

PHYSICIAN'S ROLE IN PDPM/ICD-10 DIAGNOSIS IMPLEMENTATION & DOCUMENTATION



PHYSICIANS/NP/PA (We need your assistance for the following):

- **Review of diagnosis list (on skilled residents) for all current diagnoses and recent surgeries while in hospital**
- **Specificity of the diagnoses to include laterality, complication documentation**
- **Clinical Documentation Improvement process – same as you do in the Acute Hospital; have supporting clinical documentation for the diagnosis for each resident to support accurate coding for CARE & BILLING**
- **Clarify any conflicting or lacking documentation**
- **Make sure your office is billing diagnoses that match the resident chart**

WHAT THE FACILITY WILL ASSIST WITH

Upon admission of a skilled resident, the MDS Nurse/Clinical Team – Health Information Record Designee will:

- **Obtain the acute H&P/discharge summary/ operation report and/or type surgery upon transfer to the facility**
- **Identify diagnoses from the acute H&P, discharge summary and facility H&P – and determine active diagnoses**
- **Using the diagnosis worksheet, identify all active diagnoses/conditions – make available for review**
- **Sequence the active diagnoses and select the primary reason for skilled coverage and code using the ICD-10 book**
- **Identify any diagnoses needing MD clarification with specificity, laterality, or conflicting documentation, addressed per ICD-10 coding requirements/CDI**
- **Diagnoses, starting in late June, will need to assure coding for PDPM is being done (as resident could still be in facility 10/1/19)**
- **Whenever diagnoses are updated in the computer, print new facesheets/old facesheets are removed and filed/place new facesheets on the chart**