

CLINICAL SUCCESS GUIDE

NTA Pointers

With almost two years of PDPM under our belts, SNF providers continue to look for solutions to become more successful under the payment model. Out of the five PDPM components, Non-therapy ancillary (NTA) seems to be the category that continues to be the greatest opportunity for many communities to positively impact reimbursement for accurately capturing the conditions treated and extensive services provided.

Appropriate payment in the NTA component solely depends on capturing each and every NTA comorbidity the resident qualifies for according to the coding instructions in the *RAI User's Manual*. Following these steps can assist your community in achieving optimal accuracy with the NTA comorbidity score:

1. First and foremost, the interdisciplinary team must become familiar with the list of 50 conditions and extensive services included in the NTA component that impact reimbursement. Admissions teams and MDS Coordinators should have this list handy at all times for quick reference.
2. Thoroughly review all hospital records prior to admission.
 - Admissions to provide all hospital records to the MDS Coordinator to allow for a thorough review of hospital progress notes, history and physical, physician notes, surgical notes, nutritional progress notes, consultation notes, etc. MDS Coordinators should also pull together a list of diagnoses found in the hospital records to ensure these diagnoses are included on admission. Having this information upon admission will paint a picture of the resident's needs and the potential NTA score prior to scheduling the ARD. This also will prevent missing NTA items that may be found after the assessment is completed. Consider scanning the hospital records into the EMR so that every clinician has easy access to this information and to avoid missing NTA items.



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3. ICD-10 diagnosis coding is a significant part of the NTA component.

- The diagnosis included in section I of the MDS are a component of PDPM and assists providers to achieve accurate reimbursement. ICD-10 diagnosis coding is not a simple process but with education, team members will be able to competently and confidently complete accurate ICD-10 diagnosis coding. Using an unspecified code may not represent a diagnosis that is accurate for the resident. MDS Coordinators need to be able to identify opportunities to collaborate with the physician and confirm a more specific diagnosis.
- The Fiscal Year (FY) 2022 PDPM ICD-10-CM Mappings file includes the NTA Comorbidity to ICD-10-CM Mapping, which maps comorbidities in the NTA component that are captured in item I8000 to allowable ICD-10 codes.

INSIDER TIP: If you want to search for an ICD-10 code in this document, you have to do an advanced search and search in “values” instead of “formulas”.

- The mapping tool assists in identifying potential diagnoses and also an appropriate and specific active diagnosis that supports the reason for the skilled stay.
- More than half of the NTA comorbidities derive from ICD-10-CM codes captured in item I8000 (Additional Active Diagnoses). It can be very difficult to select ICD-10 codes with appropriate specificity for the NTA component without the proper education and training.

INSIDER TIP: While half of the NTA items come from section I8000, about half come from other MDS coding items, including other items in Section I. Make sure whenever you have room in section I8000 to include the ICD-10 codes for anything checked in other locations of the MDS that you want to capture for NTA, as additional justification for that reimbursement.



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4. Discuss all skilled residents clinical indicators during weekly UR meetings. This allows for the entire team to participate and to ensure that everyone is on the same page about the resident's conditions and services currently being provided. In addition to assisting with capturing all relevant services or conditions for PDPM calculations, this focus in the meeting is just one more step that should assist in improving resident care.
5. Ensure the dietician is educated and trained on how the coding in section K of the MDS and diagnosis coding impacts reimbursement in the NTA component.
 - The NTA qualifiers morbid obesity, which is coded in item I8000 (1 point), and malnutrition, which is coded in I5600 (1 point).
 - item I5600, the checkbox that is the source for the malnutrition comorbidity, can be coded if the resident either has a diagnosis of malnutrition or is at risk for malnutrition, according to the coding instructions on page I-10 in chapter 3 of the *RAI User's Manual*. The diagnosis of malnutrition must be confirmed by the physician.
 - The dietitian must be educated to know that if they assess that a resident meets the criteria for malnutrition or morbid obesity, they should communicate this to the MDS Coordinator who can ensure a diagnosis is written by the physician and captured on the MDS.
 - BMI is one of the few exceptions to the requirement that ICD-10 code assignment must be based on physician documentation. Other clinicians, such as the dietitian, can document BMI, according to the *FY 2021 ICD-10-CM Official Guidelines for Coding and Reporting*.
 - The best practice is to have the dietitian note the BMI, have a plan in place for weight management if required, and have the physician sign off to acknowledge that is part of the resident's plan of care.



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Included below is a PDPM NTA sample tool that is a great way to quickly reference the 50 conditions and extensive service items:

Condition/Extensive Service	MDS Source	NTA Point
Cardiac and Respiratory NTAs		
Asthma/COPD/Chronic Lung Disease	I6200	2
Lung Transplant Status	I8000	3
Endocarditis	I8000	1
Cardiorespiratory Failure & Shock	I8000	1
Respiratory Arrest	I8000	1
Cystic Fibrosis	I8000	1
Pulmonary Fibrosis & Other Chronic Lung Disorders	I8000	1
Ventilator/Respirator While a Resident	O0100F2	4
Transfusion While a Resident	O0100I2	2
Tracheostomy While a Resident	O0100E2	1
Skin/Wound Related NTAs		
Wound Infection	I2500	2
Severe Skin Burn or Condition	I8000	1



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Diabetic Foot Ulcer	M1040B	1
Stage IV Pressure Ulcer	M0300D1	1
Foot Infection or Other Open Lesion on Foot	M1040A, M1040C	1
Gastrointestinal/Dietary NTAs		
Ostomy	H0100C	1
Inflammatory Bowel Disease	I1300	1
Malnutrition/Risk for Malnutrition	I5600	1
Morbid Obesity	I8000	1
Parental IV Feeding: Level High	K0510A2, K0710A2	7
Parenteral IV Feeding: Level Low	K0510A2, K0710A2, K0710B2	3
Feeding Tube While a Resident	K0510B2	1
Infection, Sepsis & Immune System NTAs		
Multi-Drug Resistant Organism (MDRO)	I1700	1
Opportunistic Infection	I8000	2
Bone/Joint/Muscle Infections/Necrosis (*Except Aseptic Necrosis of Bone)	I8000	1
Aseptic Necrosis of Bone	I8000	1



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Chronic Myeloid Leukemia	I8000	2
Immune Disorders	I8000	1
Specified Hereditary Metabolic/ Immune Disorders	I8000	1
Disorders of Immunity (*Except RxCC97: Immune Disorders)	I8000	1
Additional Extensive Services		
Intermittent Catheterization	H0100D	1
IV Meds While a Resident	O0100H2	5
Isolation While a Resident	O0100M2	1
Radiation While a Resident	O0100B2	1
Suctioning While a Resident	O0100D2	1
Diabetic Related NTAs		
Diabetes	I2900	2
Proliferative Diabetic Retinopathy & Vitreous Hemorrhage	I8000	1
Diabetic Retinopathy (*Except Proliferative)	I8000	1
Organ NTAs		
Major Organ Transplant (except lung)	I8000	2
End-Stage Liver Disease	I8000	1
Chronic Pancreatitis	I8000	1
Cirrhosis of Liver	I8000	1



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Additional Diagnoses

Narcolepsy & Cataplexy	I8000	1
Psoriatic Arthroplasty & Systemic Sclerosis	I8000	1
Complications of Specified Implanted Device or Graft	I8000	1
Myelodysplastic Syndromes & Myelofibrosis	I8000	1
SLE, Connective Tissue Disorders, Inflammatory Spondylopathies	I8000	1
Intractable Epilepsy	I8000	1

****Do NOT code HIV/AIDS on the MDS – this is only reflected on the claim (8 points)****



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