Real-world PDPM:
Diagnoses and keys to optimal coding

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The view from 20,000 feet: A monumental departure from RUGs

• Therapy hours give way to clinical complexity
• Cost to Medicare may remain constant, but many SNFs will see lower per-diem rates
• Potential for negative impacts on reimbursement will greatly increase
• Accurate and comprehensive coding is necessary to optimize per-diem rates
• Pre-transmission MDS scrubbing will be more important than ever
• New audit avoidance factors for your risk management team to consider
What makes a valid primary diagnosis?

• Planning ahead requires **accurately** calculating PDPM rates with today’s MDS assessments and comparing to current RUG-IV rates

• It all starts with primary diagnosis – but what does that mean?
  
  • CMS Clinical Category Crosswalk
    [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPMClinicalCategoryMapping_Final.zip](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPMClinicalCategoryMapping_Final.zip)
  
  • SimpleAnalyzer™ PDPM Diagnoses Explorer – easily search for:
    • Valid Primary Diagnoses and Associated Clinical Categories
    • NTA and SLP Comorbidities
    • Surgical Eligibility Diagnoses
# PDPM Diagnosis Explorer - Company

A tool for exploring ICD-10 codes and their associated default clinical categories for PDPM.

## Search Results for - "Renal Disease"

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>D63.1</td>
<td>Anemia in chronic kidney disease</td>
<td>Medical Management Billable</td>
</tr>
<tr>
<td>E09.22</td>
<td>Drug/chem diabetes w diabetic chronic kidney disease</td>
<td>Medical Management Billable</td>
</tr>
<tr>
<td>E10.22</td>
<td>Type 1 diabetes mellitus w diabetic chronic kidney disease</td>
<td>Medical Management Billable</td>
</tr>
<tr>
<td>E11.22</td>
<td>Type 2 diabetes mellitus w diabetic chronic kidney disease</td>
<td>Medical Management Billable</td>
</tr>
<tr>
<td>E13.22</td>
<td>Oth diabetes mellitus with diabetic chronic kidney disease</td>
<td>Medical Management Billable</td>
</tr>
<tr>
<td>I12.0</td>
<td>Hyp chr kidney disease w stage 5 chr kidney disease or ESRD</td>
<td>Cardiovascular and Coagulations Billable</td>
</tr>
<tr>
<td>I12.9</td>
<td>Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny</td>
<td>Cardiovascular and Coagulations Billable</td>
</tr>
<tr>
<td>I13</td>
<td>Hypertensive heart and chronic kidney disease</td>
<td>Non-Billable</td>
</tr>
<tr>
<td>I13.10</td>
<td>Hyp hrt &amp; chr kdny dis w/o hrt fail, w stg 1-4/unsp chr kdny</td>
<td>Cardiovascular and Coagulations Billable</td>
</tr>
<tr>
<td>I13.11</td>
<td>Hyp hrt and chr kdny dis w/o hrt fail, w stg 5 chr kdny/ESRD</td>
<td>Cardiovascular and Coagulations Billable</td>
</tr>
</tbody>
</table>
What makes a valid primary diagnosis?

- Clinical categories by highest per-diem rate **potential**
  - Major Joint Replacement or Spinal Surgery
  - Orthopedic Surgery
  - Non-Orthopedic Surgery
  - Non-Surgical Orthopedic/Musculoskeletal
  - Acute Neurologic
  - Acute Infections
  - Cancer
  - Cardiovascular and Coagulations
  - Pulmonary
  - Medical Management
Temporarily use I8000A before Oct. 1

- To calculate PDPM case-mix groups (CMG) now, every MDS must have a standardized field for the primary diagnosis
- In your EHR, make sure primary diagnoses are recorded in MDS field I8000A
- If necessary, modify previously submitted 5-day PPS assessments to include primary diagnoses
- After Oct. 1, primary diagnosis will be recorded in field I0020B and only valid primary diagnoses will be accepted by CMS
Don’t leave out active diagnoses

• Non-primary diagnoses are still very important
  • Especially for NTA, SLP and Nursing categories
• Don’t skip any I0100–I7900 fields
  • And include any relevant NTA/SLP comorbidities in I8000(B-J)
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Search Results for - "Lung Transplant"

- **C80.2** Malignant neoplasm associated with transplanted organ
- **D47.21** Post-transplant lymphoproliferative disorder (PTLD)
- **TB8.3** Complications of heart-lung transplant
- **TB6.81** Complications of lung transplant
- **Z48.24** Encounter for aftercare following lung transplant
- **Z48.280** Encounter for aftercare following heart-lung transplant
- **Z76.82** Awaiting organ transplant status
- **Z94.2** Lung transplant status
- **Z94.3** Heart and lungs transplant status
Diagnoses: Key takeaways

• Primary diagnosis must be valid
• Associated default clinical category heavily impacts a resident’s base per-diem rate
• Other active diagnoses are still very important for optimizing reimbursement rates
• Not a Return to Provider (RTP) diagnosis
• Start educating staff on PDPM relevant diagnoses now
Thanks for attending!

Find all our Learning Lab handouts at simpleltc.com/learninglab