PDPM Refresher: NTA

BROAD RIVER
SIMPLIFY SUCCESS

Date: 07/16/2026

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 1.5 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, 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.

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

- Contact hours for this program will not be awarded after 1 week

Learning Objectives

PDPM Refresher: NTA Category

- Identify the NTA category within the broader PDPM grouper.
- Recognize the 49 components of the NTA payment category
- Define how the point value contribute to the final NTA HIPPS
- Explain the impact of ICD-10 coding on the NTA component
- Apply this knowledge to community operations and compliant NTA utilization

Resources

- MDS 3.0 v1.20.1 Data Sets and Manual
- CMS PDPM Website
- CMS ICD-10 Resources
- Broad River Rehab Insiders

Step 1: Determine whether resident has one or more NTA-related comorbidities.

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1: HIV/AIDS

- Determine whether the resident has HIV/AIDS. **HIV/AIDS is not reported on the MDS but is recorded on the SNF claim (ICD-10-CM code B20).**
- **HIV Coding Guidance**
  - Code only confirmed cases of HIV infection/illness. In this context, "confirmation" does not require documentation of positive serology or culture for HIV; the provider's diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient.
  - If the term "AIDS" or "HIV disease" is documented or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from the patient's HIV positive status; code B20, Human immunodeficiency virus [HIV], should be assigned.
  - When "HIV positive," "HIV test positive," or similar terminology is documented, and there is no documentation of symptoms or HIV -related illness, code Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, should be assigned.

1: HIV/AIDS

- Determine whether the resident has HIV/AIDS. **HIV/AIDS is not reported on the MDS but is recorded on the SNF claim (ICD-10-CM code B20).**
- **HIV Coding Guidance (Cont.)**
  - Patients with documentation of a prior diagnosis of an HIV-related illness should be coded to B20. Once an HIV-related illness has developed, code B20 should always be assigned on every subsequent admission/encounter. Patients previously diagnosed with any HIV illness (B20) should never be assigned to R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV] or Z21, Asymptomatic human immunodeficiency virus [HIV] infection status .
  - If a patient with documented HIV disease, HIV-related illness or AIDS is currently managed on antiretroviral medications, assign code B20, Human immunodeficiency virus [HIV] disease.

2: Parenteral/IV Feeding – High/Low Intensity

- Determine whether the resident meets the criteria for the comorbidity: "Parenteral/IV Feeding – **High Intensity**" or the comorbidity: "Parenteral/IV Feeding – **Low Intensity**."
  - Determine if the resident received **parenteral/IV feeding during the last 7 days while a resident of the SNF** using item K0520A3 . **If the resident did not receive parenteral/IV feeding during the last 7 days while a resident**, then the resident does not meet the criteria for Parenteral/IV Feeding – High Intensity or Parenteral/IV Feeding – Low Intensity
  - **High Intensity** = if the proportion of total calories the resident received through parenteral or tube feeding was 51% or more while a resident (K0710A2 = 3).
  - **Low Intensity** = If the proportion of total calories the resident received through parenteral or tube feeding was 26-50% (K0710A2 = 2) and average fluid intake per day by IV or tube feeding was 501 cc per day or more while a resident (K0710B2 = 2).

3: Additional NTA -related comorbidities

- Determine whether the resident has any additional NTA-related comorbidities. To do this, examine the list of additional conditions and services of which all except HIV/AIDS are recorded on the MDS. HIV/AIDS is recorded on the SNF claim.
- For 27 conditions and services that are recorded in item I8000 of the MDS, **check if the corresponding ICD-10-CM codes are coded in item I8000** using available NTA Mapping tools. **Follow all ICD-10 coding guidelines**.

3: Additional NTA -related comorbidities

PDPM Resources

This section includes additional resources relevant to PDPM implementation, including various coding crosswalks and classification logic.

- PDPM GROUPER Logic
- FY 2020 PDPM ICD-10 Mappings (ZIP) (revision posted 03-31-2020)
- FY 2021 PDPM ICD-10 Mappings (ZIP) (effective 01-01-2021)
- FY 2022 PDPM ICD-10 Mappings (ZIP) (revision posted 09-27-2021)
- FY 2023 PDPM ICD-10 Mapping (ZIP) (effective 10-01-2022)
- FY 2024 *DRAFT* PDPM ICD-10 Mapping (ZIP) (see FY 2024 SNF PPS Proposed Rule) (revision posted 08-07-2023)
- FY 2024 PDPM ICD-10 Mapping (ZIP) (effective 10-01-2023; revision posted 04-12-2024)
- FY 2025 PDPM ICD-10 Mapping (ZIP) (effective 10-01-2024)'
- FY 2026 PDPM ICD-10 Mapping (ZIP) (effective 10-01-2025)

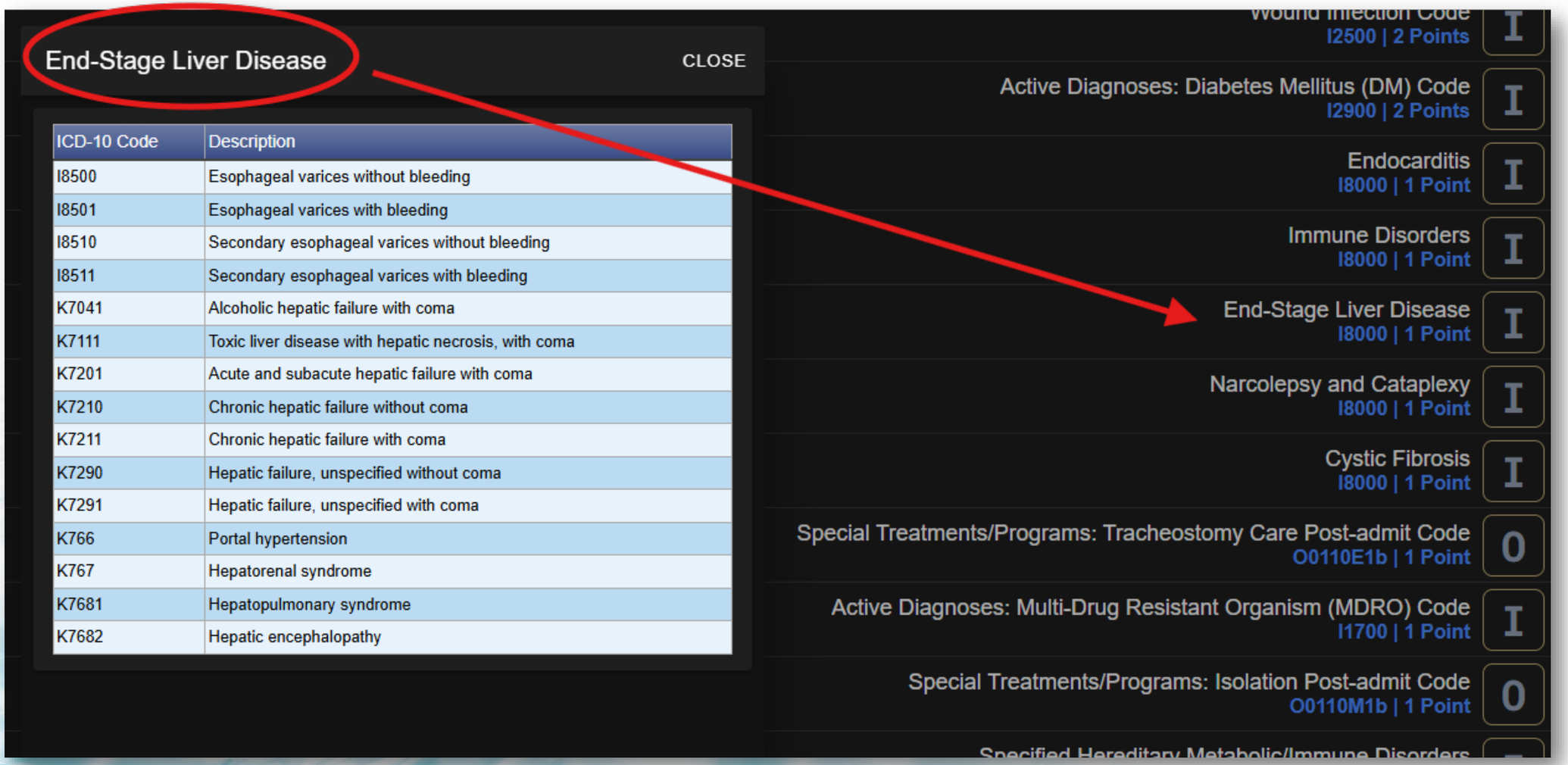
Mapping of Comorbidities Included in the PDPM NTA Component to ICD-10-CM Codes

Overview

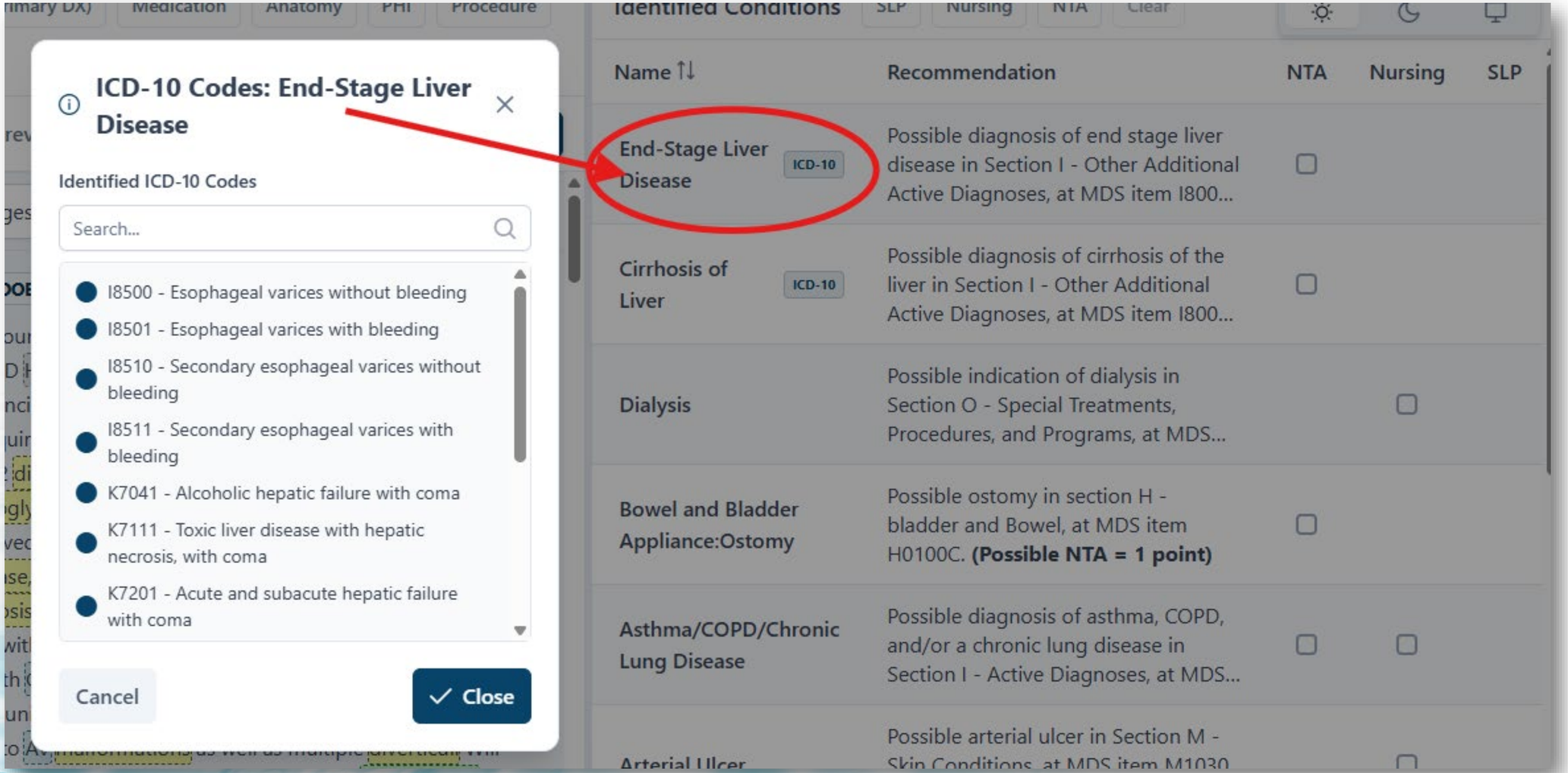
The following mappings of CCs and RxCCs to ICD-10-CM codes are based on the FY 2026 Initial Risk Adjustment model software (using HCC model v22 for CCs) and the FY 2024 Midyear Risk Adjustment model software (using RxHCC v05 for RxCCs) found at https://www.cms.gov/medicare/payment/medicare-advantage-rates-statistics/risk-adjustment. New codes with values of "N/A" in the RxCC/CC column (column D) have been added from the latest FY 2026 ICD-10-CM addenda found at https://www.cms.gov/medicare/coding-billing/icd-10-codes and were assigned to NTA comorbidities that share the same code family (i.e. the first 3 digits) to ensure the established NTA comorbidities are up to date. The FY 2026 ICD-10-CM addenda is also used to add new codes if they belong to the Endocarditis comorbidity and to confirm if any existing codes become unbillable and need to be removed from the existing NTA mappings.

Sort Order	Comorbidity Description	RxCC/CC	ICD-10-CM Code	ICD-10-CM Code Description
587	End-Stage Liver Disease	CC27	I85.00	Esophageal varices without bleeding
588	End-Stage Liver Disease	CC27	I85.01	Esophageal varices with bleeding
589	End-Stage Liver Disease	CC27	I85.10	Secondary esophageal varices without bleeding
590	End-Stage Liver Disease	CC27	I85.11	Secondary esophageal varices with bleeding
591	End-Stage Liver Disease	CC27	K70.41	Alcoholic hepatic failure with coma
592	End-Stage Liver Disease	CC27	K71.11	Toxic liver disease with hepatic necrosis, with coma
593	End-Stage Liver Disease	CC27	K72.01	Acute and subacute hepatic failure with coma
594	End-Stage Liver Disease	CC27	K72.10	Chronic hepatic failure without coma
595	End-Stage Liver Disease	CC27	K72.11	Chronic hepatic failure with coma
596	End-Stage Liver Disease	CC27	K72.90	Hepatic failure, unspecified without coma
597	End-Stage Liver Disease	CC27	K72.91	Hepatic failure, unspecified with coma

3: Additional NTA -related comorbidities



3: Additional NTA -related comorbidities



3: Additional NTA -related comorbidities

Condition/Extensive Service	Source	Points
SNF Claims		
HIV/AIDS	SNF Claim ICD-10 B20	8

Condition/Extensive Service	Source	Points
Section H		
Bladder and Bowel Appliances: Intermittent catheterization	H0100D	1
Bladder and Bowel Appliances: Ostomy	H0100C	1

- Check next to each appliance that was used at **any time in the <u>past 7 days</u>**
  - **INTERMITTENT CATHETERIZATION**: Insertion and removal of a catheter through the urethra for bladder drainage.
    - <u>Do not include</u> one-time catheterizations for urine specimen collection or other diagnostic exams (e.g., to measure post-void residual) during look-back period as intermittent catheterization.
    - Self-catheterizations that are performed by the resident in the facility should be coded as intermittent catheterization (H0100D). This includes self-catheterizations using clean technique.
  - **OSTOMY (including urostomy, ileostomy, and colostomy):** Any type of surgically created opening of the gastrointestinal or genitourinary tract for discharge of body waste.
    - <u>Do not code</u> gastrostomies or other feeding ostomies in this section. Only appliances used for elimination are coded here.

3: Additional NTA -related comorbidities

Condition/Extensive Service	Source	Points
Section I - Gastrointestinal		
Inflammatory Bowel Disease	I1300. **Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease**	1
Section I - Infections		
Wound Infection Code	I2500. **Wound Infection** (other than foot)	2
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Section I - Metabolic		
Active Diagnoses: Diabetes Mellitus (DM) Code	I2900. **Diabetes Mellitus (DM)** (e.g., diabetic retinopathy, nephropathy, and neuropathy)	2
Section I - Neurologic		
Active Diagnoses: Multiple Sclerosis Code	I5200	2
Section I - Nutritional		
Active Diagnoses: Malnutrition Code	I5600. **Malnutrition** (protein or calorie) or at risk for malnutrition	1
Section I - Pulmonary		
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200. **Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease** (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis)	

- **ACTIVE DIAGNOSES**: Physician-documented diagnoses (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 60 days that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.
  - Listing a disease/diagnosis (e.g., arthritis) on the resident's medical record problem list **is not sufficient** for determining active or inactive status.
- There are two look-back periods for this section:
  - Diagnosis identification (Step 1) is a 60-day look-back period (require a physician-documented diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 60 days)
  - Diagnosis status: Active or Inactive (Step 2) is a 7-day look-back period (See above)

3: Additional NTA -related comorbidities

Condition/Extensive Service	Source	Points
Lung Transplant Status	I8000	3
Major Organ Transplant Status, Except Lung	I8000	2
Opportunistic Infections	I8000	2
Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
Disorders of Immunity - Except: RxCC97: Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Diabetic Retinopathy - Except : Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Complications of Specified Implanted Device or Graft	I8000	1
Aseptic Necrosis of Bone	I8000	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
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Cirrhosis of Liver	I8000	1
Respiratory Arrest	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1

3: Additional NTA -related comorbidities

Condition/Extensive Service	Source	Points
Section K		
Parenteral IV Feeding: Level High	K0520A3 K0710A2	7
Parenteral IV feeding: Level Low	K0520A3 K0710A2 K0710B2	3
Nutritional Approaches While a Resident: Feeding Tube	K0520B3	1

- **PARENTERAL/IV FEEDING:** Introduction of a nutritive substance into the body by means other than the intestinal tract (e.g., subcutaneous, intravenous).
- **FEEDING TUBE:** Presence of any type of tube that can deliver food/ nutritional substances/ fluids directly into the gastrointestinal system. Examples include, but are not limited to, nasogastric tubes, gastrostomy tubes, jejunostomy tubes, percutaneous endoscopic gastrostomy (PEG) tubes.
  - Only feeding tubes that are used to deliver nutritive substances and/or hydration during the assessment period are coded in K0520B.

3: Additional NTA -related comorbidities

Condition/Extensive Service	Source	Points
Section M		
Other Foot Skin Problems: Foot Infection Code, Diabetic Foot Ulcer Code, Other Open Lesion on Foot Code	M1040A, M1040B, M1040C	1
Stage 4 Unhealed Pressure Ulcer Currently Present	M0300D1	1

- **M1040A, Infection of the foot (e.g., cellulitis, purulent drainage)**
  - **Example 6:** Resident F complained of discomfort of their right great toe and when their stocking and shoe was removed, it was noted that their toe was red, inflamed and had pus draining from the edge of their nail bed. The podiatrist determined that Resident F has an infected ingrown toenail.
    - Coding: Check M1040A, Infection of the foot.
    - Rationale: Resident F has an infected right great toe due to an ingrown toenail.
- **M1040B Diabetic Foot Ulcers:** Ulcers caused by the neuropathic and small blood vessel complications of diabetes. Diabetic foot ulcers typically occur over the plantar (bottom) surface of the foot on load bearing areas such as the ball of the foot. Ulcers are usually deep, with necrotic tissue, moderate amounts of exudate, and callused wound edges. The wounds are very regular in shape and the wound edges are even with a punched-out appearance. These wounds are typically not painful.
  - **Do not include** pressure ulcers/injuries that occur on residents with diabetes mellitus here. For example, an ulcer caused by pressure on the heel of a diabetic resident is a pressure ulcer and not a diabetic foot ulcer.
- **M1040C, Other open lesion(s) on the foot (e.g., cuts, fissures)**

3: Additional NTA -related comorbidities

Condition/Extensive Service	Source	Points
Section M		
Other Foot Skin Problems: Foot Infection Code, Diabetic Foot Ulcer Code, Other Open Lesion on Foot Code	M1040A, M1040B, M1040C	1
Stage 4 Unhealed Pressure Ulcer Currently Present	M0300D1	1

- For each pressure ulcer, determine the **deepest anatomical stage**. At admission, code based on findings from the first skin assessment that is conducted on or after and as close to the admission as possible. Do not reverse or backstage. Consider current and historical levels of tissue involvement.
  - Review the history of each pressure ulcer in the medical record. If the stageable pressure ulcer has ever been classified at a higher numerical stage than what is observed now, it should continue to be classified at the higher numerical stage until healed unless it becomes unstageable.
  - If the wound bed is only partially covered by eschar or slough, and the anatomical depth of tissue damage can be visualized or palpated, numerically stage the ulcer, and do not code this as unstageable.
- For each pressure ulcer/injury, determine if the pressure ulcer/injury was **present at the time of admission/entry or reentry** and not acquired while the resident was in the care of the nursing home. Consider **current and historical levels of tissue involvement** .
- **Stage 4 Pressure Ulcer**: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.

3: Additional NTA -related comorbidities

Condition/Extensive Service	Source	Points
Section O		
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0110H1b	5
Special Treatments/Programs: Ventilator or RespiratorPost-admit Code	O0110F1b	4
Special Treatments/Programs: Transfusion Post-admit Code	O0110I1b	2
Special Treatments/Programs: Radiation Post-admit Code	O0110B1b	1
Special Treatments/Programs: Suctioning Post-admit Code	O0110D1b	1
Special Treatments/Programs: Tracheostomy Post-admit Code	O0110E1b	1
Special Treatments/Programs: Isolation Post-admit Code	O0110M1b	1

- **Code any** drug or biological given by intravenous push, epidural pump, or drip through a central or peripheral port in this item.
- Epidural, intrathecal, and baclofen pumps **may be coded here**, as they are similar to IV medications in that they must be monitored frequently and they involve continuous administration of a substance.
- **Do not code** flushes to keep an IV access port patent, or IV fluids without medication here.
- Subcutaneous pumps are **not coded in this item** .
- **Do not include** IV medications of any kind that were administered during dialysis or chemotherapy.
- Lactated Ringers given IV is **not considered a medication and should not be coded here** .

3: Additional NTA -related comorbidities

Condition/Extensive Service	Source	Points
Section O		
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0110H1b	5
Special Treatments/Programs: Ventilator or RespiratorPost-admit Code	O0110F1b	4
Special Treatments/Programs: Transfusion Post-admit Code	O0110I1b	2
Special Treatments/Programs: Radiation Post-admit Code	O0110B1b	1
Special Treatments/Programs: Suctioning Post-admit Code	O0110D1b	1
Special Treatments/Programs: Tracheostomy Post-admit Code	O0110E1b	1
Special Treatments/Programs: Isolation Post-admit Code	O0110M1b	1

- **Code any** type of electrically or pneumatically powered **closed-system mechanical ventilator support device** that ensures adequate ventilation in the resident who is or who may become (such as during weaning attempts) unable to support their own respiration in this item.
- **During invasive mechanical ventilation the resident's breathing is controlled by the ventilator.**
- Residents receiving closed-system ventilation **include those residents** receiving ventilation via an endotracheal tube (e.g., nasally or orally intubated) or tracheostomy.
- A resident who has been weaned off of a respirator or ventilator in the last 14 days or is currently being weaned off a respirator or ventilator, **should also be coded here**.
- **Do not code this item** when the ventilator or respirator is used only as a substitute for BiPAP or CPAP.

3: Additional NTA -related comorbidities

Condition/Extensive Service	Source	Points
Section O		
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0110H1b	5
Special Treatments/Programs: Ventilator or RespiratorPost-admit Code	O0110F1b	4
Special Treatments/Programs: Transfusion Post-admit Code	O0110I1b	2
Special Treatments/Programs: Radiation Post-admit Code	O0110B1b	1
Special Treatments/Programs: Suctioning Post-admit Code	O0110D1b	1
Special Treatments/Programs: Tracheostomy Post-admit Code	O0110E1b	1
Special Treatments/Programs: Isolation Post-admit Code	O0110M1b	1

- **Code transfusions of blood or any blood products** (e.g., platelets, synthetic blood products), that are administered directly into the bloodstream in this item. Do not include transfusions that were administered during dialysis or chemotherapy.
- Code intermittent **radiation therapy**, as well as **radiation** administered via radiation implant in this item.
- **Code only** tracheal and/or nasopharyngeal suctioning in this item.
  - **This item may be coded** if the resident performs their own tracheal and/or nasopharyngeal suctioning.
  - **Do not code** oral suctioning here.
- Code cleansing of the **tracheostomy and/or cannula** in this item. **This item may be coded** if the resident performs their own tracheostomy care. **This item includes** laryngectomy tube care.

3: Additional NTA -related comorbidities

Condition/Extensive Service	Source	Points
Section O		
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0110H1b	5
Special Treatments/Programs: Ventilator or RespiratorPost-admit Code	O0110F1b	4
Special Treatments/Programs: Transfusion Post-admit Code	O0110I1b	2
Special Treatments/Programs: Radiation Post-admit Code	O0110B1b	1
Special Treatments/Programs: Suctioning Post-admit Code	O0110D1b	1
Special Treatments/Programs: Tracheostomy Post-admit Code	O0110E1b	1
Special Treatments/Programs: Isolation Post-admit Code	O0110M1b	1

- **Code only** when the resident requires transmission-based precautions and single room isolation (alone in a separate room) because of active infection (i.e., symptomatic and/or have a positive test and are in the contagious stage) with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
- **Do not code** this item if the resident only has a history of infectious disease (e.g., s/p MRSA or s/p C-Diff - no active symptoms). **Do not code** this item if the precautions are standard precautions, because these types of precautions apply to everyone.
  - **Examples** of when the isolation criterion **would not apply** include **urinary tract infections, encapsulated pneumonia, and wound infections** .

3: Additional NTA -related comorbidities

Condition/Extensive Service	Source	Points
Section O		
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0110H1b	5
Special Treatments/Programs: Ventilator or RespiratorPost-admit Code	O0110F1b	4
Special Treatments/Programs: Transfusion Post-admit Code	O0110I1b	2
Special Treatments/Programs: Radiation Post-admit Code	O0110B1b	1
Special Treatments/Programs: Suctioning Post-admit Code	O0110D1b	1
Special Treatments/Programs: Tracheostomy Post-admit Code	O0110E1b	1
Special Treatments/Programs: Isolation Post-admit Code	O0110M1b	1

- **Code for "single room isolation" only when all four of the following conditions are met:**
  - **1.** The resident has **active infection** with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
  - **2.** Precautions are **over and above** standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
  - **3.** The resident is **in a room alone** because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.
  - **4.** The resident **must remain in their room** . This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.).

Step 2: Calculate the resident's total NTA score

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Calculating the NTA points

- To calculate the total NTA score, sum the points corresponding to each condition or service present. If none of these conditions or services is present, the resident's score is 0.
- **Example:** Mrs. Jones is admitted to the facility after an ORIF due to a right hip fracture. She had Type 2 DM with mild nonproliferative diabetic retinopathy with macular edema, of the right eye and a diabetic foot ulcer on the bottom of her left foot. She complains of pain related to the internal fixation device. A lifelong smoker, Mrs. Jones has COPD and an autoimmune disorder resulting in chronic pancreatitis. **2+1+1+1+2+1 = (NTA Score) 8 points**

Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2	
Diabetic Retinopathy - Except : Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1	+
Other Foot Skin Problems: Foot Infection Code, Diabetic Foot Ulcer Code, Other Open Lesion on Foot Code	M1040A, M1040B, M1040C	1	+
Complications of Specified Implanted Device or Graft	I8000	1	+
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200	2	+
Chronic Pancreatitis	I8000	1	+
		= 8	

Step 3: Determine the resident's NTA group

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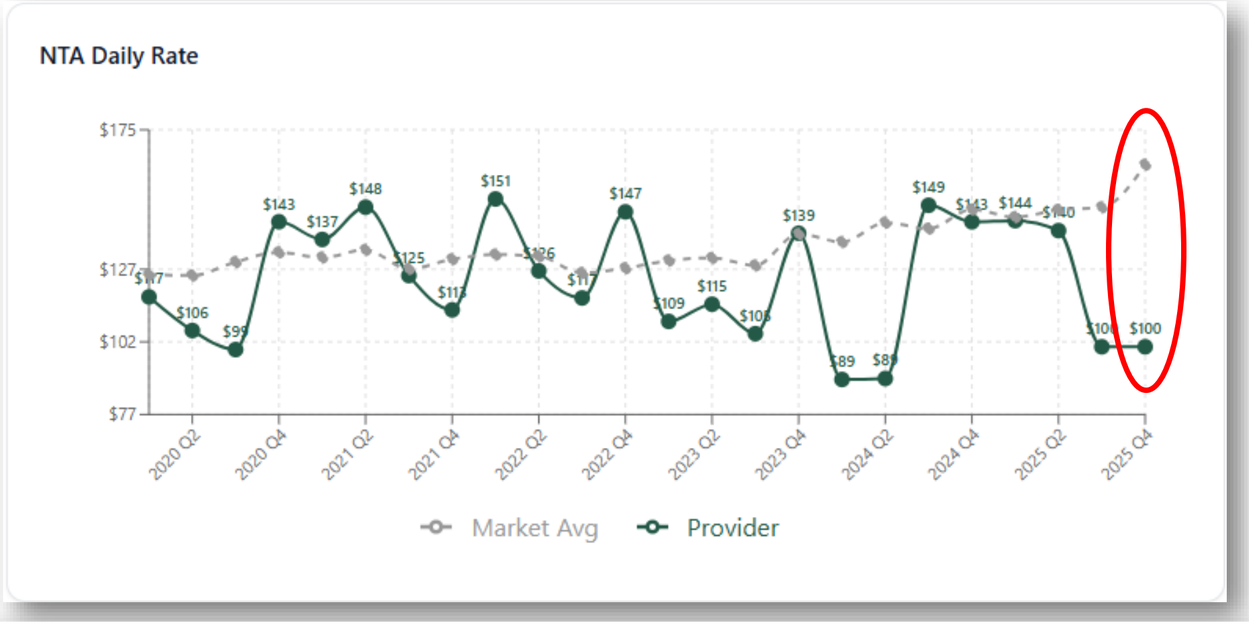
PDPM NTA Grouping

NTA Score Range	NTA Case Mix Group Group	NTA Case Mix Index	Urban Rate	Rural Rate
12+	NA	3.06	$ 311.66	$ 297.77
9-11	NB	2.39	$ 243.42	$ 232.57
6-8	NC	1.74	$ 177.22	$ 169.32
3-5	ND	1.26	$ 128.33	$ 122.61
1-2	NE	0.91	$ 92.68	$ 88.55
0	NF	0.68	$ 69.26	$ 66.17

One extra NTA point = +$66.20 or $63.25

PDPM
NTA Analysis



NTA Groups 2025 Q1 – 2025 Q4

Comorbid

GROUP	CMG	COMORBIDITY SCORE	NTA CMI	DAYS	% DAYS VS MARKET		
F	NF	0–0	0.68	297		42.4%	(+29.8)
E	NE	1–2	0.91	242		34.6%	(-7.0)
D	ND	3–5	1.26	161		23.0%	(-11.7)
C	NC	6–8	1.74	0		0.0%	(-7.9)
A	NA	12+	3.06	0		0.0%	(-0.4)
B	NB	9–11	2.39	0		0.0%	(-2.7)

Component-Level Variance Analysis (2025 Q1–2025 Q4)

COMPONENT	YOUR CMI	MARKET CMI	CURRENT $/DAY	ADJUSTED $/DAY	DAILY GAIN	ANNUAL OPPORTUNITY
NTA	0.89	1.12	$121.93	$152.60	+$30.66	+$21,464

Next Steps

- The NTA category was designed to help capture the high cost of certain Non-Therapy Ancillary. Close attention needs to be paid to the details of the documentation to be sure that the resident's unique characteristics are captured on the MDS.
- Ongoing familiarity with each of the 49 categories is a must.
- There are 27 of the 40 NTA categories that require an ICD-10 code at I8000. This cannot be left to chance. Ongoing IDT review of the NTA ICD-10 map should be regular practice.
- ICD-10 coding guidelines must be followed which requires documentation to support coding specificity. Documentation always determines what can be coded not the other way around. Query the physician for supporting documentation when specificity is missing.
- Missing data can be costly. That means missing something about the resident that is in the documentation or missing documentation.

QUESTIONS?

Find out More!

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