PROPRIETARY STATEMENT

NOTICE: THE INFORMATION CONTAINED WITHIN THE HTS PARTNER PORTAL IS PROPRIETARY TO Healthcare Therapy Services (HTS), DO NOT SHARE.

Dear Valued HTS Partner, you are authorized to receive access to use the following HTS proprietary materials. All of these documents are property of and owned by HTS. This document and any other related materials shall not be disseminated, distributed or otherwise shared with any outside organization or public platform unless written permission is obtained by HTS.

Please direct all questions to HTS Compliance, who can be reached at:
compliance@htstherapy.com

Nursing Component: Clinically Complex

- Pneumonia
- Hemiplegia/hemiparesis with Nursing Function Score </= 11
- Open lesions (other than ulcers, rashes, and cuts) with any selected skin treatment* or surgical wounds

  Selected skin treatments:
  - *M1200F – Surgical wound care*
  - *M1200G – Application of dressing (other than to feet)*
  - *M1200H – Application of ointments/medications (other than to feet)*
- Burns
- Any of the following while a resident:
  - Chemotherapy
  - Oxygen therapy
  - IV medications
  - Transfusions

Clinical Meeting Tracking

- Review new admits/re-admits, ER visit documentation and/or new physician orders for Dx of pneumonia, CXR, respiratory medications, ATB, O2, IV medications
- Review nurses' notes for transport to another healthcare setting for chemotherapy or transfusion. Retrieve documentation from where either were administered.
- Review H&P, DC Summary, Consults, Brain MRI or CT, etc. for hx of CVA, TBI, etc. & documentation of weakness/paralysis. Query physician before ARD if there is not a diagnosis of hemiplegia/hemiparesis but resident has symptoms.
- Review nurses' notes/wound assessments & orders for treatment for surgical wound/open lesion/burns

Assessment & Documentation Quick Tips

Pneumonia:

1. MD-documented diagnosis in the last **60 days**.
2. Diagnosis must be determined as **active** in the 7-day reference period by
   a. A positive study/test/symptom (i.e. CXR & productive cough) OR
   b. MD orders for medications for pneumonia /chronic lung disease (i.e. ATB, nebulizers, inhalers, corticosteroids) OR
   c. Documentation of therapy for functional limitations caused by pneumonia or chronic lung disease.

Hemiplegia/hemiparesis

1. MD-documented diagnosis in last 60 days
2. Diagnosis must be determined as active in the 7-day reference period
   a. Hemiplegia: severe or complete loss of strength or paralysis on one side of the body.
   b. Hemiparesis: mild or partial weakness or loss of strength on one side of the body.

Open lesions (other than ulcers, rashes & cuts) with any selected skin treatment in 7-day reference period

1. Develop as a result of diseases & conditions such as syphilis, cancer or bullous pemphigoid
2. Code wounds, boils, cysts, vesicles, etc. that cannot be coded elsewhere on the MDS here.
3. Do not code rashes, abrasions, or cuts/lacerations.

Burns in 7-day reference period

1. 2nd or 3rd degree
2. Skin & tissue injury caused by heat or chemicals in any stage of healing

Surgical wounds in 7-day reference period

1. Healing and non-healing, open or closed surgical incisions, skin grafts or drainage sites.
2. Do not include healed surgical sites & stomas or lacerations that require suturing or butterfly closure
3. Do not include PICC sites, central line sites, and peripheral IV sites
4. Do not code surgical debridement of pressure ulcer
5. Code pressure ulcer that is excised & a graft and/or flap applied

Any of the following *while a resident in 14-day reference period:*

1. Chemotherapy
   a. Antineoplastic of any route used for cancer treatment.
   b. Do not code appetite stimulants or hormonal & other agents that prevent reoccurrence or slows growth.
2. Oxygen therapy
   a. Intermittent or continuous
   b. Code O2 used in BiPAP/CPAP
   c. Do not code hyperbaric O2 for wound therapy
   d. Code even if the resident places or removes
3. IV medications
   a. Any drug or biological given by IV push, epidural pump, or drip through a central or peripheral port
   b. Do not code flushes without medications
   c. Do not include IV medications given during dialysis or chemotherapy.
   d. Code epidural, intrathecal & baclofen pumps

Center for Medicare and Medicaid Services. (2019). MDS 3.0 RAI Manual.
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html

HTS your partner in therapy™ PROACTIVE MEDICAL REVIEW