## Background

On October 1, 2019, a new payment model, the Patient Driven Payment Model (PDPM), will go into effect, replacing the long-standing RUGs system for reimbursement of Part A Medicare FFS claims under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS). The SNF benefit will not change, but the way patients are classified for payment will change substantially. One of the biggest changes and an important component of success under PDPM, will be the role of ICD-10 coding.

Under PDPM, the primary reason for SNF admission will need to be entered into a new ICD-10 field on the Minimum Data Set 3.0 Assessments (MDS). This primary reason for the SNF admission ICD-10 code will be the foundation from which each PDPM case-mix category will be determined: Occupational Therapy, Physical Therapy, Speech Language Pathology, Non-Therapy Ancillary Services, and Nursing.

To help our members better understand their ICD-10 coding practices, we have produced a PDPM Special Issue of Your Top-Line available on LTC Trend Tracker. This special issue uses ICD-10 codes from your 2018 MDS assessments to show how your past coding practices would translate to case-mix categories under PDPM.

## Frequently Asked Questions:

### How do I use this publication?

This resource is meant to provide a snapshot of how you have been coding ICD-10 fields on your MDS in the past. Do not worry if you have codes that do not map to PDPM on this report since that was not part of the system in place. Under PDPM, the primary reason for admission for Part A FFS Medicare admissions will be the only ICD-10 code that needs to map to a PDPM category. The other codes you are using are still valid as comorbidities in the I8000 fields and may also be appropriate for non-Part A FFS Medicare patients as a reason for admission.

This snapshot will prepare you to think about what alternative ICD-10 coding practices your clinical team needs to come up with when filling out the 5-day PPS Assessment to ensure you do not leave money on the table. It helps you establish a baseline for not only ICD-10 coding practices, but also for a number of other elements of the MDS we anticipate CMS will monitor to see if and how providers are changing their behavior.

The figures included in the report also give you a sense of what base clinical categories your patients fall into under PDPM and how many SLP and NTA comorbidities you are capturing in your coding practices at this time.

If you are not feeling confident about your ability to correctly code ICD-10 under PDPM, AHCA has made many resources available to help you. These resources are listed below.

### Where do these data come from?

AHCA used the PPS 5-Day Assessments from your 2018 MDS data to create this report. This report uses the ICD-10 codes currently available from the I8000 fields to predict which ICD-10 codes you are most likely to use in your facility because the primary reason for SNF admission, variable I0020B, does not yet exist on the MDS.

### What does "Return to Provider" mean?

ICD-10 codes indicated as "Return to Provider" means that an assessment and/or claim may come back to the provider for correction if they use that code as the primary reason for SNF admission for a Part A FFS Medicare resident after October 1, 2019. Under PDPM, only a subset of all ICD-10 codes that exist are valid for use as the primary reason for SNF admission for Part A FFS Medicare residents. If a valid code is not used, i.e. is "Return to Provider", that claim will be sent back to the provider for recoding. Codes that may be used and those that are "Return to Provider" can be found in a list published by CMS here.

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Your software vendor should be aware of this list and should have programmed this into your software so that you are given a warning or error if you try to use a "Return to Provider" code. If your vendor is not aware of this list, you should discuss this with them or consider a different vendor who is prepared to provide PDPM support.

## Do I need to stop using "Return to Provider" codes?

It depends. If you are coding the primary reason for SNF admission in MDS item I0020B, you should not use "Return to Provider" codes. If you are entering comorbidities in the I8000 fields on the MDS or filling out an assessment for a non-Part A FFS Medicare admission, these same codes are still appropriate to use. There is nothing wrong with those ICD-10 codes themselves, they are just not among the list of codes that CMS will accept specifically under PDPM.

## Why are some values censored and what does that mean?

The data used for this report are individual patient level data that AHCA has been given permission to use for research purposes. Part of the requirements of our data use agreement with CMS is that if fewer than 11 people are represented in a statistic, that statistic needs to be censored to protect patient privacy. Therefore, if something is marked "censored," that indicates there were less than 11 individuals represented, and AHCA is not permitted to display the value.

## How do I know what each ICD-10 code is without a description?

If you would like to know what the codes are in your report, we have put together a supplementary table that shows all of the ICD-10 codes you used in your building in 2018. You may download a zip file that contains these files for all facilities with MDS data here. You may identify your facility from the 6-digit CMS Certification Number, also called the CCN or the Medicare Provider Number or Provider ID. You may also check against the list of codes from CMS's website here.

## In Table 6, why do I have "N/A" in the PPS Discharge Group Therapy field?

The variable for PPS Discharge Group Therapy minutes does not yet exist on the MDS. It will be included on the MDS starting October 1. Because these data are from 2018, this variable was not available. However, AHCA would like to keep track of this variable moving forward and have made sure to account for it once it becomes available to us.

## Where can we find descriptions of the MDS items in Table 6?

You may find these item names on the MDS assessments themselves. You may download the item sets that will be used for MDS starting October 1, 2019 here. If you would like a more in-depth explanation of how and when to code each item, you may read about it in the MDS 3.0 RAI Manual here.

## Where can I find the facility wide ICD-10 coding excel sheet?

You may find your facility's file contained in a downloadable zip file here. This zip file contains the full, national set of 15,000+ SNFs, so you will need your 6-digit CMS Certification Number, also called the CCN or the Medicare Provider Number or Provider ID, to identify which file is for your facility. The excel file for your facility will show a list of all ICD-10 codes entered in the I8000 fields on MDS assessments in your facility in 2018.

## Why are all of the ICD-10 excel files publicly available and not in Trend Tracker?

AHCA is allowed to use MDS data for research purposes, but not for proprietary purposes. Therefore, AHCA must make any reports generated from our research data available for public access and cannot have it behind the Trend Tracker pay wall.

## Is something wrong with Figure 1? Can we still use the report if the bars are not lined up?

Creating this report involved many people, programs, and stages. At one stage, we had a small rounding issue that was unfortunately not caught until after the production and upload of the reports to Trend Tracker. They should not be off by

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more than 1 percent, so the values are still informative, and the underlying calculations are correct. The displayed values were simply rounded incorrectly. We apologize for this inconvenience.

## Should we expect to receive more PDPM Special Issues of Your Top-Line?

AHCA will not put out another PDPM specific issue of Your Top-Line. However, we will pull some of the tables from this report to include on the regular Your Top-Line going forward. If you have elements you would particularly like to see maintained, please let us know at research@acha.org.

## Where can I find more information on PDPM?

**From AHCA:**

Resources for all AHCA members may be found here: https://educate.ahcancal.org/pdpm

Those enrolled in the PDPM Academy may find resources here: https://educate.ahcancal.org/pdpmacademy

Those who would like to enroll in the virtual PDPM Academy may find registration information here: https://educate.ahcancal.org/products/virtual-ahca-patient-driven-payment-model-training

Information on ICD-10 coding courses may be found here: https://educate.ahcancal.org/products/ahcaahima-icd-10-training-for-pdpm-coder for coders and https://educate.ahcancal.org/products/ahcaahima-icd-10-training-for-pdpm-non-coder for noncoders.

**From CMS:**

The primary location for PDPM information from CMS is here: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html

Some additional information on the research behind PDPM may be found at the following two links:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/index.html