

# Why the Right Diagnosis Code Matters to Your Revenue: What Your MDS Team Should Be Doing

Presented by

Maureen McCarthy, RN, BS, RAC-MT, QCP-MT,  
DNS-MT, RAC-MTA

President & CEO of Celtic Consulting



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Post-Acute Care Advisors of  
Clinical Operations and  
Regulatory Compliance

#### Post-Acute Care Operations

- ✓ Reimbursement & Regulatory Advisory Services
- ✓ PDPM/MDS/CMJ Expertise

#### Quality Improvement

- ✓ 5-Star Rating/Quality Improvement Strategies
- ✓ Payroll Based Journal Reporting Guidance

#### Provider Litigation Support for Post-Acute Care

- ✓ Independent Review Organization (IRO)
- ✓ Mergers and Acquisitions Due Diligence

#### Compliance Solutions

- ✓ Medicare Compliance Auditing

#### Clinical Care Management

- ✓ Survey Preparedness
- ✓ Infection Prevention Protocols

#### Medical Coding and Billing



860-321-7413 | consultant@celticconsulting.org | www.celticconsulting.org

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## Objectives

- Explain how the assignment of primary diagnoses are likely to be scrutinized by auditors
- Identify common high-risk areas for improper diagnosis coding.
- Describe the link between primary focus of treatment and interdisciplinary progress notes
- Outline the revenue impact of adjustments related to unsupported diagnosis coding
- Describe best practices for assigning diagnoses and important tips for your staff to follow.



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## ICD-10 Coding: Multipurpose Use

- Collect diagnostic and statistical data about people treated by healthcare providers
- Support clinical decision making
- Support reimbursement for services provided
- Comply with federal standards for reporting diagnostic data
- Provide data to support clinical research and quality improvement activities



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## Coding Acute Conditions in SNF/LTC Setting

- An acute condition treated at the hospital that continues to require follow up or ongoing monitoring should be coded with an acute diagnosis code as long as the condition persists & requires continuing treatment or follow-up (i.e. PNA with nebs & antibiotics)
- The status of the acute condition would be assessed whenever the MDS is updated or in clinical review meetings (i.e. 24 hour report, PPS, or weekly Medicare meeting, etc.)
- Codes for the acute medical condition treated and **resolved** in the hospital are **not** coded or reported in the LTC facility
  - *It is inaccurate to report an acute code for a resolved condition on the health record or claim because it directly contradicts the Official Guidelines for Coding and Reporting and is non-compliant with HIPAA regulations*
- Z code for the aftercare may be used



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## Patient-Driven Payment Model (PDPM)

- Due to issues raised in Office of Inspector General (OIG) and Medicare Payment Advisory Commission (MedPAC) reports, CMS considered revising the existing SNF PPS to more accurately reflect both resident needs and resource utilization.
- To make clear the purpose and intent of replacing the current (RUG-IV) model, CMS finalized a new model called the Patient-Driven Payment Model (PDPM).
- A resident's characteristics will be the primary determinate in classification.
- Skilled nursing facilities are paid in accordance with the new case-mix methodology beginning October 1, 2019.



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# Effective Capture of ICD-10 Diagnosis Codes

PT/OT/SLP/Nursing/NTA



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## MDS Coding Assignment

- MDS staff- Although ICD coding and MDS coding are not identical, it will be necessary for the MDS coordinators to have knowledge of the appropriate codes.
- RAI guidelines for coding Section I of the MDS assessment, which contains the medical diagnosis information, have very specific criteria which limits the codes appropriate for the document.
- PPS assessments need to include the correct ICD 10 codes to support skilled services being billed to Medicare.



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## SECTION I: Active Diagnoses

- The items in this section are intended to code diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death. One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status.



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## Default Codes

- A code listed next to the main term that is most commonly associated with the main term, or is the unspecified code.
  - If a condition is reported yet not identified as acute or chronic and no additional information is available a default code should be used.
- \*\*\*Never code directly from the default code listed, always confirm choice in the tabular list



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## Billable codes vs. Medical Record codes

- A code may be valid to report a condition, however, that condition may not be billable for the service you are providing.
- Ask yourself, is it reasonable and necessary to bill Medicare Part A for with the condition being reported with this diagnosis code?
- How does MDS, Rehab, & Clinical coding compare?



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## Therapy Diagnosis Code & Primary Code

- LTC patient with Parkinson's disease returns after hospitalization for pneumonia with Medicare Part A stay
- Therapy Plan of Care medical diagnosis = Parkinson's Disease
- If Pneumonia is resolved- Primary diagnosis is Parkinson's Disease
- If Pneumonia is active- Primary diagnosis is Pneumonia followed by Parkinson's Disease



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## Determining the Primary Reason for Coverage

- ICD-10 codes determine the clinical category from mapping
- Multiple comorbidities will be more difficult to determine primary reason than single condition admits
- Should drive documentation

I0020B. ICD Code

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## ICD-10-CM Official Coding Guidelines FY 2019 I.A. 19 (page 4)

- Code assignment and Clinical Criteria
- The assignment of a diagnosis code is based on the provider's diagnostic statement that the condition exists. The provider's statement that the patient has a particular condition is sufficient. Code assignment is not based on clinical criteria used by the provider to establish the diagnosis.



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## Diagnosis Code Impact

- PT Clinical category assignment
- OT Clinical category assignment
- SLP co-morbidities list
- Nursing RUG levels
- NTA co-morbidity list



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### PDPM Clinical Categories to ICD-10 Diagnosis Codes for FY2019

Description	Default Clinical Category	Resident Had a Major Procedure or Stay that Impacts ICD-10
Accidental puncture or laceration of dura during a procedure	Acute Neurologic	N/A
Accidental puncture and laceration of other nervous system organ or structure during a nervous system procedure	Acute Neurologic	N/A
Accidental puncture and laceration of other nervous system organ or structure during other procedure	Acute Neurologic	N/A
Postprocedural hemorrhage of a nervous system organ or structure following a nervous system procedure	Acute Neurologic	N/A
Postprocedural hemorrhage of a nervous system organ or structure following other procedure	Acute Neurologic	N/A
Postprocedural hematoma of a nervous system organ or structure following a nervous system procedure	Medical Management	N/A
Postprocedural hematoma of a nervous system organ or structure following other procedure	Medical Management	N/A
Postprocedural seroma of a nervous system organ or structure following a nervous system procedure	Medical Management	N/A
Postprocedural seroma of a nervous system organ or structure following other procedure	Medical Management	N/A
Other intraoperative complications of nervous system	Medical Management	N/A
Other postprocedural complications and disorders of nervous system	Medical Management	N/A
Neurogenic arthritis, not elsewhere classified	Non-Surgical Orthopedic/Musculoskeletal	N/A
Other disorders of nervous system	Acute Neurologic	N/A
Autonomic neuropathy in diseases classified elsewhere	Return to Provider	N/A
Myelopathy in diseases classified elsewhere	Return to Provider	N/A
Other specified disorders of nervous system in diseases classified elsewhere	Return to Provider	N/A
Hordeolum externum right upper eyelid	Return to Provider	N/A

... Clinical\_Categories\_by\_Dx Non\_Ortho\_Surgery Orthopedic\_Surgery Sheet1

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**Active Diagnoses in the last 7 days - Check all that apply**

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

<b>Heart/Circulation</b>	
<input type="checkbox"/>	<b>I0200. Anemia</b> (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
<input type="checkbox"/>	<b>I0600. Heart Failure</b> (e.g., congestive heart failure (CHF) and pulmonary edema)
<input type="checkbox"/>	<b>I0700. Hypertension</b>
<input type="checkbox"/>	<b>I0800. Orthostatic Hypotension</b>
<input type="checkbox"/>	<b>I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)</b>
<b>Gastrointestinal</b>	
<input type="checkbox"/>	<b>I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease</b>
<b>Genitourinary</b>	
<input type="checkbox"/>	<b>I1550. Neurogenic Bladder</b>
<input type="checkbox"/>	<b>I1650. Obstructive Uropathy</b>
<b>Infections</b>	
<input type="checkbox"/>	<b>I1700. Multidrug-Resistant Organism (MDRO)</b>
<input type="checkbox"/>	<b>I2000. Pneumonia</b>
<input type="checkbox"/>	<b>I2100. Septicemia</b>
<input type="checkbox"/>	<b>I2200. Tuberculosis</b>
<input checked="" type="checkbox"/>	<b>I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)</b>
<input type="checkbox"/>	<b>I2400. Viral Hepatitis</b> (e.g., Hepatitis A, B, C, D, and E)
<input type="checkbox"/>	<b>I2500. Wound Infection</b> (other than foot)
<b>Metabolic</b>	
<input type="checkbox"/>	<b>I2900. Diabetes Mellitus (DM)</b> (e.g., diabetic retinopathy, nephropathy, and neuropathy)

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**Other****I8000. Additional active diagnoses**

Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.

A. _____	<input type="text"/>
B. _____	<input type="text"/>
C. _____	<input type="text"/>
D. _____	<input type="text"/>
E. _____	<input type="text"/>
F. _____	<input type="text"/>
G. _____	<input type="text"/>
H. _____	<input type="text"/>
I. _____	<input type="text"/>
J. _____	<input type="text"/>

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## FY 2022 Rates

**TABLE 4: FY 2022 Unadjusted Federal Rate Per Diem—URBAN**

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	\$62.82	\$58.48	\$23.45	\$109.51	\$82.62	\$98.07

**TABLE 5: FY 2022 Unadjusted Federal Rate Per Diem—RURAL**

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	\$71.61	\$65.77	\$29.55	\$104.63	\$78.93	\$99.88

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Clinical Category	Functional Score	PT/OT Case-Mix Group	PT CMI	OT CMI
<b>P = Presumption</b>				
Major Joint Replacement Or Spinal Surgery	0-5	TA <b>8 P</b>	1.53	1.49
	<b>6-9</b>	<b>TB 3 P</b>	1.70	1.63
	<b>10-23</b>	<b>TC 1 P</b>	1.88	1.69
	<b>24</b>	<b>TD 2 P</b>	1.92	1.53
Other Orthopedic	0-5	TE <b>11 P</b>	1.42	1.41
	<b>6-9</b>	<b>TF 5 P</b>	1.61	1.60
	<b>10-23</b>	<b>TG 4 P</b>	1.67	1.64
	24	TH <b>13</b>	1.16	1.15
Medical Management	0-5	TI <b>14</b>	1.13	1.18
	6-9	TJ <b>10 P</b>	1.42	1.45
	10-23	TK <b>7 P</b>	1.52	1.54
	24	TL <b>15</b>	1.09	1.11
Non-Orthopedic Surgery & Acute Neurologic	0-5	TM <b>12</b>	1.27	1.30
	6-9	TN <b>9 P</b>	1.48	1.50
	10-23	TO <b>6 P</b>	1.55	1.55
	24	TP <b>16</b>	1.08	1.09

**PT & OT  
Groups  
\$62.82  
\$58.48  
Urban FY22**

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$$\$62.82 \times 1.42 + \$58.48 \times 1.41 = \$171.66$$

Other Orthopedic	0-5	TE	11 P	1.42	1.41
	6-9	TF	5 P	1.61	1.60
	10-23	TG	4 P	1.67	1.64
	24	TH	13	1.16	1.15
Medical Management	0-5	TI	14	1.13	1.18
	6-9	TJ	10 P	1.42	1.45
	10-23	TK	7 P	1.52	1.54
	24	TL	15	1.09	1.11



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## Diagnosis Code Adjustments PT/OT

Other Orthopedic	0-5	TE	11 P	1.42	1.41
	6-9	TF	5 P	1.61	1.60
	10-23	TG	4 P	1.67	1.64
	24	TH	13	1.16	1.15
Medical Management	0-5	TI	14	1.13	1.18
	6-9	TJ	10 P	1.42	1.45
	10-23	TK	7 P	1.52	1.54
	24	TL	15	1.09	1.11

- Reported diagnosis supports ortho
- 0-5 Functional score

Adjusted dx supports Med Mgmt



- Functional score same (0-5)
- Reduced revenue \$139.99 (loss of \$31.67/day)



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## Other SLP-Related Scoring Components

### SLP-Related Comorbidities

MDS Item	Description
I4300	Aphasia
I4500	CVA, TIA, or Stroke
I4900	Hemiplegia or Hemiparesis
I5500	Traumatic Brain Injury
I8000	Laryngeal Cancer
I8000	Apraxia
I8000	Dysphagia
I8000	ALS
I8000	Oral Cancers
I8000	Speech and Language Deficits
O0100E2	Tracheostomy Care While a Resident
O0100F2	Ventilator/Respirator While a Resident

SLP Clinical Category \_\_\_\_\_

Swallowing Disorder (K0100A-D)? Yes or No

Mechanically Altered Diet (K0510C)? Yes or No

CFS Score 2, 3, or 4? Yes or No

At least one SLP-related Comorbidity? Yes or No

#### K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder

↓ Check all that apply

- ☐ A. Loss of liquids/solids from mouth when eating or drinking
- ☐ B. Holding food in mouth/cheeks or residual food in mouth after meals
- ☐ C. Coughing or choking during meals or when swallowing medications
- ☐ D. Complaints of difficulty or pain with swallowing
- ☐ Z. None of the above

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**Determine SLP  
Case Mix Group  
using CFS,  
Clinical Category,  
Comorbidities,  
Diet, &  
Swallowing  
Disorder**



Presence of: Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder (MDS Section K)	SLP Case Mix Group	CMI
None  <b>P = Presumption</b>	Neither	SA 12	0.68
	Either	SB 10	1.82
	Both	SC 7 P	2.67
Any One	Neither	SD 11	1.46
	Either	SE 8 P	2.34
	Both	SF 5 P	2.98
Any Two	Neither	SG 9	2.04
	Either	SH 6 P	2.86
	Both	SI 3 P	3.53
All three	Neither	SJ 4 P	2.99
	Either	SK 2 P	3.70
	Both	SL 1 P	4.21

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## SLP diagnosis adjustment \$29.55- Rural

Any One	Neither	SD	11	1.46
	Either	SE	8 P	2.34
	Both	SF	5 P	2.98
Any Two	Neither	SG	9	2.04
	Either	SH	6 P	2.86
	Both	SI	3 P	3.53

- $\$29.55 \times 3.53 = \$104.31$

- $\$29.55 \times 2.98 = \$88.06$



- Reduced revenue \$16.25/day



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## Nursing Documentation



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## Reasonable and Necessary Determination

- Based upon review of all pertinent medical record **documentation** including information entered on the MDS
- Reviewer develops a clinical picture of beneficiary utilizing diagnosis, assessment information, and other observations contained in medical record
- Clinical picture identifies functional limitations, complications (present and expected), cognitive factors, length and history of present illness, complexity of treatment regimen, previous functioning level, limitations due to decreased strength, hospital discharge information, teaching needs, rehabilitation goals, etc.
- Cognitive Ability is a Factor



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## Case Mix Acuity Comparisons

ES3	A	4.04	LDE1	I	1.72	CA1	Q	0.94
ES2	B	3.06	LBC2	J	1.71	BAB2	R	1.04
ES1	C	2.91	LBC1	K	1.43	BAB1	S	0.99
HDE2	D	2.39	CDE2	L	1.86	PDE2	T	1.57
HDE1	E	1.99	CDE1	M	1.62	PDE1	U	1.47
HBC2	F	2.23	CBC2	N	1.54	PBC2	V	1.21
HBC1	G	1.85	CBC1	O	1.34	PBC1	W	1.13
LDE2	H	2.07	CA2	P	1.08	PA2	X	0.7
						PA1	Y	0.66



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# Nursing Diagnosis Adjustment \$109.51

## Nursing PDPM Case Mix Group

• **ES1 C 2.91**

• \$109.51 X 2.91 = \$318.67

## Revenue Adjustment (loss)

• **CA1 Q 0.94**

• \$109.51 X 0.94 = \$102.94

• Loss of **\$215.73/day**



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	Condition/Extensive Service	ICD10	MDS Item	Points
	HIV/AIDS	B20	N/A – claim only	8
	Parenteral/IV Feeding - High Intensity while a resident		K0510A2, K0710A2	7
	IV Medication while a resident		O0100H2	5
	Ventilator/Respirator		O0100F2	4
	Parenteral/IV Feeding - Low Intensity while a resident		K0510A2, K0710A2 & B2	3
	Lung Transplant status	T86.3-; T86.81-; Z48.24; Z48.280; Z94.2; Z94.3	I8000	3
	Transfusion while a resident		O0100I2	2
	Major Organ Transplant status, except lung	D89.81-; T86.0- thru T86.5; T86.85-; Z48.2-; Z94.0 thru Z94.4; Z94.81 thru Z94.84	I8000	2
	Multiple Sclerosis (MS)		I5200	2
	Opportunistic Infections	A07.2; A31.-; B25.-; B37.1; B37.7; B37.81; B44.-; B45.-; B46.-; B48.4; B48.8; B58.2; B58.3; B59	I8000	2
	Asthma, COPD, Chronic Lung Disease		I6200	2
	Bone/Joint/Muscle Infections/Necrosis (except Aseptic Necrosis)	A01.04; A01.05; A02.23; A02.24; A39.83; A39.84; A50.55; A54.4-; A66.6; A69.23; B06.82; B26.85; B42.82; M00.0- thru M02.9; M46.2- thru M46.39; M72.6; M86.-; M89.6-;	I8000	2
	Chronic Myeloid Leukemia	C92.1-	I8000	2
	Wound Infection (other than foot)		I2500	2
	Diabetes Mellitus (DM)		I2900	2
	Endocarditis	A01.02; A18.84; A32.82; A39.51; A52.03; A78; B33.21; B37.6; I33.0; I33.9; I38; I39; M32.11	I8000	1
	Immune Disorders	D80.-; D81.-; D82.-; D83.-; D84.-; D89.3; D89.82; D89.89; D89.9	I8000	1
	End-Stage Liver Disease	I85.1-; K70.41; K71.11; K72.01- K72.1-; K72.9-; K76.6; K76.7; K76.81	I8000	1

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Diabetic Foot Ulcer		M1040B	1
Narcolepsy and Cataplexy	G47.4-	I8000	1
Cystic Fibrosis	E84.-	I8000	1
Tracheostomy while a resident		O0100E2	1
Multidrug-Resistant Organism (MDRO)		I1700	1
Isolation/quarantine		O0100M2	1
Specified Hereditary Metabolic /Immune D/O	D84.1; E88.01	I8000	1
Morbid Obesity	E66.01; E66.2; Z68.4-	I8000	1
Radiation while a resident		O0100B2	1
Stage 4 Pressure Ulcer (points for presence, not #)		M0300D1	1
Psoriatic Arthropathy & Systemic Sclerosis	L40.5-; M34.-	I8000	1
Chronic Pancreatitis	K86.0; K86.1	I8000	1
Proliferative Diabetic Retinopathy & Vitreous Hemorrhage	E08351; E08359; E09351; E09359; E10351; E10359; E11351; E11359; E13351; E13359; H43.1-	I8000	1
Foot Infection, Other Open Lesion of Foot (except diabetic foot ulcer)		M1040A, M1040C	1
Complications of Specified Implanted Device/Graft (CAUTION: T codes end in "A" here)	M96.6-; N99.5-; T82.3-; T82.5-; T82.6-; T82.7-; T86.842; <u>Certain codes in the following areas - T82.8-; T83.-; T84.-; T85.-;</u>	I8000	1
Intermittent Catheterization		H0100D	1
Inflammatory Bowel Disease		I1300 / I8000	1
Aseptic Necrosis of Bone	M87.-; M90.5-	I8000	1

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Condition/Extensive Service	ICD10	MDS Item	Points
Suctioning		O0100D2	1
Cardio-Respiratory Failure & Shock	I46.-; I49.0-; J80; J81.0; J95.1; J95.2; J95.3; J95.82-; J96.-; R57-; T81.11XA	I8000 (also √ dysrhythmias I0300 &/or resp failure I6300 if applicable)	1
Myelodysplastic Syndromes & Myelofibrosis	D46.-; D47.4; D75.81	I8000	1
Systemic Lupus (SLE); Other Connective Tissue D/O; and Inflammatory Spondylopathies	M08.1; M30.-; M31.-; M32-; M33.-; M35.0-; M35.1; M35.5; M35.8; M35.9; M36.0; M36.8; M45.-; M46.0-; M46.1; M46.5-; M46.8-; M46.9-; M48.8-; M49.8-; Q79.6; Q87.4-	I8000	1
Diabetic Retinopathy (Nonproliferative)	Categories E08-E13 ophthalmic complications	I8000	1
Feeding Tube while a resident		K0510B2	1
Severe Skin Burn or Condition	L12.3-; L51.1; L51.2; L51.3; Codes T31.- & T32.- with ≥10% body	I8000 (also √ applicable conditions in Section M)	1
Intractable Epilepsy	Intractable codes with or without status epilepticus starting at G40.01- thru G40.9-	I8000 (also √ seizures I5400)	1
Malnutrition (or at risk)		I5400	1
Disorders of Immunity (except immune d/o above)	D61.81-; D70.-; D71; D72.0; D76.-; D89.81-	I8000	1
Cirrhosis of Liver	K70.3- thru K70.9; K74.3 thru K74.69	I8000 (also √ cirrhosis I1100)	1
Bowel/Bladder Ostomy		H0100C	1
Respiratory Arrest	R09.2	I8000	1
Pulmonary Fibrosis & Other Chronic Lung D/O	B44.81; J47.-; J70.-; J84.-; J99; M32.13; M33.01; M33.11; M33.21; M33.91; M34.81; M35.02	I8000	1

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## Isolation Coding

- Code for “strict isolation” only when **all** of the following conditions are met:
  - The resident has **active infection** with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet
  - Precautions are transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
  - The resident is in a room alone because of active infection and cannot have a roommate. They are in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.
  - The resident must remain in his/her room. This requires that services be brought to the resident (therapy, activities, dining, etc.).



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<u>NTA Score</u> <u>Range</u>	<u>NTA Case Mix</u> <u>Group</u>	<u>CMI</u>
<b>12 +</b>	<b>NA P</b>	3.24
<b>9-11</b>	<b>NB</b>	2.53
<b>6-8</b>	<b>NC</b>	1.84
<b>3-5</b>	<b>ND</b>	1.33
<b>1-2</b>	<b>NE</b>	0.96
<b>0</b>	<b>NF</b>	0.72

Determine NTA  
Case Mix Group  
using Score  
Total for all  
Comorbidities



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<b>3-5</b>	<b>ND</b>	<b>1.33</b>
<b>1-2</b>	<b>NE</b>	<b>0.96</b>



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## NTA Diagnosis Adjustment- Urban

<b>3-5</b>	<b>ND</b>	<b>1.33</b>
<b>1-2</b>	<b>NE</b>	<b>0.96</b>

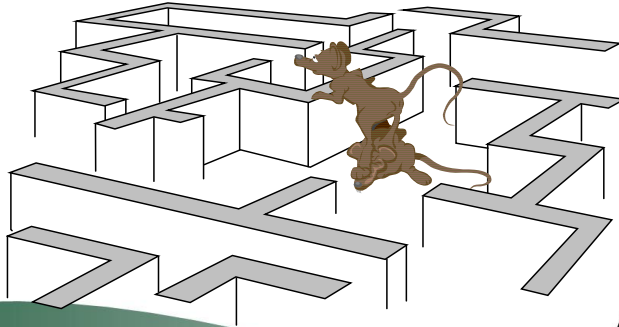
- Can be driven by diagnoses or loss of other qualifiers like isolation

- $\$82.62 \times 1.33 = \$109.88$
- $\$82.62 \times 0.96 = \$79.31$
- Loss of \$30.57/day



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# Communication & Teamwork



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## PDPM & SNF QRP

- Section GG, diagnosis is also used to determine expected progress
- Improvement in function from admission to discharge
  - Self care
  - Mobility
- Meet or Exceed Discharge Score
  - Self care
  - Mobility



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## Diagnosis & Conditions – Applicable to PDPM and SNF QRP

Section I	Active Diagnoses
I0020. Indicate the resident's primary medical condition category	
Enter Code	Indicate the resident's primary medical condition category that best describes the primary reason for admission
<input type="checkbox"/>	01. Stroke
<input type="checkbox"/>	02. Non-Traumatic Brain Dysfunction
<input type="checkbox"/>	03. Traumatic Brain Dysfunction
<input type="checkbox"/>	04. Non-Traumatic Spinal Cord Dysfunction
<input type="checkbox"/>	05. Traumatic Spinal Cord Dysfunction
<input type="checkbox"/>	06. Progressive Neurological Conditions
<input type="checkbox"/>	07. Other Neurological Conditions
<input type="checkbox"/>	08. Amputation
<input type="checkbox"/>	09. Hip and Knee Replacement
<input type="checkbox"/>	10. Fractures and Other Multiple Trauma
<input type="checkbox"/>	11. Other Orthopedic Conditions
<input type="checkbox"/>	12. Debility, Cardiorespiratory Conditions
<input type="checkbox"/>	13. Medically Complex Conditions
I0020B. ICD Code	
<input type="text"/>	<input type="text"/>



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## Reimbursement Strategies

- Staff awareness and on-going education
- Integration of facility functions:
  - Admissions
  - Clinical
  - Financial
- Organizational commitment to an appropriate, complete, and thorough documentation process



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## Auditing & QA

- Monitor appropriateness of diagnosis codes on your claims prior to submission
  - Do all diagnoses agree across various disciplines?
  - All required codes reported?
  - Were any claims denied/returned/suspended
- Update triple check processes to include diagnosis review, if not already included



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1 Nursing Home		2		3 NO PAY DATE 4		5 STATEMENT COVER PERIOD FROM 10-1-19 THROUGH 10-31-19		6 212	
7 PATIENT NAME		8		9 PATIENT ADDRESS		10		11	
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## Post-Acute Care Advisors of Clinical Operations and Regulatory Compliance

### Post-Acute Care Operations

- ✓ Reimbursement & Regulatory Advisory Services
- ✓ PDPM/MDS/CMI Expertise

### Quality Improvement

- ✓ 5-Star Rating/Quality Improvement Strategies
- ✓ Payroll Based Journal Reporting Guidance

### Provider Litigation Support for Post-Acute Care

- ✓ Independent Review Organization (IRO)
- ✓ Mergers and Acquisitions Due Diligence

### Compliance Solutions

- ✓ Medicare Compliance Auditing

### Clinical Care Management

- ✓ Survey Preparedness
- ✓ Infection Prevention Protocols

### Medical Coding and Billing



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# MDSRESCUE+

## RESCUE YOUR REVENUE AND IMPROVE ACCURACY

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### REMOTE PRN SERVICE

- Flexible coverage
- Support during rise in caseload, staff vacations
- Avoid traditional hiring costs

### SKILLED STAFF

- High level, qualified staff, many RAC-Certified nurses
- Continually educated to attain the most up-to-date information

### REVENUE INTEGRITY

- Maintaining quality documents supports compliance, contributing to peace of mind and payment retention

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## Questions??

**Maureen McCarthy, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA**

President, CEO

Celtic Consulting

Phone (Office): 860-321-7413

Email: [mmccarthy@celticconsulting.org](mailto:mmccarthy@celticconsulting.org)

[www.celticconsulting.org](http://www.celticconsulting.org)

