



PRODIGY
REHABILITATION GROUP

ICD-10 & PDPM

Leading Age California
July 12, 2019

Objectives

- 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 27,854 codes that will be rejected October 1, 2019.
 - Specific examples of the 37,214 codes that will be accepted October 1, 2019.
 - Comorbidities and how they can effect the Comorbidity Score.
 - Specific examples where acceptable mappings conflict with coding guidelines.
 - 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!
-

Guidelines

- 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!
-

The Three Steps of Coding

- Step 1:
 - ✓ Find the condition in the alphabetic index.
 - ✓ Begin the process by looking for the main term in the alphabetic index.
-

Crucial 2nd Step of Coding Function

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

The Three Steps of Coding

- Step 3:

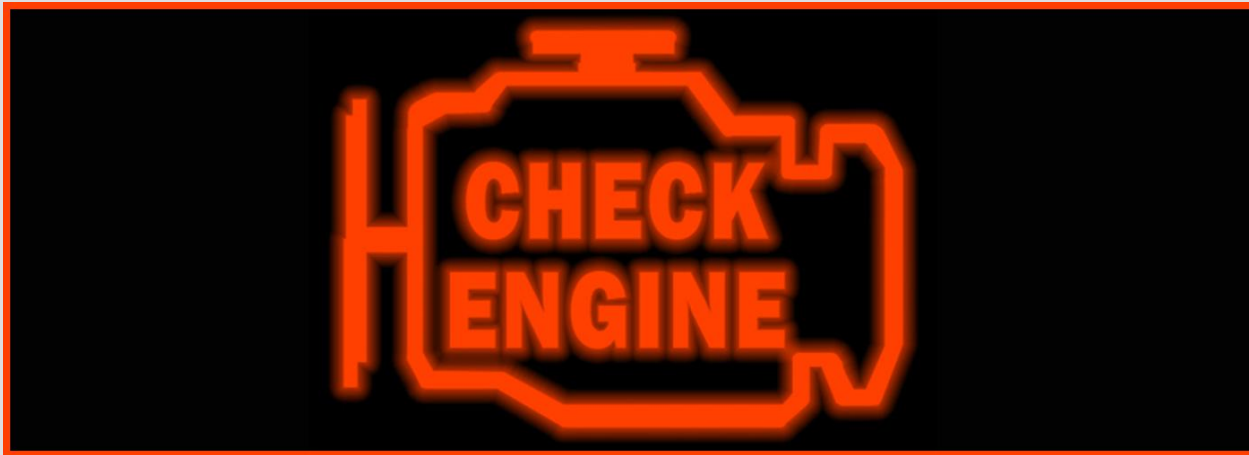
- ✓ Review the chapter-specific coding guidelines. (120 pages of rules)

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

- <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2019-ICD10-Coding-Guidelines-.pdf>

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”



Objective #2

Participants will understand the impact of ICD-10 on PDPM and how it drives the Clinical Categories.

The Final Rule

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:

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-16570.pdf>

424 pages of “light reading”

The Final Rule

TABLE 14: PDPM Clinical Categories

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

Found on page 114 of Final Rule:

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
-

MDS Changes

- 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:

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2018-12-11-PPS.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

MDS Changes

MDS Changes: Patient Surgical Categories

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



MDS Changes

Surgical Procedures - Complete only if J2100 = 1

↓ Check all that apply

Major Joint Replacement

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

Spinal Surgery

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

Other Orthopedic Surgery

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

Neurological Surgery

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

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?



Free CMS Stuff

- **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
-

Wake Up!

- **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](#)

Annie Get Your Phone

- **PDPM Resources**

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

- ✓ [PDPM Classification Walkthrough](#)

- ✓ [PDPM GROUPER Logic \(SAS\)](#)

- ✓ [ICD-10 Clinical Category Crosswalk](#)

- ✓ [*ICD-10 NTA Comorbidity Crosswalk](#)

(*disabled as of 4/4/19, combined into Clinical Category Crosswalk spreadsheet)

Objective #3

Participants will see specific examples of the
27,854 codes that will be rejected
October 1, 2019.

Objective #3 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 #3 REJECT!

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

Objective #3 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 #3 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 #3 REJECT!

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

Objective #3 REJECT!

- R26.89: Other abnormalities of gait and mobility
 - ✓ Clinical Category: NON-SURGICAL ORTHOPEDIC/MUSCULOSKELETAL

This code was moved from acceptable as Primary to “Return to Provider” in CMS’ 4/4/19 update of the mapping spreadsheet.

Objective #3 REJECT!

- CMS made changes to Mappings on 4/4/19 (major changes below):

F0280 Dementia in other diseases classified elsewhere without behavioral disturbance
F0281 Dementia in other diseases classified elsewhere with behavioral disturbance
R6520 Severe sepsis without septic shock
R6521 Severe sepsis with septic shock
R1310 Dysphagia, unspecified
R1311 Dysphagia, oral phase
R1312 Dysphagia, oropharyngeal phase
R1313 Dysphagia, pharyngeal phase
R1314 Dysphagia, pharyngoesophageal phase
R2689 Other abnormalities of gait and mobility

- All of these codes added to **RETURN TO PROVIDER**
-

Objective #3 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 #4

Participants will see specific examples of the
37,214 codes that will be accepted
October 1, 2019

Objective #4 ACCEPTED

- Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)

**ALMOST ALL ARE ACCEPTED*

- This is the only chapter where almost every code is accepted as Primary Diagnosis on the MDS
- A41.9: Sepsis, unspecified organism
- B04: Monkeypox

On 4/4/19 CMS moved 12 “B” codes to RETURN TO PROVIDER status.

Examples:

B900 Sequelae of central nervous system tuberculosis

B901 Sequelae of genitourinary tuberculosis

B92 Sequelae of leprosy

Objective #4 ACCEPTED

- A41.9: Sepsis, unspecified organism
 - ✓ Clinical Category: ACUTE INFECTIONS
 - B04: Monkey Pox
 - ✓ Clinical Category: MEDICAL MANAGEMENT
-

Objective #4 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 #4 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
-

Objective #4 ACCEPTED

- 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 #4 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 #4 ACCEPTED

- N39.0: Urinary tract infection, site not specified
 - ✓ Clinical Category: ACUTE INFECTIONS
 - Q70.13: Webbed fingers, bilateral
 - ✓ Clinical Category: NON-SURGICAL ORTHOPEDIC/MUSCULOSKELETAL
 - R26.0: Ataxic gait
 - ✓ Clinical Category: MEDICAL MANAGEMENT
-

Objective #4 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 #4 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 #5 COMORBIDITIES

- “Comorbidities” are additional diagnoses that will be reported on the MDS under I8000 additional active diagnoses
 - Certain Comorbidities have higher point scores that will effect reimbursement via the Comorbidity Score
-

Objective #5 COMORBIDITIES

Comorbidities Included in NTA Comorbidity Score and Assigned Points		
Condition/Extensive Service	MDS Item	Points
HIV/AIDS	SNF Claim ICD-10 B20	8
Parenteral IV Feeding: Level High	K0510A2 K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0100H2	5
Special Treatments/Programs: Ventilator Post-admit Code	O0100F2	4
Parenteral IV feeding: Level Low	K0510A2 K0710A2 K0710B2	3
Lung Transplant Status	I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	O0100I2	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Diagnoses: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	M1040B	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Special Treatments/Programs: Tracheostomy Post-admit Code	O0100E2	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Special Treatments/Programs: Isolation Post-admit Code	O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Special Treatments/Programs: Radiation Post-admit Code	O0100R2	1

Objective #3 COMORBIDITIES

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 one point.

Active diagnoses can assign the resident into different Nursing, SLP and NTA Component payment groups.

Objective #5 COMORBIDITIES

AutoSave Off PDPM_NTA_Comorbidity_ICD_10_Mapping_508 - Excel

File Home Insert Draw Page Layout Formulas Data Review View Help Tell me what you want to do

A7 fx 1

	A	B	C	D	E	F	G	H	I
1	Mapping of Comorbidities Included in the Proposed PDPM NTA Component to ICD-10-CM Codes								
2	Overview								
3	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/Mer								
4									
5	Sort Order	Comorbidity Description	ICD-10-CM Code	ICD-10-CM Code Description					
6									
7	1	HIV/AIDS	B20	Human immunodeficiency virus [HIV] disease					
8	2	RxCC395: Lung Transplant Status	T8630	Unspecified complication of heart-lung transplant					
9	3	RxCC395: Lung Transplant Status	T8631	Heart-lung transplant rejection					
10	4	RxCC395: Lung Transplant Status	T8632	Heart-lung transplant failure					
11	5	RxCC395: Lung Transplant Status	T8633	Heart-lung transplant infection					
12	6	RxCC395: Lung Transplant Status	T8639	Other complications of heart-lung transplant					
13	7	RxCC395: Lung Transplant Status	T86810	Lung transplant rejection					
14	8	RxCC395: Lung Transplant Status	T86811	Lung transplant failure					
15	9	RxCC395: Lung Transplant Status	T86812	Lung transplant infection					
16	10	RxCC395: Lung Transplant Status	T86818	Other complications of lung transplant					
17	11	RxCC395: Lung Transplant Status	T86819	Unspecified complication of lung transplant					
18	12	RxCC395: Lung Transplant Status	Z4824	Encounter for aftercare following lung transplant					
19	13	RxCC395: Lung Transplant Status	Z48280	Encounter for aftercare following heart-lung transplant					
20	14	RxCC395: Lung Transplant Status	Z942	Lung transplant status					
21	15	RxCC395: Lung Transplant Status	Z943	Heart and lungs transplant status					
22	16	CC39: Bone/Joint/Muscle Infections/Necrosis - Except : I	A0104	Typhoid arthritis					
23	17	CC39: Bone/Joint/Muscle Infections/Necrosis - Except : I	A0105	Typhoid osteomyelitis					
24	18	CC39: Bone/Joint/Muscle Infections/Necrosis - Except : I	A0223	Salmonella arthritis					
25	19	CC39: Bone/Joint/Muscle Infections/Necrosis - Except : I	A0224	Salmonella osteomyelitis					
26	20	CC39: Bone/Joint/Muscle Infections/Necrosis - Except : I	A3983	Meningococcal arthritis					
27	21	CC39: Bone/Joint/Muscle Infections/Necrosis - Except : I	A3984	Postmeningococcal arthritis					
28	22	CC39: Bone/Joint/Muscle Infections/Necrosis - Except : I	A5055	Late congenital syphilitic arthropathy					

PDPM_NTA_Comorbidity_ICD_10_Map

Ready

Objective #5 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.



Objective #6 PROBLEMS

- 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?

Houston; We Have a PDPM Problem

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

+ Display Filters 								
		ICD-10	Description	Clinical Category	Date	Rank	Classification	Create Date
update		I63.9	CEREBRAL INFARCTION, UNSPECIFIED	Acute Neurologic	3/9/2019	Primary	Admitting Dx	3/9/20
update		M62.81	MUSCLE WEAKNESS (GENERALIZED)	N/A, not an acceptable Primary Diagnosis	3/11/2019	Secondary	Admission	3/11/2
update		W19.XXXD	UNSPECIFIED FALL, SUBSEQUENT ENCOUNTER	No clinical category mapped by CMS	3/10/2019	Secondary	Admission	3/11/2
update		R53.1	WEAKNESS	N/A, not an acceptable Primary Diagnosis	3/10/2019	Secondary	Admission	3/11/2

1.8 Is it required that the primaryprincipal diagnosis on the SNF claim match the primary diagnosis coded in item I0020B?

While we expect that these diagnoses should match, there is no claims edit that will enforce such a requirement.

1.9 What is the default code under PDPM and what does it represent?

The default code under PDPM, which may be used in cases where an assessment is late, is ZZZZZ. The default code under PDPM represents the sum of the lowest per diem rate under each PDPM component, plus the non-case-mix component. In cases where the default code is used, the variable per diem schedule must still be followed.

Objective #6

AHIMA and AHCA are now providing 16 hours of online PDPM training for \$599:

<https://www.beckershospitalreview.com/finance/ahima-ahca-to-prepare-skilled-nursing-facilities-for-reimbursement-changes.html>

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.”

Points to ponder

- 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 #7 (PDPM Coding Success!)

Participants will gain useful knowledge in strategies for coding success under PDPM in their own facility.

Objective #7 (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 #7 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
-

Objective #7 Success Strategies

		ICD-10	Description	Clinical Category	Date	Rank	Classification
update		G47.00	INSOMNIA, UNSPECIFIED	N/A, not an acceptable Primary Diagnosis	3/2/2019	Other	Admission
update		I10	ESSENTIAL (PRIMARY) HYPERTENSION	N/A, not an acceptable Primary Diagnosis	3/2/2019	Other	Admission
update		L03.116	CELLULITIS OF LEFT LOWER LIMB	Acute Infections	3/2/2019	Other	Admission
update		C49.22	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF LEFT LOWER LIMB, INCLUDING HIP	Cancer	3/2/2019	Other	Admission
update		M17.0	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Non-Surgical Orthopedic/Musculoskeletal	3/2/2019	Other	Admission

Objective #7 Success Strategies

- Bookmark the CMS website:
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPFS/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 #7 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 27,000 codes that will be rejected?
 - ✓ Is this a good time to switch to a more prepared vendor?
-

Objective #7 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

Best practice: request access to hospital dictated report system for your HIM staff.

Did We Meet Our Objectives?

- 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 27,854 codes that will be rejected October 1, 2019.
 - Specific examples of the 37,214 codes that will be accepted October 1, 2019.
 - Comorbidities and how they can effect the Comorbidity Score.
 - Specific examples where acceptable mappings conflict with coding guidelines.
 - Strategies for coding success under PDPM in their own facility.
-



Contact Information

Bill Roush

(916) 719-8440

info@prodigyrehab.com
