"A **Knowledgeable** and **Compassionate** partner"

BROAD RIVER REHAB

BRR Insiders™ Summer Series '24
Documentation to support Primary Diagnosis

ACCREDITED PROVIDER
AMERICAN NURSES CREDENTIALING CENTER

APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

- This course has been approved for 0.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, in-person**
  - In order to obtain nursing contact hours, you must attend the entire activity, participate in case study analysis, and complete the evaluation.

- **Live, virtual**
  - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.

- **Web-Based/On-Demand**
  - In order to obtain nursing contact hours, you must view the entire program, and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 30 days

Learning Objectives

Primary Diagnosis

- Best Practices for Primary DX selection

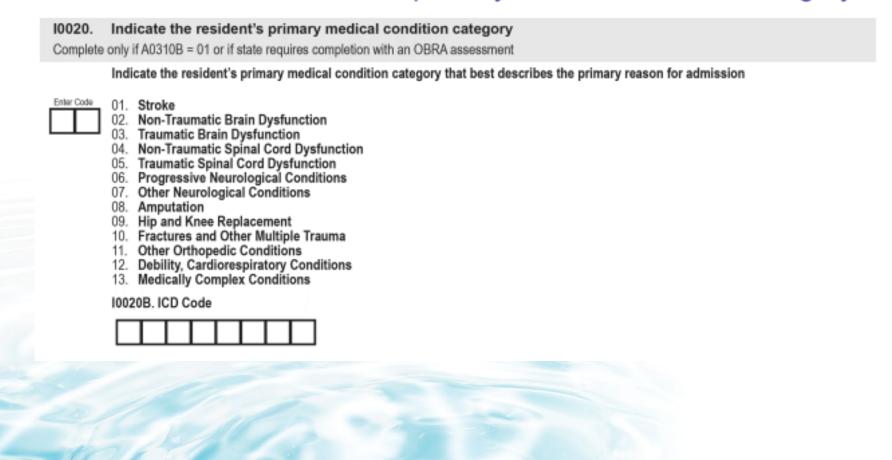- Documentation pieces required to support Primary DX

Medicare Benefit Policy Manual – Chapter 8

Skilled Nursing Facility Level of Care - General (Rev. 179, Issued: 01-14-14, Effective: 01-07-14, Implementation: 01-07-14) A3-3132, SNF-214

Care in a SNF is covered if all the following four factors are met:

1. The patient requires skilled nursing services or skilled rehabilitation services, i.e., services that must be performed by or under the supervision of professional or technical personnel (see §§30.2 - 30.4); are ordered by a physician and the services are rendered **for a condition for which the patient received inpatient hospital services or for a condition that arose while receiving care in a SNF for a condition for which he received inpatient hospital services**;

2. The patient requires these skilled services **on a daily basis** (see §30.6); and

3. As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF. (See §30.7.)

4. The services delivered are reasonable and necessary for the treatment of a patient's illness or injury, i.e., are consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, and accepted standards of medical practice. The services must also be reasonable in terms of duration and quantity.

Primary Diagnosis Selection

I0020: Indicate the resident's primary medical condition category

I0020.	Indicate the resident's primary medical condition category
	Complete only if A0310B = 01 or if state requires completion with an OBRA assessment

Indicate the resident's primary medical condition category that best describes the primary reason for admission

Enter Code

01. Stroke
02. Non-Traumatic Brain Dysfunction
03. Traumatic Brain Dysfunction
04. Non-Traumatic Spinal Cord Dysfunction
05. Traumatic Spinal Cord Dysfunction
06. Progressive Neurological Conditions
07. Other Neurological Conditions
08. Amputation
09. Hip and Knee Replacement
10. Fractures and Other Multiple Trauma
11. Other Orthopedic Conditions
12. Debility, Cardiorespiratory Conditions
13. Medically Complex Conditions

I0020B. ICD Code

Primary Medical Condition Category

Indicate the resident's primary medical condition category that best describes the primary reason for the Medicare Part A stay. Medical record sources for physician diagnoses include the most recent history and physical, transfer documents, discharge summaries, progress notes, and other resources as available.

Indicate the resident's primary medical condition category that best describes the primary reason for the Medicare Part A stay

Primary Medical Condition Category

◦ Code 01, Stroke, if the resident's primary medical condition category is due to stroke. Examples include ischemic stroke, subarachnoid hemorrhage, cerebral vascular accident (CVA), and other cerebrovascular disease.

◦ Code 02, Non-Traumatic Brain Dysfunction, if the resident's primary medical condition category is non-traumatic brain dysfunction. Examples include Alzheimer's disease, dementia with or without behavioral disturbance, malignant neoplasm of brain, and anoxic brain damage.

◦ Code 03, Traumatic Brain Dysfunction, if the resident's primary medical condition category is traumatic brain dysfunction. Examples include traumatic brain injury, severe concussion, and cerebral laceration and contusion.

◦ Code 04, Non-Traumatic Spinal Cord Dysfunction, if the resident's primary medical condition category is non-traumatic spinal cord injury. Examples include spondylosis with myelopathy, transverse myelitis, spinal cord lesion due to spinal stenosis, and spinal cord lesion due to dissection of aorta.

◦ Code 05, Traumatic Spinal Cord Dysfunction, if the resident's primary medical condition category is due to traumatic spinal cord dysfunction. Examples include paraplegia and quadriplegia following trauma.

◦ Code 06, Progressive Neurological Conditions, if the resident's primary medical condition category is a progressive neurological condition. Examples include multiple sclerosis and Parkinson's disease.

Primary Medical Condition Category

◦ Code 07, Other Neurological Conditions, if the resident's primary medical condition category is other neurological condition. Examples include cerebral palsy, polyneuropathy, and myasthenia gravis.

◦ Code 08, Amputation, if the resident's primary medical condition category is an amputation. An example is acquired absence of limb.

◦ Code 09, Hip and Knee Replacement, if the resident's primary medical condition category is due to a hip or knee replacement. An example is total knee replacement. If hip replacement is secondary to hip fracture, code as fracture.

◦ Code 10, Fractures and Other Multiple Trauma, if the resident's primary medical condition category is fractures and other multiple trauma. Examples include hip fracture, pelvic fracture, and fracture of tibia and fibula.

◦ Code 11, Other Orthopedic Conditions, if the resident's primary medical condition category is other orthopedic condition. An example is unspecified disorders of joint.

◦ Code 12, Debility, Cardiorespiratory Conditions, if the resident's primary medical condition category is debility or a cardiorespiratory condition. Examples include chronic obstructive pulmonary disease (COPD), asthma, and other malaise and fatigue.

◦ Code 13, Medically Complex Conditions, if the resident's primary medical condition category is a medically complex condition. Examples include diabetes, pneumonia, chronic kidney disease, open wounds, pressure ulcer/injury, infection, and disorders of fluid, electrolyte, and acid-base balance.

Primary Diagnosis Selection

Indicate the resident's primary medical condition category that best describes the primary reason for the Medicare Part A stay; then proceed to I0020B and enter the International Classification of Diseases (ICD) code for that condition, including the decimal.

When an acute condition represents the primary reason for the resident's SNF stay, it can be coded in I0020B. However, it is more common that a resident presents to the SNF for care related to an aftereffect of a disease, condition, or injury. Therefore, subsequent encounter or sequelae codes should be used.

Include the primary medical condition coded in this item in Section I: Active Diagnoses in the last 7 days.

SELECTING A PRIMARY MEDICAL DIAGNOSIS

ICD-10-CM to be entered into I0020B of MDS Assessment

(This should match the Primary Code (FL67) on the UB04)

Avoid Acute Diagnoses; Use Sequelae and Other Such Codes Instead

Indicate the Active ICD-10 Code that Correlates to the Primary Medical Condition Category

Indicate the Primary Medical Condition Category that Best Describes the Primary Reason for the Medicare Part A Stay

Primary Medical Condition Categories

1. Stroke
2. Non-Traumatic Brain Dysfunction
3. Traumatic Brain Dysfunction
4. Non-Traumatic Spinal Cord Dysfunction
5. Traumatic Spinal Cord Dysfunction
6. Progressive Neurological Conditions
7. Other Neurological Conditions
8. Amputation
9. Hip and Knee Replacement
10. Fractures and Other Multiple Trauma
11. Other Orthopedic Conditions
12. Debility, Cardiorespiratory Conditions
13. Medically Complex Conditions

Coding Considerations

- Always use current ICD-10 coding materials
- Diagnosis selected would need to meet RAI Manual criteria for Active Diagnosis (see page I-7)
- Follow ICD-10 conventions and guidelines for sequencing **(CMS website)
- Code to most specific option
- Use specific laterality coding (i.e., right-sided)
- Avoid Unspecified, NOS, NEC type codes; if possible
- Use maximum number of characters possible; including the essential 7th character when applicable
- Primary Diagnosis should be listed as Primary Medical Diagnosis on all Therapy Evaluations

**https://www.cms.gov/Medicare/Coding/ICD10

To be covered, the extended care services must have been for the treatment of a condition for which the beneficiary was receiving inpatient hospital services (including services of an emergency hospital) or a condition which arose while in the SNF for treatment of a condition for which the beneficiary was previously hospitalized. **In this context, the applicable hospital condition need not have been the principal diagnosis that precipitated the beneficiary's admission to the hospital but could be any one of the conditions present during the qualifying hospital stay.** – *Chapter 8 Section 20.1 CMS Benefit Policy Manual*

Primary Diagnosis Selection

Best Practice:

Identification of Primary Diagnosis – Written Statement

IDT met and reviewed resident's status, _____was identified as the primary diagnosis for admission to skilled level of care to facility. This ongoing hemiplegia contributed to recent mechanical fall resulting in facial fractures the required hospitalization. Resident has PT & OT & ST for 5x/wk for 30 days ordered related to this condition and the decreased independence and safety with performing ADLs. As a practical matter, these services need to be given in the facility.

IDT met and reviewed resident's status, _____ (Insert Diagnosis and ICD-10 code) was identified as the primary diagnosis for admission to skilled level of care to facility. Resident is requiring _____ [skilled nursing services] until condition is resolved. As a practical matter, these services need to be given in the facility.

Primary Diagnosis Selection

Best Practice:

Involve the entire IDT team – make sure the Whole Picture is reviewed (don't assume the MDS nurse knows everything – knowledge is powerful only when it is shared).

Don't forget to involve your NP's and MD's – everyone needs to be addressing the Primary Diagnostic Reason the resident is receiving a skilled benefit!

Questions?

Don't Forget!

BRR Insiders^{TM} Summer Series

July 19 12:00 - 12:30 – Documentation to support Swallowing disorder, IV feedings and mechanically altered diet. (Amy Garrison)

August 2 12:00 - 12:30 – Documentation to support Shortness of Breath while lying flat, Isolation. (Cathy Wuest)

August 16 12:00 - 12:30 – Documentation to support not using the dash related to SNF QRP. (Joel VanEaton)