **Eradication:** Work on eradicating UNSPECIFIED side of the body codes
Objective #4 Success Strategies

• Review the coding process for new admissions in your building:
  ✓ How is the coded diagnosis profile created?
  ✓ Who is sequencing diagnoses?
  ✓ Who determines what the Principal/Primary diagnosis is?
  ✓ Is your DON completing a Diagnosis Sheet for new admissions for your coder?
  ✓ **Best Practice:** review Diagnosis Sheets (for Primary Diagnosis and Comorbidities) with IDT at weekly Medicare meeting, prior to transmission of five day MDS
<table>
<thead>
<tr>
<th>Update</th>
<th>ICD-10</th>
<th>Description</th>
<th>Clinical Category</th>
<th>Date</th>
<th>Rank</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>update</td>
<td>G47.00</td>
<td>INSOMNIA, UNSPECIFIED</td>
<td>N/A, not an acceptable Primary Diagnosis</td>
<td>3/2/2019</td>
<td>Other</td>
<td>Admission</td>
</tr>
<tr>
<td>update</td>
<td>I10</td>
<td>ESSENTIAL (PRIMARY) HYPERTENSION</td>
<td>N/A, not an acceptable Primary Diagnosis</td>
<td>3/2/2019</td>
<td>Other</td>
<td>Admission</td>
</tr>
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<td>CELLULITIS OF LEFT LOWER LIMB</td>
<td>Acute Infections</td>
<td>3/2/2019</td>
<td>Other</td>
<td>Admission</td>
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<td>MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF</td>
<td>Cancer</td>
<td>3/2/2019</td>
<td>Other</td>
<td>Admission</td>
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<td>LEFT LOWER LIMB, INCLUDING HIP</td>
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<td>BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE</td>
<td>Non-Surgical Orthopedic/Musculoskeletal</td>
<td>3/2/2019</td>
<td>Other</td>
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• Bookmark the CMS website: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html
• Download 6 page “Changes to MDS” document
• Review these changes with your MDS Nurse
• Secure training on ICD-10 coding if you need it

*Don’t be a Googler, buy the code book!*
Objective #4 Success Strategies

• Talk to your software vendor:

  ✓ Ask how they are going to address PDPM for your building. Will there be increased software costs?
  ✓ Will they somehow flag the 25,000 codes that will be rejected?
  ✓ Is this a good time to switch to a more prepared vendor?
Objective #4 Success Strategies

• Talk to your Acute Hospital contacts:

  ✓ Your staff will need Operative Reports from Acute in order to correctly assign the resident to one of the 30 Surgical Categories
  ✓ Study the categories and know where specific procedures fit into the 30 possible MDS surgical category choices.

Example:
MDS J2300 Knee Replacement – partial or total
Did We Meet Our Objectives?

- Impact of ICD-10 on PDPM and how it drives the Clinical Categories.
- See specific examples of the 24,118 codes that will be rejected October 1, 2019
- See specific examples of the 40,920 codes that will be accepted October 1, 2019
- Basic understanding of Comorbidity Score
- Gain useful knowledge in specific strategies for coding success under PDPM
For all your Therapy, MDS, Nursing and Medical Records consultation and training needs, contact:

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