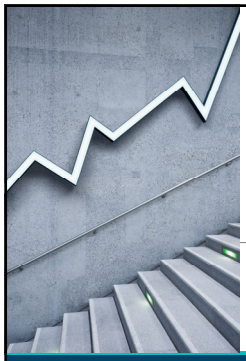

Improving Revenue Accuracy by Improving Coding

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Objectives

To provide insights into typical weaknesses in coding practices that result in poor quality reporting and financial accuracy.

To relate common coding documentation scenarios to specific financial results.

To apply methods for assessing coding accuracy in relation to quality reporting and financial performance.

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2

PDGM Overview

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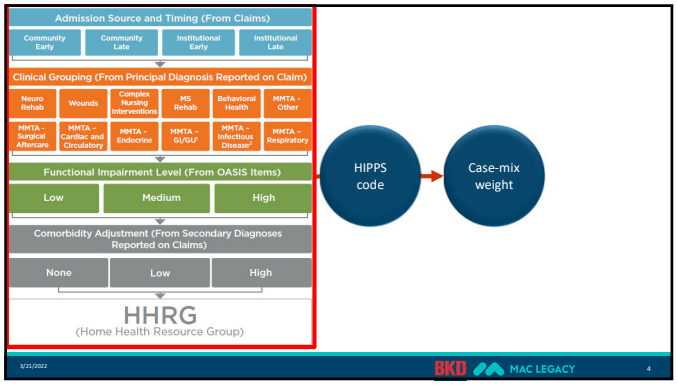

4

Admission Source & Timing

Community	Institutional
• *Any payment period not qualifying as institutional* • *Not influenced by diagnosis coding*	• *Acute or post-acute inpatient stay 14 days prior to SOC payment period* • *Acute inpatient stay 14 days prior to subsequent payment period* • *Not influenced by diagnosis coding*

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Admission Source & Timing

Early	Late
• *SOC payment periods* • *Not influenced by diagnosis coding*	• *All subsequent payment periods* • *Not influenced by diagnosis coding*

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Clinical Grouping

Behavioral health	Neuro Rehab	MMTA - Endocrine	MMTA - Respiratory
Complex nursing	Wound	MMTA – GI/GU	MMTA – Surgical Aftercare
MS Rehab	MMTA - Cardiac	MMTA - Infectious	MMTA - Other

- *Determined by primary diagnosis billed on claim*

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Functional Impairment Level

OASIS	Level	Grouping
• *Determined by responses to eight OASIS questions* • *M0133, M1800, M1810, M1820, M1830, M1840, M1850, M1860*	• *Low* • *Medium* • *High*	• *Number of points that determine low, medium & high varies according to clinical grouping*

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Comorbidity Adjustment

Document -ation	Level	Subgroups
• *Determined by other diagnoses billed on claim*	• *None* • *Low* • *High*	• *Adjustment level determined by diagnosis subgroups & interactions between diagnosis subgroups*

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2022 Low Comorbidity Subgroups	
Cerebral 4	Neurological 5
Circulatory 7	Neurological 7
Circulatory 9	Neurological 10
Circulatory 10	Neurological 11
Endocrine 4	Respiratory 9
Heart 10	Skin 1
Heart 11	Skin 3
Musculoskeletal 1	Skin 4
Musculoskeletal 2	
Neoplasms 1	
Neoplasms 2	
Neoplasms 18	

Low Comorbidity Adjustment

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Comorbidity Adjustment | High Subgroups

2022 High Comorbidity Subgroup Interactions					
Group 1	Group 2	Group 1	Group 2	Group 1	Group 2
Behavioral 2	Neurological 5	Cerebral 4	Circulatory 7	Circulatory 10	Heart 10
Behavioral 2	Neurological 7	Circulatory 1	Neurological 5	Circulatory 10	Neurological 11
Behavioral 2	Skin 4	Circulatory 1	Skin 1	Circulatory 10	Skin 3
Behavioral 4	Skin 3	Circulatory 1	Skin 3	Circulatory 2	Neurological 5
Behavioral 4	Skin 4	Circulatory 1	Neurological 7	Circulatory 2	Neurological 7
Behavioral 4	Neurological 5	Circulatory 10	Heart 9	Circulatory 2	Skin 4
Behavioral 5	Neurological 7	Circulatory 10	Musculoskeletal 3	Circulatory 4	Neurological 7
Cerebral 1	Cerebral 4	Circulatory 10	Endocrine 1	Circulatory 4	Skin 3
Cerebral 4	Neurological 10	Circulatory 10	Endocrine 3	Circulatory 7	Neurological 5
Cerebral 4	Circulatory 2	Circulatory 10	Respiratory 5	Circulatory 7	Skin 3
Cerebral 4	Heart 11	Circulatory 10	Heart 12	Circulatory 9	Neurological 10
Cerebral 4	Neurological 5	Circulatory 10	Neurological 10	Circulatory 9	Renal 3
Cerebral 4	Skin 3	Circulatory 10	Heart 11	Circulatory 9	Endocrine 4
Cerebral 4	Skin 4	Circulatory 10	Endocrine 5	Endocrine 1	Skin 3

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Comorbidity Adjustment | High Subgroups

2022 High Comorbidity Subgroup Interactions					
Group 1	Group 2	Group 1	Group 2	Group 1	Group 2
Endocrine 1	Skin 3	Heart 11	Skin 3	Neurological 10	Skin 4
Endocrine 1	Skin 4	Heart 12	Skin 3	Neurological 11	Skin 4
Endocrine 3	Neurological 5	Heart 8	Skin 3	Neurological 4	Respiratory 9
Endocrine 3	Skin 3	Heart 9	Skin 3	Neurological 4	Skin 3
Endocrine 4	Neurological 7	Infectious 1	Skin 3	Neurological 4	Skin 4
Endocrine 4	Skin 4	Infectious 1	Skin 4	Neurological 5	Renal 3
Endocrine 5	Neurological 5	Musculoskeletal 2	Skin 3	Neurological 5	Neurological 7
Endocrine 5	Skin 1	Musculoskeletal 3	Neurological 5	Neurological 5	Skin 3
Endocrine 5	Neurological 7	Musculoskeletal 3	Neurological 7	Neurological 7	Renal 3
Endocrine 5	Skin 3	Musculoskeletal 3	Skin 3	Neurological 7	Skin 4
Heart 10	Skin 1	Musculoskeletal 4	Neurological 5	Renal 1	Skin 3
Heart 10	Skin 4	Musculoskeletal 4	Skin 3	Renal 1	Skin 4
Heart 11	Skin 1	Neurological 10	Neurological 5	Renal 3	Skin 4
Heart 11	Neurological 7	Neurological 10	Skin 3	Respiratory 4	Skin 3

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Comorbidity Adjustment | High Subgroups

2022 High Comorbidity Subgroup Interactions					
Group 1	Group 2	Group 1	Group 2	Group 1	Group 2
Respiratory 5	Skin 4				
Respiratory 9	Skin 3				
Skin 1	Skin 3				
Skin 3	Skin 4				

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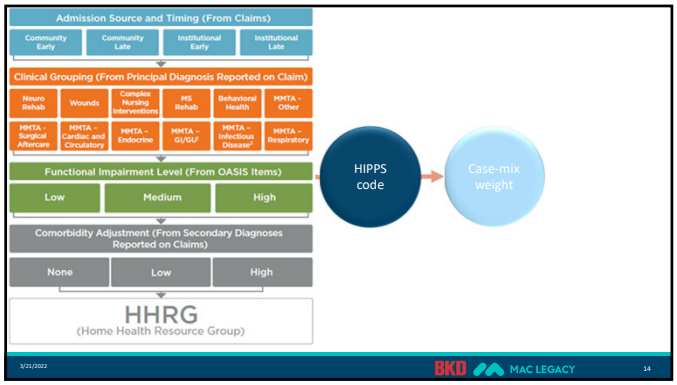

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Position #1 Source & Timing	*Position #2 Clinical Group*	*Position #3 Functional Level*	*Position #4 Comorbidity*	*Position #5 Placeholder*
1 = Community / Early	*A = MMTA Other*	*A = Low*	*1 = None*	*1*
2 = Institutional / Early	*B = Neuro Rehab*	*B = Medium*	*2 = Low*	
3 = Community / Late	*C = Wounds*	*C = High*	*3 = High*	
4 = Institutional / Late	*D = Complex Nursing*			
	E = MS Rehab			
	F = Behavioral Health			
	G = MMTA Surgical Aftercare			
	H = MMTA Cardiac & Circulatory			
	I = MMTA Endocrine			
	J = MMTA GI/GU			
	K = MMTA Infectious Disease			
	L = MMTA Respiratory			

1EB31

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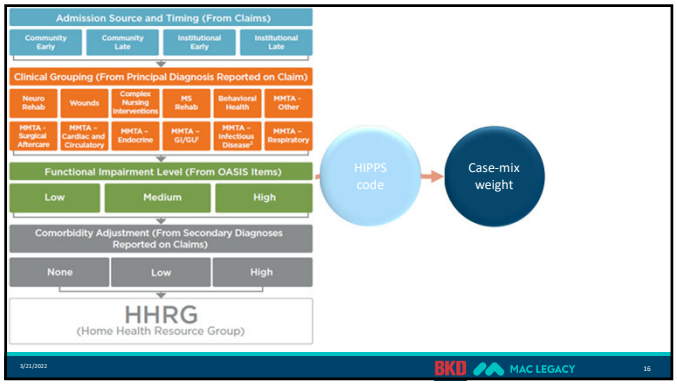
Admission Source and Timing (From Claims)
Community Early
Community Late
Institutional Early
Institutional Late
Clinical Grouping (From Principal Diagnosis Reported on Claim)
Neuro Rehab
Wounds
Complex Nursing Interventions
MS Rehab
Behavioral Health
MMTA - Other
MMTA - Surgical Aftercare
MMTA - Cardiac and Circulatory
MMTA - Endocrine
MMTA - GI/GU
MMTA - Infectious Disease
MMTA - Respiratory
Functional Impairment Level (From OASIS Items)
Low
Medium
High
Comorbidity Adjustment (From Secondary Diagnoses Reported on Claims)
None
Low
High
HHRG
(Home Health Resource Group)
HIPPS code
Case-mix weight
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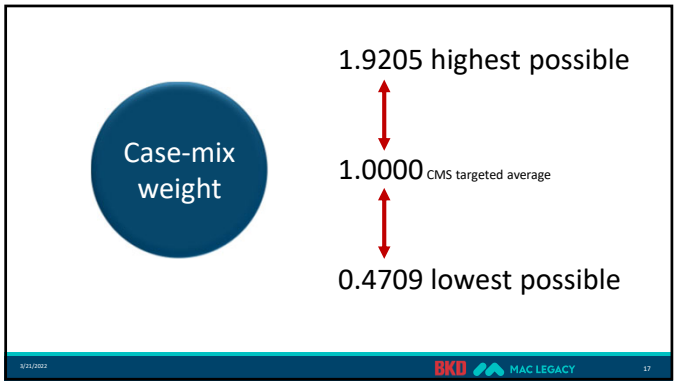
Case-mix weight
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1.0000 CMS targeted average
0.4709 lowest possible
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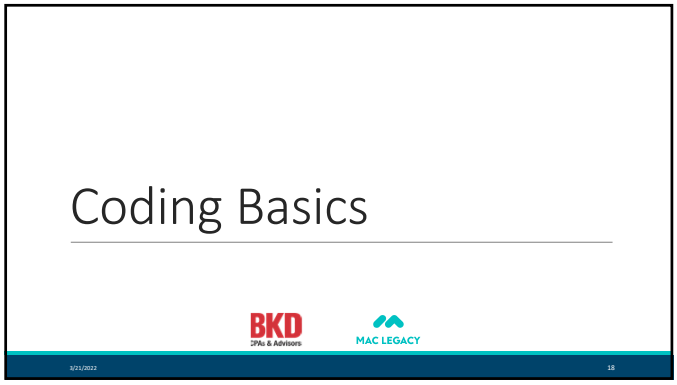
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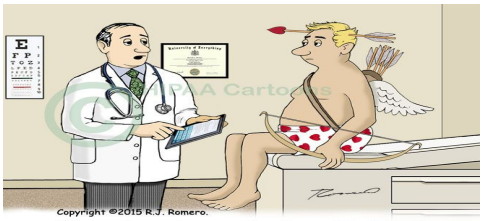

"I've got good news, Mr. Eros. We found an ICD-10 code that covers accidentally shooting yourself while cleaning a bow."

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CMS Coding guidelines under PDGM

- The most specific code that describes a medical disease, condition, or injury should be used
- The primary diagnosis should be the focus of care for the episode
- Symptom codes with a couple of exceptions are not allowed as primary
- Precise coding allows for more meaningful analysis of home health resource use
- Adherence to coding guidelines is required under HIPAA

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Coding Assignment

- Review of confirmed medical records including the F2F if present such as H&P, Office Visit notes, and/or Discharge Summaries
- Nursing Home records or ALF summaries not signed by an approved provider are not legitimate for coding
- Review of medications
- Review of OASIS assessment to ensure focus of care matches F2F and confirmed diagnosis
- Codes assignment is made from confirmed diagnoses based on above

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"I hear there's a new ICD-10 code for carpal tunnel syndrome caused by clicking too many times in an EMR system."

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Coding Scenarios

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Scenario #1

83-year-old gentleman referred to home care for PT and SN after hospital stay 30 days ago.

The hospital records indicate the following:

History of atrial fibrillation, presence of a porcine aortic valve, recent MRSA bacteremia, and CVA. Presented to the ER with swelling of legs for a few days and difficulty urinating. ER indicated bilateral pleural effusions and ascites. Patient noted to be in atrial fibrillation. Treated during a three-day hospitalization and released with discharge diagnosis including acute on chronic combined systolic and diastolic heart failure, anemia, atrial fibrillation, pulmonary hypertension, CKD stage 3, HTN, and PVD.

Patient went home without home care and now is confused regarding his medications for CHF.

Patient takes aspirin and Plavix daily.

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Scenario #1 | Diagnosis Coding

I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (Circulatory 4)

I50.43 Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure (Heart 11)

N18.30 Chronic kidney disease, stage 3 unspecified (Renal 1)

D63.1 Anemia in chronic kidney disease (Circulatory 2)

I27.20 Pulmonary hypertension, unspecified (Heart 8)

I48.91 Unspecified atrial fibrillation (Heart 10)

I73.9 Peripheral vascular disease, unspecified (Circulatory 7)

Z95.3 Presence of xenogenic heart valve

Z86.14 Personal history of Methicillin resistant Staphylococcus aureus infection

Z79.82 Long term (current) use of aspirin

Z79.02 Long term (current) use of antithrombotics/antiplatelets

Z86.73 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits

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Scenario #1 | PDGM Payment Elements

Admission Source/Timing: Community/Early

Primary Diagnosis: I13.0 – Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

- Primary Diagnosis Subgroup: Circulatory 4

Clinical Grouping: MMTA – Cardiac & Circulatory

Functional Impairment: High

Comorbidity Adjustment: Low

- Low Comorbidity Subgroup: Heart 10 (I48.91) or Heart 11 (I50.43) or Circulatory 7 (I73.9)

HIPPS Code: 1HC21

Case-mix Weight: 1.2109

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Scenario #1 | What If…?

We are told that the patient had a history of CVA which was coded as:

Z86.73 (Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits)

Therapy is ordered and the PT indicates patient does have a residual deficit.

Mild left sided weakness from that CVA which would be coded as:

I69.354 (Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side)

What would our case-mix be if we confirm that diagnosis to be accurate?

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Scenario #1 | What If Stroke Residual as Primary?

Admission Source/Timing: Community/Early

Primary Diagnosis: I69.354—Hemiplegia following cerebral infarction affecting left non-dominant side
- Primary Diagnosis Subgroup: Cerebral 4

Clinical Grouping: Neuro Rehab

Functional Impairment: High

Comorbidity Adjustment: Low
- Low Comorbidity Subgroup: Heart 10 (I48.91) or Heart 11 (I50.43) or Circulatory 7 (I73.9)

HIPPS Code: Changes to 1BC21

Case-mix Weight: Changes to 1.4491

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Scenario #1 | What If Stroke as a Comorbid Diagnosis?

Admission Source/Timing: Community/Early

Primary Diagnosis: I13.0 – Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
- Primary Diagnosis Subgroup: Circulatory 4

Clinical Grouping: MMTA – Cardiac

Functional Impairment: High

Comorbidity Adjustment: High
- High Comorbidity Subgroup Interaction: Cerebral 4 (169.354)/Heart 11 (I50.43) or Cerebral 4 (I69.354)/Circulatory 2 (D63.1) or Cerebral 4 (I69.354)/Circulatory 7 (I73.9)

HIPPS Code: Changes to 1HC31

Case-mix Weight: Changes to 1.3662

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Scenario #1 Summary

Scenario 1	Admission Source/ Timing	Clinical Grouping	Functional Impairment	Comorbidity Adjustment	HIPPS Code/ Case-mix Weight	PDGM Period Payment
OPTION 1 I13.0 primary diagnosis [Circulatory 4]	Community/Early Community/Late	MMTA – Cardiac MMTA – Cardiac	High High	Low Low	1HC21/1.2109 3HC21/0.8172	Pd. 1 = $2,404 Pd. 2 = $1,622 Epd. = $4,026
OPTION 2 (Stroke Residual Primary) I69.354 primary diagnosis [Cerebral 4]	Community/Early Community/Late	Neuro Rehab Neuro Rehab	High High	Low Low	1BC21/1.4491 3BC21/1.0554	Pd. 1 = $2,877 Pd. 2 = $2,095 Epd. = $4,972
OPTION 3 (Stroke residual as comorbid) I13.0 primary diagnosis [Circulatory 4] with I69.354 additional other diagnosis [Cerebral 4]	Community/Early Community/Late	MMTA – Cardiac MMTA – Cardiac	High High	High High	1HC31/1.3662 3HC31/0.9725	Pd. 1 = $2,712 Pd. 2 = $1,931 Epd. = $4,643

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Scenario #2

This 72-year-old patient has diabetes and is referred to home care with multiple stasis ulcers on both calves caused by venous insufficiency.

Wounds been identified by the clinician as having the fat layer exposed.

The patient was also diagnosed with neuropathy to both extremities. Lymphedema confirmed by the provider is also a problem. His diabetes is managed with oral hypoglycemic agents.

SN to perform wound care three times a week.

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Scenario #2 | Diagnosis Coding

Z48.00 Encounter for change or removal of nonsurgical wound dressing

E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene (Endocrine 3)

I87.2 Venous insufficiency (chronic)(peripheral)

L97.222 Non-pressure chronic ulcer of left calf with fat layer exposed (Skin 3)

L97.212 Non-pressure chronic ulcer of right calf with fat layer exposed (Skin 3)

E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy (Neuro 10)

I89.0 Lymphedema, not elsewhere classified (Circulatory 10)

Z79.84 Long term (current) use of oral hypoglycemic agents

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Scenario #2 | PDGM Payment Elements

Admission Source/Timing: Community/Early

Primary Diagnosis: Z48.00 Encounter for change or removal of nonsurgical wound dressing
- Primary Diagnosis Subgroup: None

Clinical Grouping: Wounds

Functional Impairment: High

Comorbidity Adjustment: High
- High Comorbidity Subgroup Interaction: Endocrine 3 (E11.51)/Skin 3 (L97.212 or L97.222) among other interactions

HIPPS Code: 1CC31

Case-mix Weight: 1.7074

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Scenario #2 | What If…?

What if?

The coder was not aware of the use of Z48.00 Encounter for change and removal of nonsurgical wound dressing and coded E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene as primary…….

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Scenario #2 | What If Use of E11.51 as Primary?

Admission Source/Timing: Community/Early

Primary Diagnosis: E11.51 Type 2 diabetes with diabetic peripheral angiopathy w/o gangrene
- Primary Diagnosis Subgroup: Endocrine 3

Clinical Grouping: MMTA – Endocrine

Functional Impairment: High

Comorbidity Adjustment: High
- High Comorbidity Subgroup Interaction: Circulatory 10 (I89.0)/Skin 3 (L97.212 or L97.222) among other interactions

HIPPS Code: Changes to 1IC31

Case-mix Weight: Changes to 1.5549

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Scenario #2 Summary

Scenario 2	Admission Source/ Timing	Clinical Grouping	Functional Impairment	Comorbidity Adjustment	HIPPS Code/ Case-mix Weight	PDGM Period Payment*
OPTION 1 Z48.00 primary diagnosis [no subgroup]	Community/Early	Wounds	High	High	1CC31/1.7074	Pd. 1 = $3,389
	Community Late	Wounds	High	High	3CC31/1.3137	Pd. 2 = $2,608
						Epd. = $5,997
OPTION 2 E11.51 primary diagnosis [Endocrine 3]	Community/Early	MMTA – Endocrine	High	High	1IC31/1.5549	Pd. 1 = $3,087
	Community Late	MMTA – Endocrine	High	High	3IC31/1.1612	Pd. 2 = $2,305
						Epd. = $5,392

*Based on 2022 payment rate for the Dallas CBSA

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Scenario #3

A 67-year-old male referred to homecare after a quadruple bypass due to coronary artery disease.

Patient also has confirmed Hypertension and during the hospital stay had an acute exacerbation of his chronic heart failure with reduced ejection fraction.

Patient also has GERD according to the medical records.

Upon admission the nurse noted a wound vac to the sternum related to the wound from the cardiac surgery.

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Scenario #3 | Diagnosis Coding

Z48.812 Encounter for surgical aftercare following surgery on the circulatory system

Z95.1 Presence of aortocoronary bypass graft

I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris (Heart 12)

I11.0 Hypertensive heart disease with heart failure (Heart 11)

I50.23 Acute on chronic systolic (congestive) heart failure (Heart 11)

K21.9 Gastro-esophageal reflux disease without esophagitis

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Scenario #3 | PDGM Payment Elements

Admission Source/Timing: Institutional/Early

Primary Diagnosis: Z48.812 Encounter for surgical aftercare following surgery on the circ system
- Primary Diagnosis Subgroup: None

Clinical Grouping: MMTA – Surgical Aftercare

Functional Impairment: Medium

Comorbidity Adjustment: Low
- Low Comorbidity Subgroup: Heart 11 (I11.0 or I50.23)

HIPPS Code: 2GB21

Case-mix Weight: 1.3202

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Scenario #3 | PDGM Considerations

Remember that upon admission the nurse found that wound vac to the sternum had been placed due to a wound from the cardiac surgery.

The coder should have noted that this was a complication and would not be a part of normal wound aftercare of a surgical wound from the cardiac surgery.

A routine coding audit picked up on this discrepancy and the provider was contacted and confirmed that the wound was a non-healing surgical wound.

T81.89XA Other complications of procedures, not elsewhere classified, initial encounter is the correct code that should have been primary.

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Scenario #3 | Non-Healing Surgical Wound as Primary

Admission Source/Timing: Institutional/Early

Primary Diagnosis: T81.89XA Other complications of procedures, NEC, Init
- Primary Diagnosis Subgroup: None

Clinical Grouping: Wounds

Functional Impairment: Medium

Comorbidity Adjustment: Low
- Low Comorbidity Subgroup: Heart 11 (I11.0 or I50.23)

HIPPS Code: 2CB21

Case-mix Weight: 1.6407

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Scenario #3 Summary

Scenario 3	Admission Source/ Timing	Clinical Grouping	Functional Impairment	Comorbidity Adjustment	HIPPS Code/ Case-mix Weight	PDGM Period Payment*
OPTION 1 Z48.812 primary diagnosis [no subgroup]	Institutional/Early	MMTA – Surgical Aftercare	Medium	Low	2GB21/1.3202	Pd. 1 = $2,621
	Community/Late	MMTA – Surgical Aftercare	Medium	Low	3GB21/0.7135	Pd. 2 = $1,416 Epd. = $4,037
OPTION 2 T81.89XA primary diagnosis [no subgroup]	Institutional/Early	Wounds	Medium	Low	2CB21/1.6407	Pd. 1 = $3,257
	Community/Late	Wounds	Medium	Low	3CB21/1.0340	Pd. 2 = $2,053 Epd. = $5,310

*Based on 2022 payment rate for the Dallas CBSA

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"We don't always get original signatures on physician orders, so for coding and billing we just use one of the physician signature stamps we keep in the bottom drawer."

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Scenario #4

A long-term resident of a local assisted living was referred to your home care services for SN assessment/teaching and training related to a recent change in Parkinson's medications. Admitting SN noted a blister to the right ankle.

PT evaluation was also ordered due to increased unsteady gait related to the Parkinson's disease.

Provider H&P from the last hospital stay 60 days ago indicates patient also has dementia, hypertension, mild chronic kidney disease, and BPH with urinary retention.

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Scenario #4 | Diagnosis Coding

G20 Parkinson's disease (Neurological 5)

F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance (Behavioral 4)

I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (Circulatory 4)

N18.2 Chronic kidney disease, stage 2 (mild) (Renal 1)

N40.1 Benign prostatic hyperplasia with lower urinary tract symptoms (Renal 3)

R33.8 Other retention of urine

S90.521D Blister (nonthermal), right ankle, subsequent encounter

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Scenario #4 | Diagnosis Coding

Admission Source/Timing: Community/Early

Primary Diagnosis: G20 Parkinson's disease
- Primary Diagnosis Subgroup: Neurological 5

Clinical Grouping: Neuro Rehab

Functional Impairment: Low

Comorbidity Adjustment: None

HIPPS Code: 1BA11

Case-mix Weight: 1.1280

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Scenario #4 | Blister Confirmed as Pressure Ulcer

First SN was diagnosed with COVID-19 and a second nurse has gone out to perform the skilled visit.
She notes the blister on the right ankle and after talking to the patient about how his new shoes are rubbing against his feet and they have been swelling a bit more, she notes the wound as a Stage 2 pressure ulcer which is correct.
The nurse contacts her office and the agency contacts the provider and confirm the stage 2 pressure ulcer which should be coded as L89.512 Pressure ulcer of right ankle, stage 2. (Skin 4)

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Scenario #4 | Blister Confirmed as Pressure Ulcer

Admission Source/Timing: Community/Early

Primary Diagnosis: G20 Parkinson's
- Primary Diagnosis Subgroup: Neuro 5

Clinical Grouping: Neuro Rehab

Functional Impairment: Low

Comorbidity Adjustment: High
- High Comorbidity Subgroup Interaction: Behavioral 4(F02.80)/Skin 4(L89.512) among other interactions

HIPPS Code: 1BA31

Case-mix Weight: 1.3476

48

Scenario #4 Summary

Scenario 4	Admission Source/ Timing	Clinical Grouping	Functional Impairment	Comorbidity Adjustment	HIPPS Code/ Case-mix Weight	PDGM Period Payment*
OPTION 1 (Blister) G20 primary diagnosis [Neurological 5]	Community/Early Community/Late	Neuro Rehab Neuro Rehab	Low Low	None None	1BA11/1.1280 3BA11/0.7343	Pd. 1 = $2,239 Pd. 2 = $1,458 Epd. = $3,697
OPTION 2 (Pressure ulcer) G20 primary diagnosis [Neurological 5]	Community/Early Community/Late	Neuro Rehab Neuro Rehab	Low Low	High High	1BA31/1.3476 3BA31/0.9539	Pd. 1 = $2,675 Pd. 2 = $1,848 Epd. = $4,523

*Based on 2022 base payment rate

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Scenario #5

Local physician office contacts your agency to refer a patient for SN and PT which will have equal roles in the care of this patient.

Patient has had several exacerbations due to changes in hypertension medications and increased pain which has decreased his mobility due to primary generalized (osteo)arthritis.

Patient also suffers from advance dementia with wandering episodes and has chronic kidney disease stage 2 due to his diabetes.

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Scenario #5 | Diagnosis Coding

I10 Essential (primary) hypertension

M15.0 Primary generalized (osteo)arthritis

F03.91 Unspecified dementia with behavioral disturbance (Behavioral 4)

E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease (Endocrine 3)

N18.2 Chronic kidney disease, stage 2 (mild) (Renal 1)

Z91.83 Wandering in diseases classified elsewhere

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Scenario #5 | PDGM Considerations

Admission Source/Timing: Community/Early

Primary Diagnosis: I10 Essential (primary) hypertension
- Primary Diagnosis Subgroup: None

Clinical Grouping: MMTA – Cardiac & Circulatory

Functional Impairment: Medium

Comorbidity Adjustment: None

HIPPS Code: 1HB11

Case-mix Weight: 1.0353

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Scenario #5 | Coding M15.0 as Primary

Admission Source/Timing: Community/Early

Primary Diagnosis: M15.0 Primary generalized (osteo)arthritis
- Primary Diagnosis Subgroup: None

Clinical Grouping: MS Rehab

Functional Impairment: Medium

Comorbidity Adjustment: None

HIPPS Code: 1EB11

Case-mix Weight: 1.1223

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Scenario #5 Summary SOC

Scenario 5	Admission Source/ Timing	Clinical Grouping	Functional Impairment	Comorbidity Adjustment	HIPPS Code/ Case-mix Weight	PDGM Period Payment*
OPTION 1 I10 primary diagnosis [no subgroup]	Community/Early	MMTA – Cardiac	Medium	None	1HB11/1.0353	Pd. 1 = $2,055
	Community/Late	MMTA -- Cardiac	Medium	None	3HB11/0.6416	Pd. 2 = $1,274
						Epd. = $3,329
OPTION 2 M15.0 primary diagnosis [no subgroup]	Community/Early	MS Rehab	Medium	None	1EB11/1.1223	Pd. 1 = $2,228
	Community/Late	MS Rehab	Medium	None	3EB11/0.7286	Pd. 2 = $1,446
						Epd. = $3,674

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Scenario #5 | Continued

Our patient is having increased issues related to his dementia and behavioral issues.

The physician would like your home care agency to recertify this patient for caregiver teaching due to increased behavioral issues. The wife has called the office 3 times in the last week needing assistance.

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Scenario #5 | Recert for Dementia as Primary

Admission Source/Timing: Community/Late

Primary Diagnosis: F03.91 Unspecified dementia with behavioral disturbance
- Primary Diagnosis Subgroup: (Behavioral 4)

Clinical Grouping: Behavioral Health

Functional Impairment: Medium

Comorbidity Adjustment: None

HIPPS Code: 3FB11

Case-mix Weight: 0.6253

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Scenario #5 | Continued

Patient went to see his neurologist and when your office receives the requested records, it is noted that the patient's dementia is confirmed as Late-Onset Alzheimer's disease.

This would be coded as:

G30.1 Alzheimer's disease with late onset (Neurological 4)

F02.81 Dementia in other diseases classified elsewhere with behavioral disturbance (Behavioral 4)

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Scenario #5 | Confirmed as Late-Onset Alzheimer's G30.1/F02.81

Admission Source/Timing: Community/Late

Primary Diagnosis: G30.1 Alzheimer's disease with late onset
- Primary Diagnosis Subgroup: Neurological 4

Clinical Grouping: Neuro Rehab

Functional Impairment: Medium

Comorbidity Adjustment: None

HIPPS Code: 3BB11

Case-mix Weight: 0.8663

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Scenario #5 Summary Recert

Scenario 5	Admission Source/ Timing	Clinical Grouping	Functional Impairment	Comorbidity Adjustment	HIPPS Code/ Case-mix Weight	PDGM Period Payment*
OPTION 1 F03.91 primary diagnosis [Behavioral 4]	Community/Late Community/Late	Behavioral Health Behavioral Health	Medium Medium	None None	3FB11/0.6253 3FB11/0.6253	Pd. 1 = $1,241 Pd. 2 = $1,241 Epd. = $2,482
OPTION 2 G30.1 primary diagnosis [Neurological 4]	Community/Late Community/Late	Neuro Rehab Neuro Rehab	Medium Medium	None None	3BB11/0.8663 3BB11/0.8663	Pd. 1 = $1,720 Pd. 2 = $1,720 Epd. = $3,440

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Scenario #6

Referral to home care agency for a patient who underwent a total knee replacement to the left knee one week ago. Patient was unable to tolerate outpatient therapy and has been referred for home PT.

History and physical notes that the patient also has Hypertension, chronic kidney disease stage 2, and a pressure ulcer to the coccyx.

Patient refuses SN to care for the wound but the admitting nurse has identified the wound as a stage 2.

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Scenario #6 | Diagnosis Coding

Z47.1	Aftercare following joint replacement surgery
Z96.652	Presence of left artificial knee joint
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (Circulatory 4)
N18.2	Chronic kidney disease, stage 2 (mild) (Renal 1)
L89.152	Pressure ulcer of sacral region, stage 2 (Skin 4)

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Scenario #6 | PDGM Considerations

Admission Source/Timing: Institutional/Early

Primary Diagnosis: Z47.1 Aftercare following joint replacement surgery
- Primary Diagnosis Subgroup: None

Clinical Grouping: MS Rehab

Functional Impairment: High

Comorbidity Adjustment: High--Renal 1 (N18.2)/Skin 4 (L89.152)

HIPPS Code: 2EC31

Case-mix Weight: 1.7166

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Scenario #6 | Continued

Patient has developed an infection in his knee prosthesis and was hospitalized.

The surgeon removed the implant and patient was treated with IV antibiotics.

The patient is now on oral antibiotics and a wound vac was placed to the left knee incision which was left partially open for healing.

SN ordered for wound care three times a week upon recert.

Coding upon recert:

T84.54XA Infected/inflammation reaction due to internal left knee prosthesis, initial

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Scenario #6 | Recert for Infected Left Knee Implant

Admission Source/Timing: Institutional/Late

Primary Diagnosis: T84.54XA Infected/inflammation reaction due to internal left knee prosthesis, initial
- Primary Diagnosis Subgroup: None

Clinical Grouping: MMTA – Infectious

Functional Impairment: High

Comorbidity Adjustment: High--Renal 1 (N18.2)/Skin 4 (L89.152)

HIPPS Code: 4KC31

Case-mix Weight: 1.5066

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Scenario #6 | Continued

The coding auditor reviews the coding and determines that it was coded incorrectly due to the following coding tip that was not followed:

If wound care is the focus of care for infection complications of prostheses, devices, implants and grafts, assign T84.89-- first….which would put the primary diagnosis into the wound clinical grouping.

This code should have been coded as primary:

T84.89XA Other specified complication of internal orthopedic prosthetic devices, implants and grafts, initial encounter

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Scenario #6 | T84.89XA as Primary on Recert due to Wound Focus

Admission Source/Timing: Community/Late

Primary Diagnosis: T84.89XA Other complications of internal orthopedic prosthetic device/graft, initial encounter
- Primary Diagnosis Subgroup: None

Clinical Grouping: Wounds

Functional Impairment: High

Comorbidity Adjustment: High--Renal 1 (N18.2)/Skin 4 (L89.152)

HIPPS Code: 4CC31

Case-mix Weight: 1.8265

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Scenario #6 Summary

Scenario 6	Admission Source/ Timing	Clinical Grouping	Functional Impairment	Comorbidity Adjustment	HIPPS Code/ Case-mix Weight	PDGM Period Payment*
OPTION 1 Z47.1 primary diagnosis [no subgroup]	Institutional/Early Community/Late	MS Rehab MS Rehab	High High	High High	2EC31/1.7166 3EC31/1.1098	Pd. 1 = $3,408 Pd. 2 = $2,203 Epd. = $5,611
OPTION 2 (Recert incorrect coding) T84.54XA primary diagnosis [no subgroup]	Institutional/Late Community/Late	MMTA – Infectious MMTA – Infectious	High High	High High	4KC31/1.5066 3KC31/0.9938	Pd. 1 = $2,991 Pd. 2 = $1,973 Epd. = $4,964
OPTION 3 (Recert correct coding) T84.89XA primary diagnosis [no subgroup]	Institutional/Late Community/Late	Wounds Wounds	High High	High High	4CC31/1.8265 3CC31/1.3137	Pd. 1 = $3,626 Pd. 2 = $2,608 Epd. = $6,234

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Coding Solutions

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Tips for Success

- Very specific documentation from your physicians or referral sources is key!
- Develop relationships with your referral sources so you can call and discuss diagnosis especially with vague referral information with non-PDGM approved diagnoses.
- Develop an internal plan on how you will query providers for more accurate information or confirm known diagnoses that the provider may not have knowledge of.
- Do not for the sake of timing push a plan of care through the process without first knowing the potential financial consequences.

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Questions?

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