



# PDPM

## A live look in



# What challenges have surfaced?

- ▶ Section GG. Who has been surprised?
  - ▶ Interdisciplinary team review for accuracy.
  - ▶ Do NOT skip Ambulation of 50 and 150 feet
- ▶ ARD setting
  - ▶ Have you changed your process?
  - ▶ What are you finding as a “best practice”?
    - ▶ IV fluids
    - ▶ Restorative and Respiratory therapy

# What challenges have surfaced?

## Top missed items thus far:

- ▶ Struggling with the 50 NTA groups
  - ▶ How do you monitor for the 22 MDS NTA items?
  - ▶ How do you learn the 28 MDS diagnosis groups and 1,800+ Diagnosis codes?
- ▶ CVA sequelae
  - ▶ “CVA/Stroke/TIA HX” in H&P or other history needs updated
  - ▶ SLP Components and Active Dia
- ▶ Depression
  - ▶ Remains vastly under-coded!
  - ▶ Why is it under-coded?
  - ▶ Why is it so important?



# What challenges have surfaced?

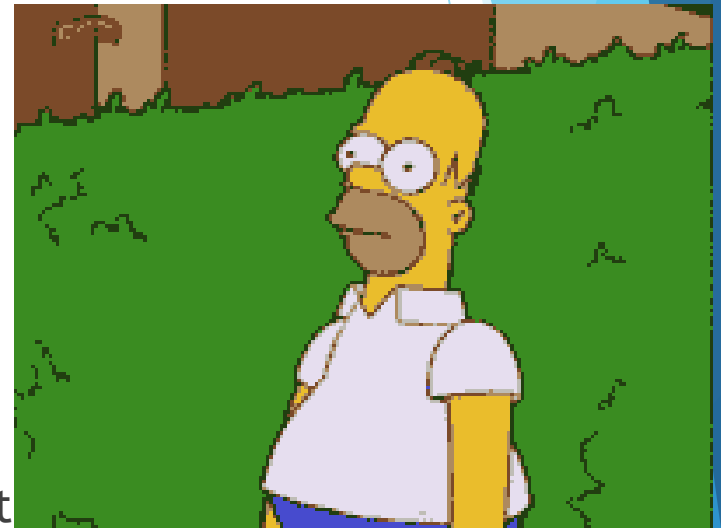
## Top missed items thus far:

- ▶ Respiratory Status
  - ▶ COPD and SOB flat
  - ▶ Secondary DX for Oxygen usage
- ▶ Coding in Section I versus I8000
  - ▶ Respiratory failure in I6300 and not ICD10 in I8000
  - ▶ CVA sequelae Diagnosis in I8000 and not coded in I4500
- ▶ The “less obvious” swallowing disorders

# Compliance

## Are you prepared for triple check?

- ▶ You got some good coding and a nice fat rate.
- ▶ Can you support it?
  - ▶ Physician diagnosis in the last 60 days.
  - ▶ Evidence of active in the last 7.
  - ▶ Physician diagnosis supported?
  - ▶ Care plans and active treatment reflective and services recorded?
- ▶ Remember- support of these diagnoses is to be reviewed!



# Questions?

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