GREATER NY HEALTHCARE FACILITIES ASSOCIATION

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9:00 AM – 4:00 PM

# PUTTING IT ALL TOGETHER

## *A CASE STUDY*

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## PDPM ICD-10-CM DIAGNOSIS CODING: "A CASE STUDY"

## PUTTING IT ALL TOGETHER

## CASE STUDY

**PATIENT XBD**

Admit Date to TCG SNF: 4/18/2019

**QUALIFYING HOSPITAL STAY**: 4/13/2019 – 4/18/2019

- CHIEF COMPLAINT: S/P Fall; **Left Hemiparesis, Dysphagia**
- HPI: Patient is a 72-year old **Right-Handed male** was admitted to the Reagan Medical Center following a fall at home. Complained of **left-sided weakness and difficulty swallowing**. Patient's PMHx includes **DM, COPD, HTN, Hyperlipidemia, Hypothyroidism, Arthritis**

## REVIEW OF HOSPITAL RECORDS

- **CTA head/neck showed acute infarct involving the posterior right frontal and right occipital lobe.**
- Labs: **Elevated BUN, Creatinine, WBC, Low Blood Sugar Levels**
- Noted (+) cough. Had a **CXR - Infiltrate in the Right Lower Lobe - positive for Aspiration Pneumonia.**
- TTE w/ PFO, TEE w/ lambls, **LE Dopplers with acute distal DVT.**

## REVIEW OF HOSPITAL RECORDS

**Neurology:**

**Multifocal occipital acute ischemic infarct w/ hemorrhagic conversion, R ICA non-occlusive thrombus, R M2 non-occlusive thrombus.**

- Stroke mechanism thought most likely to thrombus 2/2 RICA plaque rupture, although possibly secondary to paradoxical embolus
- S/p tPA (Tissue Plasminogen Activator) 1/3 @ 2100, s/p subsequent cryo 2U given d/t hemorrhagic conversion.
- Repeat CTA on heparin w/ resolution of thrombus and only residual bilateral carotid plaque remains.

## REVIEW OF HOSPITAL RECORDS

**REHAB:**
Physical Therapy and Occupational Therapy:
Identified Major Functional Deficits secondary to Late Effects of Intracerebral Infarction (Sequelae)

- ❑ Decline in ADL's; Ataxia; Muscle Weakness; Difficulty Walking; Balance Deficits
- ❑ Risk for Falls
- ❑ Self-Care Deficits

## REVIEW OF HOSPITAL RECORDS

SPEECH LANGUAGE PATHOLOGY: Noted with coughing during oral intake.
MBS and SLP Evaluation identified Risk for aspiration, Risk for weight loss, Risk for Dehydration, Any decreased oral function as well as reports of patient holding food in mouth.
IMPAIRMENTS NOTED: Impaired Dry Swallow; Excessive Mastication, and Oral Residue.
Evaluation of Thin Liquids: Delayed swallow initiation reflexive throat clearing after intake.

## REVIEW OF HOSPITAL RECORDS

**DISCHARGE PLAN:**

- ❑ Discharge to "TCG Nursing & Rehab Care Center" for in-patient Skilled Rehab and Nursing Services.

4/18/2019: Mr. XBD was discharged to TCG SNF. Picked up via stretcher with 2 ambulance attendants. Patient's daughter and Nursing Supervisor at PDPM SNF notified. Copy of patient's hospital records sent with patient to ensure effective transitions of care.

## CASE STUDY: "TCG Nursing & Rehab Care Center"

- He presents to TCG Nursing and Rehab Care Center for evaluation and treatment of ataxia, hemiparesis, fatigue, speech/language, memory/cognitive deficits, dysphagia, balance deficits from recent R MCA territory stroke.
- Complained of headaches. Daughter stated to MD that patient has been taking Fioricet 2x a day x 15 years – but daughter thinks she is addicted to it. MD ordered Fioricet PRN and advised patient that it is available whenever she requests for it.

## CASE STUDY

**PLAN:**
Comprehensive PT/OT/SLP/Nursing to optimize functional status in setting of R multifocal acute infarcts in R MCA distribution with hemorrhagic conversion and to address complications from co-morbidities
**Impairments:** Ataxia, L hemiparesis, Fatigue, Memory/Cognitive deficits, Dysphagia
**Disabilities:** Performance of ADLs; Transfers, Mobility, Safety
**Diet:** Pureed Diet with Ground Meats; Nectar Thick Liquids

## CASE STUDY

- **SKILLED NURSING SERVICES:**
  - Observation and Assessment for signs and symptoms of DVT; S/Sx's of Dehydration; Worsening of Infection; S/Sx's of Respiratory Distress; S/Sx's of Hypo/Hyperglycemia; Neurological Status Changes
  - Management/Evaluation of Patient's Care Plan: Respiratory; Neurological; Circulatory; Nutrition; Hydration

**Precautions:** Fall, Aspiration
**Isolation:** none
**Restraints:** none

## CASE STUDY

**DRUG REGIMEN REVIEW & MEDICAL POC:**

- D5 ½ NS @ 75 cc/hour for Hydration – Discontinued prior to D/C to SNF (Last Administration = 4/18/19)

**PULMONARY:**

**Pneumonia**

- **Levaquin 250 mg IVPB twice daily x 2 more days; then** switch to p.o. antibiotics x 5 days

**COPD**

- Advair Diskus I puff Inhalation by mouth q 12 hours
- Spiriva 18 mcg I puff inhalation by mouth daily
- Albuterol Sulfate 0.083% 2.5 mg/3 ml; 3 ml Inh Sol'n via HFN Mask q 6 hours PRN for SOB
- ~~O2 2-3 L/Min via NC PRN if spO2 < 94. Notify MD.~~

## CASE STUDY

**ENDOCRINOLOGY**

**TYPE 2 DM**

- Metformin ER 500 mg twice daily – DM Type 2
- FS AC meals and at HS: Notify MD if BS is <60 or >200

**CARDIOVASCULAR:**

**HYPERTENSION: Goal SBP < 160**

- Lisinopril 40 mg p.o. daily
- Amlodipine 10mg p.o. daily

**HYPERLIPIDEMIA:**

- Atorvastatin 20mg p.o. daily

## CASE STUDY

**HEMATOLOGY:**

**ACUTE L TIBIAL DVT:**

- Apixaban 5 mg p.o. BID
- Would plan for 3 month AC followed by dual antiplatelet therapy thereafter L posterior tibial acute DVT.
- Found on duplex 1/7/2019. Anticoagulation x3 months (until 4/7/2019). Repeat dopplers in 3 months to assess possibility of discontinuing anticoagulation (for provoked DVT).

## CASE STUDY

**GU/RENAL:** MONITOR
**GI:** Bowel regimen: Docusate-Senna 1 tab BID
**DEPRESSION:**
- ❑ Mirtazapine (Remeron) 15 mg p.o. HS
- ❑ Lexapro 10 mg daily

**SLEEPING DISTURBANCES:**
- ❑ Zolpidem 5mg q p.o. HS

**PAIN:**
- ❑ Tylenol 650mg q4h PRN for Pain
- ❑ Fioricet 1 tablet every 6 hours PRN for headaches

**Diagnosis:** R embolic stroke of the internal carotid artery.
Impairments:
- o Decreased balance, Decreased coordination. Ambulation, Activities of daily living, Eating/ swallowing, Transfers.
- o Hemiparesis: Upper extremity weakness is greater than lower extremity weakness.

**Disabilities:**
- o Decreased mobility, Decreased ability to transfer self, Decreased ability to ambulate, Decreased ability to dress self, Decreased ability to feed self, Decreased ability to bath self, Decreased ability to toilet self, Decreased ability to self-care, Decreased communication abilities, Decreased problem-solving abilities, Decreased safety.

**Limiting factors:** Cognitive impairment, Medical complexity.
**Pressure Ulcers Risk:**
- o Impairments: Impaired mobility.

**Nursing goals:**
- o Hydration: Adequate Hydration; Monitor fluid intake
- o Nutrition/diet: Adequate caloric intake, Tolerate adequate PO nutrition.
- o Medication monitor for treatment: Effects, Adverse reactions.
- o B&B: Continent.
- o Skin: Prevent breakdown.
- o Pain/Sleep: Regulate sleep cycle, Decrease pain level.

## CASE STUDY

**Occupational therapy goals:** Modified independent, Equipment/DME assessment.
**Physical therapy goals:** Modified independent, Equipment/DME assessment, Home assessment.
**Speech Therapy goals:** Modified independent, Dysphagia assessment, Cognitive assessment, Language assessment.
**Psychology Goals:** Adjustment to disability.

## CASE STUDY

**AFTER GATHERING RELEVANT INFORMATION:**

- ❑Assign the ICD-10-CM codes for this resident, identifying the principal diagnosis and all secondary diagnoses.
- ❑Using the Clinical Category Crosswalk document, determine the default clinical category.
- ❑Using the NTA Comorbidity Crosswalk document, identify any tiered comorbid conditions and what the point value is for them.

## CASE STUDY

- ❑**L-sided hemiparesis**
  - o Index: Sequelae (of) > infarction > cerebral > hemiplegia I69.35-
  - o Tabular: I69.354 – Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
- ❑**Ataxia**
  - o Index: Sequelae (of) > infarction> cerebral > ataxia I69.393
  - o Tabular: I69.393 - Ataxia following cerebral infarction

## CASE STUDY

- **Dysphagia**
  - Index: Sequelae (of) > infarction > cerebral > dysphagia I69.321
  - Tabular: I69.321 - Dysphagia following cerebral infarction
    - ❖ Use additional code to identify the type of dysphagia, if known(R13.1-)
  - Tabular: R13.10 – Dysphagia, unspecified

## CASE STUDY

- **Memory/cognitive deficits**
  - Index: Sequelae (of) > infarction > cerebral > cognitive deficits I69.31
  - Tabular: I69.311 – Memory deficit following cerebral infarction
- **Impaired cognition**
  - Index: Sequelae (of) > infarction > cerebral > cognitive deficits I69.31
  - Tabular: I69.318 – Other symptoms and signs involving cognitive function following cerebral infarction

## CASE STUDY

- **Aspiration Pneumonia**
  - Index: Pneumonia > Aspiration J69.0
  - Tabular: J69.0 – Aspiration Pneumonia, NOS
- **COPD**
  - Index: Disease > Pulmonary > Chronic Obstructive J44.9
  - Tabular: J44.9 – Chronic Obstructive Pulmonary Disease, Unspecified
- **DM**
  - Index: Diabetes > Type 2 E11.9
  - Tabular: E11.9 – DM Type 2 without complications

Additional Code to control with use of Oral Hypoglycemic Drugs: Z79.84

## CASE STUDY

- **Acute left tibial DVT**
  - Index: Thrombosis > vein > tibial I82.44-
  - Tabular: I82.442 – Acute embolism and thrombosis of left tibial vein
- **HTN**
  - Index: Hypertension > I10
  - Tabular: I10 – Essential (primary) hypertension

## CASE STUDY

- Sleeping problems – taking zolpidem
  - Index: Sleep > disorder or disturbance G47.9
  - Tabular: G47.9 – Sleep disorder, unspecified
- Cough
  - Index: Cough R05; Tabular: R05 – Cough
- Depression
  - Index: Depression F32.9; Tabular: F32.9 - Major depressive disorder, single episode, unspecified
- Apixaban (anticoagulant)
  - Index: Long-term drug therapy > anticoagulants Z79.01; Tabular: Long term (current) use of anticoagulants - Z79.01

## CASE STUDY

- **Symptoms that are not coded:**
  - M62.81 Muscle weakness; R26.0 Ataxia
  - R26.2 Difficulty walking; R27.9 Lack of coordination
- AHA Coding Clinic® Second Quarter 2016, Page 3: When asked if PT follows the same guidelines.
- "Answer: Yes. The guidelines in Section I, Conventions, General Coding Guidelines and Chapter Specific Guidelines, apply to all providers, including physical therapists. ***If the symptom is integral to the diagnosis it would not be separately coded.*** Guidelines in Section IV, Diagnostic Coding and Reporting Guidelines for Outpatient Services, also apply to providers reporting diagnoses in outpatient settings."

## CASE STUDY

- I69.354 – Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (I4900)
- I69.393 - Ataxia following cerebral infarction (MDS I8000)
- I69.321 - Dysphagia following cerebral infarction (MDS I8000)
- R13.10 – Dysphagia, unspecified
- I69.392 – Facial weakness following cerebral infarction (MDS I8000)
- I69.311 – Memory deficit following cerebral infarction (MDS I8000)
- I69.318 – Other symptoms and signs involving cognitive function following cerebral infarction (MDS I8000)
- I69.322 - Dysarthria following cerebral infarction (MDS I8000)
- I69.398 – Other sequelae of cerebral infarction (MDS I8000)

## CASE STUDY

- J69.0 – Aspiration Pneumonia, NOS (MDS I2000)
- J44.9 – COPD (MDS I6200)
- E11.9 – DM Type 2 without complications (MDS I2900)
- Z79.84 - Additional Code to control DM with use of Oral Hypoglycemic Drugs (MDS 18000)
- I82.442 – Acute embolism and thrombosis of left tibial vein (MDS I8000)
- I10 – Essential (primary) hypertension (MDS I0700)
- G47.9 – Sleep disorder, unspecified (MDS I8000)
- F32.9 - Major depressive disorder, single episode, unspecified (MDS I5800)
- Z79.01 - Long term (current) use of anticoagulants (MDS I8000)

## CASE STUDY

- IDT would determine which diagnosis best fit I0020B: "What is the main reason this person is being admitted to the SNF?" based on initial evaluations of all effects of the stroke and other clinical conditions.
- If there are more than 10 active diagnoses that qualify for I8000, the RAI Manual offers no guidance on sequencing.
- **I0020B** may be the **Hemiplegia (I69.354)**, or it may be one of the other diagnoses depending on clinical assessment in the SNF

## PDPM COMPONENTS

**PT and OT Components:**

1) SECTION I0020B = I69.354
   - ❑Clinical Classification = ACUTE NEUROLOGIC
2) SECTION GG:
   - ❑Functional Score = 8

**PT COMPONENT RUG SCORE = TN**

**OT COMPONENT RUG SCORE = TN**

## PDPM COMPONENTS

**SLP Component:**

1) Presence of CONDITIONS:
   a) SECTION I0020B = I69.354 (ACUTE NEUROLOGIC) = YES
   b) SLP Comorbidities = I69.391 (Dysphagia following Cerebral Infarct); CVA; HEMI = YES
   c) Cognitive Impairment : BIMS Score = 11 = YES
2) Mechanically Altered Diet and/or Swallowing Disorder
   a) Mechanically Altered Diet = YES
   b) Swallowing Disorder (S/SX's within the 7-day look back) = NO

**SLP COMPONENT RUG SCORE = SK**

## PDPM COMPONENTS

**NURSING Component:**

1. **NURSING CATEGORY**
   a) Extensive Services? NO
   b) Special Care HIGH? YES
   **K05101A: IV Fluids (Last Administered 4/18/2019)**
   – If you use No Later than Day #7 as ARD

2. **FUNCTIONAL SCORE = 4 POINTS**

3. **PHQ-9 SCORE (MOOD INDICATORS) = 11 POINTS**

**NURSING COMPONENT RUG SCORE = HDE2**

## PDPM COMPONENTS

**NTA Component:**

- ❑ IV Medications = 5 points
- ❑ COPD (Active Diagnosis) = 2 points
- ❑ DM (Active Diagnosis) = 2 points

TOTAL NTA POINTS = 9 POINTS

**NTA COMPONENT RUG SCORE = NB**

## PDPM COMPONENTS

**5-DAY ASSESSMENT (ARD = 4/23/2019)**

- ❑ **PT/OT COMPONENT = TN**
- ❑ **SLP COMPONENT = SK**
- ❑ **NURSING COMPONENT = HDE2**
- ❑ **NTA COMPONENT = NB**
- ❑ **Assessment Indicator = 1**

**HIPPS CODE: NKDB1**

## QUOTES ABOUT CHANGE

***"The first step toward change is awareness. The second step is acceptance.*** *- Nathaniel Branden*

***"Your success in life isn't based on your ability to simply change. It is based on your ability to change faster than your competition, customers, and business".*** *- Mark Sanborn*

***"Resistance at all cost is the most senseless act there is".*** *- Friedrich Durrenmatt*

***"Change before you have to".*** *- Jack Welch*

## RESOURCES

- www.ahcancal.org
- www.ahima.org
- www.cms.gov
- www.aanac.org