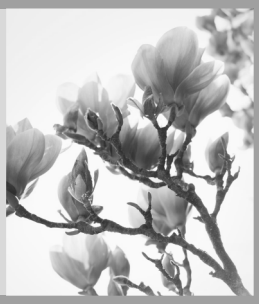
PDPM:What RDNs Need to Know

Ellen Turk RDN,LD



1

PDPM: What is it?

- Medicare Part A system for payment for skilled nursing facilities
- Started October 1, 2019
- Replaced the previous "RUGS" payment system
  - Changed from a system based on therapy minutes to a system based on resident conditions and care needs

2

How does PDPM Work?

- Uses a combination of 6 components to determine payment
  - 5 Case Mix Components that vary according to patient characteristics
    - PT
    - OT
    - ST
    - Nursing
    - NTA (Non Therapy Ancillary)
  - 1 Non Case Mix Component

3

RDNs Focus Areas for PDPM

RDNs can have a huge impact on payments for SNF

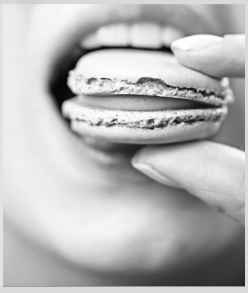
Focus Areas

ST Component
NTA Component

4

ST Component

- Reimbursed based on 5 factors
  - Acute neurological condition
  - One or more of 10 comorbidities
  - Cognitive impairment
  - **Swallowing disorder**
  - **Mechanically altered diet**



5

Swallowing Disorder

- Coded on MDS Section K0100: Identification of signs and symptoms of a possible swallowing disorder during the 7 day look back period

K0100: Swallowing Disorder

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

6

RAI Guidance – Swallowing disorder

Coding Instructions

Check all that apply.

- **K0100A, loss of liquids/solids from mouth when eating or drinking.** When the resident has food or liquid in his or her mouth, the food or liquid dribbles down chin or falls out of the mouth.
- **K0100B, holding food in mouth/cheeks or residual food in mouth after meals.** Holding food in mouth or cheeks for prolonged periods of time (sometimes labeled pocketing) or food left in mouth because resident failed to empty mouth completely.
- **K0100C, coughing or choking during meals or when swallowing medications.** The resident may cough or gag, turn red, have more labored breathing, or have difficulty speaking when eating, drinking, or taking medications. The resident may frequently complain of food or medications "going down the wrong way."
- **K0100D, complaints of difficulty or pain with swallowing.** Resident may refuse food because it is painful or difficult to swallow.
- **K0100Z, none of the above:** if none of the K0100A through K0100D signs or symptoms were present during the look-back.

7

RAI Guidance – Swallowing Disorder

Coding Tips

- Do not code a swallowing problem when interventions have been successful in treating the problem and therefore the signs/symptoms of the problem (K0100A through K0100D) did not occur during the 7-day look-back period.
- Code even if the symptom occurred only once in the 7-day look-back period.

8

Mechanically Altered Diets

- Coded on MDS section K0510C: Use of a Mechanically Altered Diet
  - RAI Manual defines mechanically altered diet as:
- ***"A diet specifically prepared to alter the texture or consistency of food to facilitate oral intake. Examples include soft solids, pureed foods, ground meat, and thickened liquids…"***

K0510: Nutritional Approaches

K0510. Nutritional Approaches Check all of the following nutritional approaches that were performed during the last **7 days**		
1. While NOT a Resident Performed ***while NOT a resident*** of this facility and within the ***last 7 days***. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank **2. While a Resident** Performed ***while a resident*** of this facility and within the ***last 7 days***	**1. While NOT a Resident**	**2. While a Resident**
	↓ Check all that apply ↓	
A. Parenteral/IV feeding	☐	☐
B. Feeding tube - nasogastric or abdominal (PEG)	☐	☐
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food,		☐

9

RDN Best Practice

- Ensure your facility has a process in place for identifying residents with potential swallowing problems prior to the ARD date
  - Provide proper documentation and coding on the MDS
- Communicate with IDT team to help change diets to mechanically altered diets if appropriate and beneficial to residents
  - Mechanically altered textures may be appropriate for residents without a swallowing problem
    - Consider chewing problems, limits in self feeding

10

RDNs Focus Areas for PDPM

RDNs can have a huge impact on payments for SNF

Focus Areas

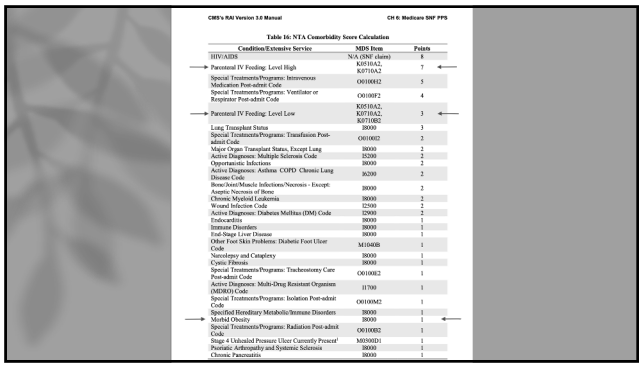
ST Component
NTA Component

11

NTA: Non Therapy Ancillary

- Based on the presence of certain comorbidities or use of certain extensive service
- Different comorbidities are worth different points (50 conditions identified)
  - Based on NTA Score range, patient is assigned NTA Case Mix Index Number

12

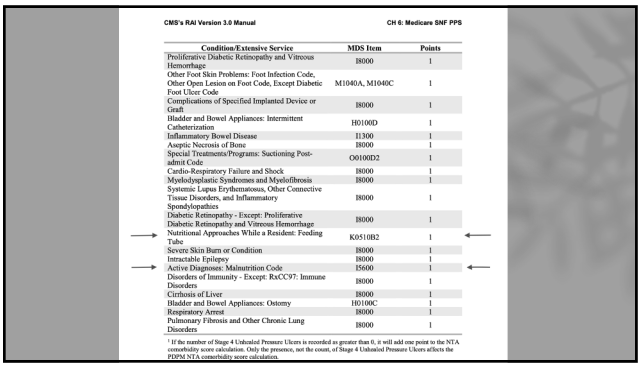


CMS's RAI Version 3.0 Manual — CH 6: Medicare SNF PPS

Table 16: NTA Comorbidity Score Calculation

Condition/Extensive Service	MDS Item	Points
HIV/AIDS	N/A (SNF claim)	8
Parenteral IV Feeding: Level High	K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	O0100F2	4
Parenteral IV Feeding: Level Low	K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	O0100D2	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Diagnoses: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Diagnoses: Asthma, COPD, Chronic Lung Disease Code	J6200	2
Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	M1040B	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	O0100K2	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Special Treatments/Programs: Isolation Post-admit Code	O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Special Treatments/Programs: Radiation Post-admit Code	O0100B2	1
Stage 4 Unhealed Pressure Ulcer Currently Present[1]	M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1

13



CMS's RAI Version 3.0 Manual — CH 6: Medicare SNF PPS

Condition/Extensive Service	MDS Item	Points
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	M1040A, M1040C	1
Complications of Specified Implanted Device or Graft	I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	H0100D	1
Inflammatory Bowel Disease	I1300	1
Aseptic Necrosis of Bone	I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	O0100D2	1
Cardio-Respiratory Failure and Shock	I8000	1
Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1
Diabetic Retinopathy - Except: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Nutritional Approaches While a Resident: Feeding Tube	K0510B2	1
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Active Diagnoses: Malnutrition Code	I5600	1
Disorders of Immunity - Except: RxCC97: Immune Disorders	I8000	1
Cirrhosis of Liver	I8000	1
Bladder and Bowel Appliances: Ostomy	H0100C	1
Respiratory Arrest	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1

[1] If the number of Stage 4 Unhealed Pressure Ulcers is recorded as greater than 0, it will add one point to the NTA comorbidity score calculation. Only the presence, not the count, of Stage 4 Unhealed Pressure Ulcers affects the PDPM NTA comorbidity score calculation.

14

NTA: Non Therapy Ancillary

NTA Score Range	NTA Case Mix	NTA Case Mix Index (CMI)
12+	NA	3.25
.9-11	NB	2.53
6-8	NC	1.85
3-5	ND	1.34
Any 1-2	NE	.96
0	NF	.72

Medicare Payment Days	Adjustment Factor
1-3	3.0
4-100	1.0

- For the NTA component:
  - Case mix index is multiplied against the applicable variable per diem adjustment factor to determine rate
- Variable Per Diem Adjustment Factor
  - Takes into account that patients stay in the first 3 days may be more expensive and decreasing th

15

Nutrition NTA Components

- Malnutrition or At Risk for Malnutrition
- Parenteral/IV Feeding, High Intensity
- Parenteral/IV Feeding, Low Intensity
- Feeding Tube
- Morbid Obesity (based on ICD10 Code)

16

Malnutrition or at Risk for Malnutrition

- PDPM does not specify how to define or diagnosis malnutrition
  - Up to facility providers to determine criteria based on evidence based practice
- Actual Malnutrition Diagnosis
  - Must meet 2 of 6 AND/ASPEN criteria to be diagnosed with malnutrition
    - Follow your facility policy, some corporations we work with require 3 criteria to diagnose malnutrition
    - Malnutrition can only be diagnosed by an RD or MD/Practicioner

17

"At Risk" for Malnutrition

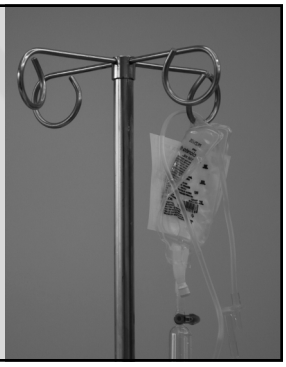
- At risk for malnutrition can also be coded on the MDS
- There is no clinical definition for at risk malnutrition
  - Need a policy that delegates who is "at risk"
- Use a validated screening tool per AND
  - Provide proper documentation to back up findings

Follow your facility/corporation policies! Some of the corporations we work with do not code for at risk for malnutrition

18

Feeding Tube /Parenteral IV Feeding

- IV Feeding Classified as High or Low Intensity
  - High Intensity = 7 NTA Points
    - Must have >51% or more of total calories by artificial route
  - Low Intensity = 3 NTA Points
    - <50% of total calories by artificial route
- Facilities may change ARD dates to capture fluids given in acute hospital



19

RAI Guidance – Parenteral/IV Feeding

Coding Tips for K0510A

K0510A includes any and all nutrition and hydration received by the nursing home resident in the last 7 days either at the nursing home, at the hospital as an outpatient or an inpatient, provided they were administered for nutrition or hydration.

- Parenteral/IV feeding—The following fluids may be included **when there is supporting documentation that reflects the need for additional fluid intake specifically addressing a nutrition or hydration need. This supporting documentation should be noted in the resident's medical record according to State and/or internal facility policy:**

20

RAI Guidance: When to code IVF on the MDS

K0510: Nutritional Approaches (cont.)

- IV fluids or hyperalimentation, including total parenteral nutrition (TPN), administered continuously or intermittently
- IV fluids running at KVO (Keep Vein Open)
- IV fluids contained in IV Piggybacks
- Hypodermoclysis and subcutaneous ports in hydration therapy
- IV fluids can be coded in K0510A if needed to prevent dehydration if the additional fluid intake is specifically needed for nutrition and hydration. Prevention of dehydration should be clinically indicated and supporting documentation should be provided in the medical record.

21

RAI Guidance: When not to code IVF on the MDS

- **The following items are NOT to be coded in K0510A:**
  - IV Medications—**Code these when appropriate in O0100H, IV Medications.**
  - IV fluids used to reconstitute and/or dilute medications for IV administration.
  - IV fluids administered as a routine part of an operative or diagnostic procedure or recovery room stay.
  - IV fluids administered solely as flushes.
  - Parenteral/IV fluids administered in conjunction with chemotherapy or dialysis.
- Enteral feeding formulas:
  - Should not be coded as a mechanically altered diet.
  - Should only be coded as **K0510D, Therapeutic Diet** when the enteral formula is altered to manage problematic health conditions, e.g. enteral formulas specific to diabetics.

22

Morbid Obesity

- BMI > 40
- 1 NTA Point
- Physician documented condition in the last 90 days

23

NTA Points in Dollars

- **Difference in 1 NTA point can lead to $$$**
- **Daily rates for NTA Points:**
  - 0= $58.75
  - 1-2= $78.34
  - 3-5= $108.53
  - 6-8 = $150.14
  - 9-11 = $206.45
  - 12 or more = $264.38

24

RDN Best Practice

- Follow your facility policy for coding malnutrition
- Fill out MDS appropriately
- Fill out MDS timely
- Provide thorough accurate documentation to back up MDS coding
- Do NOT code/document inappropriate conditions
  - Use clinical judgement
  - Make sure supporting documentation is available to back up your findings
- **Goal is improved patient care and revenue enhancement**

25

OUTCOMES OF MISSED OPPORTUNITIES

Mrs. Jones

- The MDS Coordinator found enough NTA's to total 5 points. She didn't notice that the Registered Dietician had recognized and diagnosed that Mrs. Jones met criteria for risk for malnutrition.
- Reimbursement rate for Mrs Jones with 5 NTA's was $108.53.
- Once the malnutrition dx was brought to the MDS Coordinator's attention and I5600 marked, the rate increased to $150.14. This was a difference of $41.61/ day.
- $1,456.35 increased reimbursement across a 35 day stay.

26

IMPACT OF MISSED OPPORTUNITIES

- If Section I 5600 was not marked on 5 residents with NTA points of 5 and 5 residents with NTA points of 8 for a 21 day stay each month.
- The difference for each of the 5-point residents would be $873.81 and for the 8-point residents would be $1,182.51 A Total of $2,056.32 for those residents over the 21 day stay by having documentation of malnutrition/risk for malnutrition and being able to check I5600.
- If this happened month after month for the entire year the total missed opportunities for the 12-month period would be a staggering $24, 675.83 by not taking credit for Malnutrition/Risk for Malnutrition when the next NTA level was only 1 point away!

$24,675 X 15 = $370,125

27

RD and PDPM Benefits for our Residents

- Improved patient care
  - Screening for malnutrition
  - Quicker Identification of potential nutrition problems faster
    - Faster Interventions
  - More thorough assessments
    - Nutrition focused physical exam
  - RD assessing patients within 7 days of admit

28

RDN and PDPM Benefits for our Facilities

- RDNs can have huge financial impacts on facilities as well
  - From July 2021-September 2021 a SNF we work with averaged 6 malnutrition codings per month
  - Assuming coding for malnutrition lead to a change in NTA points from 0 to 1-2 or 9-11 to +12 it had the potential to increase reimbursement for the facility up to $117-348 per week and $42,000-126,00 per year

29

RDN and PDPM Benefits for our Facilities

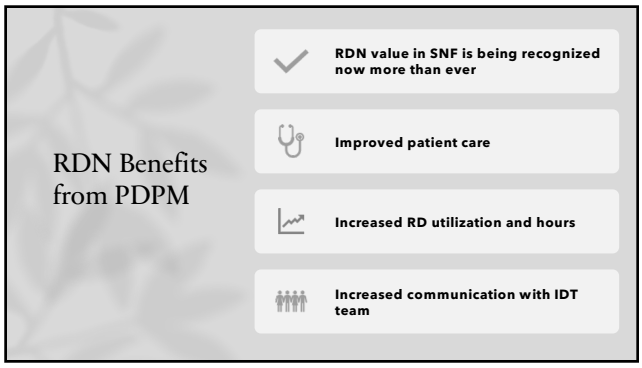
This facility is part of a larger corporation with 17 facilities

S & S RDs increased malnutrition coding over a 3 month period by an additional 220 malnutrition codings between 2019 and 2021

265% increase

Lead to potential increased reimbursement for the corporation of ~1.4-4.2 million dollars per year

30


RDN Benefits from PDPM
RDN value in SNF is being recognized now more than ever
Improved patient care
Increased RD utilization and hours
Increased communication with IDT team

31