

#### **Section A: Identification Information**

##### A0310G1 Practice Coding Scenario 1

- Mr. J was receiving skilled services in a SNF under Medicare Part A for rehabilitation. Mr. J fell and was sent to the acute care hospital for an evaluation. Since staff expect Mr. J to return to the facility, he was discharged return anticipated.
  - Mr. J left the SNF on 4/23 at 4:00 p.m. and returned to the same SNF to resume skilled services under Part A on 4/25 at 7:00 p.m.
- Is this a SNF Part A Interrupted Stay?
  - A. Yes.
  - B. No.
- Which of the following assessments are required when Mr. J leaves the facility?
  - A. OBRA Discharge.
  - B. Part A PPS Discharge.
  - C. Combined Part A PPS Discharge and OBRA Discharge.
  - D. None of the above.
- Which of the following assessments/records are due when Mr. J returns to the facility to resume Part A services?
  - A. 5-Day assessment.
  - B. OBRA Admission.
  - C. Entry Tracking Record.
  - D. A and B.

#### **Section I: Active Diagnoses**

##### I0020. Practice Coding Scenario 1

- Mr. K is a 67-year-old male with a history of Alzheimer's dementia and diabetes who is admitted for a Part A stay after a stroke (ICD I63.411). The diagnosis of stroke, as well as the history of Alzheimer's dementia and diabetes, is documented in Mr. K's history and physical by the admitting physician.
- How would you code I0020?
  - A. Code **01**, Stroke.
  - B. Code **06**, Progressive Neurological Conditions.
  - C. Code **12**, Debility, Cardiorespiratory Conditions.
  - D. Code **13**, Medically Complex Conditions.

#### I0020. Practice Coding Scenario 2

- Mrs. H is a 78-year old female who had an extended hospitalization for pancreatitis (ICD K85.00).
- She had a central line placed during the acute care stay to receive total parenteral nutrition (TPN).
- During her Part A SNF stay, Mrs. H is being transitioned from taking nothing by mouth (NPO), with the goal of being able to tolerate oral nutrition.
- The hospital discharge diagnoses of pancreatitis was incorporated into Mrs. H's Part A SNF medical record.
- How would you code I0020?
  - A. Code **09**, Hip and Knee Replacement.
  - B. Code **06**, Fracture and Other Trauma.
  - C. Code **12**, Other Orthopedic Conditions.
  - D. Code **13**, Medically Complex Conditions.

#### **Section J: Health Conditions**

#### J2100. Practice Coding Scenario 1

- Mrs. V was hospitalized for gram-negative pneumonia. Since this was her second episode of pneumonia in the past 6 months, a diagnostic bronchoscopy was performed while in the hospital. She also has Parkinson's disease and rheumatoid arthritis. She was discharged to a SNF for continuing care.
- How would you J2100?
  - Did the resident have a major surgical procedure during the prior inpatient stay that requires care during the SNF stay?
  - A. Code 0, No.
  - B. Code 1, Yes.
  - C. Code 8, Unknown.

#### J2100. Practice Coding Scenario 2

- Mr. O is a diabetic who was hospitalized for sepsis from an infection that developed after outpatient bunion surgery. A central line was placed to administer antibiotics. He was discharged to a SNF for continued antibiotic treatment and monitoring.

- How would you J2100?
  - Did the resident have a major surgical procedure during the prior inpatient stay that requires care during the SNF stay?
  - A. Code 0, No.
  - B. Code 1, Yes.
  - C. Code 8, Unknown.

#### J2100. Practice Coding Scenario 3

- Mrs. J had a craniotomy to drain a subdural hematoma after suffering a fall at home (ICD S06.5X2D). She has COPD and uses oxygen at night. In addition, she has moderate congestive heart failure, is moderately overweight, and has hypothyroidism. After a 6-day hospital stay, she was discharged to a SNF for continuing care.
- How would you J2100?
  - Did the resident have a major surgical procedure during the prior inpatient stay that requires care during the SNF stay?
  - A. Code 0, No.
  - B. Code 1, Yes.
  - C. Code 8, Unknown.

### **Section O: Special Treatments, Procedures, and Programs**

#### O0425 Practice Coding Scenario

- **Part A Therapy:**
  - Following a bilateral knee replacement, Mrs. G., while still in the hospital, exhibited some short-term memory difficulties specifically affecting orientation. She was non-weight bearing, had reduced range of motion, and had difficulty with Activities of Daily Living (ADLs). She was referred to Speech Language Pathologist (SLP), occupational therapy (OT), and physical therapy (PT), with the long-term goal of returning home with her husband.
  - Mrs. G was admitted to the SNF in stable condition for rehabilitation therapy on Sunday 10/06/19 under Part A SNF coverage.
  - Her initial SLP evaluation was performed on 10/06/19, and the OT and PT initial evaluations were done on 10/07/19. She was also referred to recreational therapy.
  - She was in the SNF for 14 days and was discharged home on 10/19/2019.
  - Mrs. G received the following rehabilitation services during her stay in the SNF:
    - Speech-language pathology services that were provided over the SNF stay:
      - Individual cognitive training; six sessions for 45 minutes each day.
      - Discharged from SLP services on 10/14/2019.
    - OT services that were provided over the SNF stay:
      - Individual ADL activities daily for 30 minutes each, starting 10/08/19.



# SNF Quality Reporting Program Training

May 7, 2019 – May 8, 2019

## Sections A, I, J O Practice Coding Scenarios

- Co-treatment: Seating and transferring with PT:
- Three sessions for the following times: 23 minutes, 18 minutes, and 12 minutes.
- Balance/coordination activities: 10 sessions for 20 minutes each session in a group.
- Discharged from OT services on 10/19/19.
- PT services that were provided over the stay:
  - Individual mobility training daily for 45 minutes per session starting 10/07/19.
  - Group mobility training for 30 minutes on Tuesdays, Wednesdays, and Fridays.
  - Co-treatment seating and transferring for three sessions with OT for 7 minutes, 22 minutes, and 18 minutes.
  - Concurrent therapeutic exercises Monday through Friday for 20 minutes each day.
  - Discharged from PT services on 10/19/19.