



PROPRIETARY STATEMENT

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compliance@htstherapy.com

NTA Component

- Non-Therapy Ancillary (NTA) comprise 50 conditions and extensive services, 34 related to diagnosis.
- The NTA comorbidity score is the result of a weighted count of a patient's comorbidities, rather than using a simple count of comorbidities.
- In order to determine the patient's NTA comorbidity score, a provider would identify all comorbidities for which a patient would qualify and then add the points for each comorbidity together. The resulting sum represents the patient's NTA comorbidity score, which is then used to classify the patient into an NTA component classification group.
- Payment Adjustment; days 1-3 CMI 3x higher
- Over 1,500 ICD-10-CM codes can be used to report presence of NTA items
- Non-Therapy Ancillary (NTA) requires the following for an active diagnosis:
 1. Physician-documented diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last **60 days**.
 2. Diagnosis that have a direct relationship to the resident's current functional status, cognitive status, mood, or behavior status, medical treatments, nursing monitoring, or risk of death in the past 7 days (except UTI-last 30 days) (RAI, p. I-7).

Refer to the [ICD-10 NTA Comorbidity Crosswalk](#) for I8000-derived comorbidities with acceptable ICD-10 codes that map to the NTA component and to the NTA item listing for a complete list of NTA conditions/services

NTA Component Tips

- Clinical Meeting
 - Review new orders daily
 - Discuss changes in conditions daily; wound care, need for IV medications, intermittent catheterizations, suctioning, etc.
- Review resident's needs and diagnosis prior to admission and at weekly Medicare meetings.
- Ensure supportive documentation is in place during assessment look-back periods for conditions being managed or services being provided
- Consider a system for maintaining an active diagnosis list. Active diagnosis includes:
 - Recent onset or acute exacerbation of the disease or condition indicated by a positive test, study, or procedure.
 - Hospitalization for acute symptoms and/or recent change in therapy in the last 7 days.
 - Symptoms & abnormal signs indicating ongoing or decompensated disease in last 7 days.
 - Ongoing therapy with medications or other interventions to manage a condition that requires monitoring for therapeutic efficacy or to monitor potentially severe side effects in last 7 days
- Monitor for significant changes in the resident's condition and care needs after completion of the 5-day assessment; this may warrant completion of the IPA.
- Focus on the most common comorbidities; Diabetes Mellitus, COPD/Asthma/Chronic Lung Disease, IV medication use in the facility, Feeding tubes, Intermittent catheterizations, Ostomy needs.
- Be sure to query the physician if a diagnosis is not clear or is suspected. Example; resident admits with a diagnosis of obesity. However, the weight meets the definition for morbid obesity. Don't be afraid to ask!
- Common missed NTA's include:
 - Wound infection
 - Multi-Drug Resistant Organism (MDRO)
 - Opportunistic Infections- 37 different ICD-10 codes can be coded in I8000 to qualify for the NTA comorbidity
 - Cardio-Respiratory Failure & Shock
 - Malnutrition or Morbid Obesity