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

BROAD RIVER REHAB

PDPM Refresher **Part 4**: The SLP Component

Joel VanEaton, BSN, RN, RAC-CTA, Master Teacher:
Executive Vice President of PAC Regulatory Affairs and Education

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: SLP

- Identify the 5 components that comprise the SLP category
- Understand how these components fit together
- Recognize the ICD-10 mapping system for the SLP comorbidities
- Describe an IDT approach to the SLP category accuracy
- Apply your understanding to day-to-day operations

Resources

- CMS MDS 3.0 Website
- CMS PDPM Website
- CMS 100-2 Chap. 8

PDPM Refresher: SLP

SLP Case-Mix Classification Groups

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case- Mix Group	SLP Case-mix Index
None	Neither	SA	0.64
None	Either	SB	1.72
None	Both	SC	2.52
Any one	Neither	SD	1.38
Any one	Either	SE	2.21
Any one	Both	SF	2.82
Any two	Neither	SG	1.93
Any two	Either	SH	2.70
Any two	Both	SI	3.34
All three	Neither	SJ	2.83
All three	Either	SK	3.50
All three	Both	SL	3.98

PDPM Refresher: SLP/Acute Neurologic

- **Step 1** in calculating the SLP component of the PDPM HIPPS is to determine if the primary diagnosis that was selected as part of the PT/OT components is mapped to the **Acute Neurologic** category.

ICD-10-CM Code	ICD-10-CM Code Description	Default Clinical Category
I69.991	Dysphagia following unspecified cerebrovascular disease	Acute Neurologic

- **For the Primary DX**: The **RAI Manual** indicates that an ICD-10-CM code should be selected at MDS I0020B 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 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 actually precipitated the beneficiary's admission to the hospital, but could be any one of the conditions present during the qualifying hospital stay.

PDPM Refresher: SLP/SLP Related Comorbidity

- **Step 2**

SLP Related Comorbidities	
I4300 - Aphasia	**I8000** - Laryngeal Cancer
I4500 - CVA, TIA, or Stroke	**I8000** - Apraxia
I4900 - Hemiplegia or Hemiperesis	**I8000** - Dysphagia
I5500 - Traumatic Brain Injury	**I8000** - ALS
O0110E1b - Tracheostomy Care (While a Res.)	**I8000** - Oral Cancers
O0110F1b - Ventilator or Respirator (While a res.)	**I8000** - Speech and Language Deficits

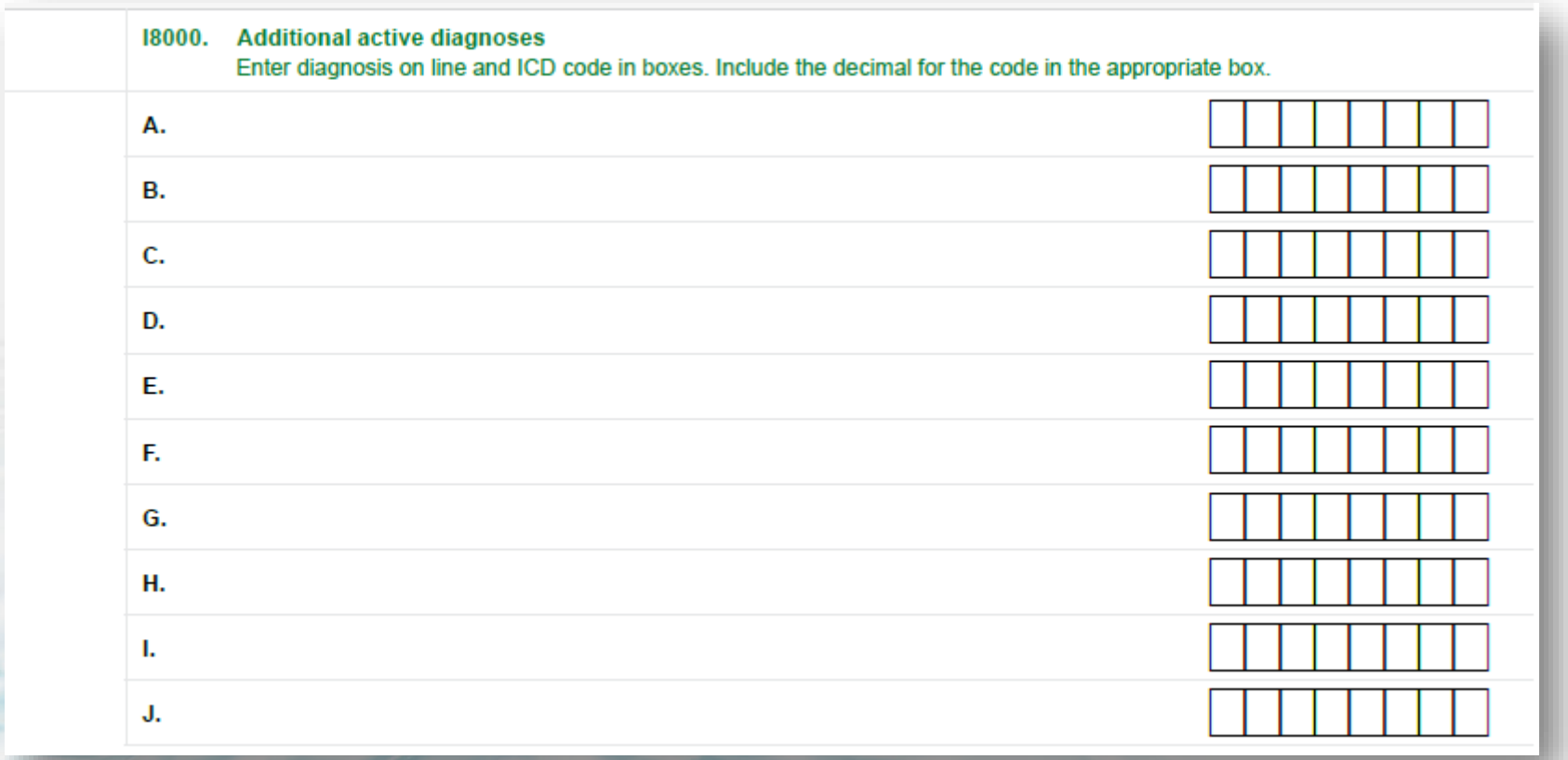
PDPM Refresher: SLP/SLP Related Comorbidity

- **Section I0100 – I7000:**

	Neurological CATs $$
☐	I4200. Alzheimer's Disease CAA: 7
☐	I4300. Aphasia
☐	I4400. Cerebral Palsy
☐	I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke
☐	I4800. Non-Alzheimer's Dementia (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases) CAA: 7
☐	I4900. Hemiplegia or Hemiparesis
☐	I5000. Paraplegia
☐	I5100. Quadriplegia
☐	I5200. Multiple Sclerosis (MS)
☐	I5250. Huntington's Disease
☐	I5300. Parkinson's Disease
☐	I5350. Tourette's Syndrome
☐	I5400. Seizure Disorder or Epilepsy
☐	I5500. Traumatic Brain Injury (TBI)

PDPM Refresher: SLP/SLP Related Comorbidity

- **Section I8000:**



I8000. Additional active diagnoses
Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.

A.	
B.	
C.	
D.	
E.	
F.	
G.	
H.	
I.	
J.	

PDPM Refresher: SLP/SLP Related Comorbidity

- **Section I8000:**

- Laryngeal Cancer (Example of 5 codes)

Comorbidity Description	ICD-10-CM Code	ICD-10-CM Code Description
Laryngeal Cancer	C32.0	Malignant neoplasm of glottis

- Apraxia (Example of 6 codes)

Comorbidity Description	ICD-10-CM Code	ICD-10-CM Code Description
Apraxia	I69.390	Apraxia following cerebral infarction

PDPM Refresher: SLP/SLP Related Comorbidity

- **Section I8000:**

- Dysphagia (Example of 6 codes)

Comorbidity Description	ICD-10-CM Code	ICD-10-CM Code Description
Dysphagia	I69.991	Dysphagia following unspecified cerebrovascular disease

- ALS (Example of 1 code)

Comorbidity Description	ICD-10-CM Code	ICD-10-CM Code Description
ALS	G12.21	Amyotrophic lateral sclerosis

PDPM Refresher: SLP/SLP Related Comorbidity

- **Section I8000:**

- Oral Cancers (Example of 49 codes)

Comorbidity Description	ICD-10-CM Code	ICD-10-CM Code Description
Oral Cancers	C02.2	Malignant neoplasm of ventral surface of tongue

- Speech and Language Deficits (Example of 30 codes)

Comorbidity Description	ICD-10-CM Code	ICD-10-CM Code Description
Speech and Language Deficits	I69.020	Aphasia following nontraumatic subarachnoid hemorrhage

PDPM Refresher: SLP/SLP Related Comorbidity

- **Section O:**

Respiratory Treatments $$ QRP			
C1. Oxygen therapy(b) ♠(a,c)	X	☐	X
C2. Continuous ♠(a,c)	X		X
C3. Intermittent ♠(a,c)	X		X
C4. High-concentration ♠(a,c)	X		X
D1. Suctioning(b) ♠(a,c)	X	☐	X
D2. Scheduled ♠(a,c)	X		X
D3. As needed ♠(a,c)	X		X
★ E1. Tracheostomy care(b) ♠(a,c)	X	☐	X
★ F1. Invasive Mechanical Ventilator (ventilator or respirator)(b) ♠(a,c)	X	☐	X

- **O0110E1, Tracheostomy care:** 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.
- **O0110F1, Invasive Mechanical Ventilator (ventilator or respirator)** 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.

PDPM Refresher: SLP/Cognitive Impairment

Step 3:

Calculate the resident's PDPM cognitive level using the following mapping:

Table 6: Calculation of PDPM Level from BIMS

PDPM Cognitive Level	BIMS Score
Cognitively Intact	13-15
Mildly Impaired	8-12
Moderately Impaired	0-7
Severely Impaired	-

PDPM Cognitive Level: _____

If the resident's Summary Score is 99 (resident interview not successful) or the Summary Score is blank (resident interview not attempted and skipped) or the Summary Score has a dash value (not assessed), then proceed to Step #2 to use the Staff Assessment for Mental Status for the PDPM cognitive level.

- **Do not complete the Staff Assessment for Mental Status items** (C0700–C1000) if the resident interview should have been conducted but was not done.
- Because a PDPM cognitive level is utilized in the speech language pathology (SLP) payment component of PDPM, **only in the case of PPS assessments, staff may complete the Staff Assessment for Mental Status for an interviewable resident when the resident is unexpectedly discharged from a Part A stay prior to the completion of the BIMS**. In this case, the assessor should enter 0, No in C0100: Should Brief Interview for Mental Status Be Conducted? and proceed to the Staff Assessment for Mental Status.

PDPM Refresher: SLP/Cognitive Impairment

A. The resident classifies as severely impaired if one of the following conditions exists:

a. Condition 1

- **Comatose** (B0100 = 1) **and**
- **completely dependent or activity did not occur** (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88).

b. Condition 2

- Severely impaired cognitive skills for daily decision making (C1000 = 3)

PDPM Refresher: SLP/Cognitive Impairment

B. If the resident is not severely impaired based on Step A, then determine the resident's Basic Impairment Count and Severe Impairment Count.

For each of the conditions below that applies, add one to the **Basic Impairment Count**

a. **In Cognitive Skills for Daily Decision Making**, the resident has modified independence or is moderately impaired (C1000 = 1 or 2). = _____

b. **In Makes Self Understood**, the resident is usually understood, sometimes understood, or rarely/never understood (B0700 = 1, 2, or 3). = _____

c. **Based on the Staff Assessment for Mental Status**, the resident has a memory problem (C0700 = 1). = _____

Sum a., b., and c. to get the **Basic Impairment Count**: _____

PDPM Refresher: **SLP/Cognitive Impairment**

For each of the conditions below that applies, add one to the **Severe Impairment Count**

a. **In Cognitive Skills for Daily Decision Making**, the resident is moderately impaired (C1000 = 2). = _____

b. **In Makes Self Understood**, the resident is sometimes understood or rarely/never understood (B0700 = 2 or 3). = _____

Sum a. and b. to get the **Severe Impairment Count:** _____

PDPM Refresher: **SLP/Cognitive Impairment**

C. The resident classifies as **moderately impaired** if the Severe Impairment Count is 1 or 2 and the Basic Impairment Count is 2 or 3.

D. The resident classifies as **mildly impaired** if the Basic Impairment Count is 1 and the Severe Impairment Count is 0, 1, or 2, **or** if the Basic Impairment Count is 2 or 3 and the Severe Impairment Count is 0.

E. The resident classifies as **cognitively intact** if both the Severe Impairment Count and Basic Impairment Count are 0.

PDPM Refresher: SLP/Swallowing Disorder

- **Step 4:**

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

PDPM Refresher: SLP/Swallowing Disorder

- **K0100A, loss of liquids/solids from mouth when eating or drinking**. When the resident has food or liquid in their 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.

PDPM Refresher: SLP/Swallowing Disorder

- **Steps for Assessment**
  - **Ask the resident** if they have had any difficulty swallowing during the 7-day look-back period. Ask about each of the symptoms in K0100A through K0100D.
  - **Observe the resident** during meals or at other times when they are eating, drinking, or swallowing to determine whether any of the listed symptoms of possible swallowing disorder are exhibited.
  - **Interview staff members** on all shifts who work with the resident and ask if any of the four listed symptoms were evident during the 7-day look-back period.
  - **Review the medical record**, including nursing, physician, dietary, and speech language pathologist notes, and any available information on dental history or problems. Dental problems may include poor fitting dentures, dental caries, edentulous, mouth sores, tumors and/or pain with food consumption.

PDPM Refresher: SLP/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.

PDPM Refresher: SLP/Mechanically Altered Diet

- **Step 5:**

K0520. Nutritional Approaches CATs $$ QRP

Check all of the following nutritional approaches that apply

1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	Performed *while NOT a resident* of this facility and within the *last 7 days* Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.	Performed *while a resident* of this facility and within the *last 7 days*	Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

	Check all that apply	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
A.	Parenteral/IV feeding *(2,3)* CAA: *12*(2,3)*, *14*(2,3)*, ♠*(1,4)*	X			X
B.	Feeding Tube (e.g. nasograstric or abdominal (PEG)) *(2,3)* CAA: *13*(2,3)*, *14*(2,3)*, ♠ *(1,4)*	X			X
C.	Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) *(3)* CAA: *12*(3)*, ♠*(1,4)*	X			X
D.	Therapeutic diet (e.g., low salt, diabetic, low cholesterol) CAA: *12*(3)*, ♠*(1,4)*	X			X
Z.	None of the above ♠*(1,4)*	X			X

PDPM Refresher: SLP/Mechanically Altered Diet

- **K0520CB Mechanically Altered Diet/While a Resident:**
  - A diet specifically prepared to alter the texture or consistency of food to facilitate oral intake.
  - **Examples:** include soft solids, puréed foods, ground meat, and thickened liquids.
  - A mechanically altered diet should not automatically be considered a therapeutic diet.
- **Steps for Assessment:**
  - **Review the medical record** to determine if any of the listed nutritional approaches were performed during the look-back period.
- **Coding Tips:**
  - Assessors **should not capture** a trial of a mechanically altered diet (e.g., pureed food, thickened liquids) during the observation period in K0520C, mechanically altered diet.

PDPM Refresher: SLP HIPPS Placement

- **Example HIPPS Indicator:** The first four positions of the HIPPS code contain the PDPM classification codes for each PDPM component to be billed for Medicare reimbursement. The last position of the HIPPS code represents the assessment type.
- N I N E 1 (Remember I69.991 Dysphagia following unspecified cerebrovascular disease)

Table 2. Second Character: SLP Component

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group	HIPPS Character
None	Neither	SA	A
None	Either	SB	B
None	Both	SC	C
Any one	Neither	SD	D
Any one	Either	SE	E
Any one	Both	SF	F
Any two	Neither	SG	G
Any two	Either	SH	H
Any two	Both	SI	I
All three	Neither	SJ	J
All three	Either	SK	K
All three	Both	SL	L

PDPM Refresher: **Next Steps**

- **The Interdisciplinary Approach**
  - Each PDPM category should be an effort by the whole IDT to ensure that the final HIPPS Indicator matches the unique characteristics of the resident being assessed.
  - Use the tools provided (PDPM Navigator and Document Navigator).
  - Share the BIMS, complete early and late.
  - Don’t leave the HIPPS to chance. Set and then meet the expectation.
  - Become familiar with diagnosis the mapping system.
  - Follow the complete guidelines for primary diagnosis.
  - Be sure I8000 is complete and accurate.
  - Use the full 7 days to capture swallowing disorders.
  - Understand the complete RAI manual coding guidance.
  - PDPM was designed to capture resident characteristics for accurate payment. This requires diligence and compliance.

QUESTIONS?