PDPM Case Study

Patient is an 84-year-old male who was admitted to SNF after hospitalization following an unresponsive/syncopal episode during a urology appointment. Workup in the hospital was inconclusive as to the reasons for the syncopal episode. There were no active infections. The patient did not receive IV fluids while in the hospital, has no wounds and is not on oxygen.

*The SNF records do not include many of the hospital records.

Section I8000 of the MDS lists the patient’s active diagnoses as:

A. Muscle Weakness (Generalized) – M62.81
B. Unspecified Symbolic Dysfunctions – R48.9
C. Syncope and Collapse – R55
D. Constipation, Unspecified – K59.00

Other Section I diagnoses:

- I0700 – Hypertension
- I1400 – Benign Prostatic Hyperplasia
- I3700 – Arthritis
- I5300 – Parkinson’s Disease

Diagnoses in EMR are as follows:

1. Parkinson’s Disease – G20
2. Muscle Weakness (Generalized) – M62.81
3. Unspecified Symbolic Dysfunctions – R48.9
4. Unspecified Sensorineural Hearing Loss – H90.5
5. Rheumatoid Arthritis, Unspecified – M06.9
6. Benign Prostatic Hyperplasia without Lower Urinary Tract Symptoms – N40.0
7. Essential (Primary) Hypertension – I10
8. Syncope and Collapse – R55
9. Dysphagia, Unspecified – R13.10
10. Paroxysmal Atrial Fibrillation – I48.0
11. Unspecified Convulsions – R56.9
12. Unspecified Dementia without Behavioral Disturbance – F03.90
13. Obstructive and Reflux Uropathy, Unspecified – N13.9
14. Constipation, Unspecified – K59.00
Physical Therapy Diagnoses:

Medical Diagnosis: Muscle Weakness (Generalized), Essential (Primary) Hypertension

Treatment Diagnosis: Muscle Weakness (Generalized)

Medical History Related to Diagnosis/Condition:
RA, HTN, Hearing Loss, Pulmonary Fibrosis, Paroxysmal A-Fib

Occupational Therapy Diagnoses:

Medical Diagnosis: Muscle Weakness (Generalized)

Treatment Diagnosis: Muscle Weakness (Generalized)

Medical History Related to Diagnosis/Condition:
RA, HTN, Parkinson’s Disease, Paroxysmal A-Fib, Pulmonary Fibrosis, and Syncope

Speech-Language Pathology Diagnoses:

Medical Diagnosis: Muscle Weakness (Generalized), Essential (primary) Hypertension, Parkinson’s Disease

Treatment Diagnosis: Cognitive Communication Deficit

Medical History Related to Diagnosis/Condition:
Hearing Loss, RA, HTN, Parkinson’s Disease, A-Fib, and Pulmonary Fibrosis

The physician’s H&P is not available. Nurse Practitioner within the ARD look back are in the record and state the following:

Chief Complaint: Patient is an 84-year-old male who is admitted ... for skilled nursing and rehab, and admission dx include RA, HTN, Parkinson’s disease, Hearing loss paroxysmal, A-Fib, pulmonary fibrosis, Syncope, and Dementia.


Primary Diagnosis: Major Neurocognitive Disorder due to Parkinson’s without behavioral disturbance - G20, F02.80 and Generalized Anxiety Disorder - F41.1
Current MDS Coding

SECTION K

K0100 A-D (Swallowing Disorders): None
K0510 C2 (Mechanically Altered Diet): No

SECTION GG

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>GG0130A1</td>
<td>Self-Care: Eating</td>
<td>5</td>
</tr>
<tr>
<td>GG0130B1</td>
<td>Self-Care: Oral Hygiene</td>
<td>4</td>
</tr>
<tr>
<td>GG0130C1</td>
<td>Self-Care: Toileting Hygiene</td>
<td>3</td>
</tr>
<tr>
<td>GG0170B1</td>
<td>Mobility: Sit to Lying</td>
<td>6</td>
</tr>
<tr>
<td>GG0170C1</td>
<td>Mobility: Lying to Sitting on Side of Bed</td>
<td>6</td>
</tr>
<tr>
<td>GG0170D1</td>
<td>Mobility: Sit to Stand</td>
<td>4</td>
</tr>
<tr>
<td>GG0170E1</td>
<td>Mobility: Chair/Bed-to-Chair Transfer</td>
<td>4</td>
</tr>
<tr>
<td>GG0170F1</td>
<td>Mobility: Toilet Transfer</td>
<td>9</td>
</tr>
<tr>
<td>GG0170J1</td>
<td>Mobility: Walk 50’ w/ 2 Turns</td>
<td>88</td>
</tr>
<tr>
<td>GG0170K1</td>
<td>Mobility: Walk 150’</td>
<td>88</td>
</tr>
</tbody>
</table>

PT and OT Function Score: 15
Nursing Function Score: 12

SECTION G - Late Loss ADLs Look Back Documentation (# of times at assistance level)

**Bed Mobility** - Independent 2, Supervision 0, Limited Assistance 5, Extensive Assistance 2, Total Dependence 10

**Transfers** - Independent 0, Supervision 0, Limited Assistance 2, Extensive Assistance 5, Total Dependence 6

**Eating** - Independent 5, Supervision 16, Limited Assistance 0, Extensive Assistance 0, Total Dependence 0

**Toilet Use** - Independent 0, Supervision 0, Limited Assistance 2, Extensive Assistance 2, Total Dependence 17

- There is no additional supportive documentation for Section GG. Therapy is responsible to code the MDS.

BIMS Summary Score: 11 Completed by Nursing

PHQ Total Severity Score: 11 Completed by Social Services
QUESTIONS

1) The clinical record and current 5-day admission MDS states that the patient’s Primary Diagnosis is Muscle Weakness (Generalized), from the information above. Is this an appropriate diagnosis for SNF care? If not, what should the Primary Diagnosis be?

2) Under PDPM, Muscle Weakness (Generalized) is a “Return to Provider” diagnosis. For this exercise, this diagnosis would default to the “Medical Management” Clinical Condition Category in the PT and OT component. Is this correct? If not, what should the Clinical Condition Category be based on a new/other diagnosis?

3) With current MDS coding and the diagnosis defaulting to Medical Management, the PT and OT Case Mix Group component would be “TK”. What should the PT and OT Case Mix Group be?

4) With current MDS coding, the SLP Case-Mix Group component would be “SD.” Is this correct? If not, what should the SLP Case-Mix Group Component be?

5) With current MDS coding, the Nursing RUG component would be “PBC1”. Is this correct? If not, what should the Nursing RUG Component be?

6) With current MDS coding, the Non-Therapy Ancillaries Case-Mix Group component would be “NF”. Is this correct? If not, what should the NTA Case-Mix Group component be?

Answers to be Discussed