

A presentation slide with a dark background. On the left, a rocket ship is launching against a teal background. In the center, the text "PDPM HAS LANDED! NOW WHAT?" is written in large, bold, white letters. Below this, the presenter's name "Roxie Maceda, MDS Resource" and company "Ensign Services" are listed, along with the date "3/12/2020". A yellow box highlights "164 PDPM Days!!!". At the bottom right, a small orange box contains the number "1".

# PDPM HAS LANDED! NOW WHAT?

Roxie Maceda, MDS Resource  
Ensign Services  
3/12/2020

**164 PDPM Days!!!**

1

1

A presentation slide with a dark background. The title "Our Things to do in an Hour!" is at the top left. On the top right, there is an emoji of a person with glasses and a mustache pointing at a blackboard. Below the title are four numbered boxes, each containing a task and a list of items. At the bottom left is the logo for "Roxie Maceda MDS Resource". At the bottom right, a small orange box contains the number "2".

## Our Things to do in an Hour!

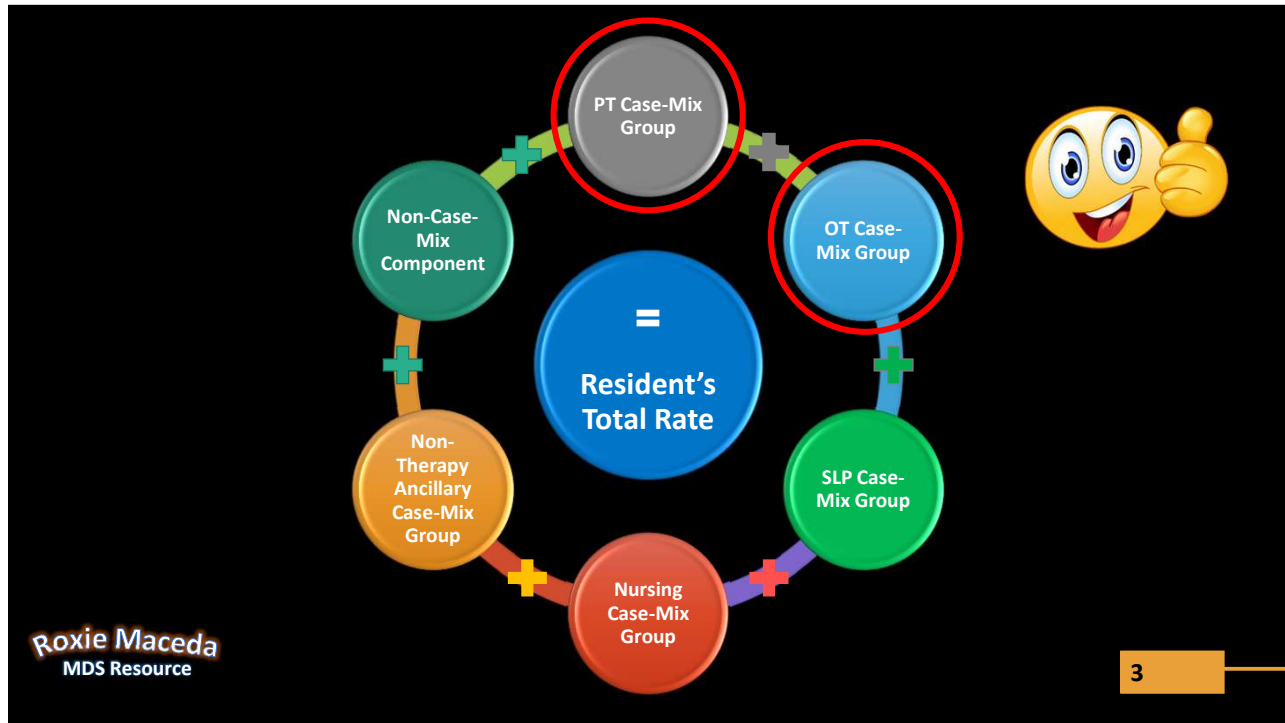


- 1**  
PT/OT and SLP Case Mix Groups
  - Top 5 Tips and Takeaways
- 2**  
Nursing Case Mix Group
  - Top 5 Missed Opportunities
- 3**  
Non-Therapy Ancillaries Case Mix Group
  - Top 10 Discoveries
- 4**  
PDPM Overall Top 5 Tips

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2

2



3

## Determine PT AND OT Clinical Categories



10020B. ICD Code

--	--	--	--	--	--	--	--

ICD-10 Code	Description	Default Clinical Category	Assess for a Major Procedure Using the Five-Component Rule for Decisions on the Case-Mix
86.00	Open joint replacement of lower extremity	Open Orthopedic	Yes
86.01	Open joint replacement of upper extremity	Open Orthopedic	Yes
86.02	Open hip arthroplasty	Open Orthopedic	Yes
86.03	Open knee arthroplasty	Open Orthopedic	Yes
86.04	Open total hip arthroplasty	Open Orthopedic	Yes
86.05	Open total knee arthroplasty	Open Orthopedic	Yes
86.06	Open hip arthroscopy	Open Orthopedic	Yes
86.07	Open knee arthroscopy	Open Orthopedic	Yes
86.08	Open hip arthroplasty	Open Orthopedic	Yes
86.09	Open hip arthroplasty	Open Orthopedic	Yes
86.10	Open hip arthroplasty	Open Orthopedic	Yes
86.11	Open hip arthroplasty	Open Orthopedic	Yes
86.12	Open hip arthroplasty	Open Orthopedic	Yes
86.13	Open hip arthroplasty	Open Orthopedic	Yes
86.14	Open hip arthroplasty	Open Orthopedic	Yes
86.15	Open hip arthroplasty	Open Orthopedic	Yes
86.16	Open hip arthroplasty	Open Orthopedic	Yes
86.17	Open hip arthroplasty	Open Orthopedic	Yes
86.18	Open hip arthroplasty	Open Orthopedic	Yes
86.19	Open hip arthroplasty	Open Orthopedic	Yes
86.20	Open hip arthroplasty	Open Orthopedic	Yes
86.21	Open hip arthroplasty	Open Orthopedic	Yes
86.22	Open hip arthroplasty	Open Orthopedic	Yes
86.23	Open hip arthroplasty	Open Orthopedic	Yes
86.24	Open hip arthroplasty	Open Orthopedic	Yes
86.25	Open hip arthroplasty	Open Orthopedic	Yes
86.26	Open hip arthroplasty	Open Orthopedic	Yes
86.27	Open hip arthroplasty	Open Orthopedic	Yes
86.28	Open hip arthroplasty	Open Orthopedic	Yes
86.29	Open hip arthroplasty	Open Orthopedic	Yes
86.30	Open hip arthroplasty	Open Orthopedic	Yes
86.31	Open hip arthroplasty	Open Orthopedic	Yes
86.32	Open hip arthroplasty	Open Orthopedic	Yes
86.33	Open hip arthroplasty	Open Orthopedic	Yes
86.34	Open hip arthroplasty	Open Orthopedic	Yes
86.35	Open hip arthroplasty	Open Orthopedic	Yes
86.36	Open hip arthroplasty	Open Orthopedic	Yes
86.37	Open hip arthroplasty	Open Orthopedic	Yes
86.38	Open hip arthroplasty	Open Orthopedic	Yes
86.39	Open hip arthroplasty	Open Orthopedic	Yes
86.40	Open hip arthroplasty	Open Orthopedic	Yes
86.41	Open hip arthroplasty	Open Orthopedic	Yes
86.42	Open hip arthroplasty	Open Orthopedic	Yes
86.43	Open hip arthroplasty	Open Orthopedic	Yes
86.44	Open hip arthroplasty	Open Orthopedic	Yes
86.45	Open hip arthroplasty	Open Orthopedic	Yes
86.46	Open hip arthroplasty	Open Orthopedic	Yes
86.47	Open hip arthroplasty	Open Orthopedic	Yes
86.48	Open hip arthroplasty	Open Orthopedic	Yes
86.49	Open hip arthroplasty	Open Orthopedic	Yes
86.50	Open hip arthroplasty	Open Orthopedic	Yes
86.51	Open hip arthroplasty	Open Orthopedic	Yes
86.52	Open hip arthroplasty	Open Orthopedic	Yes
86.53	Open hip arthroplasty	Open Orthopedic	Yes
86.54	Open hip arthroplasty	Open Orthopedic	Yes
86.55	Open hip arthroplasty	Open Orthopedic	Yes
86.56	Open hip arthroplasty	Open Orthopedic	Yes
86.57	Open hip arthroplasty	Open Orthopedic	Yes
86.58	Open hip arthroplasty	Open Orthopedic	Yes
86.59	Open hip arthroplasty	Open Orthopedic	Yes
86.60	Open hip arthroplasty	Open Orthopedic	Yes
86.61	Open hip arthroplasty	Open Orthopedic	Yes
86.62	Open hip arthroplasty	Open Orthopedic	Yes
86.63	Open hip arthroplasty	Open Orthopedic	Yes
86.64	Open hip arthroplasty	Open Orthopedic	Yes
86.65	Open hip arthroplasty	Open Orthopedic	Yes
86.66	Open hip arthroplasty	Open Orthopedic	Yes
86.67	Open hip arthroplasty	Open Orthopedic	Yes
86.68	Open hip arthroplasty	Open Orthopedic	Yes
86.69	Open hip arthroplasty	Open Orthopedic	Yes
86.70	Open hip arthroplasty	Open Orthopedic	Yes
86.71	Open hip arthroplasty	Open Orthopedic	Yes
86.72	Open hip arthroplasty	Open Orthopedic	Yes
86.73	Open hip arthroplasty	Open Orthopedic	Yes
86.74	Open hip arthroplasty	Open Orthopedic	Yes
86.75	Open hip arthroplasty	Open Orthopedic	Yes
86.76	Open hip arthroplasty	Open Orthopedic	Yes
86.77	Open hip arthroplasty	Open Orthopedic	Yes
86.78	Open hip arthroplasty	Open Orthopedic	Yes
86.79	Open hip arthroplasty	Open Orthopedic	Yes
86.80	Open hip arthroplasty	Open Orthopedic	Yes
86.81	Open hip arthroplasty	Open Orthopedic	Yes
86.82	Open hip arthroplasty	Open Orthopedic	Yes
86.83	Open hip arthroplasty	Open Orthopedic	Yes
86.84	Open hip arthroplasty	Open Orthopedic	Yes
86.85	Open hip arthroplasty	Open Orthopedic	Yes
86.86	Open hip arthroplasty	Open Orthopedic	Yes
86.87	Open hip arthroplasty	Open Orthopedic	Yes
86.88	Open hip arthroplasty	Open Orthopedic	Yes
86.89	Open hip arthroplasty	Open Orthopedic	Yes
86.90	Open hip arthroplasty	Open Orthopedic	Yes
86.91	Open hip arthroplasty	Open Orthopedic	Yes
86.92	Open hip arthroplasty	Open Orthopedic	Yes
86.93	Open hip arthroplasty	Open Orthopedic	Yes
86.94	Open hip arthroplasty	Open Orthopedic	Yes
86.95	Open hip arthroplasty	Open Orthopedic	Yes
86.96	Open hip arthroplasty	Open Orthopedic	Yes
86.97	Open hip arthroplasty	Open Orthopedic	Yes
86.98	Open hip arthroplasty	Open Orthopedic	Yes
86.99	Open hip arthroplasty	Open Orthopedic	Yes
86.00	Open hip arthroplasty	Open Orthopedic	Yes

Clinical Category	GG Function Score	PT and OT Case-Mix Group	PT CMI	OT CMI
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49
	6-9	TB	1.69	1.63
	10-23	TC	1.88	1.68
	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
	6-9	TF	1.61	1.59
	10-23	TG	1.67	1.64
	24	TH	1.16	1.15
Medical Management	0-5	TI	1.13	1.17
	6-9	TJ	1.42	1.44
	10-23	TK	1.52	1.54
	24	TL	1.09	1.11
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27	1.30
	6-9	TN	1.48	1.49
	10-23	TO	1.55	1.55
	24	TP	1.08	1.09

4

**Ranked from Highest to Lowest Reimbursement  
Based on unadjusted Rate for FY 2020 for Orange County**

PT/OT	Rate	Clinical Category	Function Score
TC	\$ 248.12	Major Joint Replacement or Spinal Surgery	10-23
TD	\$ 240.30	Major Joint Replacement or Spinal Surgery	24
TB	\$ 231.18	Major Joint Replacement or Spinal Surgery	6-9
TG	\$ 229.69	Orthopedic	10-23
TF	\$ 222.70	Orthopedic	6-9
TO	\$ 215.05	Non-Orthopedic Surgery	10-23
TK	\$ 212.22	Medical Management	10-23
TA	\$ 209.60	Major Joint Replacement or Spinal Surgery	0-5
TN	\$ 206.67	Non-Orthopedic Surgery and Acute Neuro	6-9
TJ	\$ 199.02	Medical Management	6-9
TE	\$ 196.34	Orthopedic	0-5
TM	\$ 178.21	Non-Orthopedic Surgery and Acute Neuro	0-5
TH	\$ 160.27	Other Orthopedic	24
TI	\$ 160.12	Medical Management	0-5
TL	\$ 152.56	Medical Management	24
TP	\$ 150.51	Non-Orthopedic Surgery and Acute Neuro	24

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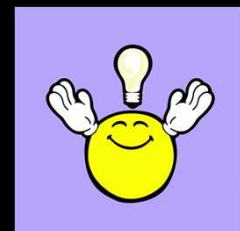
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**Top 5 ways to know if you are Maximizing the PT/OT CMG**

1. Are we having IDT Discussion- Primary Reason for Medicare Stay- I200B; Major Surgery?
2. If there are more than one competing primary diagnosis are we using the most financially sound option?
3. Do we know if our Functional GG scores are just 1-2 points away from the next CMG?
4. Do we data gather for GG from different sources- PT, OT, Nursing?
5. Are we aware of the Functional Score impact?
  - More dependent Scores can lead to Lower PT/OT CMI?
  - **Do we know that the "Sweet Spot" for PT and OT CMG is Typically GG score of 10-23?**
  - Are we avoiding coding Activity not attempted when possible= it becomes a "0" PDPM score?
  - Are we using the GG Decision Tree from RAI?

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6

**START DECISION TREE HERE**

Does the patient/resident complete the activity – with or without assistive devices – by him/herself and with no assistance (physical, verbal/nonverbal cueing, setup/clean-up)? YES → **06 – Independent**

NO

Does the patient/resident need only setup/clean-up assistance from one helper? YES → **05 – Setup/Clean-up Assistance**

NO

Does the patient/resident need only verbal/nonverbal cueing or steadying/touching/contact guard assistance from one helper? YES → **04 – Supervision/touching assistance**

NO

Does the patient/resident need physical assistance – for example lifting or trunk support – from one helper with the helper providing less than half of the effort? YES → **03 – Partial/moderate assistance**

NO

Does the patient/resident need physical assistance – for example lifting or trunk support – from one helper with the helper providing more than half of the effort? YES → **02 – Substantial/maximal assistance**

NO

Does the helper provide all the effort to complete the activity OR is the assistance of 2 or more helpers required to complete activity? YES → **01 – Dependent**

**Use the GG Decision Tree in the RAI Manual**

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**7**

7

**Resident's Total Rate**

PT Case-Mix Group

OT Case-Mix Group

SLP Case-Mix Group

Nursing Case-Mix Group

Non-Therapy Ancillary Case-Mix Group

Non-Case-Mix Component

**SLP CMG**

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**8**

8

0020. Indicate the resident's primary medical condition

Indicate the resident's primary medical condition

- 01. Stroke
- 02. Non-Traumatic Brain Dysfunction
- 03. Traumatic Brain Dysfunction
- 04. Non-Traumatic Spinal Cord Dysfunction
- 05. Traumatic Spinal Cord Dysfunction
- 06. Progressive Neurological Conditions
- 07. Other Neurological Conditions
- 08. Amputation
- 09. Hip and Knee Replacement
- 10. Fractures and Other Multiple Trauma
- 11. Other Orthopedic Conditions
- 12. Debility, Cardiorespiratory Conditions
- 13. Medically Complex Conditions

I0020B. ICD Code

ICD-10 Code	Description	Check Other Codes
I00100	Presence of acute neurologic condition to be used with other codes	Yes/No
I00101	Presence of acute neurologic condition to be used with other codes	Yes/No
I00102	Presence of acute neurologic condition to be used with other codes	Yes/No
I00103	Presence of acute neurologic condition to be used with other codes	Yes/No
I00104	Presence of acute neurologic condition to be used with other codes	Yes/No
I00105	Presence of acute neurologic condition to be used with other codes	Yes/No
I00106	Presence of acute neurologic condition to be used with other codes	Yes/No
I00107	Presence of acute neurologic condition to be used with other codes	Yes/No
I00108	Presence of acute neurologic condition to be used with other codes	Yes/No
I00109	Presence of acute neurologic condition to be used with other codes	Yes/No
I00110	Presence of acute neurologic condition to be used with other codes	Yes/No
I00111	Presence of acute neurologic condition to be used with other codes	Yes/No
I00112	Presence of acute neurologic condition to be used with other codes	Yes/No
I00113	Presence of acute neurologic condition to be used with other codes	Yes/No
I00114	Presence of acute neurologic condition to be used with other codes	Yes/No
I00115	Presence of acute neurologic condition to be used with other codes	Yes/No
I00116	Presence of acute neurologic condition to be used with other codes	Yes/No
I00117	Presence of acute neurologic condition to be used with other codes	Yes/No
I00118	Presence of acute neurologic condition to be used with other codes	Yes/No
I00119	Presence of acute neurologic condition to be used with other codes	Yes/No
I00120	Presence of acute neurologic condition to be used with other codes	Yes/No
I00121	Presence of acute neurologic condition to be used with other codes	Yes/No
I00122	Presence of acute neurologic condition to be used with other codes	Yes/No
I00123	Presence of acute neurologic condition to be used with other codes	Yes/No
I00124	Presence of acute neurologic condition to be used with other codes	Yes/No
I00125	Presence of acute neurologic condition to be used with other codes	Yes/No
I00126	Presence of acute neurologic condition to be used with other codes	Yes/No
I00127	Presence of acute neurologic condition to be used with other codes	Yes/No
I00128	Presence of acute neurologic condition to be used with other codes	Yes/No
I00129	Presence of acute neurologic condition to be used with other codes	Yes/No
I00130	Presence of acute neurologic condition to be used with other codes	Yes/No
I00131	Presence of acute neurologic condition to be used with other codes	Yes/No
I00132	Presence of acute neurologic condition to be used with other codes	Yes/No
I00133	Presence of acute neurologic condition to be used with other codes	Yes/No
I00134	Presence of acute neurologic condition to be used with other codes	Yes/No
I00135	Presence of acute neurologic condition to be used with other codes	Yes/No
I00136	Presence of acute neurologic condition to be used with other codes	Yes/No
I00137	Presence of acute neurologic condition to be used with other codes	Yes/No
I00138	Presence of acute neurologic condition to be used with other codes	Yes/No
I00139	Presence of acute neurologic condition to be used with other codes	Yes/No
I00140	Presence of acute neurologic condition to be used with other codes	Yes/No
I00141	Presence of acute neurologic condition to be used with other codes	Yes/No
I00142	Presence of acute neurologic condition to be used with other codes	Yes/No
I00143	Presence of acute neurologic condition to be used with other codes	Yes/No
I00144	Presence of acute neurologic condition to be used with other codes	Yes/No
I00145	Presence of acute neurologic condition to be used with other codes	Yes/No
I00146	Presence of acute neurologic condition to be used with other codes	Yes/No
I00147	Presence of acute neurologic condition to be used with other codes	Yes/No
I00148	Presence of acute neurologic condition to be used with other codes	Yes/No
I00149	Presence of acute neurologic condition to be used with other codes	Yes/No
I00150	Presence of acute neurologic condition to be used with other codes	Yes/No

### SLP Component

Presence of Acute Neurologic Condition, SLP-Related Comorbidity\*, or Cognitive Impairment\*\*

**STEP ONE**  
None

**STEP TWO**  
Swallowing disorder (K0510A-D) OR Mechanically Altered Diet (K0510C2)

SLP Case-Mix Group	SLP
SA	\$ 112.94
SB	\$ 99.25
SC	\$ 94.69
SD	\$ 80.21
SE	\$ 79.94
SF	\$ 76.72
SG	\$ 71.62
SH	\$ 62.77
SI	\$ 54.72
SJ	\$ 48.82
SK	\$ 39.17
SL	\$ 18.24

Cognitive Level	BIMS Score	CPS Score
Cognitively intact	13-15	0
Mildly impaired	8-12	1-2
Moderately impaired	0-7	3-4
Severely impaired	-	5-6

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9

## Are you Maximizing the SLP CMG- Top 5 Ways

1. Are we capturing Cognitive Impairment?

Educate on BIMS – SS, SLP, OT, Act, and Nsg.

Youtube- CMS

Beware of Inconsistencies  
BIMS Intact but on SLP for Cognition

Staff Assessment if unable to Complete

Timely BIMS for 5d and IPA's?

10

10

5

# Are you Maximizing the SLP CMG- Top 5 Ways

## 2. Are we capturing SLP Dx?

- Ensure your team is comfortable and familiar with **SLP Co-morbidity ICD-10 Codes**.
- Using PDPM **ICD10 Mapping Tool** FY 2020 –CMS Website



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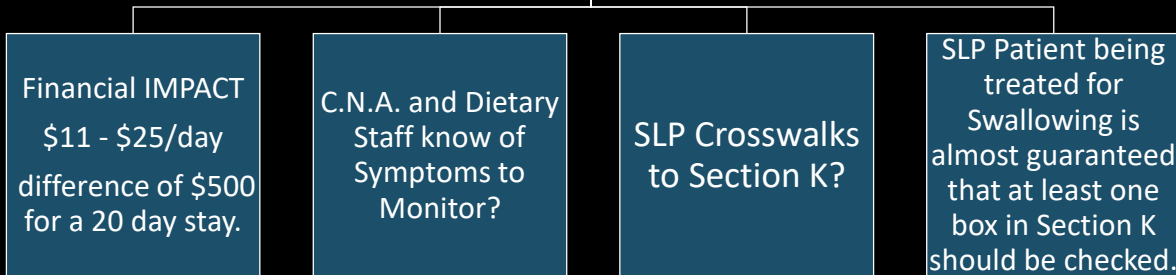


11

11

# Are you Maximizing the SLP CMG- Top 5 Ways

## 3. Are we capturing the Swallowing disorder?



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12

12



## Possible Signs of Difficulty Swallowing

**K0100: Swallowing Disorder**

K0100. Swallowing Disorder  
Signs and symptoms of possible swallowing disorder

Check all that apply

<input type="checkbox"/>	A. Loss of liquids/solids from mouth when eating or drinking
<input type="checkbox"/>	B. Holding food in mouth/cheeks or residual food in mouth after meals
<input type="checkbox"/>	C. Coughing or choking during meals or when swallowing medications
<input type="checkbox"/>	D. Complaints of difficulty or pain with swallowing
<input type="checkbox"/>	Z. None of the above

- Leaking liquids out of mouth when drinking
- Large amounts of food on mouth
- Chewing food far after meal is over
- Holding food in mouth
- Coughing, gagging or Choking on food
- Labored breathing/or difficulty speaking surrounding eating (difficulty coordinating breathing and swallowing)
- Refusal to eat (maybe even weight loss)
- Drooling
- Very prolonged chewing/swallowing
- Food or liquid coming out of the nose
- Pain when swallowing
- Mixing wet foods to make the food (Softer) or frequent drinking to help the food "go down".
- Complaints of food "sticking" or "Stuck" in throat, or "going down the wrong tube, Sensation of food stuck behind chest or throat.
- Wet/gurgled sounding voice during or after eating/drinking
- Coughing or throat clearing after food/liquid
- Multiple attempts to swallow the same mouthful of food
- Regurgitation

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Pre PDPM only 3.7% of assessments report a swallowing problem!

13

13

## Are you Maximizing the SLP CMG- Top 5 Ways

4. Are we capturing Mechanically Altered Diet?

- Pureed
- Soft Solids
- Ground meat
- Thickened liquids



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14

14

# Are you Maximizing the SLP CMG- Top 5 Ways

## 5. Are we not undercoding CVA?



According to the Mayo Clinic, neurologic recovery from a stroke can occur for 12-18 months.

Need neuromuscular re-education from Therapy

Examples of sequela: hemiparesis and hemiplegia, aphasia, dysarthria and dysphagia, joint contractures, vision problems or ongoing mood or cognitive disruptions.

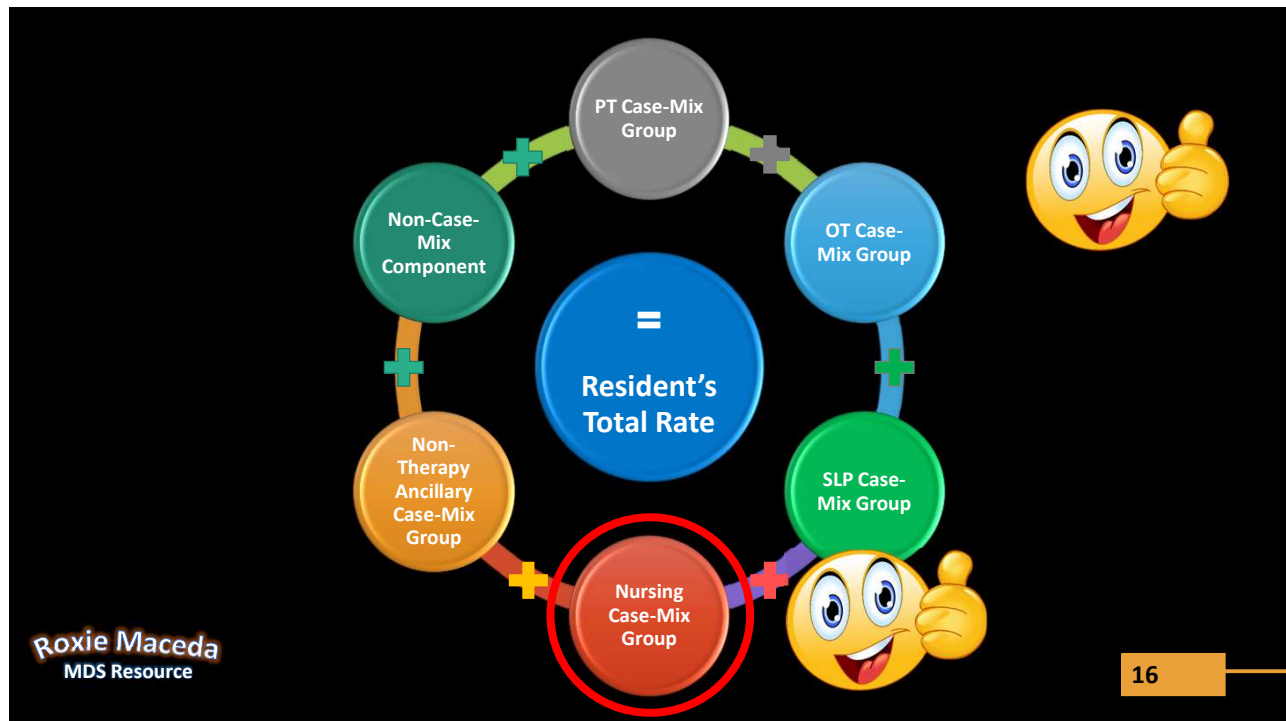
Dysphagia from CVA Should be coded with an I-series ICD-10 in addition to an R-series code to identify the phase.

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15

15



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16

16



## FACTORS USED TO CALCULATE NURSING COMPONENT


GG function score



Qualifying services, conditions, and resources

Indicators of depression

Restorative programs

**CASE MIX CALCULATION**



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17

17

Nursing Case-Mix Classification Groups							
RUG-IV nursing RUG	Extensive services	Clinical conditions	Depression	Number of restorative nursing services	GG-based function score	PDPM nursing case-mix group	Nursing case-mix index
ES3	Tracheostomy & Ventilator				0-14	ES3	<del>4.0604</del>
ES2	Tracheostomy or Ventilator				0-14	ES2	<del>3.0706</del>
ES1	infection				0-14	ES1	<del>2.9394</del>
HE2/HD2		Serious medical conditions e.g. comatose, septicemia, respiratory therapy.	Yes		0-5	HDE2	<del>2.4099</del>
HE1/HD1		Serious medical conditions e.g. comatose, septicemia, respiratory therapy.	No		0-5	HDE1	1.99
HC2/HB2		Serious medical conditions e.g. comatose, septicemia, respiratory therapy.	Yes		6-14	HBC2	<del>2.2423</del>
HC1/HB1		Serious medical conditions e.g. comatose, septicemia, respiratory therapy.	No		6-14	HBC1	<del>1.8685</del>
LE2/LD2		Serious medical conditions e.g. radiation therapy or dialysis	Yes		0-5	LDE2	<del>2.0807</del>
LE1/LD1		Serious medical conditions e.g. radiation therapy or dialysis	No		0-5	LDE1	<del>1.7379</del>
LC2/LB2		Serious medical conditions e.g. radiation therapy or dialysis	Yes		6-14	LBC2	<del>1.7274</del>
LC1/LB1		Serious medical conditions e.g. radiation therapy or dialysis	No		6-14	LBC1	1.43


GG function score

Qualifying services, conditions, and resources

Indicators of depression

Restorative programs

**CASE MIX CALCULATION**



**Start at the highest Nursing Category**

**Go down through the Groups**

**Determine the first CMG the resident Qualifies for**

ES3	\$	508.64
ES2	\$	384.61
ES1	\$	367.07

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18

18



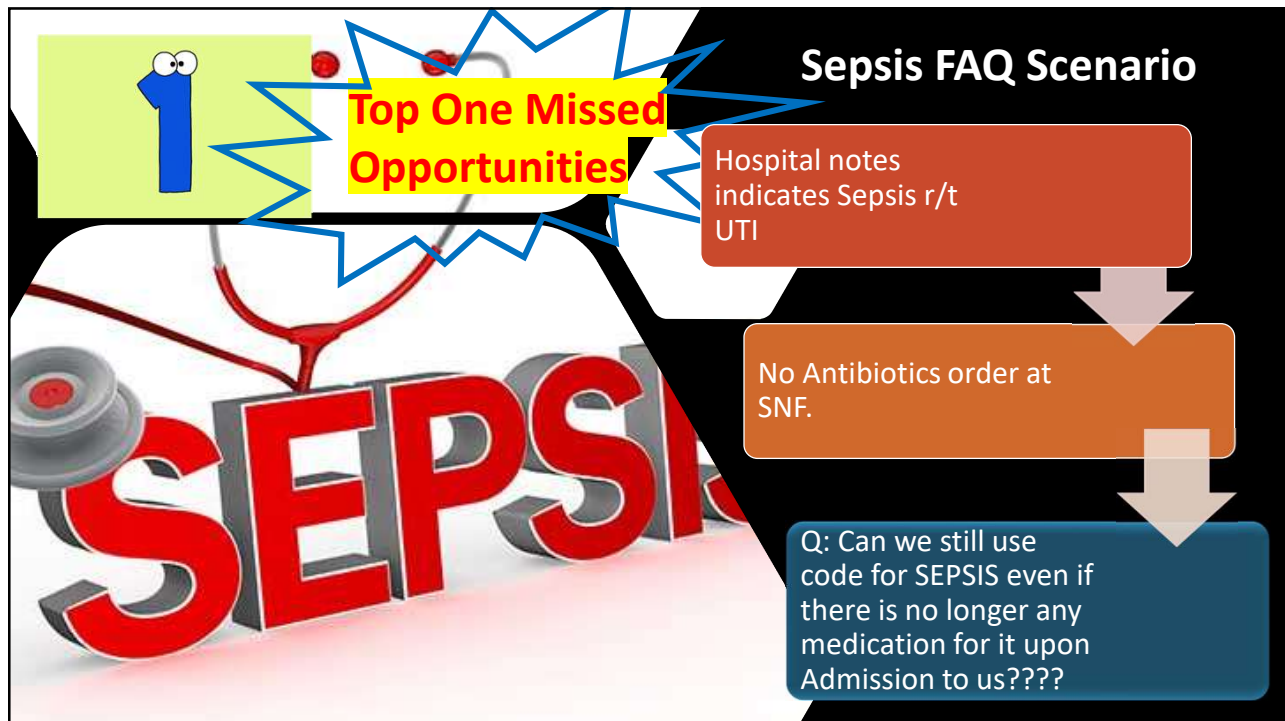
Top 5 Missed Opportunities for Nursing Case Mix Group

Special Care High

HDE2	\$	300.67
HDE1	\$	249.31
HBC2	\$	280.63
HBC1	\$	233.02

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19



**1** Top One Missed Opportunities

**Sepsis FAQ Scenario**

Hospital notes indicates Sepsis r/t UTI

No Antibiotics order at SNF.

Q: Can we still use code for SEPSIS even if there is no longer any medication for it upon Admission to us????

20

# Answer- SEPSIS FAQ

The direct relationship would be

Therapy treating the functional loss

Nursing monitoring vital signs, evaluation of labs such as the CBC or other system failure indicators.

Care Plan and on Daily Documentation

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21

21

## 2 Top Two Missed Opportunities

Special Care High from RESPIRATORY THERAPY

Received daily for 7 days in the look back

Occurs for more than 15 minutes a day

H<sub>2</sub>O

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22

22

**Who can be captured on MDS?**

- Respiratory therapist
- Respiratory Nurse

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23

23

## Per California Board of Vocational Nursing, Scope of practice of LVN

*Would the following respiratory therapy services/ patient care modalities (for patients who are NOT receiving invasive mechanical ventilation) fall under the LVN Scope of Practice?*

- Administration of medication via nebulizer treatment, as prescribed by a physician.  
**Yes, the licensed vocational nurse (LVN) can provide this treatment.**
- Incentive Spirometry exercise as prescribed by a physician.  
**Yes, the licensed vocational nurse (LVN) can teach the patient how to use the incentive spirometer and assist the patient with its use.**
- Deep Breathing Exercise as prescribed by a physician. Provide patient education and instruction deep breathing exercises.  
**Yes, the licensed vocational nurse (LVN) can teach the patient how to do deep breathing exercises.**
- Obtaining and recording of pulse, oxygen saturation and lung sounds before and after the administration of the prescribed Nebulizer treatment, incentive spirometry, and or deep breathing exercise.  
**Yes, the licensed vocational nurse (LVN) can obtain and record pulse, oxygen saturation and lung sounds before and after the administration of the prescribed Nebulizer treatment, incentive spirometry, and or deep breathing exercise.**

If you have further questions please contact the Board again.

*Suellen Clayworth*  
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# Respiratory Therapy

24

24

## What Services can be captured?

- Respiratory therapy services include
  - Coughing
  - Deep breathing
  - Nebulizer treatments
  - Assessing breath sounds
  - Mechanical ventilation, etc.



25

25

### A RESPRATORY NURSE

Must be **proficient in the modalities** as allowed under the state Nurse Practice Act



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May be a nurse who has **pursued supplemental certification** specifically for respiratory therapy.

Additionally, a **licensed nurse who has had a competency assessment performed by a local clinical leader** may provide respiratory therapy interventions.



26

26

**3**

**Top Three Missed Opportunities**

**SPECIAL CARE HIGH**

**FEVER plus EITHER....**

- Pneumonia
- Vomiting
- Weight loss
- Feeding tube

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27

27

## Do we have Systems in place to capture FEVER?

In order to code a fever, per the RAI manual, the temp be higher than **100.4 degrees on admission** OR

has to increase by **2.4 degrees from the baseline temp.**

"Baseline" is defined by the **average of 9 observations.**

Example: If my temp is checked qshift x3 days, and **my average is 97 degrees, a "fever" for me would be 99.4 or greater.**

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28

28



4

Top Four Missed Opportunities



COPD I6200 and SOB while lying flat (J1100C)

---

Code this as present if the resident avoids lying flat because of shortness of breath.

29

WITH DEPRESSION		WITHOUT DEPRESSION		DIFFERENCE
HDE2	\$300.67	HDE1	\$249.31	\$51.36
HBC2	\$280.63	HBC1	\$233.02	\$47.61
LDE2	\$260.58	LDE1	\$216.73	\$43.85
LBC2	\$215.48	LBC1	\$179.15	\$36.33
CDE2	\$234.27	CDE1	\$202.95	\$31.32
CBC2	\$194.18	CBC1	\$167.88	\$26.31
CA2	\$136.56	CA1	\$117.76	\$18.79

PHQ-9 identification of major depressive disorder should be approximately 28% for post-acute admits

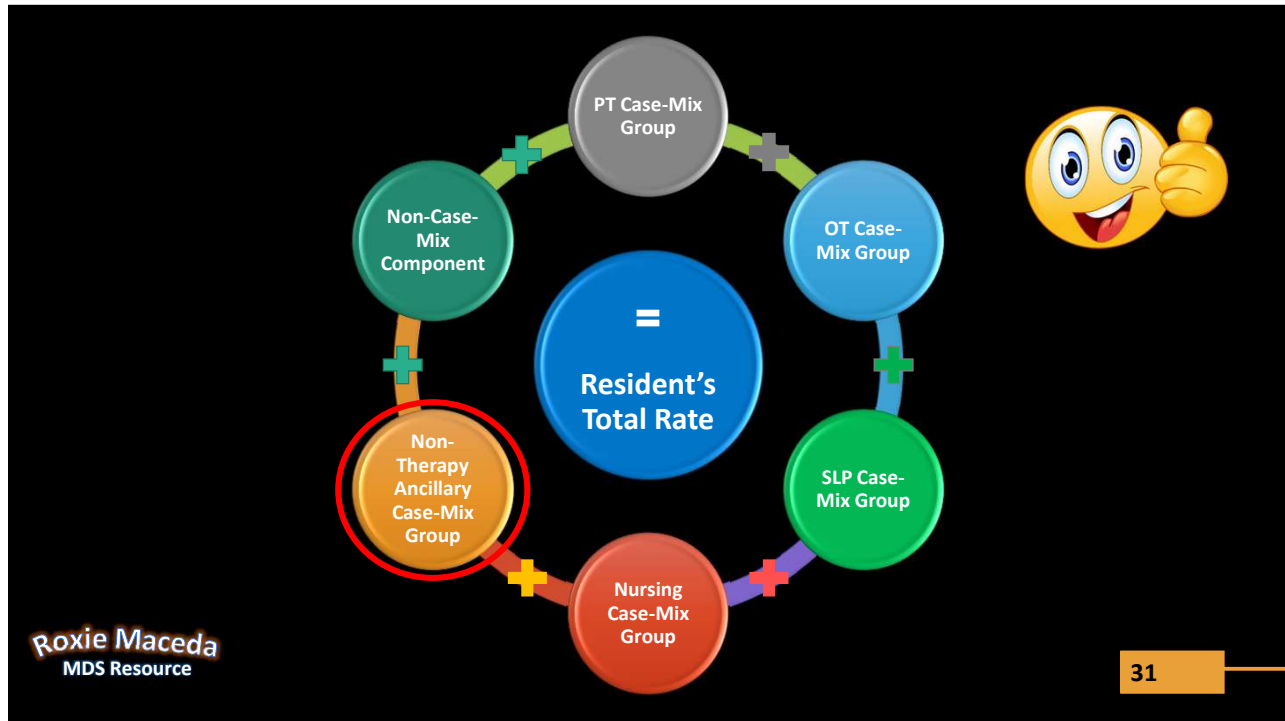
UNADJUSTED RATES FOR OC FY2020

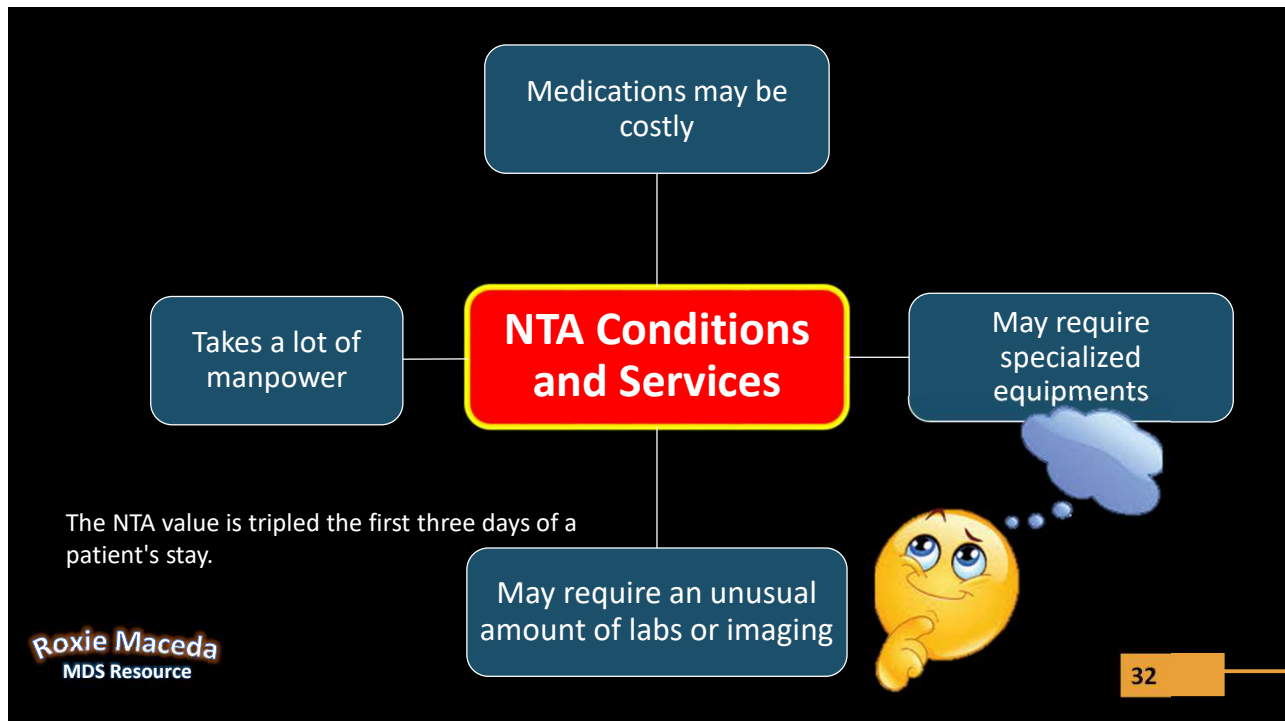
## Depression Capturing

Top Five Missed Opportunities

30



31



32

### Non-Therapy Ancillary (NTA) Component

Condition/Extensive Service	Source	Points
HIV/AIDS	SNF Claim	8
Parenteral IV Feeding: Level High	MDS Item K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	MDS Item O0100F2	4
Parenteral IV Feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	MDS Item I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0100I2	2
Major Organ Transplant Status, Except Lung	MDS Item I8000	2
Active Diagnoses: Multiple Sclerosis Code	MDS Item I5200	2
Opportunistic Infections	MDS Item I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	MDS Item I6200	2
Bone/Joint/Muscle Infections/Necrosis—Except Aseptic Necrosis of Bone	MDS Item I8000	2
Chronic Myeloid Leukemia	MDS Item I8000	2
Wound Infection Code	MDS Item I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	MDS Item I2900	2
Endocarditis	MDS Item I8000	1
Immune Disorders	MDS Item I8000	1
End-Stage Liver Disease	MDS Item I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Narcolepsy and Cataplexy	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1

**Sum of points from 50 different conditions or extensive services**

NTA Score Range	NTA Case-Mix Group	NTA CMI
12+	NA	3.25
9-11	NB	2.53
6-8	NC	1.85
3-5	ND	1.34
1-2	NE	0.96
0	NF	0.72

33

33

## Where NTA's can be found?

Pretty Common

➔

Those not so obvious and found only if you looked

➔

As an already identified condition upon transfer (eg: COPD or Diabetes)

⬇

As an order for a specific treatment (eg: TPN, or wound care to a St IV pressure ulcer)

Through an investigations by IDT Scouring the record (Highest Impact)

➔

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MDS Resource

34

34

## Where NTA's can be found?



H and P

Discharge Summary, keywords

Consultation Notes

Suspected based on medications or treatments

Suspected based on our own assessments and observations

Suspected based on preliminary labs or imaging

Reported by the patient or family

35

## Orange County Rates for FY 2020

NTA Score Range	NTA Case-Mix Group	NTA CMI
12+	NA	3.25
9-11	NB	2.53
6-8	NC	1.85
3-5	ND	1.34
1-2	NE	0.96
0	NF	0.72

NTA		
NA	\$	306.23
NB	\$	239.13
NC	\$	173.91
ND	\$	125.71
NE	\$	90.74
NF	\$	68.05

36

# UB04 = HIV Diagnosis

The UB04 form displays patient information for Medicare. The patient's name is Smithsonian Jane. The diagnosis code B20 is highlighted in red in the 70 ATTENDING section. Other codes include S72132S, I509, F0280, A310, and E232.

- If a resident has HIV, verify the diagnosis code "B20" is listed in the diagnosis area on the UB-04.

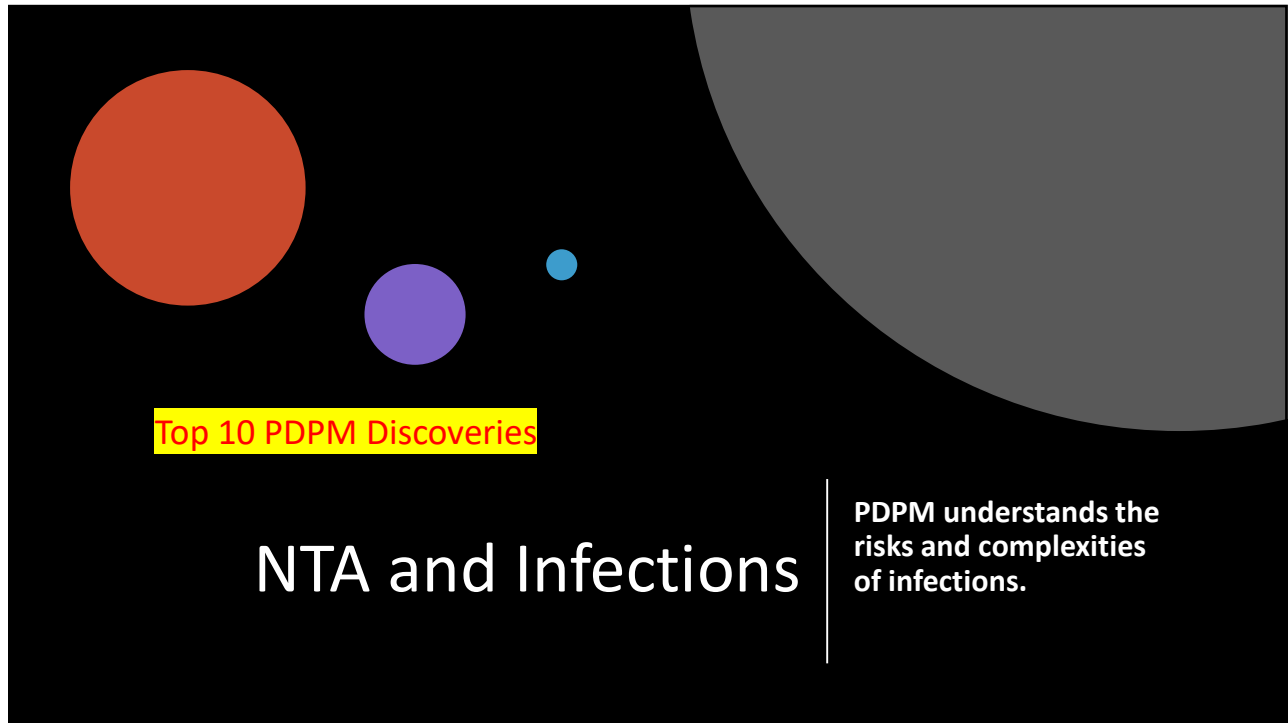
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MDS Resource

37

37

Benefit Period	VPD Calendar	From	Through	T adj.	NT adj.	non-CMI	PT	OT	SLP	NUR	NTA	Total
S: IHEA1	ARD: 10/9/2019											
Days 1-3	Days 1-3	10/5/2019	10/7/2019	100%	300%	\$118.01	\$85.43	\$83.04	\$80.71	\$309.51	\$966.55	\$1,643.25
Days 4-5	Days 4-5	10/8/2019	10/9/2019	100%	100%	\$118.01	\$85.43	\$83.04	\$80.71	\$309.51	\$322.18	\$998.88
<b>18% add-on to the nursing</b>												
<b>8 Pts added to NTA</b>												
<b>\$2,642.13</b>												
REV CD	DESCRIPTION	RCPD	RATES / RFFS CODE	SERV. DATE	SER.	TOTAL CHARGES						
0022	Room and Board	IHEA1		100919	5	0.00						
0120	Room Charge			100519	5	1600.00						
0250	PHARMACY		320.00			798.00						
0260	IV THERAPY				2	1145.18						
0270	MED-SUR SUPPLIES				1	224.00						
0320	DX X-RAY				3	1213.50						
0420	PHYSICAL THERAPY				2	360.00						
0424	PHYS THERP/EVAL				1	135.00						
0430	OCCUPATIONAL THERAPY				3	675.00						
0434	OCCUP THEREP/EVAL				1	135.00						
0440	SPEECH THERAPY				2	180.00						
0444	SPEECH PATH/EVAL				1	315.00						
0001	PAGE 1 OF 1			CREATION DATE	110719	TOTALS >	6780.68					

38

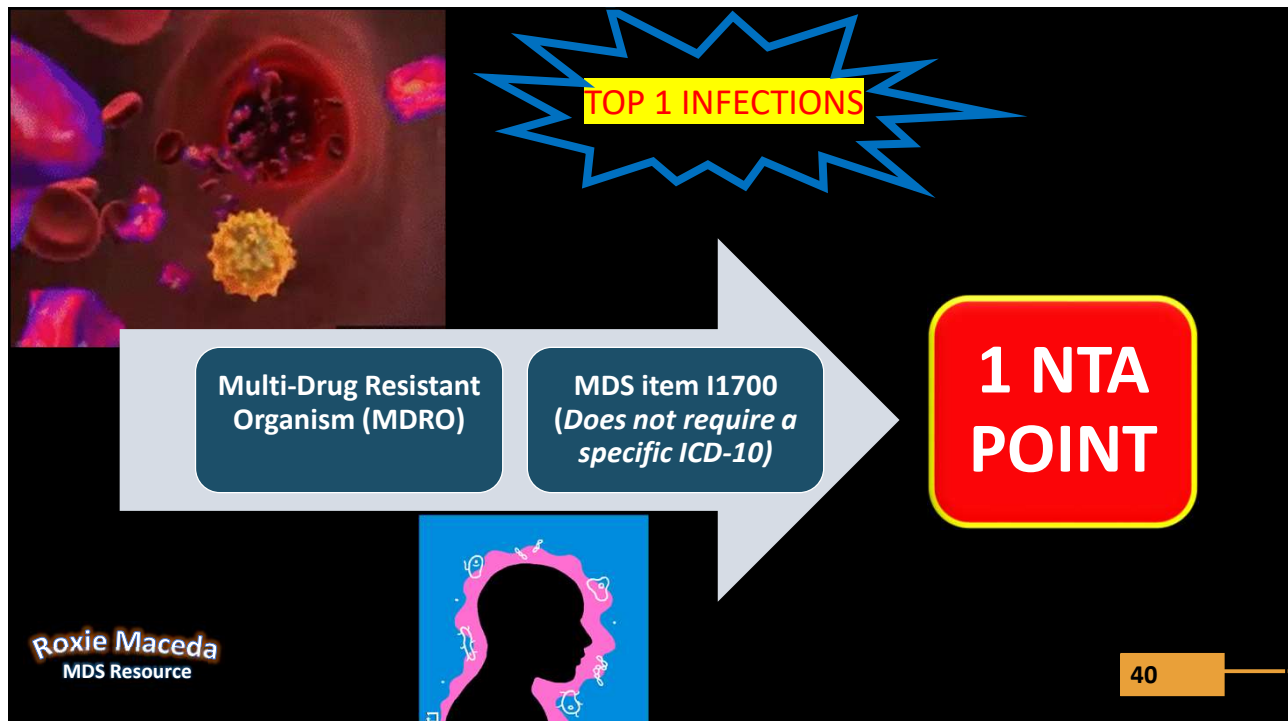


**Top 10 PDPM Discoveries**

# NTA and Infections

PDPM understands the risks and complexities of infections.

39



**TOP 1 INFECTIONS**

Multi-Drug Resistant Organism (MDRO)

MDS item I1700  
*(Does not require a specific ICD-10)*

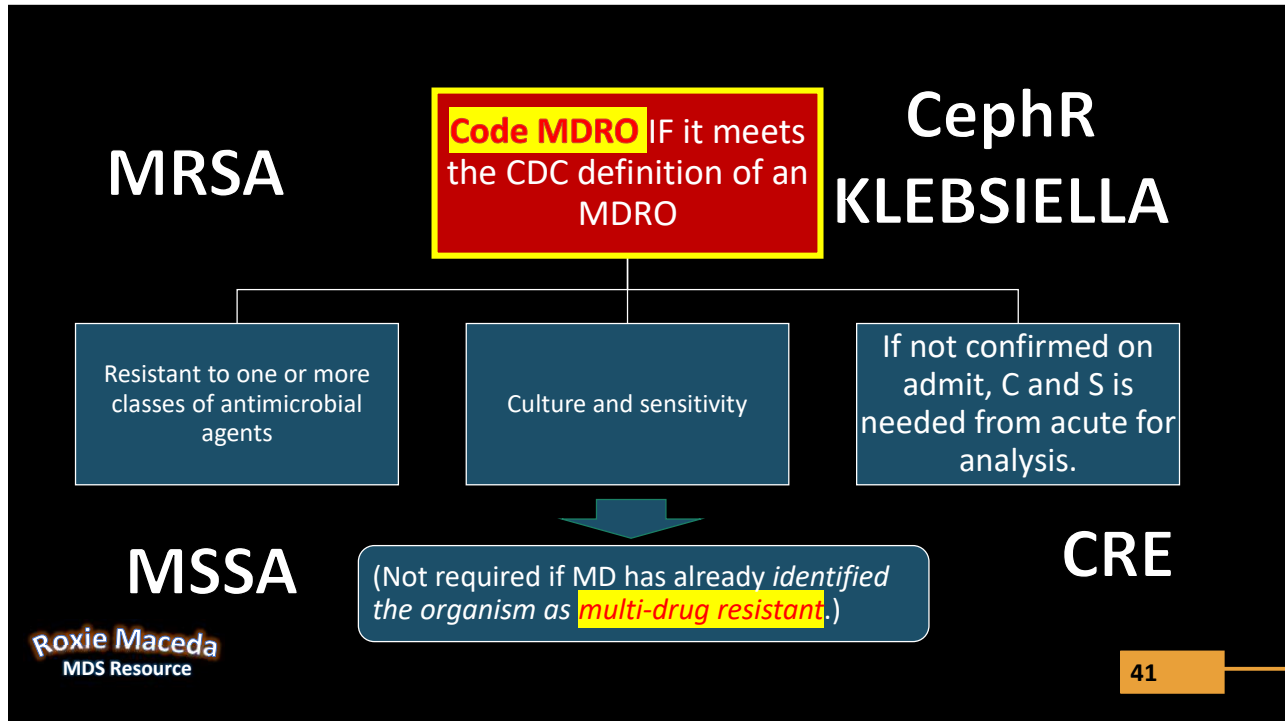
**1 NTA POINT**

Roxie Maceda  
MDS Resource

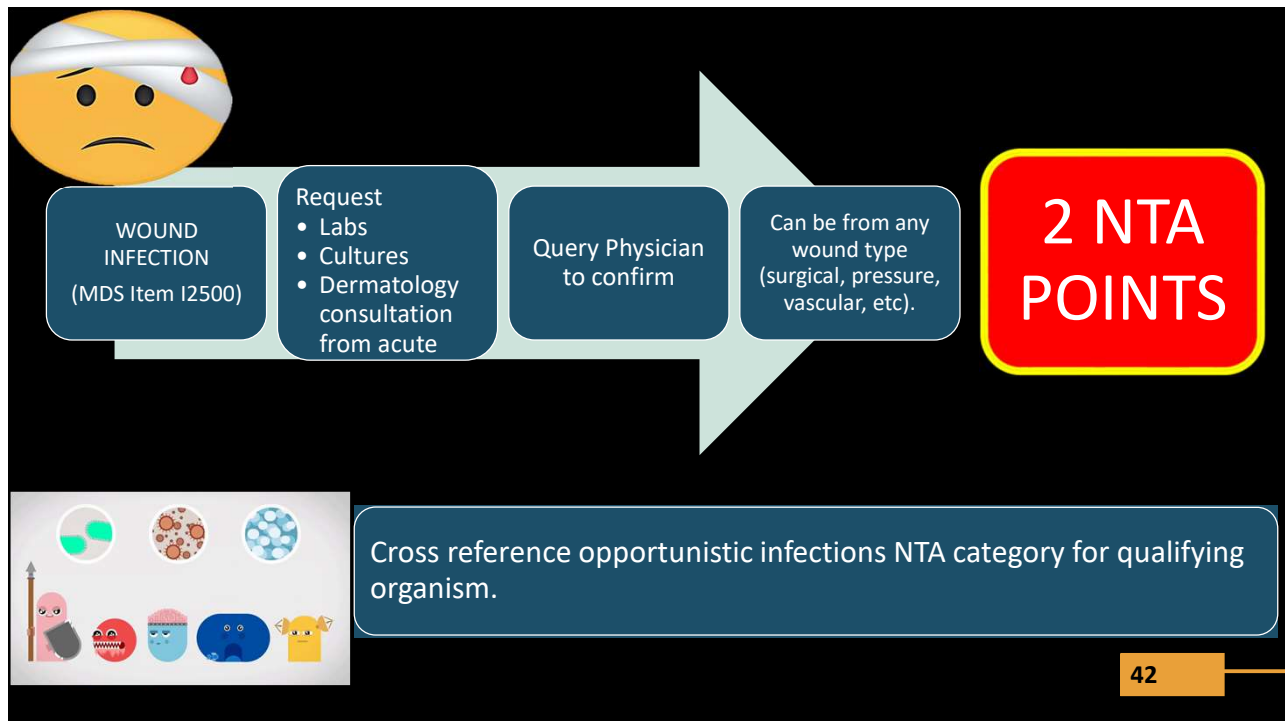
40

40

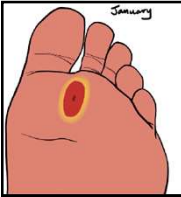




41



42



Infection of the foot

Can be bacterial

Foot fungal infections (tinea pedis, aka: Athlete's foot)

Infections in ingrown toes.

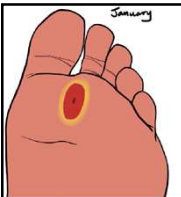
1 NTA Point  
If M1040A coded

can spread or can progress to bacterial infections if left unidentified or untreated.

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MDS Resource

43

43



Examples of FOOT INFECTION  
CELLULITIS AND PURULENT DRAINAGE

Drainage are among the first signs of an infection

May be Purulent – note for change in odor, color and viscosity

Is there swelling, warmth, redness, pain, fever

Are the Tx Nurses describing the Drainage

Are we Querying MD for Dx of Cellulitis


1 NTA Point  
If M1040A Coded

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MDS Resource

44

44

Organisms that *may* trigger this: cryptosporidiosis, mycobacteria, cytomegaloviral, candida/candidiasis, aspergillosis, cryptococcus, mucormycosis, zygomycosis, pencillosis, mycoses, toxoplasma, pneumocystitis



**Opportunistic Infections**

Requires a specific ICD-10 to be coded on MDS Item **I8000**

Requires that a specific organisms present in a **specific anatomical location.**

Infection caused by **weakened Immune System**  
Examples AIDS, Cancer, Transplants

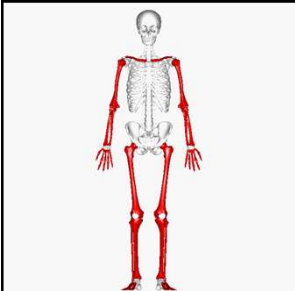
**2 NTA Points**

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MDS Resource

45

45

**Bone/Join/Muscle Infections/ Necrosis**



Investigate any infection in the Muscle, Bone, Joint, or a Necrosis

- **Arthritis** caused by an infection such as these: Staphylococcal or pneumococcal Arthritis , Rubella Arthritis, Arthritis due to any bacteria, Pyogenic Arthritis
- **Joint diseases** such as: Post dysenteric arthropathy, Reactive Arthropathy or Arthritis
- **Osteomyelitis**: Bone infection caused by bacteria or fungi
- **Necrotizing Fasciitis**: bacterial infection causing death of soft tissues

Coded on MDS Item **I8000**

**2 NTA Points**

46

46

**Top 2 SKIN**

# SKIN ASSESSMENTS

NTA'S

Cross Section of the Skin



Epidermis  
• Keratin  
• Melanin

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MDS Resource

**47**

47

## M1040C, Other open lesion(s) on the foot

**1 NTA Point**



Cuts and Fissures are just examples

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MDS Resource

**48**

48

- A **FISSURE** is a crack, tear, groove.
- A heel fissure is characterized by dry, flaky cracks in the posterior part of the foot that can sometimes be painful and bloody.



**1 NTA  
POINT**

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MDS Resource

49

49

### M1040B, Diabetic foot ulcer

Caused by small blood vessel complications of diabetes.

Typically on load bearing areas such as the ball of the foot.

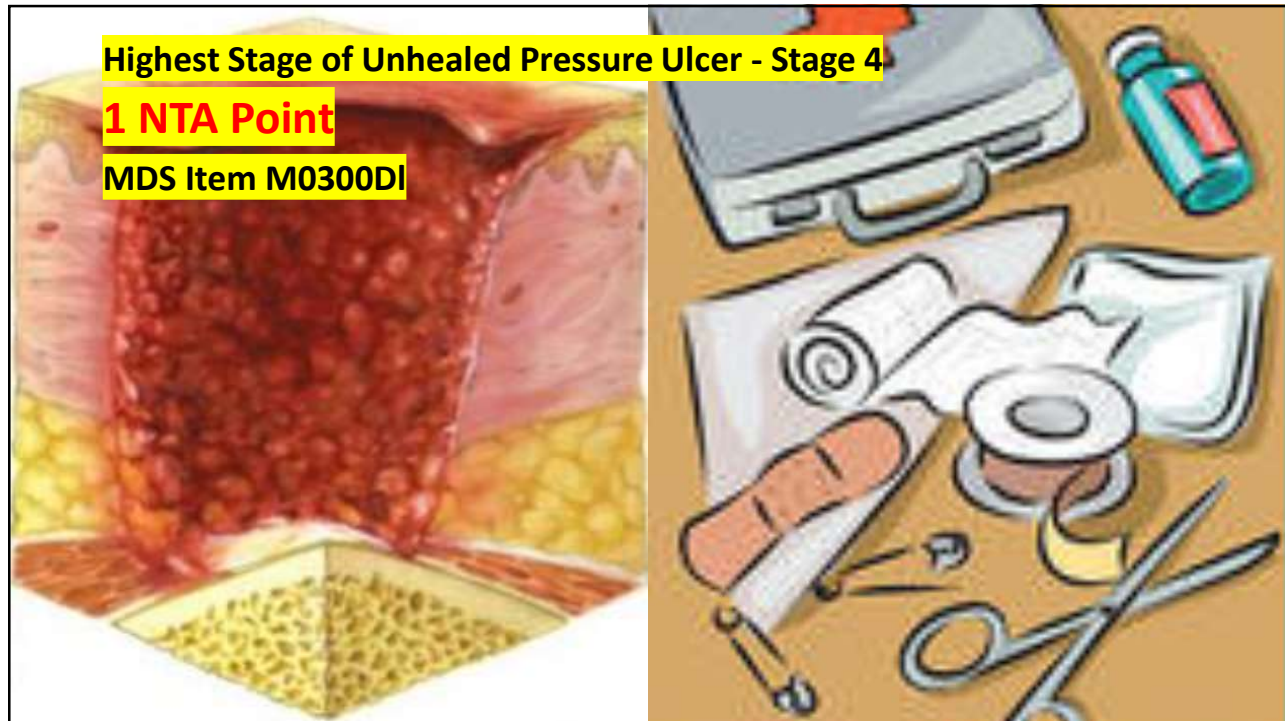
Usually deep, with necrotic tissue, moderate amounts of exudate, and callused wound edges.



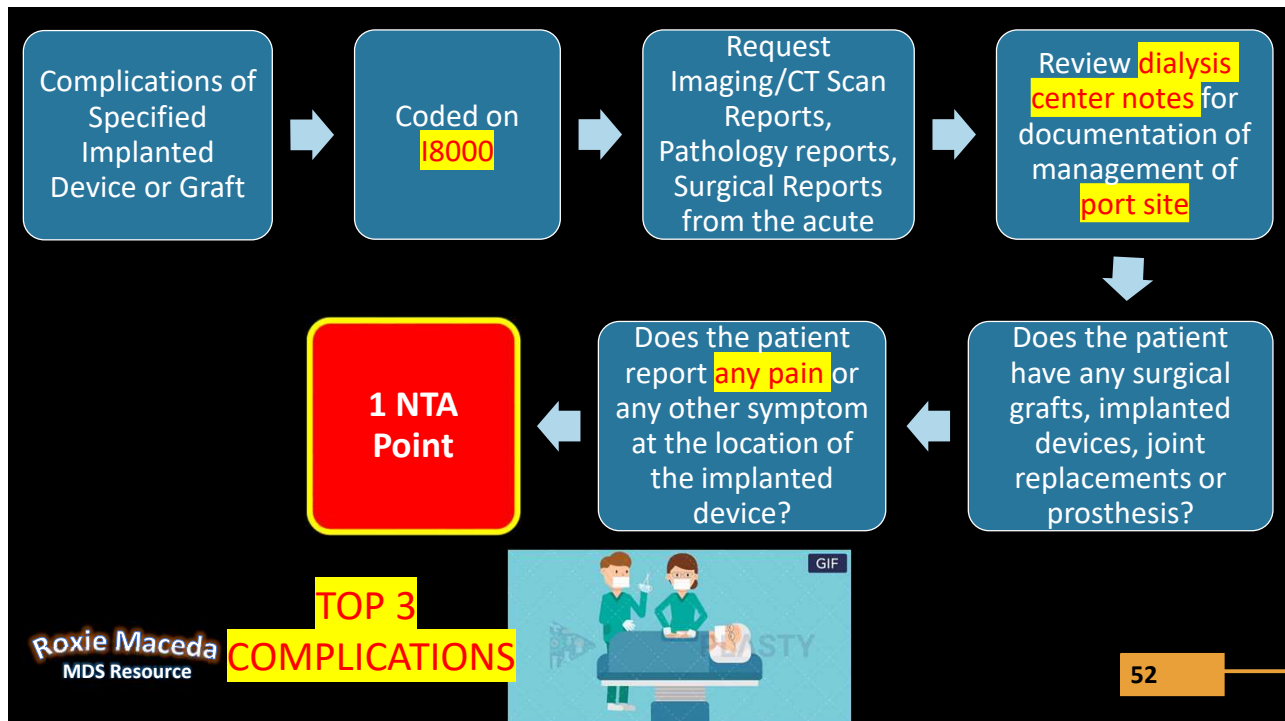
**1 NTA POINT**  
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MDS Resource

50

50



51



52



## Examples of Complications of Specified Implanted Device or Graft

- Bone fracture after an implant or prosthesis;
- complications involving stomas
- complications involving grafts
- complications involving malfunction, leakage
- displacement of internal or implanted devices (shunts, caths, balloons, mesh etc); displacement
- wear or malfunction of prostheses or devices
- symptoms due to devices (pain, embolism, fibrosis, hemorrhage, stenosis, thrombosis, infection, etc);
- any complication of an internal fixation device
- any complication of an internal stimulator or neurostimulator
- infection due to insulin pump
- infection of cornea transplant



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MDS Resource

53

53

## I1300, Inflammatory Bowel Disease Ulcerative colitis

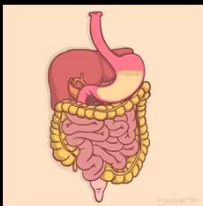
Crohn's disease

inflammatory  
bowel disease

More specific  
terms for locations

disease that causes long-  
lasting inflammation and  
ulcers in the large  
intestine and rectum

One NTA  
Point



These include ulcerative proctitis,  
proctosigmoiditis, left-sided colitis and pancolitis.

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MDS Resource

TOP 4 IBD

54

54

# Inflammatory Bowel disease (1 NTA PT)



MORE LIKELY TO INCLUDE IMMUNOSUPPRESSANT/ BIOLOGICAL THERAPIES.



ANTIBIOTICS MAY ALSO BE INCLUDED.



ONE CONDITION THAT MUST NOT BE OVERLOOKED IS ENTEROCOLITIS DUE TO CDIFF

Roxie Maceda  
MDS Resource

Irritable bowel syndrome – and IBD are not the same.

55

55

## TOP 5 DIABETIC RETINOPATHY

DIABETIC RETINOPATHY (I8000)



Query MD and Family if w/ DIABETES



Contact Ophthalmologist and request records.



Undercoded Dx



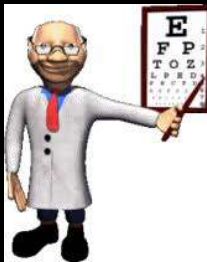
If at end stage, would be Proliferative Diabetic Retinopathy and Vitreous Hemorrhage  
May lead to Blindness.

one in three will have DIABETIC RETINOPATHY.

According to studies, almost 30% of the population over 65 has diabetes.



One NTA Point



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MDS Resource

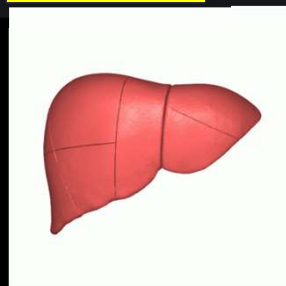
56

56

**Liver Failure Reference (ICD-10 Codes)**

NTA Condition Name	Description	ICD-10 codes
Esophageal Varices	Enlarged veins in the tube that connects the throat and stomach (Esophagus).	I18500, 18501, 18510, 18511
Portal Hypertension	Increased Blood pressure in the system of veins called the portal venous systems. (Travel through the liver)	K766
Alcoholic Hepatic failure with or without Coma	Liver Failure caused by Alcoholism	K7041,
Toxic Liver disease, or Acute and subacute hepatic failure with necrosis and coma	Toxic Liver disease: (must have coma to count) liver shut down caused by a toxin  Acute and Subacute Hepatic failure (must have coma to count as NTA) also known as Ischemic Hepatitis or "Shock liver" Decreased blood flow to the liver.	K7111, K7201
Chronic or Unspecified Hepatic Failure	Chronic Hepatitis (liver Failure) Unspecified (We don't know what kind) liver Failure	K7210, K7211, K7290, K7291
Hepatorenal Syndrome	Kidney failure in those with sever liver damage.	K767
Hepatopumonary Syndrome	SOB and Hypoxia caused by Vasodilation in the lungs of patients with liver disease.	K7681

**TOP 6 LIVER**  
End Stage Liver Disease  
Coded on MDS Item I8000  
**1 NTA POINT**

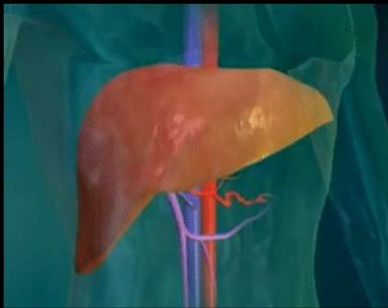


- Does the record indicate abnormal liver function?
- Does resident have a hx of alcoholism?
- History of Jaundice?
- History of abnormal urine output?
- Do we have Hepatologist notes from acute?
- Do we need post admission labs?

**Roxie Maceda**  
MDS Resource

57

57



**1 NTA Point**

**Liver Failure Cirrhosis Reference (ICD-10 Codes)**

NTA Condition Name	Description	ICD-10 codes
Condition	Description	ICD-10 Code
Alcoholic cirrhosis of liver	Cirrhosis caused by Alcoholism	K7030, K7031
Alcoholic hepatic failure or Alcoholic Liver disease unspecified.	Liver Failure or disease caused by Alcoholism	K7040, K7041 K709
Primary, Secondary, or unspecified biliary cirrhosis	Cirrhosis caused by buildup of bile in the liver or bile ducts.	K743, K744, K745
Unspecified cirrhosis of liver	Cirrhosis of liver with no other description	K7460
Other cirrhosis of liver	Cirrhosis of the liver that can't be classified with current ICD-10 coding	K7469
Condition	Description	ICD-10 Code

If with Liver Disease, Query MD for Cirrhosis.  
Most of the time Cirrhosis and Liver disease go hand in hand  
Cirrhosis is a complication of liver disease that involves loss of liver cells.

58

58

## TOP 7 Malnutrition and Obesity

### Malnutrition or Risk of Malnutrition

DX OR Risk for must be documented by the physician.

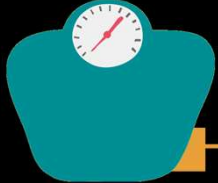
If the dietitian believes the resident is at risk for malnutrition, IDT can query the physician.


ICD-10-CM code is not needed for risk for Malnutrition.

MDS Item: I5600

**1 NTA Point**

Example of Diet Order: Fortified, Regular diet,  
Dx: Risk for malnutrition....






59

## MORBID OBESITY= 1 NTA POINT

Can we code Morbid Obesity even if BMI is not greater than 40?




E6601	Morbid (severe) obesity due to excess calories
E662	Morbid (severe) obesity with alveolar hypoventilation
Z6841	Body mass index (BMI) 40.0-44.9, adult
Z6842	Body mass index (BMI) 45.0-49.9, adult
Z6843	Body mass index (BMI) 50-59.9, adult
Z6844	Body mass index (BMI) 60.0-69.9, adult
Z6845	Body mass index (BMI) 70 or greater, adult

If MD documented "MORBID OBESITY", we do not need the BMI Z code.

The E Code is acceptable.

If MD only documented "OBESITY", then BMI information is needed.

If BMI is 40 or higher, that will give the NTA point.



60

60

## Top 8 Chronic Lung Disease


Asthma COPD Chronic Lung Disease Code Coded on MDS I6200


COPD, Asthma, many Bronchitis conditions, Atelectasis, Emphysema, bronchospasm, pneumoconiosis, cannabinosis, pulmonary collapse, disorders of the diaphragm and disorders of the mediastinum.

Treated through use of oxygen, breathing treatments including incentive spirometry or inhalers, expectorants, steroid treatments, or breathing or energy conservation techniques.

Needs activity pacing, and therapy/ ADL adaptations.

2 NTA POINTS






61


61

## Don't forget to read the RADIOLOGY!

TIP


Chest X-rays	Spinal X-rays /CT's	Abdominal CT's	Echocardiograms
<ul style="list-style-type: none"> <li>Basilar Scarring Pulmonary Fibrosis - <span style="background-color: yellow;">1 NTA</span></li> <li>Acute Pulmonary edema - <span style="background-color: yellow;">1 NTA</span></li> </ul>	<ul style="list-style-type: none"> <li>Spondylosis = Other Spondylopathies - <span style="background-color: yellow;">1 NTA</span></li> </ul>	<ul style="list-style-type: none"> <li>Liver scarring ascites- liver cirrhosis - <span style="background-color: yellow;">1 NTA</span></li> </ul>	<ul style="list-style-type: none"> <li>Valve replacement complications - <span style="background-color: yellow;">1 NTA</span></li> </ul>

Important to remember that imaging is read by a radiologist which meets criteria for MD identification of a diagnosis.



62

62

# Parenteral IV Feeding

**TOP 9 IVF**

## K0510: Nutritional Approaches

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed during the last 7 days		
1. While NOT a Resident Performed while NOT a resident of this facility and within the last 7 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed while a resident of this facility and within the last 7 days	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

## K0710: Percent Intake by Artificial Route

**7 NTA points  
Special Care High**

Complete K0710 only if Column 1 and/or Column 2 are checked on K0510B.

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked on K0510B.		
2. While a Resident Performed while a resident of this facility and within the last 7 days	2. While a Resident	3. During Entire 7 Days
3. During Entire 7 Days Performed during the entire last 7 days	Enter Codes	
A. Proportion of total calories the resident received through parenteral or tube feeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. 25% or less		
2. 26-50%		
3. 51% or more		
B. Average fluid intake per day by IV or tube feeding	<input type="checkbox"/>	<input type="checkbox"/>
1. 500 cc/day or less		
2. 501 cc/day or more		

63

## K0510: Nutritional Approaches

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed during the last 7 days		
1. While NOT a Resident Performed while NOT a resident of this facility and within the last 7 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed while a resident of this facility and within the last 7 days	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

## K0710: Percent Intake by Artificial Route

**3 NTA points  
Special Care High**

Complete K0710 only if Column 1 and/or Column 2 are checked on K0510B.

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked on K0510B.		
2. While a Resident Performed while a resident of this facility and within the last 7 days	2. While a Resident	3. During Entire 7 Days
3. During Entire 7 Days Performed during the entire last 7 days	Enter Codes	
A. Proportion of total calories the resident received through parenteral or tube feeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. 25% or less		
2. 26-50%		
3. 51% or more		
B. Average fluid intake per day by IV or tube feeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. 500 cc/day or less		
2. 501 cc/day or more		

64



### K0510: Nutritional Approaches

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed during the last 7 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

### K0710: Percent Intake by Artificial Route **Special Care High**

Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B.

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B		
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	2. While a Resident	3. During Entire 7 Days
3. During Entire 7 Days Performed during the entire <i>last 7 days</i>	↓ Enter Codes ↓	
A. Proportion of total calories the resident received through parenteral or tube feeding	<input type="checkbox"/>	<input type="checkbox"/>
1. 25% or less		
2. 26-50%		
3. 51% or more		
B. Average fluid intake per day by IV or tube feeding	<input type="checkbox"/>	<input type="checkbox"/>
1. 500 cc/day or less		
2. 501 cc/day or more		

65

### K0510: Nutritional Approaches

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed during the last 7 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

### K0710: Percent Intake by Artificial Route **1 NTA Point**

Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B.

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B		
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	2. While a Resident	3. During Entire 7 Days
3. During Entire 7 Days Performed during the entire <i>last 7 days</i>	↓ Enter Codes ↓	
A. Proportion of total calories the resident received through parenteral or tube feeding	<input type="checkbox"/>	<input type="checkbox"/>
1. 25% or less		
2. 26-50%		
3. 51% or more		
B. Average fluid intake per day by IV or tube feeding	<input type="checkbox"/>	<input type="checkbox"/>
1. 500 cc/day or less		
2. 501 cc/day or more		

66

# Services that gives NTA if done while a resident

## TOP 10 TREATMENTS AND SERVICES

Bladder and Bowel Appliances

- Ostomy (1 NTA Pt)
- Intermittent catheterization (1 NTA PT)

Special Treatments/Programs

- Transfusion: 2 Pts (Clinically Complex for Nursing CMG)
- Intravenous Medication (5 Pts) (Clinically Complex for Nursing CMG)
- Isolation (1 Pt) (Extensive Services for Nursing CMG)
- Suctioning (1 Pt)
- Tracheostomy (1 Pt) (Extensive Services for Nursing CMG)
- Ventilator (4 pts) (Extensive Services for Nursing CMG)

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67

# Top 5 PDPM Tips



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✓ ARD (Data gathering, IVE, RT, RNA)

👤 H and P and DX

👁️ COC Monitoring

₿ MDS Interviews and Section K

📋 Section GG Reconciliation

68

68

