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Results Conditions Medication PDPM Navigator

ggest reviewing the medical record for the Conditions listed below (from the source document) to ensure they meet the criteria to code on the MDS.

For the Primary DX: An ICD-10-CM code should be selected at MDS 10020B that, "...best describes the primary reason for the Medicare Part A stay." CMS 100-2 Ch. 8 clarifies that, "To be covered the extended care services must have been for the treatment of a condition for which the beneficiary was receiving impatent 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 cortext, the applicable hospital condition need not have been the principal diagnosis that actually precipitated the beneficiary's admission to the hospital but could be any one of the conditions present during the qualifying hospital stay.

~ CMS 100-2 Chapter 8, page 8

Condition	Recommendation
Cognitive Impairment	Possible Cognitive Impairment in section C - Cognitive Patterns, at MDS item C0500. (Possible Speech Comorbidity) (Possible Nursing Category = Behavioral/Cognitive)
CVA/TIA/Stroke	Possible diagnosis of CVA/Stroke in Section I - Active Diagnoses at MDS item 14500. (Possible Speech Comorbidity)
Dialysis	Possible indication of dialysis in Section O - Special Treatments, Procedures, and Programs, at MDS item 00100J2. (Possible Nursing Category = Special Care low)
Diabetes	Possible diagnosis of diabetes in Section I - Active Diagnoses, at MDS item 12900. (Possible NTA = 2 points). (Possible Nursing Category = Special Care High when combined with both of the following: N0350A Insulin injections for all 7 days and Insulin order changes on 2 or more days (N0350B))
Cirrhosis of Liver	Possible diagnosis of cirrhosis of the liver in Section I - Other Additional Active Diagnoses, at MDS item 18000. (Possible NTA = 1 point)
End Stage Liver Disease	Possible diagnosis of end stage liver disease in Section I - Other Additional Active Diagnoses, at MDS item 18000. (Possible NTA = 1 point)
IV Fluids	Possible IV fluids for nutrition or hydration in section K - Swallowing Nutritional Status, at MDS item K0510A1 or K0510A2. (Possible Nursing Category = Special Care High)
Wound	Possible wound of the following type has been identified, Arterial Ulcer, Diabetic Foot Ulcer, Severe Skin Burn or Condition, Stage 2, 3, or 4 pressure ulcer, Venous Ulcer, Open Lesion, Surgical Wound, Wound Infection and Open Lesion of the foot. Check triggers to identify specific type of wound
Radiation	Possible radiation post admit in section O - Special Treatments, Procedures, and Programs, at MDS item O010082. (Possible NTA = 1 point)
Chemotherapy	Possible chemotherapy post admit in section O - Special Treatments, Procedures, and Programs, at MDS item O0100A2. (Possible Nursing Category = Clinically Complex)
Asthma/COPD/Chronic Lung Disease	Possible diagnosis of asthma, COPD, and/or a chronic lung disease in Section I - Active Diagnoses, at MDS item 16200 (Possible NTA = 2 points) (Possible Nursing Category = Special Care High when combined with MDS item J1100C shortness of breath or Trouble breathing when lying flat)
Wound - Surgical	Possible surgical wound in section M - Skin Conditions, at MDS Item M1040E (Possible Nursing Category = Clinically Complex when combined with any selected skin treatments)

Anatomy Conditions Medication PHI Procedure ALL

Page 1 of 5 DGE Encounter Date (BRIBBARD) NRV: HISP Date of Service: (BV202019) 2.36 AM MD Hespfaltet HPMC (Hospfalter HPMC) Hespfaltet (HCC) Hypogharemia Acute-on-chonic (Richer Jinuy (HCC) Resolved Problem: St. Presolved hospfalter (HCC) Acute System and the service (BV202019) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV202019) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV202019) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV202019) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV202019) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV202019) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and the service (BV2010) 2.36 AM MD Hespfaltet (HCC) Acute System and thespfaltet (HCC) Acute System and the service (BV2010) 2.36

Page 2 of 54 Acute cystils: Received Kelfex/emergency department, follow time cultures;continue antibiotics; 55 Blateral lower extremity uccerations; present on admission: Left upper extremity skin tears wit consult wound therapy for their assistance 6. Hypothyroldsm unspecified, Synthroid Inpatient DVT prophylaxis; oneumatic compression device Anticipated disposition: To Skiled Nursing Facility Estimated discharge 2-3 days Chief Complaint. Chief Complaint Patient presents with Hypothyroldsm unspecified. Synthroid Inpatient DVT prophylaxis; oneumatic compression device Anticipated disposition: To Skiled Nursing Facility Estimated discharge 2-3 days Chief Complaint. Chief Complaint Patient presents with Hypothyroldsm United Complaint Patient presents with Complaint Patient presents with Applications Patient Pati

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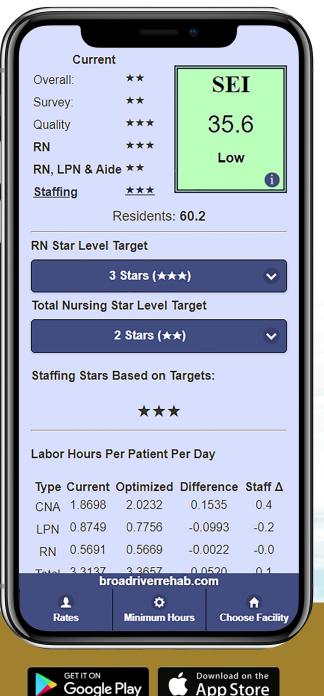
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