ConceptRehab

QUICK GUIDE

PDPM
DOCUMENTATION CONSIDERATIONS

PDPM Areas of Impact	Documentation Considerations	MDS Items
Brief Interview for Mental Status (BIMS)	Consider who at your facility is best equipped to conduct the BIMS interview. The interview must be conducted within the look-back period of the ARD and the medical record should demonstrate that it was completed timely. Some residents may need interviewed at different times during the day to accurately reflect cognitive fluctuations.	C0200-C0500
PHQ-9 Mood Interview	Consider who at your facility is best equipped to conduct the mood interview. Residents are more likely to answer questions honestly if there is a prior established relationship. The interview must be conducted within the look-back period of the ARD and the medical record should demonstrate that it was completed timely. Read and show the resident a card with the symptom frequency choices.	D0200-D0300
GG: Functional Abilities and Goals	Section GG should be coded using an interdisciplinary process based on actual resident performance including direct observation, resident self-report, reports from clinicians, care staff, or family that is documented in the resident's medical record during the three-day assessment period. Documentation in the medical record should support the coding of "usual performance".	GG0130A-C, GG0170B-F, GG0170J-K
Diagnosis Coding to support Clinical Category Mapping	The diagnosis entered in I0020B will determine the clinical category under PDPM. This diagnosis code should be validated that it maps to a clinical category and is not "return to provider". This diagnosis represents the primary reason for the resident's SNF PPS stay (not necessarily the primary diagnosis the hospital used). Ensure this is an interdisciplinary process and the diagnosis chosen is communicated to all team members. Skilled documentation should support this diagnosis code.	I0020B
Diagnosis Coding to support Nursing and NTA Component	Consider your facility process obtaining and reviewing hospital records for new admissions. There are 50 conditions and extensive services that if marked on the MDS will impact the NTA. There are approximately 10 diagnoses that if marked on the MDS, can impact the Nursing category. The diagnosis codes have to be physician documented in the last 60 days and considered active in the last 7 days from the ARD.	I0100-I8000
Signs and Symptoms of a Swallowing Disorder	The coding of possible swallowing disorders is based on the presence of certain signs and symptoms during the 7-day look-back of the ARD. Nursing staff should be trained to monitor for and document these specific symptoms. The person completing this section of the MDS should ask the resident if he/she had difficulty swallowing, observe the resident during meals or at other times when he/she is eating, drinking or swallowing, interview staff members on all shifts, and review the medical record including nursing, physician, dietician, and speech language pathologist notes.	K0100
Mechanically altered diet	Documentation in the medical record should identify if a mechanically altered diet was delivered in the 7-day look-back period. This includes "a diet specifically prepared to alter the texture or consistency of food to facilitate oral intake." This includes when speech therapy completes trials of different consistencies to determine safety with diet level. Review entire medical record for evidence of altered diet delivery.	K0510C2
Nursing related categories	Multiple items coded on the MDS impact the Nursing category for PDPM. This includes making sure the IDT, including direct care nursing staff are documenting all treatments, procedures, medications, and interventions delivered in the medical record. This includes but is not limited to documenting behaviors, ostomy care, catheterization, incidences of shortness of breath while lying flat, fever, vomiting, weight loss, tube feeding, skin conditions, skin treatments, insulin injections, chemotherapy, radiation, use of oxygen, tracheostomy care, IV medications, suctioning, dialysis, isolation, respiratory therapy, and the delivery of Restorative Nursing Programs.	E, H, J, M, N, O

Powering Potential
beyond the walls of therapy.