WELCOME!

Team TSI Training

COVID-19 and PDPM/MDS Impact

Where does it fit?

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TEAMTSI
Data Focused. Customer Driven.

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Today's Session Goals

- Provide reminder of appropriate coding of a diagnosis in Section I per the RAI
- Review current ICD-10 guidelines for coding COVID-19 Infections
- Discuss potential impact COVID-19 has with PDPM
- Reiterate skilled criteria

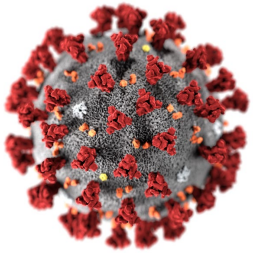
Two Step Determination BEFORE Coding on the MDS

- Step 1
  - Diagnoses Identification: In the **last 60 days**
    - Physician-***documented*** diagnosis (or by a NP, PA, or CNS if allowable under state licensure laws)
    - Medical record sources:
      - Progress Notes
      - History and Physical
      - Transfer Documents
      - Discharge Summary
      - Diagnosis/Problem List (if used, only diagnoses confirmed by the physician should be entered.)
      - Other Resources

Two Step Determination BEFORE Coding on the MDS, Cont.

- Step 2
  - Is it "active" in the **last 7 days**? Does the diagnoses have a **direct relationship** to the resident's:
    - Current Function
    - Cognition
    - Mood or Behavior
    - Medical Treatments
    - Nursing Monitoring
    - Risk of Death
  - Note: UTIs have a 30 day look-back.

U07.1, COVID-19



- New ICD-10 code
- Effective April 1, 2020. Not retroactive.
  - Only if **confirmed**;
    - As documented by a provider (Physician, NP, PA, CNS)
    - By documentation of a positive COVID-19 test result
    - Or presumptive positive COVID-19 test result
      - Tested positive at a local or state level, but not yet confirmed by the CDC
    - Even if asymptomatic
  - Do NOT code U07.1 if only "suspected," "possible," etc. Must be **confirmed**.

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Prior to and as of April 1, 2020. What ICD-10 to code?

Pneumonia *due to* COVID-19

Other viral pneumonia: J12.89 Other coronavirus as the cause of diseases classified elsewhere: B97.29	**April 1, 2020**	COVID-19: U07.1 Other viral pneumonia: J12.89

Acute Bronchitis *due to* COVID-19

Acute bronchitis due to other specified organisms: J20.8 Other coronavirus as the cause of diseases classified elsewhere: B97.29	**April 1, 2020**	COVID-19: U07.1 Acute bronchitis due to other specified organisms: J20.8

Bronchitis not otherwise specified (NOS) *due to* COVID-19

Bronchitis, not specified as acute or chronic: J40 Other coronavirus as the cause of diseases classified elsewhere: B97.29	**April 1, 2020**	COVID-19: U07.1 Bronchitis, not specified as acute or chronic: J40

Acute or Lower Respiratory Infection (NOS) *due to* COVID-19

Unspecified acute lower respiratory infection: J22 Other coronavirus as the cause of diseases classified elsewhere: B97.29	**April 1, 2020**	COVID-19: U07.1 Unspecified acute lower respiratory infection: J22

Respiratory Infection (NOS) *due to* COVID-19

Other specified respiratory disorders: J98.8 Other coronavirus as the cause of diseases classified elsewhere: B97.29	**April 1, 2020**	COVID-19: U07.1 Other specified respiratory disorders: J98.8

Acute respiratory distress syndrome (ARDS) *due to* COVID-19

Acute respiratory distress syndrome (ARDS): J80 Other coronavirus as the cause of diseases classified elsewhere: B97.29	**April 1, 2020**	COVID-19: U07.1 Acute respiratory distress syndrome (ARDS): J80

COVID-19 Diagnosis Coding
Prior to and As of April 1, 2020

Primary: • Other viral pneumonia: J12.89 • Acute bronchitis due to other specified organisms: J20.8 • Bronchitis, not specified as acute or chronic: J40 • Unspecified acute lower respiratory infection: J22 • Other specified respiratory disorders: J98.8 • Acute respiratory distress syndrome (ARDS): J80 **Secondary**: • Other coronavirus as the cause of diseases classified elsewhere: B97.29	**April 1, 2020**	**Primary**: • COVID-19: U07.1 **Secondary**: • Other viral pneumonia: J12.89 • Acute bronchitis due to other specified organisms: J20.8 • Bronchitis, not specified as acute or chronic: J40 • Unspecified acute lower respiratory infection: J22 • Other specified respiratory disorders: J98.8 • Acute respiratory distress syndrome (ARDS): J80

Exposure to COVID-19

- Possible exposure BUT ruled out after evaluation.
  - Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.
- Actual exposure to someone who is confirmed or suspected (not ruled out) to have COVID-19, and the exposed individual either tests negative or the test results are unknown.
  - Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.
    - If the exposed individual tests positive for the COVID-19 virus, follow guidelines for coding as confirmed.
- Both are Return to Provider – cannot be primary.

Screening for COVID-19

- Asymptomatic individuals who are being screened for COVID-19
- Have no known exposure to the virus
- Test results are either unknown or negative
- Assign code Z11.59, Encounter for screening for other viral diseases
  - Return to Provider – cannot be primary

Signs and Symptoms without confirmation

- Assign the appropriate presenting symptom
  - Cough: R05
  - Shortness of breath: R06.02
  - Fever, unspecified: R50.9
- All Return to Provider

COVID-19 and PDPM

- Clinical Category
  - Medical Management
    - Pulmonary

- Anything else?
  - No

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Think through this…

- Don’t just focus on the COVID-19 diagnosis
- Consider:
  - The “primary” medical condition for skilling the resident
    - CVA vs. COVID-19
      - PDPM Correlation:
        - Acute Neurologic vs. Medical Management
        - Ex: PT CMI 1.27 (TM) vs. Medical Management 1.13 (TI)
        - Ex: OT CMI 1.30 (TM) vs. Medical Management 1.18 (TI)
  - <u>All comorbidities and conditions present</u>

What about Pneumonia?

- Other viral pneumonia: J12.89
  - PT/OT = Medical Management
  - SLP = Non-Neurologic
  - NTA = N/A, no points
  - Nursing = No, not J12.89 but YES, MDS item I2000.
    - Clinically Complex or ***maybe*** Special Care High
      - "Maybe" Special Care High – Fever must also be present

Isolation?

- ***IF*** all the RAI criteria is met.
  - Has an active, highly transmissible infection
  - Precautions are over and above standard precautions
  - Resident must remain in his/her room
  - Resident is in a room alone and cannot have a roommate
    - **NO COHORTING**
- If criteria met:
  - Nursing group = ES1 (Function Score < 15)
    - CMI example: 2.93 (ES1) vs. 1.34 (CBC1 – oxygen)
    - Rate difference example: $165/day
  - NTA Point of 1 = 0.96 (NE) vs. 0.72 (NF)
    - Rate difference example: $18.33/day

$183 / day

How about those symptoms?

- Cough: R05
  - No
- Shortness of breath: R06.02
  - **"Maybe" Special Care High only if** when lying flat (J1100C) **and** combined with COPD (I6200)
- Fever, unspecified: R50.9
  - **"Maybe" Special Care High only if** meets the criteria of the RAI for fever (J1550A) **and** combined with either Pneumonia, Vomiting, Weight Loss or Feeding Tube.

Search through the criteria…

…to find the comorbidities and conditions.

SNF Waiver

- CMS is temporarily waiving the requirement for a 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) stay. This waiver provides temporary emergency coverage of SNF services without a qualifying hospital stay.
- In addition, for certain beneficiaries who exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start and complete a 60-day "wellness period" (that is, the 60-day period of non-inpatient status that is normally required in order to end the current benefit period and renew SNF benefits).
  - This waiver will apply **only** for those beneficiaries who have been delayed or prevented **by the emergency itself** from commencing or completing the 60-day "wellness period" that would have occurred under normal circumstances.

SNF Waiver, cont.

- By contrast, if the patient has a continued skilled care need (such as a feeding tube) that is unrelated to the COVID-19 emergency, then the beneficiary cannot renew his or her SNF benefits under the Section 1812(f) waiver, as it is this continued skilled care in the SNF **rather than the emergency** that is preventing the beneficiary from beginning the 60-day "wellness period."

https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf

Skilled need…wasn't waived.

- Services delivered must be reasonable and necessary
- Needed on a daily basis
- It's not about the "diagnosis"
  - It's about the condition/system(s) affected by the diagnosis.
    - Cardiovascular
    - Respiratory, etc.

We want to hear from you!

- Questions
- Comments
- For Team TSI assistance please contact support@teamtsi.com