

# PDPM – Road Map for Success

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# PDPM Overview



# Overview

- The Patient-Driven Payment Model (PDPM) is effective October 1, 2019
- Specifications included in the SNF PPS Final Rule, published July 30, 2019
- ICD-10 captured on MDS will drive clinical classification which impacts reimbursement
- Rehab days and minutes no longer impact payment
- ADL to functional scoring (Section GG)

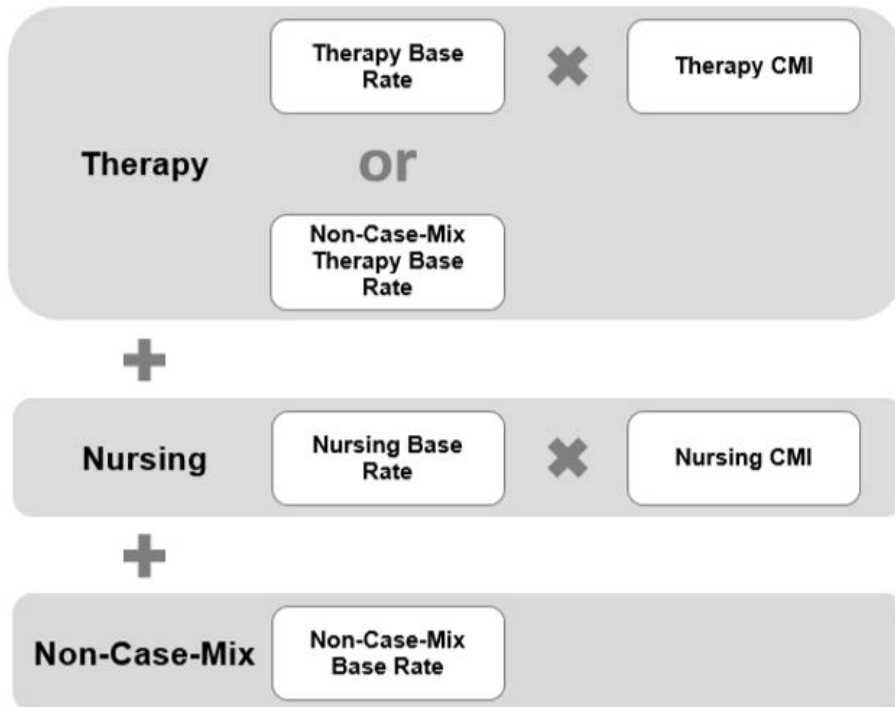


# Overview

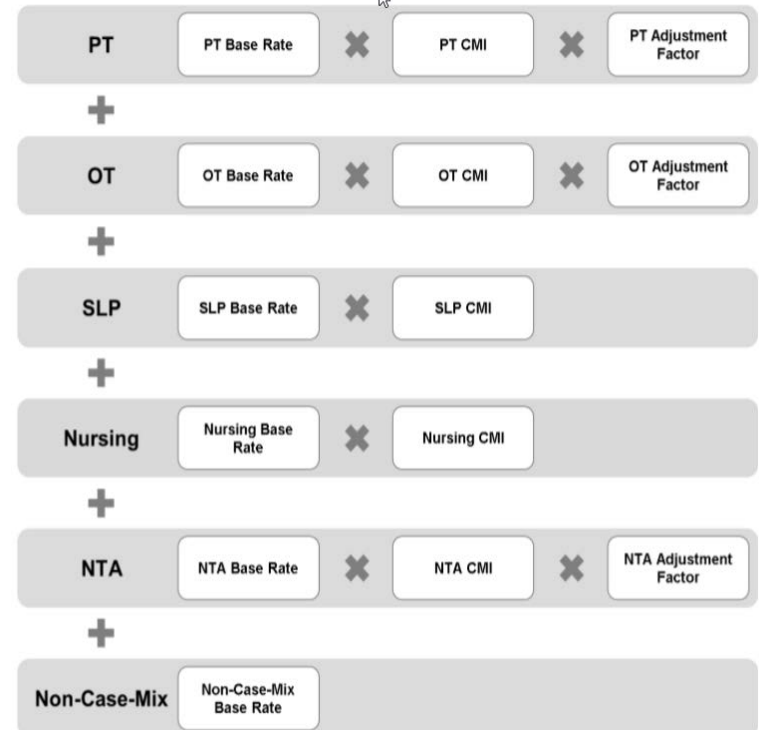
- Under PDPM there are over 23,000 potential payment groups
- Specific rate components will vary throughout the stay
- MDS Schedule Changes
- 3 day interruption window

# RUG IV VS PDPM

## Current Case-Mix Adjusted Payment



## Recommended Case-Mix Adjusted Payment

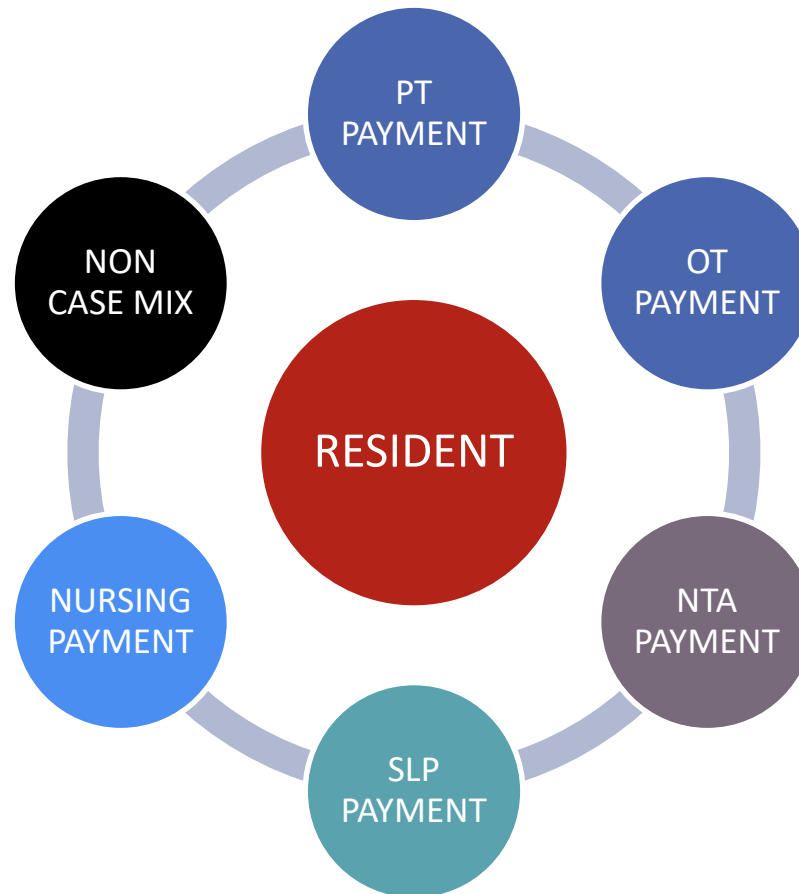


# PDPM

## Components & Characteristics

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# 5 CLINICAL PAYMENT DRIVERS





# PDPM Patient Classification

- Patient classifications are used for each component (PT/OT/SLP/NTA & Nursing)
- Breakdown of criteria for each classification:

Component	Criteria
PT	Clinical Category, Functional Score
OT	Clinical Category, Functional Score
SLP	Presence of Acute Neurologic Condition, SLP-related Comorbidity or Cognitive Impairment, Mechanically-altered Diet, Swallowing Disorder
NTA	NTA Conditions/ Comorbidities Score
Nursing	Clinical Condition/ Needs, Functional Score

# PDPM Clinical Category

Resident	<input type="text"/>	Identifier	<input type="text"/>	Date	<input type="text"/>
<b>Section I</b>		<b>Active Diagnoses</b>			
<b>I0020. Indicate the resident's primary medical condition category</b> Complete only if A0310B = 01 or 08					
<b>Indicate the resident's primary medical condition category that best describes the primary reason for admission</b>					
Enter Code	<input type="text"/>	<input type="text"/>			
01. Stroke					
02. Non-Traumatic Brain Dysfunction					
03. Traumatic Brain Dysfunction					
04. Non-Traumatic Spinal Cord Dysfunction					
05. Traumatic Spinal Cord Dysfunction					
06. Progressive Neurological Conditions					
07. Other Neurological Conditions					
08. Amputation					
09. Hip and Knee Replacement					
10. Fractures and Other Multiple Trauma					
11. Other Orthopedic Conditions					
12. Debility, Cardiorespiratory Conditions					
13. Medically Complex Conditions					
I0020B. ICD Code					
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					

- Clinical categories are assigned based on the primary diagnosis for the stay
- NEW MDS item I0020B (“I-20-B”) is used to then map to one of the PDPM clinical categories.
- Section J (Surgical Procedures) of MDS used to further adjust clinical classifications, if applicable

# Clinical Categories Collapsed to 4 for PT & OT

PDPM Clinical Category	Collapsed PT & OT Clinical Category
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Non-Orthopedic Surgery Acute Neurologic	Non-Orthopedic Surgery & Acute Neurologic
Non-Surgical Orthopedic/Musculoskeletal Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Other Orthopedic
Medical Management Acute Infections Cancer Pulmonary Cardiovascular & Coagulations	Medical Management

# PDPM CASE MIX PT/OT

● Case mix has two primary elements used to determine classification:

- Clinical Category for SNF stay (I0020B)
- Functional Status (Section GG)

Clinical Category	GG	PT & OT Function Score	PT & OT Case Mix Group	PT CMI	OT CMI
Major Joint Replacement or Spinal Surgery		0-5	TA	1.53	1.49
Major Joint Replacement or Spinal Surgery		6-9	TB	1.70	1.63
Major Joint Replacement or Spinal Surgery		10-23	TC	1.88	1.69
Major Joint Replacement or Spinal Surgery		24	TD	1.92	1.53
Other Orthopedic		0-5	TE	1.42	1.41
Other Orthopedic		6-9	TF	1.61	1.60
Other Orthopedic		10-23	TG	1.67	1.64
Other Orthopedic		24	TH	1.16	1.15
Medical Management		0-5	TI	1.13	1.18
Medical Management		6-9	TJ	1.42	1.45
Medical Management		10-23	TK	1.52	1.54
Medical Management		24	TL	1.09	1.11
Other Orthopedic		0-5	TM	1.27	1.30
Other Orthopedic		6-9	TN	1.48	1.50
Other Orthopedic		10-23	TO	1.55	1.55
Other Orthopedic		24	TP	1.08	1.09

# SLP Comorbidities

- SLP has 12 comorbidities under PDPM
  - SLP comorbidity flag combines conditions & services
  - Only the presence of one of the following is required to qualify:

SLP Comorbidities	
Aphasia	Laryngeal Cancer
CVA, TIA, or Stroke	Apraxia
Hemiplegia or Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy (while Resident)	Oral Cancers
Ventilator (while Resident)	Speech & Language Deficits

# PDPM Case Mix SLP

- SLP has 3 elements:

- Clinical Category for SNF Stay- Acute Neurologic or Non-Neurologic
- Presence of Swallowing Disorder and /or Mechanically Altered Diet
- Cognitive Status and/or Presence of an SLP-related Comorbidity

Clinical Category	GG →	PT & OT Function Score	PT & OT Case Mix Group	PT CMI	OT CMI
Major Joint Replacement or Spinal Surgery		0-5	TA	1.53	1.49
Major Joint Replacement or Spinal Surgery		6-9	TB	1.70	1.63
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Other Orthopedic		10-23	TO	1.55	1.55
Other Orthopedic		24	TP	1.08	1.09



# SLP Component

- Presence of
  - Mechanically Altered Diet (Section K)
  - Swallowing Disorder (Section K)

# MDS Section K

## **K0100. Swallowing Disorder**

Signs and symptoms of possible swallowing disorder

↓ Check all that apply

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>A. Loss of liquids/solids from mouth when eating or drinking</b>          |
| <input type="checkbox"/> | <b>B. Holding food in mouth/cheeks or residual food in mouth after meals</b> |
| <input type="checkbox"/> | <b>C. Coughing or choking during meals or when swallowing medications</b>    |
| <input type="checkbox"/> | <b>D. Complaints of difficulty or pain with swallowing</b>                   |
| <input type="checkbox"/> | <b>Z. None of the above</b>  |





# Nursing Component

- Same RUG IV Major Categories
  - Extensive Services
  - Special Care High
  - Special Care Low
  - Clinically Complex
  - Behavior Symptoms & Cognitive Impairment
  - Reduced Physical Function

# Nursing Functional Score

- MDS Section GG – Functional Abilities & Goals
  - Assessed during first three days of admission
  - Documents “usual performance”

<b>Eating</b>	<b>Average Bed Mobility</b>
Toilet Hygiene	Average Transfer

- Functional score ranges from zero to 16

# Nursing CMI

Nursing Component	Function Score	CMI
ES3	0-14	4.06
ES2	0-14	3.07
ES1	0-14	2.93
HDE2	0-5	2.40
HDE1	0-5	1.99
HBC2	6-14	2.24
HBC1	6-14	1.86
LDE2	0-5	2.08
LDE1	0-5	1.73
LBC2	6-14	1.72
LBC1	6-14	1.43
CDE2	0-5	1.87
CDE1	0-5	1.62

Nursing Component	Function Score	CMI
CBC2	6-14	1.55
CA2	15-16	1.09
CBC1	6-14	1.34
CA1	15-16	0.94
BAB2	11-16	1.04
BAB1	11-16	0.99
PDE2	0-5	1.57
PDE1	0-5	1.47
PBC2	6-14	1.22
PA2	15-16	0.71
PBC1	6-14	1.13
PA1	15-16	0.66



# Nursing Component

- Important to Note

- Nursing component will be increased by 18% for residents with HIV/AIDS
- 8 points into the NTA count
  - B20 must be on SNF claim

# NTA & Comorbidity Coding

- Comorbidity score is a weighted count of comorbidities
  - Comorbidities associated with high increases in NTA costs grouped into various point tiers
  - Points assigned for each additional comorbidity present, with more points awarded for higher-cost tiers
- Comorbidities & extensive services for NTA classification are derived from a variety of MDS sources, with some identified in Item I8000
- HIV/AIDS remains a SNF claim reported adjustment (8 pts.)
- Calculated based on points assigned for 50 MDS items

NTA Score Range	NTA Case Mix Group	NTA Case Mix Index
12+	NA	3.24
9-11	NB	2.53
6-8	NC	1.84
3-5	ND	1.33
1-2	NE	0.96
0	NF	0.72

# NTA Component

## ● Data Sources

HIV / AIDS	SNF Claim	
Bowel/bladder appl	H0100C, H0100D	Ostomy, catheterization
Parenteral/IV/tube feed	Section K	
Ulcers, foot skin probs	Section M	
Special treatments/ext services	Section O	IV meds, ventilator, trach, suctioning, transfusion, radiation, infection, etc.
Diagnoses	Section I	6 specific diagnoses
Additional active Dx	Item I8000	28 specific diagnoses

Condition/Extensive Service	Source	Points
HIV/AIDS	SNF Claim	8
Parental IV Feeding: Level High	MDS Item K0510A2, K0710A2	7
Special Treatment Programs: Intravenous Medication Post-Admit Code	MDS Item O0100H2	5
Special Treatment Programs: Ventilator or Respirator Post-admit Code	MDS Item O0100F2	4
Parental IV Feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	MDS Item I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0100I2	2
Major Organ Transplant Status, Except Lung	MDS Item I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	MDS Item I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	MDS Item I8000	2
Chronic Myeloid Leukemia	MDS Item I8000	2
Wound Infection Code	MDS Item I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	MDS Item I2900	2
Endocarditis	MDS I8000	1
Immune Disorders	MDS I8000	1
End-Stage Liver Disease	MDS I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Narcolepsy and Cataplexy	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O00100E2	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	MDS Item I1700	1
Special Treatments/Programs: Isolation Post-admit Code	MDS Item O0100M2	1

Condition/Extensive Service	Source	Points
Chronic Pancreatitis	MDS Item I8000	1
Proliferated Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	MDS Item M1040A, M1040B, M1040C	1
Complications of Specified Implant Device or Graft	MDS Item I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	MDS Item H0100D	1
Inflammatory Bowel Disease	MDS Item I1300	1
Aseptic Necrosis of Bone	MDS Item I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	MDS Item O0100D2	1
Cardio-Respiratory Failure and Shock	MDS Item I8000	1
Myelodysplastic Syndromes and Myelofibrosis	MDS Item I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Hemorrhage	MDS Item I8000	1
Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Nutritional Approaches While a Resident: Feeding Tube	MDS Item K0510B2	1
Severe Skin Burn or Condition	MDS Item I8000	1
Intractable Epilepsy	MDS Item I8000	1
Active Diagnoses: Malnutrition code	I560	1
Disorders of Immunity - Except : RxCC97: Immune Disorders	MDS Item I8000	1
Cirrhosis of Liver	MDS Item I8000	1
Bladder and Bowel Appliances: Ostomy	MDS Item H0100C	1
Respiratory Arrest	MDS Item I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	MDS Item I8000	1



Condition/Extensive Service	Source	Points
Specified Hereditary Metabolic/Immune Disorders	MDS Item I8000	1
Morbid Obesity	MDS Item I8000	1
Special Treatments/Programs: Radiation Post-admit Code	MDS Item O0100B2	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	MDS Item M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	MDS Item I8000	1

# Every Point Counts!

NTA Score Range	NTA Case Mix Group	NTA Case Mix Index
12+	NA	3.24
9-11	NB	2.53
6-8	NC	1.84
3-5	ND	1.33
1-2	NE	0.96
0	NF	0.72

TABLE 12: FY 2019 PDPM Unadjusted Rate Per Diem - Urban

Rate Component	Nursing	NTA	PT	OT	SLP	Non Case-Mix
Per Diem Amount	\$105.92	\$79.91	\$60.75	\$56.55	\$22.68	\$94.84

Component	Urban Base Rate		CMI		Variable Adjustment Factor (for 1 <sup>st</sup> 3 days of stay)		Per Diem
NTA	\$79.91	X	1.84 (NC)	X	3.0	X	\$441.10

# Every Point Counts!

NTA Score Range	NTA Case Mix Group	NTA Case Mix Index
12+	NA	3.24
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TABLE 12: FY 2019 PDPM Unadjusted Rate Per Diem - Urban

Rate Component	Nursing	NTA	PT	OT	SLP	Non Case-Mix
Per Diem Amount	\$105.92	\$79.91	\$60.75	\$56.55	\$22.68	\$94.84

Component	Urban Base Rate		CMI		Variable Adjustment Factor (for 1 <sup>st</sup> 3 days of stay)		Per Diem
NTA	\$79.91	X	2.53 (NB)	X	3.0	X	\$606.52

# WORKSHEET

- NTA Worksheet: Calculate the number of NTA points & payment for the 4 scenarios

# NTA Scenarios

- NTA Patient A:

Condition/Extensive Services	NTA Count
Diabetes Mellitus	2
IV Medication	5
Isolation	1
Diabetic Retinopathy	1
Total	9

# NTA Scenarios

- NTA Patient B:

Condition/Extensive Services	NTA Count
COPD	2
Diabetes Mellitus	2
Chronic Pancreatitis	1
Cirrhosis of Liver	1
Total	6

# NTA Scenarios

- NTA Patient C:

Condition/Extensive Services Before Fall	NTA Count
Diabetes Mellitus	2
Total	2

# NTA Scenarios

- NTA Patient C:

Condition/Extensive Services After Fall	NTA Count
IV Medication	5
Diabetes Mellitus	2
Endocarditis	1
Total	8



# NTA Payment Scenario

Patient	NTA Count	CMG	CMI	NTA Payment
A	9	NB	2.53	\$202.17
B	6	NC	1.84	\$147.03
C before fall	2	NE	0.96	\$76.71
After Fall	8	NC	1.84	\$147.03

\*Updated for  
Urban rate in FY20

# ICD-10 Coding

# ICD-10 Fundamentals

- Replaced ICD-9 codes as of October 1, 2015
- Expanded number of potential codes from 13,000+ to 70,000+
- Also expanded from 4-digit to **6-digit** coding to allow for far more specificity, including:
  - Laterality (**M24.461** – Recurrent dislocation, right knee)
  - More specific condition details (**L89.221** – Pressure ulcer of left hip, stage 1)
  - Combinations of conditions (**I25.110** - Atherosclerotic heart disease of native coronary artery with unstable angina pectoris)

# PDPM Clinical Category

Resident  Identifier  Date

Section I	Active Diagnoses
<b>I0020. Indicate the resident's primary medical condition category</b> Complete only if A0310B = 01 or 08	
Enter Code <input type="text"/> <input type="text"/>	<b>Indicate the resident's primary medical condition category that best describes the primary reason for admission</b> 01. Stroke 02. Non-Traumatic Brain Dysfunction 03. Traumatic Brain Dysfunction 04. Non-Traumatic Spinal Cord Dysfunction 05. Traumatic Spinal Cord Dysfunction 06. Progressive Neurological Conditions 07. Other Neurological Conditions 08. Amputation 09. Hip and Knee Replacement 10. Fractures and Other Multiple Trauma 11. Other Orthopedic Conditions 12. Debility, Cardiorespiratory Conditions 13. Medically Complex Conditions  I0020B. ICD Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- Clinical categories are assigned based on the primary diagnosis for the stay
- NEW MDS item I0020B (“I-20-B”) is used to then map to one of the PDPM clinical categories.
- Section J (Surgical Procedures) of MDS used to further adjust clinical classifications, if applicable



# Clinical Category

- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html>

# 10 Steps to Correct Coding

- Step 1: Identify the reason for the visit or encounter (i.e., a sign, symptom, diagnosis and/or condition)
- Step 2: After selecting the reason for the encounter, always consult the alphabetic index before verifying code selection in the tabular section.
- Step 3: Locate the main term entry
- Step 4: Read cross-reference listed with the main term or the subterm
- Step 5: Review entries for modifiers

# 10 Steps to Correct Coding

- Step 6: Interpret abbreviations, cross-references, default codes, additional character and brackets
- Step 7: Choose a potential code and locate it in the tabular list
- Step 8: Determine whether the code is a the highest level of specificity
- Step 9: Assign the code
- Step 10: Sequence codes correctly



# Example:

- Aspiration pneumonia



# Aspiration Pneumonia

- Diagnosis: Pneumonia due aspiration of tube feeding
- **Step 1:** The reason for the encounter was the condition, Aspiration Pneumonia
- **Step 2:** Consult the Alphabetic Index

# Aspiration Pneumonia

## ● Step 3:

Locate the main term entry

**Pneumonia** (acute) (double) (migratory) (purulent) (septic) (unresolved) J18.9  
with  
  influenza — *see* Influenza, with, pneumonia  
  lung abscess J85.1  
    due to specified organism — *see* Pneumonia, in (due to)  
  adenoviral J12.0  
  adynamic J18.2  
  alba A50.04  
  allergic (eosinophilic) J82  
  alveolar — *see* Pneumonia, lobar  
  anaerobes J15.8  
  anthrax A22.1  
  apex, apical — *see* Pneumonia, lobar  
  Ascaris B77.81  
  aspiration J69.0  
    due to  
      aspiration of microorganisms  
      bacterial J15.9  
      viral J12.9  
    food (regurgitated) J69.0

# Aspiration Pneumonia

## ● Step 4:

Read cross-reference listed with the main term or the sub-term

**Pneumonia** (acute) (double) (migratory) (purulent) (septic) (unresolved) J18.9  
with  
influenza — *see* Influenza, with, pneumonia  
lung abscess J85.1  
    due to specified organism — *see* Pneumonia, in  
        (due to)  
adenoviral J12.0  
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# Aspiration Pneumonia

**Pneumonia** (acute) (double) (migratory) (purulent)  
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due to  
aspiration of microorganisms  
bacterial J15.9  
viral J12.9  
food (regurgitated) J69.0

# Aspiration Pneumonia

## ● Step 6:

Go to Tabular List

ICD-10-CM 2019

Chapter 10. Diseases o

## Chapter 10. Diseases of the Respiratory System (J00-J99)

**NOTE** When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site (e.g. tracheobronchitis to bronchitis in J40).

Use additional code, where applicable, to identify:  
exposure to environmental tobacco smoke (Z77.22)  
exposure to tobacco smoke in the perinatal period (P96.81)  
history of tobacco dependence (Z87.891)  
occupational exposure to environmental tobacco smoke (Z57.31)  
tobacco dependence (F17.-)  
tobacco use (Z72.0)

**EXCLUDES 2** *certain conditions originating in the perinatal period (P04-P96)*  
*certain infectious and parasitic diseases (A00-B99)*  
*complications of pregnancy, childbirth and the puerperium (O00-O9A)*  
*congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)*  
*endocrine, nutritional and metabolic diseases (E00-E88)*  
*injury, poisoning and certain other consequences of external causes (S00-T88)*  
*neoplasms (C00-D49)*  
*smoke inhalation (T59.81-)*  
*symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)*

This chapter contains the following blocks:

J00-J06	Acute upper respiratory infections
J09-J18	Influenza and pneumonia
J20-J22	Other acute lower respiratory infections
J30-J39	Other diseases of upper respiratory tract
J40-J47	Chronic lower respiratory diseases
J60-J70	Lung diseases due to external agents
J80-J84	Other respiratory diseases principally affecting the interstitium
J85-J86	Suppurative and necrotic conditions of the lower respiratory tract
J90-J94	Other diseases of the pleura
J95	Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
J96-J99	Other diseases of the respiratory system

# Aspiration Pneumonia

## ● Step 7: Locate Code

- ✓ 4<sup>th</sup> **J69 Pneumonitis due to solids and liquids**
- EXCLUDES 1** neonatal aspiration syndromes (P24.-)  
postprocedural pneumonitis (J95.4)
- AHA:** 2017, 1Q, 24
- DEF:** Pneumonitis: Noninfectious inflammation of the walls of the alveoli in the lung tissue due to inhalation of food, vomit, oils, essences, or other solids or liquids.
- 2,8 **J69.0 Pneumonitis due to inhalation of food and vomit** **RIC CC**
- Aspiration pneumonia NOS
  - Aspiration pneumonia (due to) food (regurgitated)
  - Aspiration pneumonia (due to) gastric secretions
  - Aspiration pneumonia (due to) milk
  - Aspiration pneumonia (due to) vomit
- Code also any associated foreign body in respiratory tract (T17.-)**
- EXCLUDES 1** chemical pneumonitis due to anesthesia (J95.4)  
obstetric aspiration pneumonitis (O74.0)
- TIP:** Aspiration pneumonia is not classified to respiratory infection codes and does not warrant the assignment of J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection, when present concurrently with COPD.
- RIC Excl:** 15 Pulmonary

# Aspiration Pneumonia

- ✓<sup>5th</sup> T17.9 Foreign body in respiratory tract, **part unspecified**
- ✓<sup>6th</sup> T17.90 **Unspecified** foreign body in respiratory tract, part unspecified
  - ✓<sup>7th</sup> T17.900 Unspecified foreign body in respiratory tract, part unspecified **causing asphyxiation** ▼
  - ✓<sup>7th</sup> T17.908 Unspecified foreign body in respiratory tract, part unspecified **causing other injury** ▼
- ✓<sup>6th</sup> T17.91 **Gastric contents** in respiratory tract, part unspecified
  - Aspiration of gastric contents into respiratory tract, part unspecified
  - Vomitus in trachea respiratory tract, part unspecified
  - ✓<sup>7th</sup> T17.910 **Gastric contents** in respiratory tract, part unspecified **causing asphyxiation** ▼
  - ✓<sup>7th</sup> T17.918 **Gastric contents** in respiratory tract, part unspecified **causing other injury** ▼

## T17 Foreign body in respiratory tract

The appropriate 7th character is to be added to each code from category T17.

- A initial encounter
- D subsequent encounter
- S sequela

# Aspiration Pneumonia

- **Step 8:** Read through the subcategory codes under J69, and note that the fourth character is required to specify solid or liquids that caused the pneumonia. Locate the Pneumonitis due to inhalation of food and vomit J69.0.
- **Step 9:** Assign code J69.0 Pneumonitis due to inhalation of food and vomit.
- **Step 10:** Be sure to add the associated foreign body in respiratory tract code T17.910D



# Which ICD-10 Codes Map to a PDPM Clinical Category?



## PDPM Resources

This section includes additional resources relevant to PDPM classification logic.

- [PDPM Classification Walkthrough](#)
- [PDPM GROUPER Logic \(SAS\)](#)
- [ICD-10 Clinical Category Crosswalk](#)
- [ICD-10 NTA Comorbidity Crosswalk](#)

WEAKNESS

R	5	3	.	1			
---	---	---	---	---	--	--	--

MUSCLE WEAKNESS (GENERALIZED)

M	6	2	.	8	1		
---	---	---	---	---	---	--	--

DIFFICULTY IN WALKING (NOT ELSEWHERE CLASSIFIED)

R	2	6	.	2			
---	---	---	---	---	--	--	--

NAUSEA WITH VOMITING, UNSPECIFIED

R	1	1	.	2			
---	---	---	---	---	--	--	--

GASTROPARESIS

K	3	1	.	8	4		
---	---	---	---	---	---	--	--

LOW BACK PAIN

M	5	4	.	5			
---	---	---	---	---	--	--	--

LONG TERM (CURRENT) USE OF ASPRIN

Z	7	9	.	8	2		
---	---	---	---	---	---	--	--

PRESSENCE OF AORTOCORONARY BYPASS GRAFT

Z	9	5	.	1			
---	---	---	---	---	--	--	--

CONSTIPATION, UNSPECIFIED

K	5	9	.	0	0		
---	---	---	---	---	---	--	--

OTH DISRD OF THE SKIN AND SUBCUTANEOUS TISSUE

L	9	8	.	8			
---	---	---	---	---	--	--	--

# Which ICD-10 Codes Map to a PDPM Clinical Category?

## PDPM Resources

This section includes additional resources relevant to PDPM classification logic.

- [PDPM Classification Walkthrough](#)
- [PDPM GROUPER Logic \(SAS\)](#)
- [ICD-10 Clinical Category Crosswalk](#)
- [ICD-10 NTA Comorbidity Crosswalk](#)

WEAKNESS	<b>RTP</b>	R 5 3 . 1
MUSCLE WEAKNESS (GENERALIZED)	<b>RTP</b>	M 6 2 . 8 1
DIFFICULTY IN WALKING (NOT ELSEWHERE CLASSIFIED)	<b>RTP</b>	R 2 6 . 2
NAUSEA WITH VOMITING, UNSPECIFIED	<b>RTP</b>	R 1 1 . 2
GASTROPARESIS	<b>Medical Management</b>	K 3 1 . 8 4
LOW BACK PAIN	<b>Non-Surgical Ortho/ Musculoskeletal</b>	M 5 4 . 5
LONG TERM (CURRENT) USE OF ASPRIN	<b>RTP</b>	Z 7 9 . 8 2
PRESSENCE OF AORTOCORONARY BYPASS GRAFT	<b>RTP</b>	Z 9 5 . 1
CONSTIPATION, UNSPECIFIED	<b>RTP</b>	K 5 9 . 0 0
OTH DISRD OF THE SKIN AND SUBCUTANEOUS TISSUE	<b>RTP</b>	L 9 8 . 8

# Section J – Past Surgical Categories

## Patient Surgical History – Items J2100 – J5000 (New Items)

- These items are used to capture any major surgical procedures that occurred during the inpatient hospital stay that immediately preceded the SNF admission (*i.e.*, the qualifying hospital stay)

<b>J2000. Prior Surgery</b> - Complete only if A0310B = 01	
Enter Code <input type="checkbox"/>	Did the resident have major surgery during the 100 days prior to admission? 0. No 1. Yes 8. Unknown
<b>J2100. Recent Surgery Requiring Active SNF Care</b> - Complete only if A0310B = 01 or 08	
Enter Code <input type="checkbox"/>	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0. No 1. Yes 8. Unknown

Resident	Identifier	Date
<b>Section J</b>		<b>Health Conditions</b>
<b>Surgical Procedures</b> - Complete only if J2100 = 1		
Check all that apply		
<b>Major Joint Replacement</b>		
<input type="checkbox"/>	J2300. Knee Replacement - partial or total	
<input type="checkbox"/>	J2310. Hip Replacement - partial or total	
<input type="checkbox"/>	J2320. Ankle Replacement - partial or total	
<input type="checkbox"/>	J2330. Shoulder Replacement - partial or total	
<b>Spinal Surgery</b>		
<input type="checkbox"/>	J2400. Involving the spinal cord or major spinal nerves	
<input type="checkbox"/>	J2410. Involving fusion of spinal bones	
<input type="checkbox"/>	J2420. Involving lamina, discs, or facets	
<input type="checkbox"/>	J2499. Other major spinal surgery	
<b>Other Orthopedic Surgery</b>		
<input type="checkbox"/>	J2500. Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)	
<input type="checkbox"/>	J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot)	
<input type="checkbox"/>	J2520. Repair but not replace joints	
<input type="checkbox"/>	J2530. Repair other bones (such as hand, foot, jaw)	
<input type="checkbox"/>	J2599. Other major orthopedic surgery	
<b>Neurological Surgery</b>		
<input type="checkbox"/>	J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)	
<input type="checkbox"/>	J2610. Involving the peripheral or autonomic nervous system - open or percutaneous	
<input type="checkbox"/>	J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices	
<input type="checkbox"/>	J2699. Other major neurological surgery	
<b>Cardiopulmonary Surgery</b>		
<input type="checkbox"/>	J2700. Involving the heart or major blood vessels - open or percutaneous procedures	
<input type="checkbox"/>	J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic	
<input type="checkbox"/>	J2799. Other major cardiopulmonary surgery	
<b>Genitourinary Surgery</b>		
<input type="checkbox"/>	J2800. Involving male or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)	
<input type="checkbox"/>	J2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)	
<input type="checkbox"/>	J2899. Other major genitourinary surgery	
<b>Other Major Surgery</b>		
<input type="checkbox"/>	J2900. Involving tendons, ligaments, or muscles	
<input type="checkbox"/>	J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)	
<input type="checkbox"/>	J2920. Involving the endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus - open	
<input type="checkbox"/>	J2930. Involving the breast	
<input type="checkbox"/>	J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant	
<input type="checkbox"/>	J5000. Other major surgery not listed above	

# Section J – Past Surgical Categories

↓ Check all that apply

<input type="checkbox"/>	<b>Major Joint Replacement</b>
<input type="checkbox"/>	J2300. Knee Replacement - partial or total
<input type="checkbox"/>	J2310. Hip Replacement - partial or total
<input type="checkbox"/>	J2320. Ankle Replacement - partial or total
<input type="checkbox"/>	J2330. Shoulder Replacement - partial or total
	<b>Spinal Surgery</b>
<input type="checkbox"/>	J2400. Involving the spinal cord or major spinal nerve
<input type="checkbox"/>	J2410. Involving fusion of spinal bones
<input type="checkbox"/>	J2420. Involving lamina, discs, or facets
<input type="checkbox"/>	J2499. Other major spinal surgery
	<b>Other Orthopedic Surgery</b>
<input type="checkbox"/>	J2500. Repair fractures of the shoulder (inclu
<input type="checkbox"/>	J2510. Repair fractures of the pelvis, hip
<input type="checkbox"/>	J2520. Repair but not replace joint
<input type="checkbox"/>	J2530. Repair but not replace
<input type="checkbox"/>	J2530. Repair other bones (such as r
<input type="checkbox"/>	J2599. Other major orthopedic surgery

<input type="checkbox"/>	J2699. Other major neurological surgery
	<b>Cardiopulmonary Surgery</b>
<input type="checkbox"/>	J2700. Involving the heart or major blood v
<input type="checkbox"/>	J2710. Involving the respiratory system, inclu
<input type="checkbox"/>	J2799. Other major cardiopulmonary surgery
	<b>Genitourinary Surgery</b>
<input type="checkbox"/>	J2800. Involving male or female organs (such as pr
<input type="checkbox"/>	J2810. Involving the kidneys, ureters, adrenal gland, or urethra - open or laparoscopic nephrostomies or urostomies)
<input type="checkbox"/>	J2899. Other major genitourinary surgery
	<b>Other Major Surgery</b>
<input type="checkbox"/>	J2900. Involving tendons, ligaments, or muscles
<input type="checkbox"/>	J2910. Involving the gastrointestinal tract or abdominal organs - open or laparoscopic pancreas, or spleen - open or laparoscopic
<input type="checkbox"/>	J2920. Involving the endocrine organs (such as

<input type="checkbox"/>	J2600. Involving the brain, surrounding tis
<input type="checkbox"/>	J2610. Involving the peripheral or autonon
<input type="checkbox"/>	J2620. Insertion or removal of spinal or bra
<input type="checkbox"/>	J2699. Other major neurological surgery
	<b>Cardiopulmonary Surgery</b>
<input type="checkbox"/>	J2700. Involving the heart or major ble
<input type="checkbox"/>	J2710. Involving the respiratory system
<input type="checkbox"/>	J2799. Other major cardiopul

# MDS Sample – Section I (Active Diagnoses)

Section I	Active Diagnoses
<b>Active Diagnoses in the last 7 days - Check all that apply</b>	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
<b>Cancer</b>	
<input checked="" type="checkbox"/>	<b>I0100. Cancer</b> (with or without metastasis)
<b>Heart/Circulation</b>	
<input type="checkbox"/>	<b>I0200. Anemia</b> (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
<input type="checkbox"/>	<b>I0300. Atrial Fibrillation or Other Dysrhythmias</b> (e.g., bradycardias and tachycardias)
<input checked="" type="checkbox"/>	<b>I0400. Coronary Artery Disease (CAD)</b> (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))
<input type="checkbox"/>	<b>I0500. Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE)</b>
<input type="checkbox"/>	<b>I0600. Heart Failure</b> (e.g., congestive heart failure (CHF) and pulmonary edema)
<input type="checkbox"/>	<b>I0700. Hypertension</b>
<input type="checkbox"/>	<b>I0800. Orthostatic Hypotension</b>
<input type="checkbox"/>	<b>I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)</b>
<b>Gastrointestinal</b>	
<input type="checkbox"/>	<b>I1100. Cirrhosis</b>
<input type="checkbox"/>	<b>I1200. Gastroesophageal Reflux Disease (GERD) or Ulcer</b> (e.g., esophageal, gastric, and peptic ulcers)
<input type="checkbox"/>	<b>I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease</b>
<b>Genitourinary</b>	
<input checked="" type="checkbox"/>	<b>I1400. Benign Prostatic Hyperplasia (BPH)</b>
<input type="checkbox"/>	<b>I1500. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)</b>
<input type="checkbox"/>	<b>I1550. Neurogenic Bladder</b>
<input type="checkbox"/>	<b>I1650. Obstructive Uropathy</b>
<b>Infections</b>	
<input type="checkbox"/>	<b>I1700. Multidrug-Resistant Organism (MDRO)</b>
<input checked="" type="checkbox"/>	<b>I2000. Pneumonia</b>
<input checked="" type="checkbox"/>	<b>I2100. Septicemia</b>
<input type="checkbox"/>	<b>I2200. Tuberculosis</b>
<input type="checkbox"/>	<b>I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)</b>
<input type="checkbox"/>	<b>I2400. Viral Hepatitis</b> (e.g., Hepatitis A, B, C, D, and E)
<input type="checkbox"/>	<b>I2500. Wound Infection</b> (other than foot)
<b>Metabolic</b>	
<input checked="" type="checkbox"/>	<b>I2900. Diabetes Mellitus (DM)</b> (e.g., diabetic retinopathy, nephropathy, and neuropathy)
<input type="checkbox"/>	<b>I3100. Hyponatremia</b>
<input type="checkbox"/>	<b>I3200. Hyperkalemia</b>
<input type="checkbox"/>	<b>I3300. Hyperlipidemia</b> (e.g., hypercholesterolemia)

# Section I – Continued

<input type="checkbox"/>	<b>I3300. Hyperlipidemia</b> (e.g., hypercholesterolemia)
<input type="checkbox"/>	<b>I3400. Thyroid Disorder</b> (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)
<b>Musculoskeletal</b>	
<input checked="" type="checkbox"/>	<b>I3700. Arthritis</b> (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))
<input type="checkbox"/>	<b>I3800. Osteoporosis</b>
<input type="checkbox"/>	<b>I3900. Hip Fracture</b> - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)
<input type="checkbox"/>	<b>I4000. Other Fracture</b>
<b>Neurological</b>	
<input checked="" type="checkbox"/>	<b>I4200. Alzheimer's Disease</b>
<input type="checkbox"/>	<b>I4300. Aphasia</b>
<input type="checkbox"/>	<b>I4400. Cerebral Palsy</b>
<input type="checkbox"/>	<b>I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke</b>
<input type="checkbox"/>	<b>I4800. Non-Alzheimer's Dementia</b> (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)
<input type="checkbox"/>	<b>I4900. Hemiplegia or Hemiparesis</b>
<input type="checkbox"/>	<b>I5000. Paraplegia</b>
<input type="checkbox"/>	<b>I5100. Quadriplegia</b>
<input type="checkbox"/>	<b>I5200. Multiple Sclerosis (MS)</b>
<input type="checkbox"/>	<b>I5250. Huntington's Disease</b>
<input type="checkbox"/>	<b>I5300. Parkinson's Disease</b>
<input type="checkbox"/>	<b>I5350. Tourette's Syndrome</b>
<input type="checkbox"/>	<b>I5400. Seizure Disorder or Epilepsy</b>
<input type="checkbox"/>	<b>I5500. Traumatic Brain Injury (TBI)</b>
<b>Nutritional</b>	
<input type="checkbox"/>	<b>I5600. Malnutrition</b> (protein or calorie) or at risk for malnutrition
<b>Psychiatric/Mood Disorder</b>	
<input type="checkbox"/>	<b>I5700. Anxiety Disorder</b>
<input type="checkbox"/>	<b>I5800. Depression</b> (other than bipolar)
<input type="checkbox"/>	<b>I5900. Manic Depression</b> (bipolar disease)
<input type="checkbox"/>	<b>I5950. Psychotic Disorder</b> (other than schizophrenia)
<input type="checkbox"/>	<b>I6000. Schizophrenia</b> (e.g., schizoaffective and schizophreniform disorders)

# Section GG

# Functional Scoring under PDPM

- “Reversed” scoring between RUG vs. PDPM
  - RUG-IV: Section G with a higher score means increased dependence
  - PDPM: Section GG with a higher score means increased independence
- Payment Differences related to Function between RUG vs. PDPM
  - RUG-IV payments increase with dependence within a given RUG
  - PDPM has no consistent relationship between increased dependence & increased payments (differs for Therapy & Nursing)
  - For the PT & OT component, payment for three clinical categories is lower for the most & least dependent patients (who are less likely to require high amounts of therapy), & higher for those in between (who are more likely to require high amounts of therapy)



# Nursing Component

- PDPM uses the same basic structure as RUG-IV, except for the following changes:
  - Function score based on Section GG of the MDS 3.0
  - Collapsed functional nursing groups from 43 to 25

**TABLE 25: Section GG Items Included in Nursing Functional Measure**

Section GG Item		ADL Score
GG0130A1	Self-care: Eating	0-4
GG0130C1	Self-care: Toileting Hygiene	0-4
GG0170B1	Mobility: Sit to lying	0-4 (average of 2 items)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0-4 (average of 3 items)
GG0170E1	Mobility: Chair/bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	

# Section GG0130 - Self Care

(not all currently  
planned to be  
used for  
functional CMI  
calculation)

Section GG		Functional Abilities and Goals - Admission (Start of SNF PPS Stay)
GG0130. Self-Care (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01		
Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).		
<b>Coding:</b> <b>Safety and Quality of Performance</b> - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i>		
06. <b>Independent</b> - Resident completes the activity by him/herself with no assistance from a helper. 05. <b>Setup or clean-up assistance</b> - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. <b>Supervision or touching assistance</b> - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. <b>Dependent</b> - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.		
<b>If activity was not attempted, code reason:</b> 07. <b>Resident refused</b> 09. <b>Not applicable</b> - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. <b>Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints) 88. <b>Not attempted due to medical condition or safety concerns</b>		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
<input type="text"/>	<input type="text"/>	<b>B. Oral hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/>	<input type="text"/>	<b>C. Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>	<b>E. Shower/bathe self:</b> The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	<b>F. Upper body dressing:</b> The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/>	<input type="text"/>	<b>G. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	<b>H. Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

# Section GG0170 - Mobility

(not all currently planned to be used for functional CMI calculation)

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
<input type="text"/>	<input type="text"/>	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	<b>C. Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
<input type="text"/>	<input type="text"/>	<b>D. Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/>	<input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	<b>G. Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="text"/>	<input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/>	<input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	<b>L. Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
<input type="text"/>	<input type="text"/>	<b>M. 1 step (curb):</b> The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/>	<input type="text"/>	<b>N. 4 steps:</b> The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/>	<input type="text"/>	<b>O. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>P. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <b>Q1. Does the resident use a wheelchair and/or scooter?</b> 0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <b>RR1. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <b>SS1. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized

# 10/1/18 General Clarifications Added

Apply to both GG0130 (self-care) and GG0170 (mobility):

- Steps for Assessment: *CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the three-day assessment period*
- Defined “Qualified Clinician” since now used throughout guidelines: *“Healthcare professionals practicing within their scope of practice and consistent with Federal, State, and local law and regulations”*

# Why Does This Matter?

- Therapy & nursing use different language
- Therapy ratings may not accurately reflect the residents “usual performance” because residents may act differently in therapy than they do on the unit

# Usual Performance: RAI Manual page GG-9

- A resident's functional status can be impacted by the environment or situations encountered at the facility.
- Observing the resident's interactions with others in different locations & circumstances is important for a comprehensive understanding of the resident's functional status.
- If the resident's functional status varies, record the resident's usual ability to perform each activity.
- Do not record the resident's best performance & do not record the resident's worst performance, but rather record the resident's usual performance.

# Patient Case Study

- Mr. L lives with his wife in a one-level home which is accessed by 3 steps.
- Prior to a recent fall, Mr. L was independent with self-care activities including bathing, dressing, toileting & eating.
- He was able to ambulate about the house without problem with the use of a cane.
- When ascending & descending the external steps of the house Mr. L would hold onto rails to ensure his balance.
- Mr. L prepares his own daily medications & takes turns with his wife to ensure the bills are paid & grocery shopping is done.

# OT Evaluation

## EATING

Receiving a no added salt, regular consistency diet. Independent opening containers & cutting up meat once the tray is set before him. Discharge goal is to remain independent with eating.

## ORAL HYGIENE

Edentulous, wears full dentures. Able to remove dentures to soak, clean & replace in mouth once needed items are set up. Once activity is complete, staff put away items. It is anticipated he will not require assistance of any type with oral hygiene by discharge.

## TOILETING HYGIENE

Uses toilet to void & have bowel movements. Once standing before toilet, requires steadying assistance from one helper as he pulls down his pants & underwear. After elimination, requires staff to wipe & clean. Contact guard assistance is needed to stand & readjust clothing. Expected that he will perform perineal hygiene & management of clothing with supervision. Per clinical staff documentation, required substantial/max assistance with toileting hygiene on 7 of the 9 observed shifts in the first 3 days of his stay. Interview with staff indicate that he required staff to wipe & clean him, assist him to stand & to pull up his pants & underwear after elimination.



# PT Evaluation

## ROLL LEFT & RIGHT

Requires therapist to position pillow between legs to prevent adduction of the affected extremity & then to assist him to roll side to side in bed. Therapist provided more than half of the effort. Therapy goal states it is expected that he will be independent with bed mobility including being able to roll left & right at discharge.

## SIT TO LYING

Requires assistance of 1 therapist to support trunk & lift both legs back into bed. Did contribute a small amount of effort as he used his right arm to lower himself to a supine position. Therapy goal is for him to be independent with this activity by discharge.

## LY LYING TO SITTING ON SIDE OF BED

Able to bring his left leg off the bed & assist with pushing up with right arm. Required assist to bring right leg off the side of the bed & needed to be fully supported to come to a sitting position. Helper provided more than half the effort. Therapy goal is for Mr. L to be independent with this activity by discharge.

# Case Study Scoring

- Use handouts to complete task
- Please work in groups at your table
- Items to code on Admission/5-PPS Assessment:
  - GG0130: Self Care Items (just 3 areas covered)
  - GG0170: Mobility Items (just 3 areas covered)
  - Discharge goals for one Self Care & Mobility Item



# Admission/5-Day PPS Assessment

## GG0130. Self-Care

# GG0130. Self-Care

ITEM	1. ADMISSION PERFORMANCE	2. DISCHARGE GOAL
<b>GG0130A.</b> Eating	06, Independent	06, Independent
<b>GG0130B.</b> Oral Hygiene	05, Setup or Clean-up Assistance	06, Independent
<b>GG0130C.</b> Toileting Hygiene	02, Substantial/Maximal Assistance	04, Supervision or Touching Assistance
<b>GG0130E.</b> Shower/Bath Self	N/A	N/A
<b>GG0130F.</b> Upper Body Dressing	N/A	N/A
<b>GG0130G.</b> Lower Body Dressing	N/A	N/A
<b>GG0130H.</b> Putting on/Taking off Footwear	N/A	N/A

# GG0130A. Eating


- **Admission Performance Coding = 06, Independent**
- **Rationale:** Mr. L was able to open containers, cut meat & eat without assistance on admission.
- **Discharge Goal = 06, Independent**
- **Rationale:** Mr. L is expected to remain independent with eating on discharge.

# GG0130B. Oral Hygiene

- **Admission Performance Coding** = 05, Set up or touching assistance
- **Rationale:** Mr. L was able to perform his own oral/denture care once items were brought to him to use
- **Discharge Goal** = 06, Independent
- **Rationale:** Mr. L is expected to be independent with oral/denture care on discharge.

# GG0130C. Toileting Hygiene

- **Admission Performance Coding** = 02, Substantial/maximal assistance
- **Rationale:** Mr. L baseline performance would be substantial/maximal assistance as he performed better in therapy than he did for direct care staff on the first 3 days of his stay
- **Discharge Goal** = 04, Supervision or touching assistance
- **Rationale:** Mr. L is expected to require only supervision with toileting hygiene on discharge.



# Admission/5-Day PPS Assessment

## GG0170. Mobility



# GG0170. Mobility

ITEM	1. ADMISSION PERFORMANCE	2. DISCHARGE GOAL
<b>GG0170A.</b> Rolling Left & Right	02, Substantial/Maximal Assistance	06, Independent
<b>GG0170B.</b> Sit to Lying	02, Substantial/Maximal Assistance	06, Independent
<b>GG0170C.</b> Lying to Sitting on Side of Bed	02, Substantial/Maximal Assistance	06, Independent
<b>GG0170D.</b> Sit to Stand	N/A	N/A
<b>GG0170E.</b> Chair/Bed-to-Chair Transfer	N/A	N/A

# GG0170A. Roll Left & Right

- **Admission Performance Coding** = 02, Substantial/maximal assistance
- **Rationale:** Staff provided more than half of the effort by placing a pillow between his legs & assisting him to roll side to side in bed.
- **Discharge Goal** = 06, Independent
- **Rationale:** Mr. L is expected to independent with bed mobility on discharge.

# GG0170B. Sit to Lying

- **Admission Performance Coding** = 02, Substantial/maximal assistance
- **Rationale:** Staff had to lift both legs into bed & support his trunk to lie down. He provided only a small amount of effort by using his right arm to help lower himself.
- **Discharge Goal** = 06, Independent
- **Rationale:** Mr. L is expected to independent with bed mobility, including the task of sitting to lying on the bed with discharge.

# GG0170C. Lying to Sitting on Side of Bed

- **Admission Performance Coding** = 02, Substantial/maximal assistance
- **Rationale:** Mr. L was able to bring his left leg off the bed & assist with pushing up with his right arm. Staff had to bring his right leg off the bed & fully support him as he came to a sitting position on the side of the bed.
- **Discharge Goal** = 06, Independent
- **Rationale:** Mr. L is expected to independent with bed mobility, including the task of lying to sitting on the side bed at discharge.

# Models for Success – Clinical

- The PDPM payment reform relies heavily on many items from the MDS:
  - Primary diagnosis (new MDS item I0020B)
  - Recent/Past surgical procedures (new MDS item J2100-J5000)
  - Function Scores
  - Cognition
  - Depression/Mood
  - Speech Co-morbidities
  - Swallowing difficulties/modified diets
  - Special conditions and services (NTA Component)

# Models for Success – Clinical

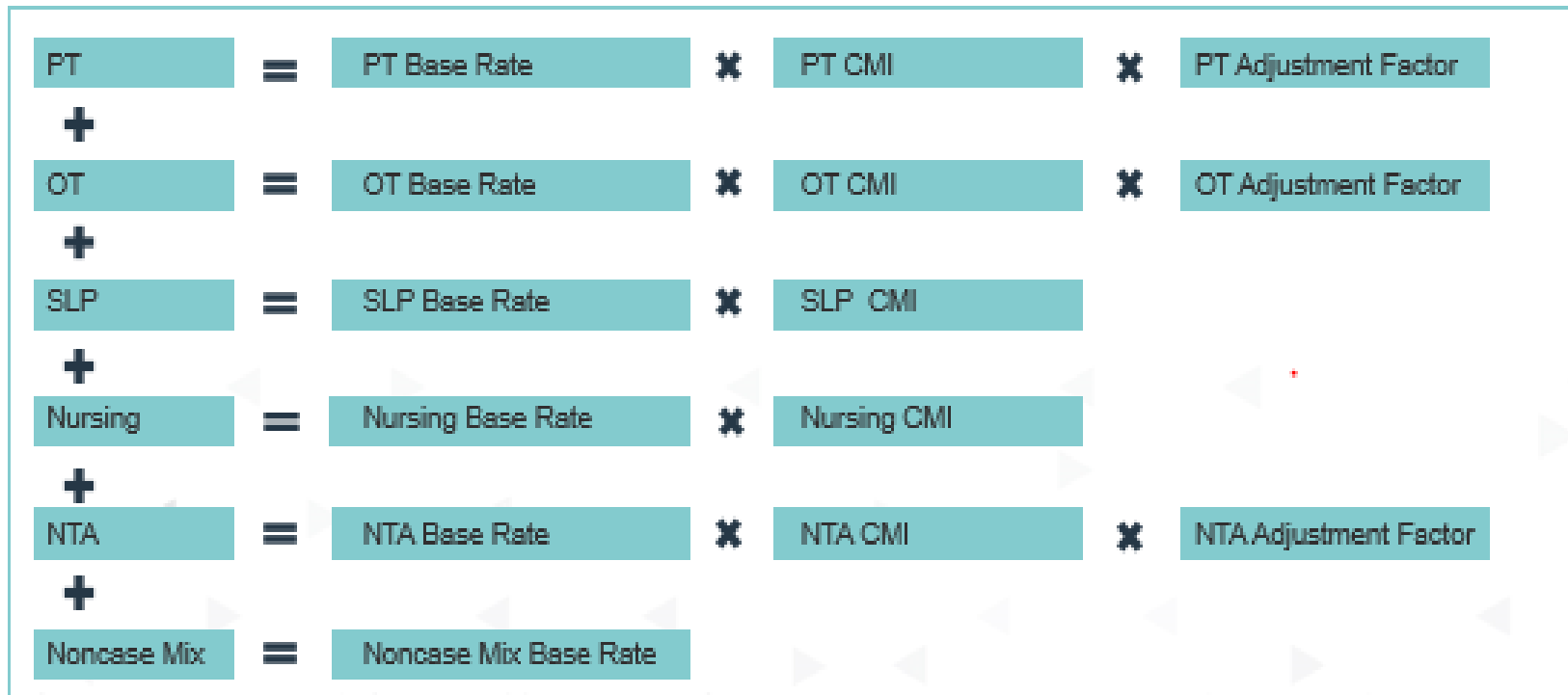
- MDS Sections Utilized by PDPM

- Section B – Hearing, Speech and Vision
- Section C – Cognitive Patterns
- Section H – Bladder and Bowel
- Section I – Active Diagnoses
- Section GG – Functional Ability
- Section J – Health Conditions
- Section K – Swallowing/Nutritional Status
- Section M – Skin Conditions
- Section O – Special Treatments



# PDPM REIMBURSEMENT OVERVIEW

# Payment Methodology





# Payment Methodology: Rate Components

	Per-Diem Base Rates		Case-Mix Index		Base Rate Range*	
	Urban	Rural	Low	High	Low	High
<b>Nursing</b>	\$105.92	\$101.20	0.66	4.06	\$ 69.91	\$430.04
<b>NTA</b>	\$ 79.91	\$ 76.34	0.72	3.24	\$ 57.54	\$258.91
<b>PT</b>	\$ 60.75	\$ 69.25	1.08	1.92	\$ 65.61	\$116.64
<b>OT</b>	\$ 56.55	\$ 63.60	1.09	1.69	\$ 61.64	\$ 95.57
<b>SLP</b>	\$ 22.68	\$ 28.57	0.68	4.21	\$ 15.42	\$ 95.48
<b>Non-Case Mix</b>	\$ 94.84	\$ 96.59	n/a	n/a	\$ 94.84	\$ 96.59

\* Urban Rates

# Payment Methodology: PT/OT CMI

						Urban
	Functional Score	PT CMI	OT CMI	Total CMI	CMI Impact	Rate Impact
Major Joint Replacement or Spinal Surgery	0-5	1.53	1.49	3.02		
	6-9	1.70	1.63	3.33	0.31	18.24
	10-23	1.88	1.69	3.57	0.24	14.33
	24	1.92	1.53	3.45	(0.12)	(6.62)
Other Orthopedic	0-5	1.42	1.41	2.83		
	6-9	1.61	1.60	3.21	0.39	22.85
	10-23	1.67	1.64	3.31	0.09	5.34
	24	1.16	1.15	2.31	(1.00)	(58.69)

# Payment Methodology: PT/OT CMI

						Urban
	Functional Score	PT CMI	OT CMI	Total CMI	CMI Impact	Rate Impact
Medical Management	0-5	1.13	1.18	2.31		
	6-9	1.42	1.45	2.87	0.56	32.89
	10-23	1.52	1.54	3.06	0.19	11.16
	24	1.09	1.11	2.20	(0.86)	(50.44)
Non-Ortho Surgery & Acute Neurologic	0-5	1.27	1.30	2.57		
	6-9	1.48	1.50	2.98	0.41	24.07
	10-23	1.55	1.55	3.10	0.12	7.08
	24	1.08	1.09	2.17	(0.93)	(54.57)

# Variable Payment PT & OT

Payment Days	Adjustment Factor
1-20	1.00
21-27	0.98
28-34	0.96
35-41	0.94
42-48	0.92
49-55	0.90
56-62	0.88
63-69	0.86
70-76	0.84
77-83	0.82
84-90	0.80
91-97	0.78
98-100	0.76

# Payment Methodology: SLP CMI

	Case Mix Index				Urban Base Rate		
<b>SLP Case Mix Index</b>	<i>Mechanically Altered Diet/Swallowing Disorder</i>				<i>Mechanically Altered Diet/Swallowing Disorder</i>		
Acute Neuro Condition, SLP-Related Comorbidity, Cognitive Impairment	Neither	Either	Both		Neither	Either	Both
None	0.68	1.82	2.67		\$ 15.52	\$ 41.55	\$ 60.96
One	1.46	2.34	2.98		\$ 33.33	\$ 53.42	\$ 68.03
Two	2.04	2.86	3.53		\$ 46.57	\$ 65.29	\$ 80.59
Three	2.99	3.70	4.21		\$ 68.26	\$ 84.47	\$ 96.11

# Payment Methodology: Nursing

Nursing RUG	Function Score	CMI	Nursing RUG	Function Score	CMI
ES3	0-14	4.06	CBC2	6-14	1.55
ES2	0-14	3.07	CA2	15-16	1.09
ES1	0-14	2.93	CBC1	6-14	1.34
HDE2	0-5	2.40	CA1	15-16	0.94
HDE1	0-5	1.99	BAB2	11-16	1.04
HBC2	6-14	2.24	BAB1	11-16	0.99
NBC1	6-14	1.86	PDE2	0-5	1.57
LDE2	0-5	2.08	PDE1	0-5	1.47
LDE1	0-5	1.73	PBC2	6-14	1.22
LBC2	6-14	1.72	PA2	15-16	0.71
LBC1	6-14	1.43	PBC1	6-14	1.13
CDE2	0-5	1.87	PA1	15-16	0.66
CDE1	0-5	1.62			

# Payment Methodology: NTA CMI

NTA Score Range	NTA Case Mix Group	NTA Case Mix Index
12+	NA	3.24
9-11	NB	2.53
6-8	NC	1.84
3-5	ND	1.33
1-2	NE	0.96
0	NF	0.72

# VARIABLE PAYMENT NTA

Medicare Payment Days	Adjustment Factor
1-3	3.0
4-100	1.0





# WORKSHEET

- PAYMENT CALCULATIONS  
UNDER PDPM

# Final Payment Example

## Step 2 Wage Adjusted

Example 2	Final Total	Labor Weighted 70.9%	Labor Weighted * Wage Index (St Louis 0.9389)	Non Labor (29.1%)	Non Labor + Wage Adjusted
PT	111.93	79.36	74.51	32.57	107.08
OT	93.66	66.40	62.35	27.25	89.60
SLP	15.42	10.93	10.26	4.49	14.75
NURSING	237.26	168.22	157.94	69.04	226.98
NTA	76.71	54.39	51.06	22.32	73.39
NON-CASE MIX	94.84	67.24	63.13	27.60	90.73
TOTAL	629.81	446.54	419.25	183.28	602.53

## Step 3 VBP Adjusted

VBP Adjusted (VBP 0.9813525043)	591.29
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## Step 4 Sequestration Adjusted

Sequestration Adjusted (-2%)	579.46
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# PDPM MDS/Billing Changes

# Assessment Changes

## Admission (Five-Day) “initial patient assessment”

- ARD – Days 1–8
- Covers entire stay unless IPA completed

## Interim Payment Assessment (IPA)

- ARD can be no later than 14 days after change in first tier classification
- Pays from ARD until discharge except if another IPA is completed
- Does not change the variable payment schedule

## PPS Discharge Assessment

- ARD equals end date of the most recent stay
- Not used for payment purposes
- Section O therapy days/minutes

# PDPM Impact on OBRA Assessments

- No changes to OBRA requirements
  - Admission/quarterly/annual/significant change
- Optional state assessment
  - Used for states needing to calculate a RUG III or RUG IV
  - Coding requirements vary by state
  - Initially CMS would only support through 9/30 at this time CMS has clarified that there is no definitive timeline for retiring the OSA & CMS will continue to consult with states on this.

# PDPM Default

RAI Manual Section 6.8 (no changes to date)

Default PDPM RUG: ZZZZZ

EARLY/LATE: DEFAULT FOR DAYS OUT OF COMPLIANCE

MISSED: PROVIDER LIABILITY



# PDPM Default

- CMS has clarified that default days take place prior to the 5 day HIPPS code for purposes of variable payment.
- Default Payment Under PDPM
  - PT= TP
  - OT= TP
  - SLP= SA
  - Nursing= PA1
  - NTA= NF

# PDPM HIPPS Coding

1

- PT/OT PAYMENT GROUP

2

- SLP PAYMENT GROUP

3

- NURSING PAYMENT GROUP

4

- NTA PAYMENT GROUP

5

- ASSESSMENT INDICATOR





# Assessment Indicators

HIPPS CHARACTER	ASSESSMENT TYPE
0	IPA
1	PPS 5 DAY
6	OBRA

# HIPPS Code Crosswalk

Nursing Group	HIPPS Character	Nursing Payment	HIPPS
ES3	A	CBC2	N
ES2	B	CA2	O
ES1	C	CBC1	P
HDE2	D	CA1	Q
HDE1	E	BAB2	R
HBC2	F	BAB1	S
HBC1	G	PDE2	T
LDE2	H	PDE1	U
LDE1	I	PBC2	V
LBC2	J	PA2	W
LBC1	K	PBC1	X
CDE2	L	PA1	Y
CDE1	M		

PT/OT	SLP	NTA	HIPPS
TA	SA	NA	A
TB	SB	NB	B
TC	SC	NC	C
TD	SD	ND	D
TE	SE	NE	E
TF	SF	NF	F
TG	SG		G
TH	SH		H
TI	SI		I
TJ	SJ		J
TK	SK		K
TL	SL		L
TM			M
TN			N
TO			O
TP			P



# WORKSHEET



## HIPPS CODE CHANGES

# Three-Day Interruption Window

Readmission within 3 days (by midnight of day 3) is considered a continuation versus a new stay.



Readmission after 3 days is considered a new stay. New MDS & variable payment resets.



Admission from another SNF is considered a new stay regardless of the timeframe.

# Three-Day Interruption Window

- “The count starts the calendar day of discharge and including the 2 immediately following calendar days, ending at midnight.”
- Billing Criteria Similar to LOA (See IRF Billing Manual)
  - Occurrence span code 74 with from/through dates of leave
  - Value Code 81 for number of non covered days
  - Revenue code 0180 for non covered revenue

1 GREEN ACRES 1234 ANYWHERE ANYWHERE USA 657211234 41777777		2 GREEN ACRES 1234 ANYWHERE ANYWHERE USA 657211234 41777777		3a PAT. CNTL. # b. MED. REC. # 1234		HAPPYPATIENT1		4 TYPE OF BILL 214											
8 PATIENT NAME a		9 PATIENT ADDRESS a 1234 ANWHERE																	
b HAPPY PATIENT		b ANYWHERE		c MO		d 65721		e											
10 BIRTHDATE 10101940		11 SEX F	12 DATE 092719		13 HR 09	14 TYPE 3	15 SRC 4	16 DHR	17 STAT 01	18 19 20 21 22 23 24 25 26 27 28							29 ACCT STATE 30		
31 OCCURRENCE CODE 50		32 OCCURRENCE DATE 100619		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM 70		36 OCCURRENCE SPAN THROUGH 092419		37 OCCURRENCE SPAN THROUGH 092719		38 OCCURRENCE SPAN THROUGH 74		39 OCCURRENCE SPAN THROUGH 101519		37 OCCURRENCE SPAN THROUGH 101619	
38 MEDICARE WPS										39 CODE a 80 b 09 c d		40 VALUE CODES AMOUNT 1700 170.50		41 CODE 81 82		42 VALUE CODES AMOUNT 2.00 1.00			
42 REV. CD.	43 DESCRIPTION			44 HCPCS / RATE / HIPPS CODE			45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES		49						
1	0022	HIPPS CODE			CAFE1				10	0.00									
2	0120	ROOM & BOARD SEMI PRIVATE			350.00				10	3500.00									
3	0250	PHARMACY							1	950.00									
4	0300	LABRATORY							1	50.00									
5	0420	PHYSICAL THERAPY							7	500.00									
6	0430	OCCUPATIONAL THERAPY							9	600.00									
7	0440	SPEECH LANGUAGE							8	500.00									
8																			
9																			
10																			
11																			



# WORKSHEET



## 3 DAY INTERRUPTION WINDOW



# RUG IV/PDPM Transition

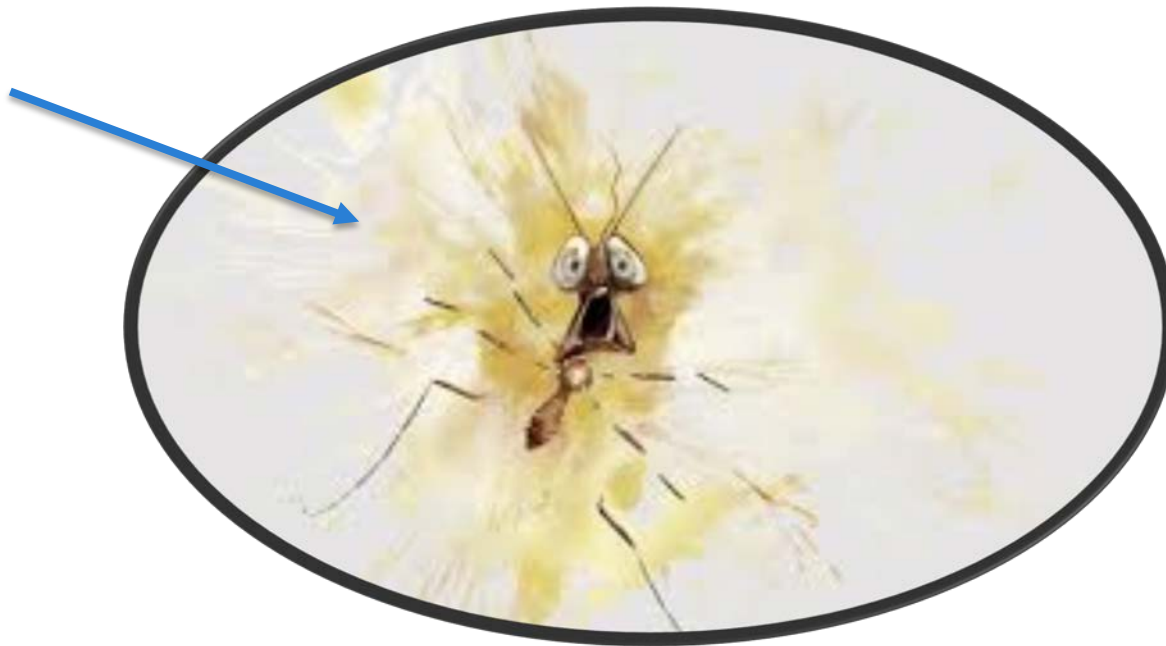
- RUG IV billing ends **9/30/19**

- Must have RUG with an ARD prior to 10/1/19 to bill

- PDPM begins **10/1/19**

- To establish PDPM payment a one time IPA with an ARD no later than 10/7/19 needs completed for the transition
- 10/1/19 will be day 1 under the PDPM variable payment regardless of what day of the stay the resident is in
- If an IPA has an ARD after 10/7/19 it will be considered late and the default penalty for days out of compliance will apply

# Don't Let This Be You! Strategies for Success





# Strategies for Success

- Diagnosis Coding
  - Remember the impact on SLP & NTA
  - What is your plan for educating physician/physician extenders
- MDS Changes- Start coding now!
  - GG- who will be coding this in your Facility?
- Contract Revisions- vendors/payers
- Triple Check/other meetings
- Software Changes
- Training



# Therapy Service Model

- Assess data & identify best practices
- Develop “care paths” for specific patient conditions
- Discuss with contract therapy likely contract revisions
- Goals: Optimal patient outcomes, compliance, proper incentives
- Potential Pricing Options
  - Percent of PDPM
  - Time Based
  - Risk Based
  - Hybrid

# PDPM Implementation Timeline

Should Be Complete			In Process	Planning to Complete							
May-19		Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	20-Feb	
Organization & Education	Select & establish implementation team	Guided self-education & high-level gap analysis	Formal education - strategy, ICD-10, MDS/Section GG, information gathering processes		Formal education - billing processes, triple-check, cutover	PDPM Implemented				Follow-Up Training from Compliance & Documentation Review	
Business Processes		Discuss Upgrade/Update Plans for Software	Review Skilled Nursing Payer Contracts to Address RUG-based Payments or Other Issues		Final Billing & Clinical Software Updates In Place + Training						
Clinical Services			Begin ICD-10 Coding, Section GG & MDS completion "as if" PDPM		Capture data on Section GG at beginning & end of stay to "tell your story" about quality		Identify high-frequency patient characteristics for care maps using improved ICD-10 information			Develop care maps for high-frequency patient characteristics	Re-evaluate service delivery model
Ancillary Services		Contact Ancillary Service Providers re: Planned Changes	Evaluate Ancillary Service Contracts and Models		Revised Ancillary Contracts in Place						
Monitoring Performance & Compliance		Compute Baseline PDPM Rates			Compute training-impacted PDPM rates					Clinical Documentation Review - Compliance & Opportunity	

BKD Project
BKD Can Assist

# Questions?

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# Tools to Help You Succeed

- Rate Calculator

- <https://www.bkd.com/services/snf-rate-calculators>

- Subscribe to BKD [Thoughtware](#)

- Articles

- Videos

- Webinar **Ask The Advisors: The Final Rule & PDPM**

- **9/11/2019 2:00 Register at the link below**
- <https://www.bkd.com/webinar/2019/09/ask-advisors-final-rule-pdpm>



# Tools to Help You Succeed

- Contact information
  - Brian Hickman [bhickman@bkd.com](mailto:bhickman@bkd.com)
  - Julie Bilyeu [jbilyeu@bkd.com](mailto:jbilyeu@bkd.com)
  - Sherri Robbins [srobbins@bkd.com](mailto:srobbins@bkd.com)
  - 417.865.8701



# Thank You!