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Emerging Opportunities for CDI in the SNF

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Presented By



Kalena Britt, RN, BSN, CCM, CCDS, is the director of the CDI department at Rochester Regional Health in Rochester, New York, where she oversees the inpatient and skilled nursing facility CDI programs. She has over 30 years of nursing experience, including critical care, utilization review, case management, nurse management, and CDI. Britt has worked in the CDI realm since 2012 in consultant and leadership roles and has a passion for teaching.

Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
 - Understand why a shift in the reimbursement method for skilled nursing facilities (SNF) has prompted a new focus for CDI departments
 - Understand the daily drivers for CDI in the SNF
 - Understand how to initiate a new SNF CDI program

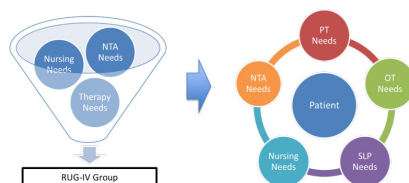
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New CDI Focus on the SNF Prompted by the PDPM Reimbursement Method

Patient-Driven Payment Model (PDPM)

- CMS changed the RUG-IV Skilled Nursing Facility (SNF) PPS case mix model to the Patient-Driven Payment Model (PDPM) on October 1, 2019
- PDPM remains a per-diem payment model, but components have changed
- PDPM removes therapy minutes as a determinant of payment and creates a new payment model in which payment is linked to differences in patient clinical characteristics or resident conditions
- Those conditions are coded and reported utilizing ICD-10-CM alphanumeric codes. ICD-10-CM diagnosis codes are based on clinical documentation.



https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/MLN_Call_PDPM_Presentation_508.pdf

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Where Can CDI Assist in the SNF?

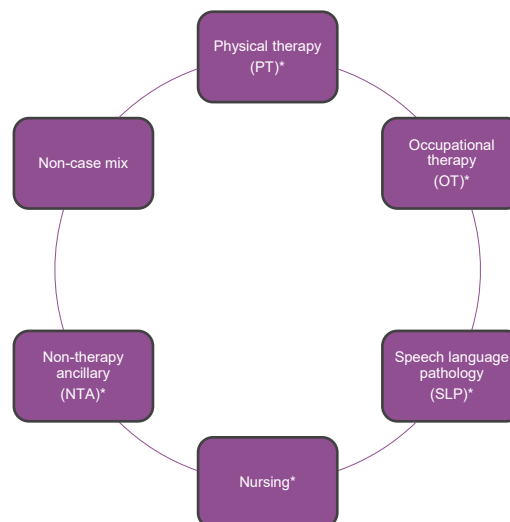
- Clarify the specificity and validity of all diagnoses, including the primary diagnosis and any comorbidities that exist on admission and/or develop throughout the resident's stay.



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Appropriate Reimbursement

- PDPM determines payment through a combination of six payment components
- Five of the components* are case mix adjusted by patients' diagnoses and characteristics
- The non-case mix adjusted component covers the utilization of SNF resources that do not vary according to patient characteristics, such as electricity, water, laundry, and meals



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Accurate Quality Scores

- SNF quality measures and payments increasingly rely on risk adjustment based on the patient's comorbidities measured by hierarchical condition categories (HCC)
- The final rule estimates an estimated reduction of \$186 million in aggregate payments to SNFs during FY 2023 due to the SNF VBP program

What is the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program?

The SNF VBP Program is a Centers for Medicare & Medicaid Services (CMS) program that awards incentive payments to skilled nursing facilities (SNFs) based on their performance on a measure of all-cause hospital readmissions. The SNF VBP Program encourages SNFs to improve the quality of care they provide to Medicare beneficiaries by reducing unplanned hospital readmissions.



What measure is used?

The SNF VBP Program currently uses the SNF 30-Day All-Cause Readmission Measure (SNFRM; National Quality Forum [NQF] #2510), which evaluates the risk-standardized readmission rate (RSRR) of unplanned, all-cause hospital readmissions. Each SNF receives a SNFRM result for a baseline period and a performance period.

How is the measure calculated?

What data are used?

The SNFRM is calculated using data extracted from SNF and hospital Medicare fee-for-service (FFS) Part A claims submitted to CMS for payment. The fiscal year (FY) 2023 Program year uses data from both the baseline period FY 2019 (10/1/2018–9/30/2019) and the performance period FY 2021 (10/1/2020–9/30/2021). The SNFRM does not use information from the Minimum Data Set or patient medical records.

Which patients are included?

- ✓ SNF patients:
- ✓ Enrolled in Medicare FFS Part A for 12 months prior to the SNF admission
- ✓ With a qualifying SNF admission within one day after discharge from a hospitalization
- ✓ Enrolled in Medicare FFS Part A for 30 days following a qualifying SNF admission

Does the measure account for differences in patient characteristics?

Yes, the SNFRM is risk adjusted for patient demographics, comorbidities and other health status variables that affect the probability of a hospital readmission, including diagnoses of COVID-19.

What is the outcome?

- ✓ The SNFRM counts any hospital readmission if it:
- ✓ Occurs within 30 days of discharge from a prior hospitalization to a SNF
- ✓ Is unplanned

<https://www.cms.gov/files/document/fy-2023-snf-vbp-fact-sheet.pdf>

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Reduce Denials



- Educate physicians on why complete and accurate documentation is important from the inpatient hospital side, as well as in the SNF:
 - Linking patients' continued symptoms to their underlying etiology of hospital condition(s), to support primary and secondary diagnoses. The SNF stay must be related to the hospital stay.
 - Document all comorbid conditions for risk adjustment. All active diagnoses will be coded.
 - Clinical indicators in the medical record are supported with documented diagnoses. Support the most accurate ICD codes and ensure clinical validation of those diagnoses.
 - Documented diagnoses that support the patients' functional, cognitive, swallowing, and dietary statuses. Support ancillary teams' findings and documentation.
- The best practice is to have regularly scheduled interdisciplinary team meetings. This approach will ensure consistency throughout the medical record by all disciplines and justification for the level of services provided.

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Drivers for the CDI in the SNF



PDPM Components

- PDPM consists of five case mix adjusted groups (CMG), all based on data-driven, stakeholder-vetted patient characteristics
 - Physical therapy (PT): Clinical category, functional score
 - Occupational therapy (OT): Clinical category, functional score
 - Speech language pathology (SLP): Presence of acute neurologic condition, SLP-related comorbidity or cognitive impairment, mechanically-altered diet, swallowing disorder
 - Nursing
 - Non-therapeutic ancillary (NTA): NTA comorbidity score
- Each CMG also places a patient in severity levels per se determined by additional factors
- PDPM also includes a “Variable Per Diem (VPD) adjustment” that adjusts the per diem rate over the course of the stay
 - The first three days of the stay NTA is multiplied by three to account for the additional costs early in the stay
 - Starting on the 21st day of the stay, PT and OT decrease by 2% every seven days until the 100-day benefit period is up

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPFS/Downloads/MLN_CaL_PDPM-Presentation_508.pdf

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PDPM Snapshot



PT	PT Base Rate	<input type="checkbox"/>	PT CMI	<input type="checkbox"/>	VPD Adjustment Factor
+					
OT	OT Base Rate	<input type="checkbox"/>	OT CMI	<input type="checkbox"/>	VPD Adjustment Factor
+					
SLP	SLP Base Rate	<input type="checkbox"/>	SLP CMI		
+					
NTA	NTA Base Rate	<input type="checkbox"/>	NTA CMI	<input type="checkbox"/>	VPD Adjustment Factor
+					
Nursing	Nursing Base Rate	<input type="checkbox"/>	Nursing CMI	<input type="checkbox"/>	18% Nursing Adjustment Factor (Only for Patients with AIDS)
+					
Non-Case-Mix	Non-Case-Mix Base Rate				

[SNF PPS: Patient Driven Payment Model \(cms.gov\)](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPFS/Downloads/MLN_CaL_PDPM-Presentation_508.pdf)

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Base Rates for Each CMGs: Urban versus Rural

PDPM COMPONENT	FY 2022- URBAN	FY 2023-URBAN
PT	\$62.82	\$66.06
OT	\$58.48	\$61.49
ST	\$23.45	\$24.66
NURSING	\$109.51	\$115.15
NTA	\$82.62	\$86.88
NON-CASE-MIX	\$98.07	\$103.12
PDPM COMPONENT	FY 2022- RURAL	FY 2023-RURAL
PT	\$71.61	\$75.03
OT	\$65.77	\$69.16
ST	\$29.55	\$31.07
NURSING	\$104.63	\$110.02
NTA	\$78.93	\$83.00
NON-CASE-MIX	\$99.88	\$105.03

CDI cannot affect the base rate

<https://www.federalregister.gov/documents/2022/08/03/2022-16457/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities#h-30>

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CMI Rates for Each CMG: Urban vs. Rural FY 2023

Accurate documentation affects the CMI levels

TABLE 5: PDPM Case-Mix Adjusted Federal Rates and Associated Indexes (Including the Parity Adjustment Recalculation) **—URBAN**

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.49	\$98.43	1.45	\$89.16	0.66	\$16.28	ES3	3.95	\$454.84	3.15	\$273.67
B	1.65	\$109.00	1.59	\$97.77	1.77	\$43.65	ES2	2.99	\$344.30	2.46	\$213.72
C	1.83	\$120.89	1.64	\$100.84	2.60	\$64.12	ES1	2.85	\$328.18	1.79	\$155.52
D	1.87	\$123.53	1.49	\$91.62	1.42	\$35.02	HDE2	2.33	\$268.30	1.29	\$112.08
E	1.38	\$91.16	1.37	\$84.24	2.28	\$56.22	HDE1	1.94	\$223.39	0.93	\$80.80
F	1.57	\$103.71	1.56	\$95.92	2.90	\$71.51	HBC2	2.18	\$251.03	0.70	\$60.82
G	1.62	\$107.02	1.60	\$98.38	1.98	\$48.83	HBC1	1.81	\$208.42	-	-
H	1.13	\$74.65	1.12	\$68.87	2.78	\$68.55	LDE2	2.02	\$232.60	-	-
I	1.10	\$72.67	1.15	\$70.71	3.43	\$84.58	LDE1	1.68	\$193.45	-	-
J	1.38	\$91.16	1.41	\$86.70	2.91	\$71.76	LBC2	1.67	\$192.30	-	-
K	1.48	\$97.77	1.50	\$92.24	3.60	\$88.78	LBC1	1.39	\$160.06	-	-
L	1.06	\$70.02	1.08	\$66.41	4.10	\$101.11	CDE2	1.82	\$209.57	-	-
M	1.24	\$81.91	1.26	\$77.48	-	-	CDE1	1.58	\$181.94	-	-
N	1.44	\$95.13	1.46	\$89.78	-	-	CBC2	1.51	\$173.88	-	-
O	1.51	\$99.75	1.51	\$92.85	-	-	CA2	1.06	\$122.06	-	-
P	1.05	\$69.36	1.06	\$65.18	-	-	CBC1	1.30	\$149.70	-	-
Q	-	-	-	-	-	-	CA1	0.91	\$104.79	-	-
R	-	-	-	-	-	-	BAB2	1.01	\$116.30	-	-
S	-	-	-	-	-	-	BAB1	0.96	\$110.54	-	-
T	-	-	-	-	-	-	PDE2	1.53	\$176.18	-	-
U	-	-	-	-	-	-	PDE1	1.43	\$164.66	-	-
V	-	-	-	-	-	-	PBC2	1.19	\$137.03	-	-
W	-	-	-	-	-	-	PA2	0.69	\$79.43	-	-
X	-	-	-	-	-	-	PBC1	1.10	\$126.67	-	-
Y	-	-	-	-	-	-	PA1	0.64	\$73.70	-	-

TABLE 6: PDPM Case-Mix Adjusted Federal Rates and Associated Indexes (Including the Parity Adjustment Recalculation) **—RURAL**

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.49	\$112.20	1.45	\$100.28	0.66	\$20.51	ES3	3.95	\$434.58	3.15	\$261.45
B	1.65	\$124.25	1.59	\$109.96	1.77	\$54.99	ES2	2.99	\$328.96	2.46	\$204.18
C	1.83	\$137.80	1.64	\$113.42	2.60	\$80.78	ES1	2.85	\$313.56	1.79	\$148.57
D	1.87	\$140.81	1.49	\$103.05	1.42	\$44.12	HDE2	2.33	\$256.35	1.29	\$107.07
E	1.38	\$103.91	1.37	\$94.75	2.28	\$70.84	HDE1	1.94	\$213.44	0.93	\$77.19
F	1.57	\$118.22	1.56	\$107.89	2.90	\$90.10	HBC2	2.18	\$239.84	0.70	\$58.10
G	1.62	\$121.99	1.60	\$110.66	1.98	\$61.52	HBC1	1.81	\$199.14	-	-
H	1.13	\$85.09	1.12	\$77.46	2.78	\$86.37	LDE2	2.02	\$222.24	-	-
I	1.10	\$82.83	1.15	\$79.53	3.43	\$106.57	LDE1	1.68	\$184.83	-	-
J	1.38	\$101.91	1.41	\$97.52	2.91	\$90.41	LBC2	1.67	\$183.73	-	-
K	1.48	\$111.44	1.50	\$103.74	3.60	\$111.85	LBC1	1.39	\$152.93	-	-
L	1.06	\$79.82	1.08	\$74.69	4.10	\$127.39	CDE2	1.82	\$200.24	-	-
M	1.24	\$93.37	1.26	\$87.14	-	-	CDE1	1.58	\$173.83	-	-
N	1.44	\$108.43	1.46	\$100.97	-	-	CBC2	1.51	\$166.13	-	-
O	1.51	\$113.70	1.51	\$104.43	-	-	CA2	1.06	\$116.62	-	-
P	1.05	\$79.07	1.06	\$73.31	-	-	CBC1	1.30	\$143.03	-	-
Q	-	-	-	-	-	-	CA1	0.91	\$100.12	-	-
R	-	-	-	-	-	-	BAB2	1.01	\$111.12	-	-
S	-	-	-	-	-	-	BAB1	0.96	\$105.62	-	-
T	-	-	-	-	-	-	PDE2	1.53	\$168.33	-	-
U	-	-	-	-	-	-	PDE1	1.43	\$157.33	-	-
V	-	-	-	-	-	-	PBC2	1.19	\$130.92	-	-
W	-	-	-	-	-	-	PA2	0.69	\$75.91	-	-
X	-	-	-	-	-	-	PBC1	1.10	\$121.02	-	-
Y	-	-	-	-	-	-	PA1	0.64	\$70.41	-	-

<https://www.federalregister.gov/documents/2022/08/03/2022-16457/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities#h-30>

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SNF Admission Requirements

- While PDPM does change how patients are classified into payment groups under the SNF PPS, it does not change any coverage criteria or documentation requirements associated with the skilled therapy service coverage under PDPM
 - Four factors must be met and demonstrated in the medical record:
 1. The patient requires skilled nursing services or skilled rehab services
 2. The patient requires these skilled services daily
 3. The daily skilled services can be provided only on an inpatient basis in the SNF
 4. Services delivered are reasonable and necessary for the treatment of a patient's illness or injury



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Primary Diagnosis and CDI Opportunities

- A SNF CDI specialist should review the patient's hospital medical records to identify any documentation gaps:
 - Per the Medicare Benefit Policy Manual: "To be covered, the extended care services must have been for the treatment of a condition for which the beneficiary was receiving inpatient hospital services (including services of an emergency hospital) or a condition which arose while in the SNF for treatment of a condition for which the beneficiary was previously hospitalized. In this context, the applicable hospital condition need not have been the principal diagnosis that precipitated the beneficiary's admission to the hospital but could be any of the conditions present during the qualifying hospital stay."
 - The primary diagnosis must meet the criteria of the RAI Manual (active diagnosis- diagnosis is active in the seven-day reference period) as well as the *Official Guidelines for Coding and Reporting* (condition responsible for the resident's admission to the facility)

Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance

Table of Contents
(Rev. 10880; Issued: 08-06-21)

- <https://www.cms.gov/Regulations-and-Guidance/Manuals/Internet-Only-Manuals-IOMs-Items-Items/CMS012673>

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Primary Diagnosis and CDI Opportunities

- The primary diagnosis requires a physician-documented diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 60 days.
- A **Clinical Category** is determined by the SNF primary diagnosis ICD-10-CM code. It will drive the patient's PT and OT case mix adjusted components along with a functional score.
 - Query inpatient and/or SNF physicians/providers when there needs to be more diagnosis-driven documentation. Keep in mind that diagnoses that have been resolved do not drive the resident's plan of care during their skilled Medicare stay.
- CDI can significantly impact by clarifying a diagnosis that drives the patient to a higher complexity clinical category or permits admission for a symptom linked to a qualifying diagnosis, no longer making it a return to provider (RTP) issue. And clarifying if a qualifying surgical procedure was done during the preceding hospital stay.

PDPM ICD-10-CM Mappings FY2023

Purpose: ICD-10-CM related mappings for the purposes of resident classification under the Patient-Driven Payment Model (PDPM) for Medicare Part A SNF stays.

Table of Contents:

- ICD-10-CM to Clinical Category Mapping
- SLP Comorbidity to ICD-10-CM Mapping
- NTA Comorbidity to ICD-10-CM Mapping

Updates:

- Updated all three mappings to FY2023 code set.
- Reflected all changes finalized in the FY2023 SNF PPS Rule.

Mapping of the ICD-10-CM Recorded in Item 10020B of the MDS Assessment to PDPM Clinical Categories

Sort Order	ICD-10-CM Code	ICD-10-CM Code Description	Default Clinical Category	Resident Had a Major Procedure during the Prior Inpatient Stay that Impacts the SNF Care Plan?
1	A400	Cholera due to Vibrio cholerae O1, biotype cholerae	Acute Infections	Yes
2	A401	Cholera due to Vibrio cholerae O1, biotype eltor	Acute Infections	Yes
3	A409	Cholera, unspecified	Acute Infections	Yes
4	A410	Typhoid fever, unspecified	Acute Infections	Yes
5	A4109	Typhoid fever, unspecified	Acute Infections	Yes
6	A4100	Typhoid fever, with heart involvement	Acute Infections	Yes
7	A4101	Typhoid fever, with lung involvement	Acute Infections	Yes
8	A4102	Typhoid fever, with other organ involvement	Acute Infections	Yes
9	A4103	Typhoid fever, with multiple organ involvement	Acute Infections	Yes
10	A4104	Typhoid fever, with other complications	Acute Infections	Yes
11	A411	Paratyphoid fever A	Acute Infections	Yes
12	A412	Paratyphoid fever B	Acute Infections	Yes
13	A413	Paratyphoid fever C	Acute Infections	Yes
14	A414	Paratyphoid fever, unspecified	Acute Infections	Yes
15	A420	Salmonella enteritidis	Acute Infections	Yes
16	A421	Salmonella enterica	Acute Infections	Yes
17	A422	Localized salmonella infection, unspecified	Acute Infections	Yes
18	A423	Salmonella enteritidis	Acute Infections	Yes
19	A424	Salmonella enteritidis	Acute Infections	Yes
20	A425	Salmonella enteritidis	Acute Infections	Yes
21	A426	Salmonella enteritidis	Acute Infections	Yes
22	A427	Salmonella enteritidis	Acute Infections	Yes

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM> 17

Primary Diagnosis and CDI Opportunities

External auditors for skilled nursing facilities look for inconsistencies between inpatient and skilled patient medical records. The SNF CDI specialist should be working collaboratively with the inpatient CDI and provider teams to support documentation for an SNF claim:

- An underlying **diagnosis** is needed to support the SNF admission
 - A symptom (e.g., weakness, debility, ambulatory dysfunction, etc.) is unacceptable
- Inpatient documentation (discharge summary/ problem list) should support the necessary skilled nursing facility admission.
 - Do not label a diagnosis resolved** if it caused the debility requiring continued care at a skilled nursing facility.
 - If the patient is debilitated due to pneumonia, do not label pneumonia as resolved.
- The patient requires further care/rehabilitation in an SNF setting to return to their baseline functional and/or cognitive status:
 - Functional status** back to baseline—Choose **No** or free text an explanation
 - Cognitive** back to baseline—Choose **No** or free text an explanation

Functional status back to baseline? (YES/NO/WILD CARDS:18581)

Cognitive status back to baseline? (YES/NO/WILD CARDS:18581)

yes
no

no

PT & OT and CDI Opportunities

- PDPM advances CMS' goal of using standardized assessment items across payment settings by using items in Section GG (nursing) of the MDS as the basis for patient functional assessments
- The functional score for the PT & OT components is calculated as the sum of the scores on ten Section GG items:
 - Two-bed mobility items
 - Three transfer items
 - One eating item
 - One toileting item
 - One oral hygiene item
 - Two walking item

Clinical Category	PT & OT Function Score	PT & OT Case Mix Group
Major Joint Replacement or Spinal Surgery	0-5	TA
Major Joint Replacement or Spinal Surgery	6-9	TB
Major Joint Replacement or Spinal Surgery	10-23	TC
Major Joint Replacement or Spinal Surgery	24	TD
Other Orthopedic	0-5	TE
Other Orthopedic	6-9	TF
Other Orthopedic	10-23	TG
Other Orthopedic	24	TH
Medical Management	0-5	TI
Medical Management	6-9	TJ
Medical Management	10-23	TK
Medical Management	24	TL
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO
Non-Orthopedic Surgery and Acute Neurologic	24	TP

CDI:

- Is the patient in the correct clinical category and has the most accurate SNF primary diagnosis?
- Eligible for surgical clinical category?
- Is the documentation between disciplines aligned and consistent throughout the stay to clinically support the function score (nursing and PT)?

SNF PPS: Patient Driven Payment Model (cms.gov)

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CMI Weight and Rates for Each CMG

Physical Therapy- Level TH
CMI Weight (1.13) X Rate (\$74.65)= \$84 CMI daily rate for PT

Case Mix Groups

Levels

Consolidated Indexes—URBAN (Including the Parity Adjustment Recalibration)											
PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.49	\$98.43	1.45	\$89.16	0.66	\$16.28	ES3	3.95	\$454.84	3.15	\$273.67
B	1.65	\$109.00	1.59	\$97.77	1.77	\$43.65	ES2	2.99	\$344.30	2.46	\$213.72
C	1.83	\$120.89	1.64	\$100.84	2.60	\$64.12	ES1	2.85	\$328.18	1.79	\$155.52
D	1.87	\$123.53	1.49	\$91.62	1.42	\$35.02	HDE2	2.33	\$268.30	1.29	\$112.08
E	1.38	\$91.16	1.37	\$84.24	2.28	\$56.22	HDE1	1.94	\$223.39	0.93	\$80.80
F	1.57	\$103.71	1.56	\$95.92	2.90	\$71.51	HBC2	2.18	\$251.03	0.70	\$60.82
G	1.62	\$107.02	1.60	\$98.38	1.98	\$48.83	HBC1	1.81	\$208.42	-	-
H	1.13	\$74.65	1.12	\$68.87	2.78	\$68.55	LDE2	2.02	\$232.60	-	-
I	1.10	\$72.07	1.15	\$70.71	3.43	\$84.58	LDE1	1.68	\$193.45	-	-
J	1.38	\$91.16	1.41	\$86.70	2.91	\$71.76	LBC2	1.67	\$192.30	-	-
K	1.48	\$97.77	1.50	\$92.24	3.60	\$88.78	LBC1	1.39	\$160.06	-	-
L	1.06	\$70.02	1.08	\$66.41	4.10	\$101.11	CDE2	1.82	\$209.57	-	-
M	1.24	\$81.91	1.26	\$77.48	-	-	CDE1	1.58	\$181.94	-	-
N	1.44	\$95.13	1.46	\$89.78	-	-	CBC2	1.51	\$173.88	-	-
O	1.51	\$99.75	1.51	\$92.85	-	-	CA2	1.06	\$122.06	-	-
P	1.05	\$69.36	1.06	\$65.18	-	-	CBC1	1.30	\$149.70	-	-
Q	-	-	-	-	-	-	CA1	0.91	\$104.79	-	-
R	-	-	-	-	-	-	BAB2	1.01	\$116.30	-	-
S	-	-	-	-	-	-	BAB1	0.96	\$110.54	-	-
T	-	-	-	-	-	-	PDE2	1.53	\$176.18	-	-
U	-	-	-	-	-	-	PDE1	1.43	\$164.66	-	-
V	-	-	-	-	-	-	PBC2	1.19	\$137.03	-	-
W	-	-	-	-	-	-	PA2	0.69	\$79.45	-	-
X	-	-	-	-	-	-	PBC1	1.10	\$126.67	-	-
Y	-	-	-	-	-	-	PA1	0.64	\$73.70	-	-

<https://www.federalregister.gov/documents/2022/08/03/2022-16457/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities#h-30>

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CMI Weight and Rates for Each CMG

Physical Therapy- Level TA
CMI Weight (1.49) X Rate (\$98.43)= \$146 CMI daily rate for PT

Case Mix Groups

Levels

TABLE 1. PDPM Case-Mix Adjusted Federal Rates and Associated Indexes—URBAN (Including the Parity Adjustment Recalibration)

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.49	\$98.43	1.45	\$89.16	0.66	\$16.28	ES3	3.95	\$454.84	3.15	\$273.67
B	1.65	\$109.00	1.59	\$97.77	1.77	\$43.65	ES2	2.99	\$344.30	2.46	\$213.72
C	1.83	\$120.89	1.64	\$100.84	2.60	\$64.12	ES1	2.85	\$328.18	1.79	\$155.52
D	1.87	\$123.53	1.49	\$91.62	1.42	\$35.02	HDE2	2.33	\$268.30	1.29	\$112.08
E	1.38	\$91.16	1.37	\$84.24	2.28	\$56.22	HDE1	1.94	\$223.39	0.93	\$80.80
F	1.57	\$103.71	1.56	\$95.92	2.90	\$71.51	HBC2	2.18	\$251.03	0.70	\$60.82
G	1.62	\$107.02	1.60	\$98.38	1.98	\$48.83	HBC1	1.81	\$208.42	-	-
H	1.13	\$74.65	1.12	\$68.87	2.78	\$68.55	LDE2	2.02	\$232.60	-	-
I	1.10	\$72.67	1.15	\$70.71	3.43	\$84.58	LDE1	1.68	\$193.45	-	-
J	1.38	\$91.16	1.41	\$86.70	2.91	\$71.76	LBC2	1.67	\$192.30	-	-
K	1.48	\$97.77	1.50	\$92.24	3.60	\$88.78	LBC1	1.39	\$160.06	-	-
L	1.06	\$70.02	1.08	\$66.41	4.10	\$101.11	CDE2	1.82	\$209.57	-	-
M	1.24	\$81.91	1.26	\$77.48	-	-	CDE1	1.58	\$181.94	-	-
N	1.44	\$95.13	1.46	\$89.78	-	-	CBC2	1.51	\$173.88	-	-
O	1.51	\$99.75	1.51	\$92.85	-	-	CA2	1.06	\$122.06	-	-
P	1.05	\$69.36	1.06	\$65.18	-	-	CBC1	1.30	\$149.70	-	-
Q	-	-	-	-	-	-	CA1	0.91	\$104.79	-	-
R	-	-	-	-	-	-	BAB2	1.01	\$116.30	-	-
S	-	-	-	-	-	-	BAB1	0.96	\$110.54	-	-
T	-	-	-	-	-	-	PDE2	1.53	\$176.18	-	-
U	-	-	-	-	-	-	PDE1	1.43	\$164.66	-	-
V	-	-	-	-	-	-	PBC2	1.19	\$137.03	-	-
W	-	-	-	-	-	-	PA2	0.69	\$79.45	-	-
X	-	-	-	-	-	-	PBC1	1.10	\$126.67	-	-
Y	-	-	-	-	-	-	PA1	0.64	\$73.70	-	-

<https://www.federalregister.gov/documents/2022/08/03/2022-16457/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities#h-30>

21

SLP and CDI Opportunities

- SLP comorbidities:

FY 2023 PDPM ICD-10 mapping for the specific conditions

SLP Comorbidities	
Aphasia	Laryngeal Cancer
CVA, TIA, or Stroke	Apraxia
Hemiplegia or Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy (while Resident)	Oral Cancers
Ventilator (while Resident)	Speech & Language Deficits

- A patient's cognitive status is assessed using the brief interview for mental status (BIMS score) or staff assessment by the provider (CPS score)

Cognitive Level	BIMS Score	CPS Score
Cognitively Intact	13 – 15	0
Mildly Impaired	8 – 12	1 – 2
Moderately Impaired	0 – 7	3 – 4
Severely Impaired	-	5 – 6

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNPPSPDPM>

Presence of Acute Neurologic Condition, SLP Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case Mix Group
None	Neither	SA
None	Either	SB
None	Both	SC
Any one	Neither	SD
Any one	Either	SE
Any one	Both	SF
Any two	Neither	SG
Any two	Either	SH
Any two	Both	SI
All three	Neither	SJ
All three	Either	SK
All three	Both	SL

CDI:

- Are there indicators to clinically support any acute neurological conditions or SLP-related comorbidities?
- Is the BIMS or staff assessment complete, and does documentation by the provider clinically support the cognitive status/diagnosis?
- Are there any indicators to clinically support a swallowing disorder diagnosis?

22

Nursing and CDI Opportunities

CDI:

- Are providers documenting the diagnoses that are supported by these indicators in GG? Depression, sepsis, COPD with SOB, and chronic respiratory failure requiring resp. therapy, diagnosis for isolation, diagnosis for insulin?
- Are there any pressure ulcers? On admission (POA)? Is the type of ulcer(s) and location(s) documented by a provider?
- Is the documentation between disciplines aligned and consistent throughout the stay to clinically support the function score (nursing and PT)?

RUG-IV Nursing RUG	Extensive Services	Clinical Conditions	Depression	Restorative Nursing Services	Function Score	CMG
ES3	Tracheostomy & Ventilator				0-14	ES3
ES2	Tracheostomy or Ventilator				0-14	ES2
ES1	Infection Isolation				0-14	ES1
HE2/HD2		Serious medical conditions e.g. comatose, septicemia, respiratory therapy	Yes		0-5	HDE2
HE1/HD1		Serious medical conditions e.g. comatose, septicemia, respiratory therapy	No		0-5	HDE1
HC2/HB2		Serious medical conditions e.g. comatose, septicemia, respiratory therapy	Yes		6-14	HBC2
HC1/HB1		Serious medical conditions e.g. comatose, septicemia, respiratory therapy	No		6-14	HBC1

RUG-IV Nursing RUG	Extensive Services	Clinical Conditions	Depression	Restorative Nursing Services	Function Score	CMG
LE2/LD2		Serious medical conditions e.g. radiation therapy or dialysis	Yes		0-5	LDE2
LE1/LD1		Serious medical conditions e.g. radiation therapy or dialysis	No		0-5	LDE1
LC2/LB2		Serious medical conditions e.g. radiation therapy or dialysis	Yes		6-14	LBC2
LC1/LB1		Serious medical conditions e.g. radiation therapy or dialysis	No		6-14	LBC1
CE2/CD2		Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	Yes		0-5	CDE2
CE1/CD1		Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	No		0-5	CDE1
CC2/CB2		Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	Yes		6-14	CBC2
CA2		Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	Yes		15-16	CA2
CC1/CB1		Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	No		6-14	CBC1
CA1		Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	No		15-16	CA1
BB2/BA2		Behavioral or cognitive symptoms		2 or more	11-16	BAB2
BB1/BA1		Behavioral or cognitive symptoms		0-1	11-16	BAB1
PE2/PD2		Assistance with daily living and general supervision		2 or more	0-5	PDE2
PE1/PD1		Assistance with daily living and general supervision		0-1	0-5	PDE1
PC2/PB2		Assistance with daily living and general supervision		2 or more	6-14	PBC2
PA2		Assistance with daily living and general supervision		2 or more	15-16	PA2
PC1/PB1		Assistance with daily living and general supervision		0-1	6-14	PBC1
PA1		Assistance with daily living and general supervision		0-1	15-16	PA1

SNF PPS: Patient Driven Payment Model (cms.gov)

23

NTA and CDI Opportunities

- Comorbidities and extensive services for NTA classification are derived from a variety of MDS sources, with some comorbidities identified by ICD-10-CM codes reported in Item I8000

FY 2023 PDPM ICD-10 mapping for all comorbidities

Condition/Extensive Service	Source	Points
HIV/AIDS	SNF Claim	8
Parenteral Intravenous (IV) Feeding: Level High	MDS Item K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	MDS Item O0100F2	4
Parenteral IV feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	MDS Item I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0100J2	2
Major Organ Transplant Status, Except Lung	MDS Item I8000	2
Multiple Sclerosis Code	MDS Item I5200	2
Opportunistic Infections	MDS Item I8000	2
Asthma Chronic obstructive pulmonary disease (COPD) Chronic Lung Disease Code	MDS Item I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	MDS Item I8000	2
Chronic Myeloid Leukemia	MDS Item I8000	2
Wound Infection Code	MDS Item I2500	2
Diabetes Mellitus (DM) Code	MDS Item I2900	2

Condition/Extensive Service	Source	Points
Endocarditis	MDS Item I8000	1
Immune Disorders	MDS Item I8000	1
End-Stage Liver Disease	MDS Item I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Narcolepsy and Cataplexy	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O0100E2	1
Multi-Drug Resistant Organism (MDRO) Code	MDS Item I1700	1
Special Treatments/Programs: Isolation Post-admit Code	MDS Item O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	MDS Item I8000	1
Morbid Obesity	MDS Item I8000	1
Special Treatments/Programs: Radiation Post-admit Code	MDS Item O0100B2	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	MDS Item M3000D1	1
Psoriatic Arthropathy and Systemic Sclerosis	MDS Item I8000	1
Chronic Pancreatitis	MDS Item I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Condition/Extensive Service	Source	Points
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	MDS Item M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	MDS Item I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	MDS Item H0100D	1
Inflammatory Bowel Disease	MDS Item I1300	1
Aseptic Necrosis of Bone	MDS Item I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	MDS Item O0100D2	1
Cardio-Respiratory Failure and Shock	MDS Item I8000	1
Myelodysplastic Syndromes and Myelofibrosis	MDS Item I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	MDS Item I8000	1
Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Nutritional Approaches While a Resident: Feeding Tube	MDS Item K0510B2	1
Severe Skin Burn or Condition	MDS Item I8000	1
Intractable Epilepsy	MDS Item I8000	1
Malnutrition Code	MDS Item I5600	1

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

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NTA and CDI Opportunities, Cont.

Condition/Extensive Service	Source	Points
Disorders of Immunity - Except : RxCC97: Immune Disorders	MDS Item I8000	1
Cirrhosis of Liver	MDS Item I8000	1
Bladder and Bowel Appliances: Ostomy	MDS Item H0100C	1
Respiratory Arrest	MDS Item I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	MDS Item I8000	1

CDI:

- Are there indicators to clinically support the diagnoses on the NTA list?
- Is there documentation that the patient has been provided IV fluids specifically addressing a nutrition or hydration need over the last 7 days? How many days? What % of calories? How many CCs of fluid per day?
- How many days do they need insulin and how often has the order changed over the last 2 days or more?
- Has the registered dietician (RD) completed an assessment? Is the patient at risk for malnutrition, or meets the criteria for malnutrition? What severity?

NTA Score Range	NTA Case Mix Group
12+	NA
9 – 11	NB
6 – 8	NC
3 – 5	ND
1 – 2	NE
0	NF

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNPPPS/PDPM>

25

Risk Adjustment Diagnoses

Quality measures and payments increasingly rely on risk adjustment based on the patients' comorbidities. These comorbidities are communicated to the regulators and insurers through the MDS and medical provider charges.

If a patient has any of these conditions, include the diagnoses, their statuses, and your plans for continued care and monitoring in every regulatory visit note, and include them on your charges for those visits. Make these tasks easier by adding the diagnoses to the patient's problem list in Epic:

HCC1 = HIV/AIDS
HCC2 = Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock, including:

- Hypovolemic Shock
- Other Shock
- Systemic Inflammatory Response Syndrome (SIRS)
- Severe Sepsis

HCC5 = Opportunistic Infections

HCC8 = Metastatic Cancer and Acute Leukemia

HCC9 = Lung and Other Severe Cancers, including:

- Chronic Leukemia
- Cancers "in remission"

HCC10 = Lymphoma and Other Cancers

HCC11 = Colorectal, Bladder, and Other Cancers

HCC12 = Breast, Prostate, and Other Cancers and Tumors

HCC17 = Diabetes with Acute Complications, including:

- Ketoacidosis
- Coma
- HCC18 = Diabetes with Chronic Complications
- Nephropathy
- Chronic Kidney Disease
- Retinopathy (specify proliferative/nonproliferative)
- Neuropathy
- Skin Ulcer
- Circulatory Complications
- Skin Ulcers

- Diabetic Dermatitis

- Hypoglycemia

- Hyperglycemia

HCC19 = Diabetes without Complication

HCC21 = Protein-Calorie Malnutrition, including:

- Unspecified Malnutrition
- Cachexia

HCC22 = Morbid Obesity (BMI > 40)

HCC23 = Other Significant Endocrine and Metabolic Disorders

- Hypoparathyroidism
- Hyperprolactinemia
- Diabetes Insipidus
- Cushing's Syndrome
- Hyperaldosteronism
- Adrenal Insufficiency
- Amyloidosis
- Secondary Hyperparathyroidism of renal origin

HCC27 = End-Stage Liver Disease, including:

- Esophageal Varices
- Hepatic Failure

HCC28 = Portal Hypertension

HCC29 = Cirrhosis of Liver

HCC29 = Chronic Hepatitis, including:

- Chronic viral hepatitis B
- Chronic viral hepatitis C

HCC30 = Autoimmune hepatitis

HCC33 = Intestinal Obstruction/Perforation, including:

- Paralytic Ileus
- Fecal Impaction
- Ileus
- Peritonitis

HCC34 = Chronic Pancreatitis

HCC35 = Inflammatory Bowel Disease, including:

- Crohn's disease
- Ulcerative colitis

HCC36 = Ulcerative proctitis

HCC39 = Bone/Joint/Muscle Infections/Necrosis, including:

- Osteomyelitis
- Aseptic Necrosis
- HCC40 = Rheumatoid Arthritis and Inflammatory Connective Tissue Disease, including:

- Rheumatoid lung disease
- Systemic Lupus
- Systemic Sclerosis
- Polymyalgia rheumatica
- Psoriatic arthritis

HCC46 = Severe Hematological Disorders, including:

- Refractory anemia
- Myelodysplastic syndrome
- Sickle cell anemia
- Hemolytic anemia
- Pancytopenia

HCC47 = Disorders of Immunity, including:

- Neutropenia (ANC <1500)

HCC48 = Coagulation Defects and Other Specified Hematological Disorders

- Thalassemia
- Sickle trait
- Lupus anticoagulant / Antiphospholipid syndrome
- Thrombocytopenia

HCC54 = Drug/Alcohol Psychosis, including:

- Alcohol-induced persisting dementia
- Sedative, hypnotic, or anxiolytic-induced dementia
- Sedative, hypnotic, or anxiolytic dependence, in remission

HCC55 = Drug/Alcohol Dependence, including:

- Alcohol dependence, in remission
- Opioid dependence, in remission
- Cannabis dependence, in remission
- Sedative, hypnotic, or anxiolytic dependence, in remission

HCC57 = Schizophrenia, including:

- Schizoaffective disorder, bipolar type
- Schizoaffective disorder, depressive type
- Delusional disorder

HCC58 = Major Depressive, Bipolar, and Paranoid Disorders, including:

- Bipolar disorder, unspecified
- Major depressive disorder, recurrent, in partial remission
- Major depressive disorder, recurrent, in full remission
- Major depressive disorder, recurrent, severe with psychotic symptoms
- Other recurrent depressive disorders
- Persistent mood [affective] disorder, unspecified
- Unspecified mood [affective] disorder
- Suicide attempt, sequelae

HCC70 = Quadriplegia, including:

- Functional quadriplegia

HCC71 = Paraplegia

HCC72 = Spinal Cord Disorders/Injuries

HCC73 = Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease

HCC74 = Cerebral Palsy

HCC75 = Myasthenia Gravis/Myoneural Disorders, Inflammatory and Toxic Neuropathy, including:

- Alcoholic polyneuropathy
- Critical illness polyneuropathy
- Sequelae of Guillain-Barre syndrome

HCC76 = Muscular Dystrophy

HCC77 = Multiple Sclerosis

HCC78 = Parkinson's and Huntington's Diseases, including:

- Parkinsonism

HCC79 = Seizure Disorders and Convulsions, including:

- Seizure disorder
- Epilepsy
- Intractable Epilepsy (episodes of seizure despite treatment)

HCC80 = Coma, Brain Compression/Anoxic Damage

HCC82 = Respirator Dependence/Tracheostomy Status

HCC83 = Respiratory Arrest

HCC84 = Cardio-Respiratory Failure and Shock, including:

- Acute pulmonary edema
- Chronic respiratory failure with hypoxia
- Chronic respiratory failure with hypercapnia
- Congestive heart failure, including:
- Systolic (congestive) heart failure
- Diastolic (congestive) heart failure

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Risk Adjustment Diagnoses

<ul style="list-style-type: none"> • secondary pulmonary hypertension • Cor pulmonale (chronic) • Dilated cardiomyopathy • Obstructive hypertrophic cardiomyopathy • Other hypertrophic cardiomyopathy <p>HCC36 = Acute Myocardial Infarction</p> <p>HCC37 = Unstable Angina and Other Acute Ischemic Heart Disease</p> <p>HCC38 = Angina Pectoris, including:</p> <ul style="list-style-type: none"> • Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris <p>HCC39 = Specified Heart Arrhythmias, including:</p> <ul style="list-style-type: none"> • Sick sinus syndrome • Supraventricular tachycardia • atrial fibrillation • Ventricular tachycardia <p>HCC39 = Central Hemorrhage</p> <p>HCC40 = Ischemic or Unspecified Stroke, including:</p> <ul style="list-style-type: none"> • Cerebrovascular Accident, CVA <p>HCC40 = Hemiparesis/Hemiplegia</p> <p>HCC40 = Monoplegia, Other Paralytic Syndromes</p> <p>HCC40 = Atherosclerosis of the Extremities with Ulceration or Gangrene</p> <p>HCC40 = Vascular Disease with Complications, including:</p> <ul style="list-style-type: none"> • Chronic venous hypertension (idiopathic) with ulcer of lower extremity <p>HCC40 = Vascular Disease, including:</p> <ul style="list-style-type: none"> • atherosclerosis of native arteries of extremities, leg • Chronic thrombosis of deep veins of lower extremity <p>HCC40 = Cystic Fibrosis</p> <p>HCC41 = Chronic Obstructive Pulmonary Disease, including:</p> <ul style="list-style-type: none"> • Emphysema • Chronic bronchitis • Chronic obstructive pulmonary disease <p>HCC42 = Fibrosis of Lung and Other Chronic Lung Disorders, including:</p> <ul style="list-style-type: none"> • Sarcoidosis of lung • Bronchiectasis • Idiopathic pulmonary fibrosis • Interstitial pulmonary disease <p>HCC44 = Aspiration and Specified Bacterial Pneumonias</p>	<p>HCC115 = Pneumococcal Pneumonia, Empyema, Lung Abscess</p> <p>HCC122 = Proliferative Diabetic Retinopathy and Vitreous Hemorrhage</p> <p>HCC124 = Exudative Macular Degeneration</p> <p>HCC134 = Dialysis Status</p> <p>HCC135 = Acute Renal Failure</p> <p>HCC136 = Chronic Kidney Disease, Stage 5</p> <p>HCC137 = Chronic Kidney Disease, Severe (Stage 4)</p> <p>HCC157 = Pressure Ulcer with Necrosis Through to Muscle, Tendon, or Bone</p> <p>HCC158 = Pressure Ulcer with Full Thickness Skin Loss</p> <p>HCC161 = Chronic Ulcer of Skin, Except Pressure, includes:</p> <ul style="list-style-type: none"> • Diabetes mellitus with skin ulcer • Atherosclerosis of native arteries of leg with ulceration • Severe Skin Burn or Condition, including: • Stevens-Johnson Syndrome <p>HCC166 = Severe Head Injury</p> <p>HCC167 = Major Head Injury</p> <p>HCC169 = Vertebral Fractures without Spinal Cord Injury</p> <p>HCC170 = Hip Fracture/Dislocation</p> <p>HCC173 = Traumatic Amputations and Complications</p> <p>HCC176 = Complications of Specified Implanted Device or Graft</p> <p>HCC186 = Major Organ Transplant or Replacement Status</p> <p>HCC188 = Artificial Openings for Feeding or Elimination, including:</p> <ul style="list-style-type: none"> • Gastrostomy • Jejunostomy • Colostomy • Other artificial openings <p>HCC189 = Amputation Status, Lower Limb/Amputation, including:</p> <ul style="list-style-type: none"> • Phantom limb syndrome • Acquired absence of toe • Acquired absence of foot • Acquired absence of ankle • Acquired absence of leg above/below knee 	<p>Non-HCC Symptoms / Diagnoses to note (specific to FPM / FDOM / Both)</p> <ul style="list-style-type: none"> • Anemia • Anorexia nervosa • Anxiety disorder, panic disorder, agoraphobia • Aphasia, from CVA (specify type of stroke) • Aphasia, primary • Aphasia, from neurodegenerative disease / dementia • Apraxia (difficulty with the motor planning to perform tasks or movements when asked, unmet that the request or command is understood and the individual is willing to perform the task.) • Asthma • Atelelectasis • Atherosclerosis (Aneurysm of Aorta, other artery) • Blindness / Low Vision • BPH with LUTS • Bradycardia, unspecified • Chronic Kidney Disease, Any Stage • Coronary artery disease / atherosclerosis • Cerebrovascular diseases • Deep vein thrombosis, any deep vein • Dementia • Dysarthria • Dysphagia, Other speech or language deficit • Dysphagia • Fluid overload • Gallstones • Gout, unspecified • Hypocalcemia / Hypercalcemia* • Hypomagnesemia / Hypermagnesemia* • Hyponatremia / Hypernatremia* • Hypertension • Hypothyroidism • Intellectual disability • Kidney Stones • Lymphedema (not edema) • Multi-Drug Resistant Organism infection or colonization • Neurogenic / Neuropathic Bladder • Osteoporosis <p>*Electrolyte disturbances must be named. Abbreviations or descriptions such as: \downarrowNa, \uparrowCa, "low sodium", "high Calcium" are not sufficient. Suggestion – add to the problem list and the correct ICD-10 code will be assigned.</p> <ul style="list-style-type: none"> • Personality disorder • Pressure Ulcer, Stage 2 or greater • Rheumatic heart / valve diseases • Transient Ischemic Attack, TIA • Traumatic Brain Injury • Valvular heart diseases
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Interim Payment Assessment (IPA)

- If the patient has a significant change in condition, the facilities can do an optional interim payment assessment or IPA. This assessment would change the HIPPS score effectively on the date that they complete the assessment.

Examples of clinical changes that may prompt completion of the IPA:

- Change in BIMS score
- New orders (i.e., isolation, IV fluids or medications, respiratory therapy)
- Occurrence of swallowing disorder
- Changes that impact the GG function score
- New diagnosis (i.e. septicemia or pneumonia)

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SNF CDI Pilot

SNF CDI Pilot

- July 2019: Reach out to the health system's CFO and long-term care leadership team
 - Present PDPM changes to begin October 1, 2019
 - Present the potential benefits of a CDI review of documentation under PDPM based on the successes already achieved by the inpatient CDI program: Reimbursement, quality measures, and denial avoidance
 - PDPM was new, so there weren't any national benchmarks to measure the success for an SNF CDI program



↓
Inform CFO
of PDPM &
potential
CDI benefits

SNF CDI Pilot

- August 2019: Initiate a PDPM steering committee
 - One discussion topic: CDI pilot program
 - Staffing: A contract, inpatient CDI specialist was approved and secured for the initial six months of the pilot. We would need to provide PDPM training. There were no PDPM-trained CDI specialists as it was new to everyone
 - A return on investment (ROI) figure was the first benchmark determined to be measured. We would be developing our ROI benchmarks month over month and at the end of six-months



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CDI Education for the SNF: American Health Care Association (AHCA) Partnerships

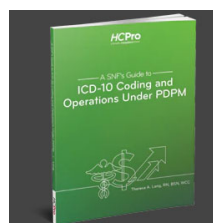
American Health Care Association (AHCA)/National Center for Assisted Living (NCAL)

- <https://educate.ahcancal.org/2020PDPMAcademy>
- <https://ahcapublications.org/products/a-snfs-guide-to-icd-10-coding-and-operations-under-pdpm>

American Health Care Association (AHCA)/American Health Information Association (AHIMA)

- <https://educate.ahcancal.org/icd10>

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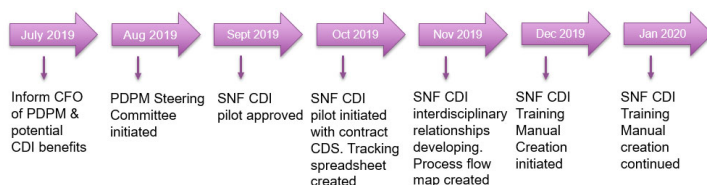
32

-
- A horizontal timeline with three purple arrow-shaped boxes pointing right, labeled 'July 2019', 'Aug 2019', and 'Sept 2019'. Below each box is a downward-pointing arrow leading to a text description of the event.
- | Month | Event |
|-----------|---|
| July 2019 | Inform CFO of PDPM & potential CDI benefits |
| Aug 2019 | PDPM Steering Committee initiated |
| Sept 2019 | SNF CDI pilot approved |



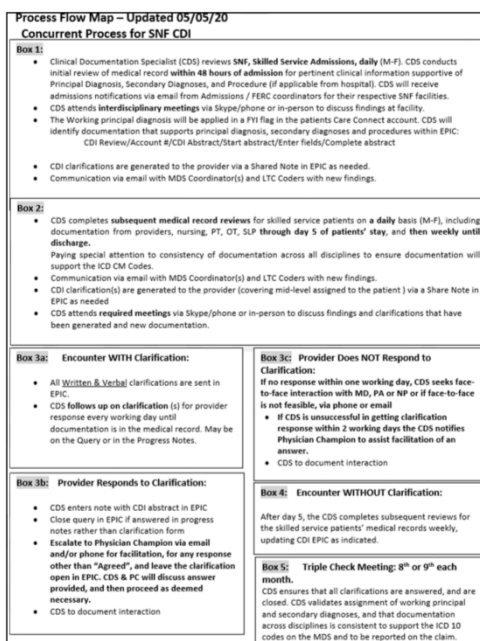
SNF CDI Pilot

- October 2019–January 2020:
- Create a day-to-day process flow map for CDI specialist
- Create an SNF CDI tracking spreadsheet
- Develop an orientation training manual



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SNF (PDPM) CDI Process Flow Map



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SNF (PDPM) Tracking for Effectiveness and ROI Measure

Return to Patient List																			
Account #	Admit Date	Discharge Date	Impact (Auto Bill)	CDIS	Submit	Provider	Pages	Submit	MIN										
Service Days	Case Mx Group	CMG	PT	OT	Working SLP	Nursing	Working NTA	Non-Case Mx	Total	Service Days	Case Mx Group	CMG	PT	OT	Working SLP	Nursing	Working NTA	Non-Case Mx	Total
Day 1-3	Case Mx Group	Selecttype CMG			Selecttype	Selecttype CH	Selecttype			Day 1-3	Case Mx Group	Selecttype CMG			Selecttype	Selecttype CH	Selecttype		
# OF DAYS										# OF DAYS									
TOTAL										TOTAL									
CD Impact										CD Impact									
POSSIBLE HPRS SCORE										POSSIBLE HPRS SCORE									
WORKING HPRS SCORE										WORKING HPRS SCORE									
Day 4-20	Case Mx Group	Selecttype CMG			Selecttype	Selecttype CH	Selecttype			Day 4-20	Case Mx Group	Selecttype CMG			Selecttype	Selecttype CH	Selecttype		
# OF DAYS										# OF DAYS									
TOTAL										TOTAL									
CD Impact										CD Impact									
POSSIBLE HPRS SCORE										POSSIBLE HPRS SCORE									
WORKING HPRS SCORE										WORKING HPRS SCORE									
Day 21-27	Case Mx Group	Selecttype CMG			Selecttype	Selecttype CH	Selecttype			Day 21-27	Case Mx Group	Selecttype CMG			Selecttype	Selecttype CH	Selecttype		
# OF DAYS										# OF DAYS									
TOTAL										TOTAL									
CD Impact										CD Impact									
POSSIBLE HPRS SCORE										POSSIBLE HPRS SCORE									
WORKING HPRS SCORE										WORKING HPRS SCORE									
Day 28-34	Case Mx Group	Selecttype CMG			Selecttype	Selecttype CH	Selecttype			Day 28-34	Case Mx Group	Selecttype CMG			Selecttype	Selecttype CH	Selecttype		
# OF DAYS										# OF DAYS									
TOTAL										TOTAL									
CD Impact										CD Impact									
POSSIBLE HPRS SCORE										POSSIBLE HPRS SCORE									
WORKING HPRS SCORE										WORKING HPRS SCORE									
Day 35-41	Case Mx Group	Selecttype CMG			Selecttype	Selecttype CH	Selecttype			Day 35-41	Case Mx Group	Selecttype CMG			Selecttype	Selecttype CH	Selecttype		
# OF DAYS										# OF DAYS									
TOTAL										TOTAL									
CD Impact										CD Impact									
POSSIBLE HPRS SCORE										POSSIBLE HPRS SCORE									
WORKING HPRS SCORE										WORKING HPRS SCORE									

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Moving to a New Web-based Tracking Application

- As of the fall 2023, our web development team is building a PDPM-specific CDI application. It will be completed and in full production soon.

ROCHESTER

REGIONAL HEALTH

PDPM Clinical Documentation

[Home](#)
[Clinical Documentation](#)
[Reports](#)
[Administration](#)

Hello, Kalena Britt

Welcome to PDPM Clinical Documentation

Here you can manage the clinical documents regarding patient visits to a skilled nursing facility.

Clinical Documents

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SNF CDI Training Manual

SNF CDI TRAINING MANUAL	
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SNF CDI Specialist Job Description

Clinical Documentation Specialist (CDS) - Skilled Nursing Facility

Position Summary:
The CDS facilitates accuracy of clinical documentation through extensive interaction and collaboration with the health care team. Supports timely, and complete documentation used to support skilled services, and for reporting facility outcomes.

Job Responsibilities:

- Utilize the ICD-10-CM Official Guidelines for Coding & Reporting and their application in the long-term healthcare setting
- Utilize an ICD-10-CM indexing system to determine appropriate ICD-10-CM codes
- Collaborate with the hospital, and skilled nursing facility (SNF) team members to ensure documentation supports the most specified, appropriate, and billable ICD-10-CM code(s) for primary and secondary diagnoses (co-morbidities) to be assigned for a SNF authorization, and PPS assessments required under PDPM
- Recognize opportunities for documentation improvement to allow the most specified ICD-10-CM codes to support skilled services, ensure that the diagnoses agree across various disciplines (PT/OT/SLP/Nursing RUGs & NTA), and that accurate measures of quality and efficiency can be reported.
- Formulate compliant and clinically credible documentation clarifications
- Timely record reviews
- Effective and appropriate communication with all healthcare team members
- Provide education to members of the patient care team regarding documentation requirements and the clinical documentation improvement (CDI) process.
- Actively participate in Team Meetings
- Manage multiple priorities
- Communicates with HIM staff and resolves any discrepancies
- Accurate input of data into department software and/or spreadsheets

Desired Skills:

- Ability to learn/develop the skills necessary to perform the CDS role
- Organizational, analytical, writing and interpersonal skills
- Dependable, self-directed and pleasant
- Critical thinking, problem solving and deductive reasoning skills
- Knowledge of Pathophysiology and Disease Process
- Basic Computer skills - familiarity with Windows based software programs
- Knowledge of regulatory environment
- Understand and support CDS documentation strategies (upon completion of training)
- Understand Medicare Part A guidelines
- Understand the current FY SNF PPS Final Rule
- Understand the CMS Clinical Category Crosswalk tool for PDPM ICD-10-CM Mappings
- Understand the MDS Resident Assessment Instrument (RAI) Manual
- Ability to use the CMS PDPM Calculator tool

Minimum Qualifications:

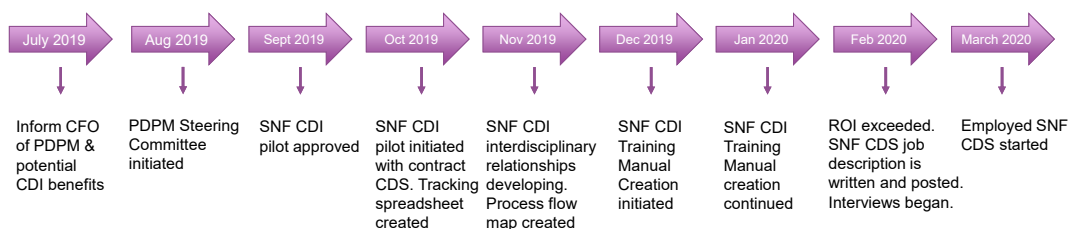
- 3 years of patient care, CDI or Coding experience in the adult, acute or long term care health care setting, including skilled nursing facility (SNF).
- Registered nursing degree required, BSN preferred, or other clinical education may be considered, such as LPN, PA, NP, or MD.
- OR
- A degree in Health Information Management

Required Licensure/Certification:

- Valid RN or LPN license, or other applicable professional license, or RHET, or RHIA

SNF (PDPM) CDI Pilot Outcome

- In February 2020, the SNF CDI pilot ROI exceeded what we anticipated
- We were approved to hire a permanent SNF CDI team member to continue with the program
- Developed the new SNF CDI job description
- Application and interview processes were conducted through February and March 2020
- The first SNF CDI team member was hired and began with us on March 30, 2020



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CDI IN BLOOM | accdis 2023



PDPM Payment Methodology: HIPPS Additional Information

Health Insurance Prospective Payment System (HIPPS)

- A HIPPS code represents specific sets of patient characteristics (or case mix groups) health insurers use to make payment determinations
- PDPM classifies patients into separate groups for each case mix adjusted component, each with its associated case mix indexes and base rates
- The adjusted PT, OT, and NTA per diem rates are then added with the unadjusted SLP and nursing component rates and the non-case mix component to determine a given patient's full per diem rate
- Five digits:
 - The first character represents both the PT and OT CMG
 - The second character represents the SLP CMG
 - The third digit correlates to the nursing CMG
 - The fourth represents the NTA CMG
 - And as under PPS, the fifth character represents the assessment indicator code
 - Because the CMG codes are more than one digit, CMS has created tables to take the CMG to the HIPPS coding

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Translation Tables to Create the HIPPS Code

The first, second, and fourth positions of the code use this table to translate PT/OT, SLP, NTA payment groups into code values:

PT/OT Payment Group	SLP Payment Group	NTA Payment Group	HIPPS Character
TA	SA*	NA	A
TB	SB	NB	B
TC	SC	NC	C
TD	SD	ND	D
TE	SE	NE	E
TF	SF	NF*	F
TG	SG		G
TH	SH		H
TI	SI		I
TJ	SJ		J
TK	SK		K
TL	SL		L
TM			M
TN			N
TO			O
TP*			P

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNPPPS/Downloads/MLN_Call_PDPM-Presentation_508.pdf

Crosswalk for nursing component

Nursing Payment Group	HIPPS Character	Nursing Payment Group	HIPPS Character
ES3	A	CBC2	N
ES2	B	CA2	O
ES1	C	CBC1	P
HDE2	D	CA1	Q
HDE1	E	BAB2	R
HBC2	F	BAB1	S
HBC1	G	PDE2	T
LDE2	H	PDE1	U
LDE1	I	PBC2	V
LBC2	J	PA2	W
LBC1	K	PBC1	X
CDE2	L	PA1*	Y
CDE1	M		

Table for assessment indicators

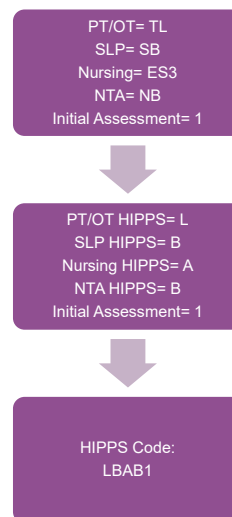
HIPPS Character	Assessment Type
0	IPA (interim payment assessment)
1	PPS 5-day

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CMGs to a HIPPS

Now put the parts of the code together to create your HIPPS code for billing.
The order is:

- PT/OT
- SLP
- Nursing
- NTA
- Assessment type



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References

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Thank you. Questions?

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In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section of the program guide.