

PDPM  
Review  
Re-Focus  
Case Studies  
Comments

5.3.21

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Review  
Re-Focus  
Case Studies  
Comments

Harmony Healthcare International (HHI)

“HHI C.A.R.E.S. about Care”

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HHI C.A.R.E.S. About Care

**Compliance | Analysis | Audit | Regulatory | Rehabilitation  
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Kris Mastrangelo OTR/L, LNHA,  
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President and CEO

Owns and operates

Harmony Healthcare International (HHI) a  
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“HHI C.A.R.E.S. About Care.”



**C** Compliance <sup>TM</sup>  
**A** Analysis  
Audit  
**R** Regulatory  
Rehabilitation  
Reimbursement  
**E** Education  
Efficiency  
**S** Survey

HHI C.A.R.E.S. About Care

# Speaker and Planning Committee Disclosure

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  - Joyce Sadewicz, PT, RAC-CT
  - Pamela Duchene, PhD, APRN-BC, NEA, FACHE
- **Presenter:**
  - Kris Mastrangelo, OTR/L, LNHA, MBA

# Learning Objectives

1. Identify opportunities for **MDS Coding, Function Score Coding, ICD-10 Coding, Isolation Coding and Skilling the Medicare Part A Patient** under the PDPM system
2. Understand how to successfully manage **Interim Payment Assessments and 5 Day PDPM Assessments**
3. Explain 3 potential areas of **Compliance Risk** with PDPM

# PDPM Key Terms

- Administrative Presumption
- Benefit Period
- Cognitive Scoring: Brief Interview of Mental Status (BIMS) or Cognitive Performance Scale (CPS)
- Comorbidity and Clinical Category Mapping
- Concurrent Therapy
- Function Score via Section GG
- Group Therapy
- Interrupted Stay vs. New Stay
- Non-Therapy Ancillary
- Primary Medical Condition Category
- Variable per diem Adjustment

# PDPM Agenda

1. PDPM Overview
2. PDPM Top 10 Nuggets
3. PDPM Assessment Schedule
4. Payment Concept
5. CMGs
6. PT Grouper
7. OT Grouper
8. SLP Grouper
9. Nursing Grouper
10. NTA Grouper
11. Non-Case Mix
12. Case Studies
  - a. Tracheostomy
  - b. Depression
  - c. IV Fluids
  - d. Cognitive Impairment, Swallowing
  - e. Multiple Sclerosis
  - f. Wound Infection
  - g. Isolation

# Patient Driven Payment Model (PDPM) Overview



# PDPM Overview

- Six Components
- CMGs
- Variable Per Diem Adjustments
- Payment Concept
- Adjustment Factor
- IPA

# PDPM Overview

## Six Components

1. Physical Therapy
2. Occupational Therapy
3. Speech Therapy
4. Nursing
5. NTA
6. Non-Case Mix

# PDPM Overview

## Variable Per Diem Adjustments

PT	OT	SLP	Nursing	NTA
Primary reason for SNF Care	Primary reason for SNF care	Primary reason for SNF care	Clinical information from SNF stay	Comorbidities present
Functional Status	Functional Status	Cognitive status	Functional status	Extensive services received
		Presence of swallowing disorder or mechanically altered diet	Extensive Services received	
		Other SLP related comorbidities	Depression	
			RNRP	
Point in the stay (variable per diem adjustment)	Point in the stay (variable per diem adjustment)	Not adjusted over the stay	Not adjusted over the stay	Point in the stay (variable per diem adjustment)

# PDPM

## Payment Concept

Component		Base Rate		CMI		Variable Per-Diem (VPD)	Wage Index
PT	+	✓	✗	✓	✗	✓	✓
OT	+	✓	✗	✓	✗	✓	✓
SLP	+	✓	✗	✓	✗		✓
Nursing	+	✓	✗	✓	✗		✓
NTA	+	✓	✗	✓	✗	✓	
Non-Case Mix		✓	✗		✗		
<b>= Rate</b>							

# PDPM Payment Components

## Variable Per Diem (VPD)

- Adjustment Factor

Day	Factor
1-3	3.0
4-100	1.0

# PDPM

## 6 Payment Components

- Urban

Rate Component	Nursing	NTA	PT	OT	SLP	Non-Case Mix
Per Diem Amount	\$103.46	\$78.05	\$59.33	\$55.23	\$22.15	\$92.63

- Rural

Rate Component	Nursing	NTA	PT	OT	SLP	Non-Case Mix
Per Diem Amount	\$98.83	\$74.56	\$67.67	\$62.11	\$27.90	\$94.34

# PDPM

## Interim Payment Assessment (IPA) Criteria

- Change in the resident's classification in **at least one of the first tier classification criteria** for any of the components under proposed PDPM that differs from the 5-day scheduled assessment and the change results in a change in payment.
- Resident would **not be expected to return** to their original clinical status within 14 days
- Intent to **reflect substantial changes** to a resident's clinical condition (not every day, frequent changes).

# PDPM

## 6 Payment Components

Component	Resident Characteristics
Physical Therapy	<ul style="list-style-type: none"><li>• Clinical Categories</li><li>• Functional Score (Section GG)</li></ul>
Occupational Therapy	<ul style="list-style-type: none"><li>• Clinical Categories</li><li>• Functional Score (Section GG)</li></ul>
Speech Therapy	<ul style="list-style-type: none"><li>• Clinical Categories</li><li>• Swallowing Disorder</li><li>• SLP Comorbidity or Cognitive Impairment</li><li>• Mechanically Altered Diet</li></ul>
NTA	<ul style="list-style-type: none"><li>• Comorbidity Extensive Services Score from ICD-10</li><li>• NTAS Tiers</li><li>• Age</li></ul>
Nursing	<ul style="list-style-type: none"><li>• Existing Nursing RUGS</li><li>• Conditions, treatments, services</li><li>• Functional Measure (Section GG)</li></ul>
Non-Labor	<ul style="list-style-type: none"><li>• Same Methodology as in RUGs</li></ul>



# PDPM Overview

- The PDPM uses **clinically relevant factors**, rather than **volume-based service** for determining Medicare payment
- **Patient characteristics** are used to assign patients into **Case Mix Groups (CMGs)** **across the payment components** used to derive payment
- **All patients** will have a PT, OT, SLP, Nursing and NTA Component, in addition to the Non-Case Mix base payment
- PDPM **adjusts per diem payments** to reflect varying costs throughout the stay in the NTA, PT and OT components

# PDPM Case Mix Index (CMI)

- The payment for each component is calculated by:
  - Multiplying the **Case-Mix Index (CMI)** that corresponds to the patient's **Case-Mix Group (CMG)** by the wage adjusted component base payment rate
  - Then by the **specific day** in the **variable per diem** adjustment schedule, when applicable
- The **payments** for each component are then **added together** along with the **non-case-mix component** payment rate to yield the patient's total SNF PPS per diem rate under the PDPM

# PDPM Goals

- CMS believes that the Patient Driven Payment Model (PDPM) will **eliminate** an **incentive** to **furnish therapy** to SNF patients regardless of unique characteristics, goals and need by classifying patients into payment groups based on specific, data-driven patient characteristics
- Goals of PDPM are to **save money, improve care** and **reduce administrative burden**
- The prior PPS schedule was replaced with **one MDS** for the stay, with an **optional** Interim Payment Assessment (**IPA**) available

# PDPM Goals

- The PDPM system shifts payment away from the focus on volume-based (days and minutes of therapy services) towards **incentives** to **treat** the **whole patient**
- Incentivizes SNF to **take risks** with varying clinical complexities
- This shift also would come with "significantly" **reduced administrative burdens**
- CMS expects no change in care delivery

# PDPM Who is Impacted?

- **Fee for Service Medicare Part A** beneficiaries and providers
  - **Optional** for Managed Care Providers
  - What are your **Managed Care Provider's** expectation?
  - Eventually, CMS will no longer support RUG-III and RUG-IV (currently used for **Medicaid Case Mix**)
  - States **will decide** how to collect this information
  - See Map (**Handout**)

# PDPM Medicaid Case Mix

- **Medicaid Case Mix:** CMS will no longer support RUG-III and RUG-IV Case Mix Methodologies via the Minimum Data Set (MDS) **effective October 1, 2020**
  - For States that rely on these assessments for calculating their Case Mix groups, an **Optional State Assessment** was created so that Medicaid payment was **not adversely impacted** when PDPM was implemented on **October 1, 2019**
  - The **Optional State Assessment** will be effective from **October 1, 2019 through September 30, 2020**.

# PDPM

## Other Insurances

- Managed Medicare, Medicare Advantage or Replacement Plans **may elect** to use PDPM
- Inquire with your plans re: **RUGs vs. PDPM**

# PDPM Payment Model

- Under the PDPM, payments are based on a **resident's classification** among 6 components
  1. Physical Therapy,
  2. Occupational Therapy,
  3. Speech-Language Pathology,
  4. Nursing, and
  5. Non-Therapy Ancillary (NTA) services
    - A category mostly related to costs associated with drugs and medical supplies
  6. Non-Case Mix Based Rate for Urban/Rural



# Top 10 Nuggets Patient-Driven Payment Model (PDPM)

# Top 10 Nuggets

1

## PDPM

1. Patient-Driven Payment Model (PDPM) is effective **October 1, 2019.**

# Top 10 Nuggets

## PDPM

# 2

## 2. Patient-Driven Payment Model (PDPM)

- Touts the focus on “Patient Characteristics” versus “Caregiver Resources” and therapy minutes are no longer the driving factor for reimbursement.
- **Therapy Minutes** will only be counted at discharge.

# Top 10 Nuggets

## PDPM

3. The Patient-Driven Payment Model (PDPM) is a **Per Diem System**, not a bundled system.

## PDPM

4. The Patient-Driven Payment Model (PDPM) reimburses **less per day after day 20**.
  - The intent is that the reimbursement will exceed the cost during the first 20 days and decrease the cost thereafter with an overarching theme to decrease the length of stay.

# Top 10 Nuggets

## PDPM

5

5. The Patient-Driven Payment Model (PDPM) Utilizes
- 3 Assessments:**
- a. 5-Day MDS Assessment
  - b. Discharge MDS Assessment
  - c. Interim Payment Assessment (IPA) (Voluntary Assessment to change Payment)

## PDPM

### 6. The Patient-Driven Payment Model (PDPM) **does not combine PT and OT.**

- Physical Therapy (PT) Component Per Diem Rate
- Occupational Therapy (OT) Component Per Diem Rate
- Speech Pathology (SLP) Component Per Diem Rate
- Non-Therapy Ancillary (NTA) Component Per Diem Rate
- Nursing Component Per Diem Rate
- Non-Case Mix Per Diem Rate

## PDPM

7. The Patient-Driven Payment Model (PDPM) allows for up to **25% Groups and Concurrent Therapy**.
  - While this seems to be a win, it is not. The calculation is **25% of total time for Groups** and Therapy. This parameter continues to negatively impact patient care and the usage of necessary modes for effective service delivery. More advocacy and education is needed on the social, emotional and physical benefits resulting from patient to patient interactions.
  - This is also **inconsistent** with the philosophy to allow the **providers latitude, flexibility and control** over the service delivery.



# Top 10 Nuggets

## PDPM

8

8. The Patient-Driven Payment Model (PDPM) is **Budget Neutral**.
  - This means that the new model will **not cost more or less** than the current system.

# Top 10 Nuggets

## PDPM

9. The Patient-Driven Payment Model (PDPM) will **replace Section G** with **Section GG**.
  - This is good news as it decreases the amount of paperwork for the MDS Coordinators.

# Top 10 Nuggets

## PDPM

10. The Patient-Driven Payment Model (PDPM) is designed to “shift care from therapy to other forms of care as other categories are underutilized.”
- The new payment system will **not decrease** the **need for therapy** in a SNF setting. We have done this dance before (back in 1998 and 2012) and I close with reminding you of the 1987 OBRA Regulation:
  - **OBRA '87** regulations require facilities to provide services to “attain and maintain highest practicable physical, mental and psychosocial well-being” of every resident. The medical regimen must be consistent with the resident's assessment (performed according to the uniform instrument known as the MDS) and Interdisciplinary Care Plan. Any decline in the resident's physical, mental or psychological well-being must be demonstrably unavoidable (483.25).
  - In other words, it is **not acceptable** to arrive at a skilled nursing facility and decline in function 6 months later.

# PDPM Calc Web Application

# PDPM

## Hopforce PDPM Calculator

- <https://pdpm-calc.com/>

# PDPM Wage Index 1.0973

## County Essex MA

		Wage Index	Rural or Urban	PT	OT	SLP	Nursing	NTA	NCM
	Menu	1.0973	Urban	TA	TA	SA	PA1	NF	
State		0.8431	If Rural Choose State						
County	Essex	1.0973	If Urban Choose County						
Average Rate	Revenue	Per Diem Rate	Days	PT	OT	SLP	Nursing	NTA	NCM
\$559.58	\$559.58	\$559.58	<b>1-3</b>	\$99.79	\$90.44	\$16.50	\$75.14	\$185.07	\$92.63
\$528.73	\$2,114.93	\$436.20	<b>4-20</b>	\$99.79	\$90.44	\$16.50	\$75.14	\$61.69	\$92.63
\$453.64	\$9,526.48	\$432.39	<b>21-27</b>	\$97.80	\$88.63	\$16.50	\$75.14	\$61.69	\$92.63
\$448.19	\$12,549.42	\$428.59	<b>28-34</b>	\$95.80	\$86.83	\$16.50	\$75.14	\$61.69	\$92.63
\$444.16	\$15,545.73	\$424.78	<b>35-41</b>	\$93.81	\$85.02	\$16.50	\$75.14	\$61.69	\$92.63
\$440.84	\$18,515.40	\$420.98	<b>42-48</b>	\$91.81	\$83.21	\$16.50	\$75.14	\$61.69	\$92.63
\$437.93	\$21,458.45	\$417.17	<b>49-55</b>	\$89.82	\$81.40	\$16.50	\$75.14	\$61.69	\$92.63
\$435.27	\$24,374.85	\$413.37	<b>56-62</b>	\$87.82	\$79.59	\$16.50	\$75.14	\$61.69	\$92.63
\$432.77	\$27,264.63	\$409.56	<b>63-69</b>	\$85.82	\$77.78	\$16.50	\$75.14	\$61.69	\$92.63
\$430.40	\$30,127.77	\$405.76	<b>70-76</b>	\$83.83	\$75.97	\$16.50	\$75.14	\$61.69	\$92.63
\$428.11	\$32,964.28	\$401.95	<b>77-83</b>	\$81.83	\$74.16	\$16.50	\$75.14	\$61.69	\$92.63
\$425.88	\$35,774.15	\$398.15	<b>84-90</b>	\$79.84	\$72.36	\$16.50	\$75.14	\$61.69	\$92.63
\$423.71	\$38,557.40	\$394.34	<b>91-97</b>	\$77.84	\$70.55	\$16.50	\$75.14	\$61.69	\$92.63
\$421.57	\$41,314.00	\$390.54	<b>98-100</b>	\$75.84	\$68.74	\$16.50	\$75.14	\$61.69	\$92.63

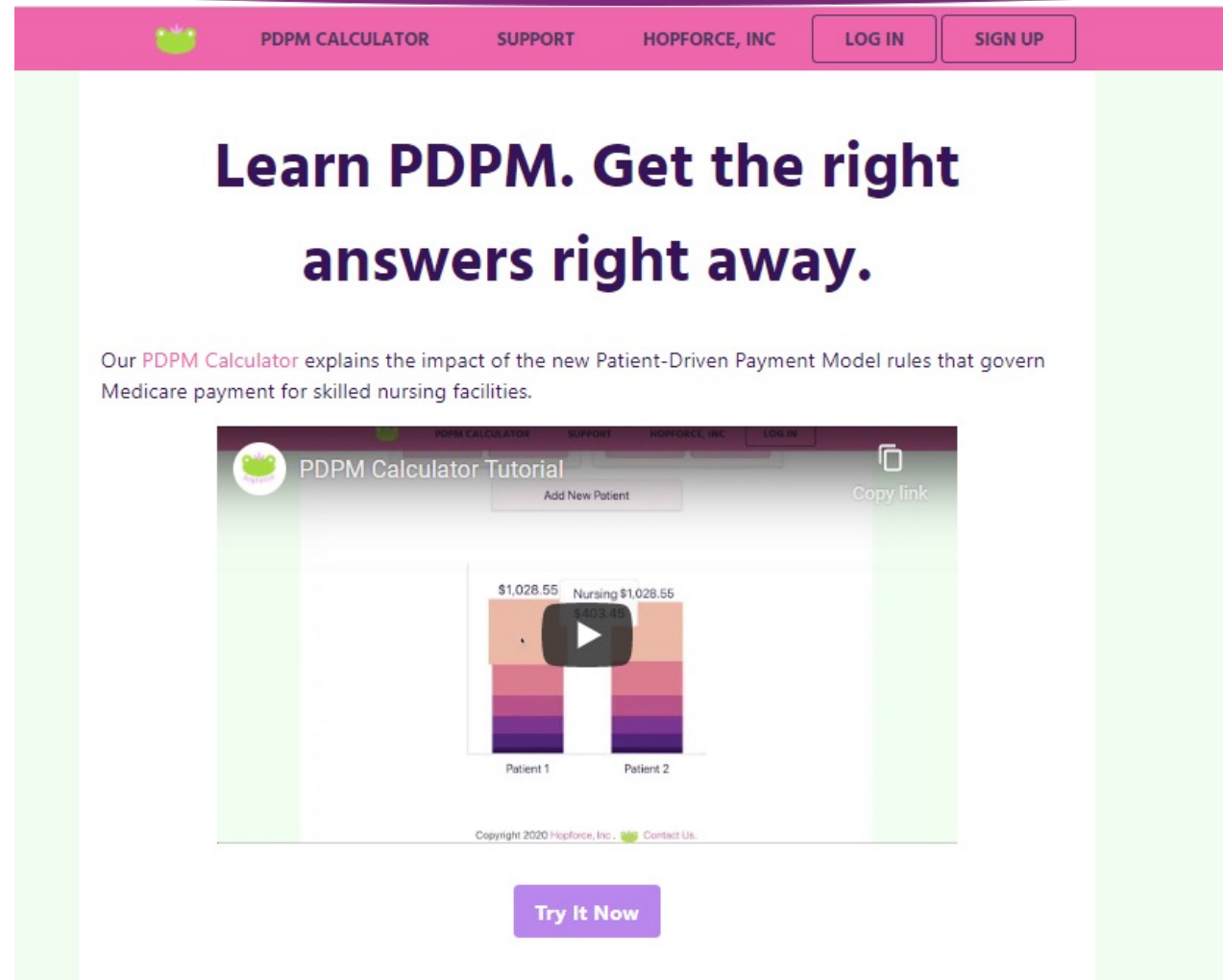
# PDPM Wage Index 1.0973

## County Essex MA

		Wage Index	Rural or Urban	PT	OT	SLP	Nursing	NTA	NCM
	<b>Menu</b>	<b>1.0973</b>	<b>Urban</b>	<b>TA</b>	<b>TA</b>	<b>SA</b>	<b>PA1</b>	<b>NF</b>	
State		0.8431	If Rural Choose State						
County	<b>Essex</b>	<b>1.0973</b>	If Urban Choose County						
Average Rate	Revenue	Per Diem Rate	Days	PT	OT	SLP	Nursing	NTA	NCM
\$559.58	\$559.58	\$559.58	1	\$99.79	\$90.44	\$16.50	\$75.14	\$185.07	\$92.63
\$559.58	\$1,119.16	\$559.58	2	\$99.79	\$90.44	\$16.50	\$75.14	\$185.07	\$92.63
\$559.58	\$1,678.73	\$559.58	3	\$99.79	\$90.44	\$16.50	\$75.14	\$185.07	\$92.63
\$528.73	\$2,114.93	\$436.20	4	\$99.79	\$90.44	\$16.50	\$75.14	\$61.69	\$92.63
\$510.23	\$2,551.13	\$436.20	5	\$99.79	\$90.44	\$16.50	\$75.14	\$61.69	\$92.63
\$497.89	\$2,987.33	\$436.20	6	\$99.79	\$90.44	\$16.50	\$75.14	\$61.69	\$92.63
\$489.07	\$3,423.52	\$436.20	7	\$99.79	\$90.44	\$16.50	\$75.14	\$61.69	\$92.63
\$482.46	\$3,859.72	\$436.20	8	\$99.79	\$90.44	\$16.50	\$75.14	\$61.69	\$92.63
\$477.32	\$4,295.92	\$436.20	9	\$99.79	\$90.44	\$16.50	\$75.14	\$61.69	\$92.63
\$473.21	\$4,732.11	\$436.20	10	\$99.79	\$90.44	\$16.50	\$75.14	\$61.69	\$92.63
\$469.85	\$5,168.31	\$436.20	11	\$99.79	\$90.44	\$16.50	\$75.14	\$61.69	\$92.63
\$467.04	\$5,604.51	\$436.20	12	\$99.79	\$90.44	\$16.50	\$75.14	\$61.69	\$92.63
\$464.67	\$6,040.71	\$436.20	13	\$99.79	\$90.44	\$16.50	\$75.14	\$61.69	\$92.63

# PDPM

## Hopforce PDPM Calculator




The screenshot shows the top navigation bar with a green frog logo, 'PDPM CALCULATOR', 'SUPPORT', 'HOPFORCE, INC', 'LOG IN', and 'SIGN UP' buttons. The main heading reads 'Learn PDPM. Get the right answers right away.' Below this is a paragraph: 'Our PDPM Calculator explains the impact of the new Patient-Driven Payment Model rules that govern Medicare payment for skilled nursing facilities.' A video player titled 'PDPM Calculator Tutorial' is embedded, showing a bar chart with two bars for 'Patient 1' and 'Patient 2'. The chart has three segments: a top orange segment labeled '\$1,028.55 Nursing \$1,028.55', a middle pink segment labeled '\$403.45', and a bottom purple segment. A play button is centered over the video. Below the video is a 'Try It Now' button and a footer with 'Copyright 2020 Hopforce, Inc.' and a 'Contact Us' link.



# PDPM

## Hopforce PDPM Calculator


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[← Compare](#)
 Region: Rural >

State: Vermont >

Length of Stay: 30 days >

Assessment

PT & OT: TK	SLP: SA	Nursing: CBC2	NTA: ND	Type: 5-Day
<b>K</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>1</b>

[Manually type HIPPS code...](#)

Day	Per Diem Rate	Revenue	Average Rate
1	\$771.16	\$771.16	\$771.16
2	\$771.16	\$1,542.32	\$771.16
3	\$771.16	\$2,313.47	\$771.16
4	\$566.65	\$2,880.12	\$720.03
5	\$566.65	\$3,446.77	\$689.35
6	\$566.65	\$4,013.42	\$668.90
7	\$566.65	\$4,580.07	\$654.30
8	\$566.65	\$5,146.73	\$643.34
9	\$566.65	\$5,713.38	\$634.82
10	\$566.65	\$6,280.03	\$628.00

# PDPM

## Hopforce PDPM Calculator

Day	Per Diem Rate	Revenue	Average Rate
1	\$771.16	\$771.16	\$771.16
2	\$771.16	\$1,542.32	\$771.16
3	\$771.16	\$2,313.47	\$771.16
4	\$566.65	\$2,880.12	\$720.03
5	\$566.65	\$3,446.77	\$689.35
6	\$566.65	\$4,013.42	\$668.90
7	\$566.65	\$4,580.07	\$654.30
8	\$566.65	\$5,146.73	\$643.34
9	\$566.65	\$5,713.38	\$634.82
10	\$566.65	\$6,280.03	\$628.00
11	\$566.65	\$6,846.68	\$622.43
12	\$566.65	\$7,413.33	\$617.78
13	\$566.65	\$7,979.98	\$613.84
14	\$566.65	\$8,546.63	\$610.47
15	\$566.65	\$9,113.28	\$607.55
16	\$566.65	\$9,679.93	\$605.00
17	\$566.65	\$10,246.58	\$602.74
18	\$566.65	\$10,813.23	\$600.73
19	\$566.65	\$11,379.88	\$598.94
20	\$566.65	\$11,946.53	\$597.33
21	\$562.70	\$12,509.23	\$595.68
22	\$562.70	\$13,071.94	\$594.18
23	\$562.70	\$13,634.64	\$592.81
24	\$562.70	\$14,197.35	\$591.56
25	\$562.70	\$14,760.05	\$590.40
26	\$562.70	\$15,322.75	\$589.34
27	\$562.70	\$15,885.46	\$588.35
28	\$558.76	\$16,444.22	\$587.29
29	\$558.76	\$17,002.97	\$586.31
30	\$558.76	\$17,561.73	\$585.39

# PDPM

## Assessment Schedule

# PDPM

## Assessment Schedule

### 3 Assessments

- 5-Day MDS Assessment
- Discharge MDS Assessment
- Interim Payment Assessment (Voluntary Assessment to change Payment)

# PDPM

## Assessment Schedule

### 5-Day Assessment

- Determines the rate for entire stay
- Grace days incorporated into existing assessment window (Days 1-8)

# PDPM

## Assessment Schedule

### Discharge (NPE)

- The **DRA** (Discharge Return Anticipated Assessment) is completed with a discharge that is temporary with return anticipated
- This assessment maybe combined with **NPE** (Nursing Home End of Medicare Stay)

# PDPM

## Assessment Schedule

### Interim Payment Assessment (IPA)

- Resets rate if substantial change occurs
- Will **not reset** variable per diem rate

# Patient Case Mix Groups (CMGs) Classification



# Patient Case Mix Groups (CMGs) Classification

- Patient Case Mix Groups (CMGs) Classification
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Nursing
  - NTA
  - Non-Case Mix
  - Primary Medical Condition Category
  - Function Score
  - Comorbidities and Services
  - Cognition
  - Nursing Classification

# Patient Case Mix Groups (CMGs)

## Classification

PT	OT	SLP	NTA	Nursing
Primary Medical Condition Category  Functional Status	Primary Medical Condition Category  Functional Status	Primary Medical Condition Category  Cognitive Status  Presence of Swallowing Disorder  Mechanically Altered Diet  Other SLP Related Comorbidities	Comorbidities and Conditions  Extensive Services Received While A Patient	Clinical Information from SNF Stay  Functional Status  Extensive Services Received While A Patient  Depression  Restorative Nursing Rehabilitation Programs
Point in the stay (Variable Per Diem Adjustment)	Point in the stay (Variable Per Diem Adjustment)	Not adjusted over the stay	Point in the stay (Variable Per Diem Adjustment)	Not adjusted over the stay

# Patient Case Mix Groups (CMGs) Classification

- All patients will yield a Case Mix Group for each of the following components. Classification is based on diagnosis, conditions and services. Classification for PT, OT or SLP is not based upon the receipt of such services.
  1. Physical Therapy
  2. Occupational Therapy
  3. Speech Therapy
  4. Nursing
  5. NTA
  6. Non-Case Mix

# Patient Driven Payment Model

## 1. PT Grouper

# PDPM Payment Components

## 1. PT Grouper

- MDS I8000
- 4 Clinical Categories
  - Major Joint Replacement or Spinal Injury
  - Other Orthopedic
  - Non-Orthopedic Surgery
  - Medical Management

# PDPM Payment Components

## 1. PT 10 Characteristics into 4 Categories

Major Joint Replacements or Spinal Surgery	Other Orthopedic	Medical Management	Non-Ortho Surgery & Acute Neurologic
<ul style="list-style-type: none"> <li>Major Joint Replacement or Spinal Surgery</li> </ul>	<ul style="list-style-type: none"> <li>Non-Surgical Orthopedic / Musculoskeletal</li> <li>Orthopedic Surgery (except MJR or Spinal)</li> </ul>	<ul style="list-style-type: none"> <li>Cancer</li> <li>Pulmonary</li> <li>Acute Infections</li> <li>Cardiovascular &amp; Coagulations</li> <li>Medical Management</li> </ul>	<ul style="list-style-type: none"> <li>Non-Orthopedic Surgery</li> <li>Acute Neurologic</li> </ul>

# PDPM Payment Components

## 1. PT Grouper (1.08-1.88) 16 Groups

Primary Diagnosis	PT Case Mix Group	Function Score	CMI	HIPPS Code
<b>Major Joint Replacement or Spinal Surgery (Clinical Category)</b>				
Major Joint Replacement or Spinal Injury	TA	0-5	1.53	A
	TB	6-9	1.69	B
	TC	10-23	1.88	C
	TD	24	1.92	D
<b>Other Orthopedic (Clinical Category)</b>				
Orthopedic Surgery (except major joint replacement or spinal surgery) Non-surgical orthopedic / musculoskeletal	TE	0-5	1.42	E
	TF	6-9	1.61	F
	TG	10-23	1.67	G
	TH	24	1.16	H
<b>Medical Management (Clinical Category)</b>				
Acute infections Cardiovascular and Coagulations Pulmonary Cancer Medical Management	TI	0-5	1.13	I
	TJ	6-9	1.42	J
	TK	10-23	1.52	K
	TL	24	1.09	L
<b>Non-Orthopedic Surgery and Acute Neurologic (Clinical Category)</b>				
Non-Orthopedic Surgery Acute Neurologic	TM	0-5	1.27	M
	TN	6-9	1.48	N
	TO	10-23	1.55	O
	TP	24	1.08	P

# PDPM Payment Components

## 1. PT GG Function

GG Functions			Score
1.	Self-Care: Eating	GG0130A1	0-4
2.	Self-Care: Oral Hygiene	GG0130B1	0-4
3.	Self-Care: Toilet Hygiene	GG0130C1	0-4
4.	Mobility: Sit to Lying	GG170B1	0-4
5.	Mobility: Lying to Sitting or Side of Bed	GG170C1	(average of 2 bed mobility items)
6.	Mobility: Sit to Stand	GG170D1	0-4
7.	Mobility: Chair/Bed-to-Chair Transfer	GG170E1	(average of 3 transfer items)
8.	Mobility: Toilet Transfer	GG170F1	
9.	Mobility: Walk 50 feet with 2 turns	GG170J1	0-4
10.	Mobility: Walk 150 feet	GG170K1	(average of 2 walking items)

❖ 6 Areas Maximum 24 Points (6x4)



# PDPM Payment Components

## 1. PT GG Function Score

Admission Performance	Assist Level	Function Score
05, 06	S/I	4
04	CTG	3
03	MOD	2
02	MAX	1
01, 07, 09, 88	DEP	0

# PDPM Payment Components

## 1. PT CMGs

- **16 Physical Therapy (PT) Case Mix Groups (CMGs)**
  - Federal CMI adjusted rates
    - Urban: **\$59.33**
    - Rural: **\$67.63**

# PDPM Payment Components

## 1. PT

- Identify Primary Medical Condition Category
  - MDS Coding I0020B
    - ICD-10 Code
    - Clinical Mapping Category

# PDPM Payment Components

## 1. PT

- Calculate the Function Score
  - Based on select Section GG Items
    - The **Case Mix Group (CMG)** and **Function Score** aligns with OT Component
    - **Case Mix Index (CMI)** varies

# PDPM Payment Components

## 1. PT Clinical Category

Clinical Category	Function Score	PT Case Mix Group	CMI
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53
Major Joint Replacement or Spinal Surgery	6-9	TB	1.69
Major Joint Replacement or Spinal Surgery	10-23	TC	1.88
Major Joint Replacement or Spinal Surgery	24	TD	1.92
Other Orthopedic	0-5	TE	1.42
Other Orthopedic	6-9	TF	1.61
Other Orthopedic	10-23	TG	1.67
Other Orthopedic	24	TH	1.16
Medical Management	0-5	TI	1.13
Medical Management	6-9	TJ	1.42
Medical Management	10-23	TK	1.52
Medical Management	24	TL	1.09
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN	1.48
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO	1.55
Non-Orthopedic Surgery and Acute Neurologic	24	TP	1.08

# Patient Driven Payment Model

## 2. OT Grouper

# PDPM Payment Components

## 2. OT Grouper (1.08 – 1.92) 16 Groups

- MDS I8000
- 4 Clinical Categories
  - Major Joint Replacement or Spinal Injury
  - Other Orthopedic
  - Medical Management
  - Non-Orthopedic Surgery

# PDPM Payment Components

## 2. OT 10 Characteristics into 4 Categories

<b>Major Joint Replacements or Spinal Surgery</b>	<b>Other Orthopedic</b>	<b>Medical Management</b>	<b>Non-Ortho Surgery &amp; Acute Neurologic</b>
<ul style="list-style-type: none"><li>Major Joint Replacement or Spinal Surgery</li></ul>	<ul style="list-style-type: none"><li>Non-Surgical Orthopedic / Musculoskeletal</li><li>Orthopedic Surgery (except MJR or Spinal)</li></ul>	<ul style="list-style-type: none"><li>Cancer</li><li>Pulmonary</li><li>Acute Infections</li><li>Cardiovascular &amp; Coagulations</li><li>Medical Management</li></ul>	<ul style="list-style-type: none"><li>Non-Orthopedic Surgery</li><li>Acute Neurologic</li></ul>



# PDPM Payment Components

## 2. OT Grouper (1.08 – 1.92) 16 Groups

Primary Diagnosis	OT Case Mix Group	Function Score	CMI	HIPPS Code
<b>Major Joint Replacement or Spinal Surgery (Clinical Category)</b>				
Major Joint Replacement or Spinal Injury	TA	0-5	1.49	A
	TB	6-9	1.63	B
	TC	10-23	1.68	C
	TD	24	1.53	D
<b>Other Orthopedic (Clinical Category)</b>				
Orthopedic Surgery (except major joint replacement or spinal surgery) Non-surgical orthopedic / musculoskeletal	TE	0-5	1.41	E
	TF	6-9	1.59	F
	TG	10-23	1.64	G
	TH	24	1.15	H
<b>Medical Management (Clinical Category)</b>				
Acute infections Cardiovascular and Coagulations Pulmonary Cancer Medical Management	TI	0-5	1.17	I
	TJ	6-9	1.44	J
	TK	10-23	1.54	K
	TL	24	1.11	L
<b>Non-Orthopedic Surgery and Acute Neurologic (Clinical Category)</b>				
Non-Orthopedic Surgery Acute Neurologic	TM	0-5	1.30	M
	TN	6-9	1.49	N
	TO	10-23	1.55	O
	TP	24	1.09	P

# PDPM Payment Components

## 2. OT GG Function

GG Functions		Score	
1.	Self-Care: Eating	GG0130A1	0-4
2.	Self-Care: Oral Hygiene	GG0130B1	0-4
3.	Self-Care: Toilet Hygiene	GG0130C1	0-4
4.	Mobility: Sit to Lying	GG170B1	0-4
5.	Mobility: Lying to Sitting or Side of Bed	GG170C1	(average of 2 bed mobility items)
6.	Mobility: Sit to Stand	GG170D1	0-4
7.	Mobility: Chair/Bed-to-Chair Transfer	GG170E1	(average of 3 transfer items)
8.	Mobility: Toilet Transfer	GG170F1	
9.	Mobility: Walk 50 feet with 2 turns	GG170J1	0-4
10.	Mobility: Walk 150 feet	GG170K1	(average of 2 walking items)

❖ 6 Areas Maximum 24 Points (6x4)

# PDPM Payment Components

## 2. OT GG Function Score

Admission Performance	Assist Level	Function Score
05, 06	S/I	4
04	CTG	3
03	MOD	2
02	MAX	1
01, 07, 09, 88*	DEP	0
* Walking items only: Dependent, Refused, N/A, Not Attempted, Resident Cannot Walk		

# PDPM Payment Components

## 2. OT

- **16 Occupational Therapy (OT) Case Mix Groups (CMGs)**
  - Federal CMI adjusted rates
    - Urban: **\$55.23**
    - Rural: **\$62.11**

# PDPM Payment Components

## 2. OT

- Identify the Primary Medical Condition Category
  - MDS Coding I0020B
    - ICD-10 Code
    - Clinical Mapping Category

# PDPM Payment Components

## 2. OT

- Calculate the Function Score
  - Based on select Section GG Items
    - The **Case Mix Group (CMG)** and **Function Score** aligns with the PT Component.
    - **Case Mix Index (CMI)** varies

# PDPM Payment Components

## 2. OT Clinical Category

Clinical Category	Function Score	OT Case Mix Group	CMI
Major Joint Replacement or Spinal Surgery	0-5	TA	1.49
Major Joint Replacement or Spinal Surgery	6-9	TB	1.63
Major Joint Replacement or Spinal Surgery	10-23	TC	1.68
Major Joint Replacement or Spinal Surgery	24	TD	1.53
Other Orthopedic	0-5	TE	1.41
Other Orthopedic	6-9	TF	1.59
Other Orthopedic	10-23	TG	1.64
Other Orthopedic	24	TH	1.15
Medical Management	0-5	TI	1.17
Medical Management	6-9	TJ	1.44
Medical Management	10-23	TK	1.54
Medical Management	24	TL	1.11
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.3
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN	1.49
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO	1.55
Non-Orthopedic Surgery and Acute Neurologic	24	TP	1.09

# Patient Driven Payment Model

## 3. SLP Groupers



# PDPM Payment Components

## 3. SLP Grouper (.68 – 4.19) 12 Groups

- MDS I8000
- Clinical Category
  - Condition (Acute Neurologic)
  - Comorbidities (SLP-related)
  - Cognitive Impairment
  - Swallowing Problem and/or Mechanically Altered Diet

# PDPM Payment Components

## 3. SLP Grouper (.68 – 4.19) 12 Groups

SLP Case Mix Group	Condition Comorbidity Cognition	CMI	HIPPS Code	Mechanically Altered Diet or Swallowing Disorder
<b>None</b>				
SA		0.68	A	Neither
SB		1.82	B	Either
SC		2.66	C	Both
<b>Any One</b>				
SD		1.46	D	Neither
SE		2.33	E	Either
SF		2.97	F	Both
<b>Any Two</b>				
SG		2.04	G	Neither
SH		2.85	H	Either
SI		3.51	I	Both
<b>Any Three</b>				
SJ		2.98	J	Neither
SK		3.69	K	Either
SL		4.17	L	Both

# PDPM Payment Components

## 3. SLP Related Comorbidities

SLP Related Comorbidities	
Aphasia	Laryngeal Cancer
CVA, TIA, or Stroke	Apraxia
Hemiplegia or Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy Care While a Resident	Oral Cancers
Vent or Respirator Care While a Resident	Speech & Language Deficits

# PDPM Payment Components

## 3. SLP Grouper: Conditions Acute Neurologic

Condition Acute Neurologic Examples	
ICD-10	Description
A0100	Typhoid fever, unspecified
A0221	Salmonella meningitis
A066	Amebic brain abscess
A390	Meningococcal meningitis
A3981	Meningococcal encephalitis
A3982	Meningococcal retrobulbar neuritis
A5044	Late congenital syphilitic optic nerve atrophy
A5214	Late syphilitic encephalitis
A800	Acute paralytic poliomyelitis, vaccine-associated
A801	Acute paralytic poliomyelitis, wild virus, imported
A802	Acute paralytic poliomyelitis, wild virus, indigenous
A8030	Acute paralytic poliomyelitis, unspecified
A8039	Other acute paralytic poliomyelitis
A804	Acute nonparalytic poliomyelitis
A809	Acute poliomyelitis, unspecified
A811	Subacute sclerosing pan encephalitis
A812	Progressive multifocal leukoencephalopathy

# PDPM Payment Components

## 3. SLP Grouper: Conditions Acute Neurologic

### Clinical Coding Mapping

- Resource

# PDPM Payment Components

## 3. SLP Grouper: Comorbidities

### Special Treatments, Procedures and Programs (O0100)

- Tracheostomy Care (E.)
- Ventilator or Respirator (F.)

### Section I: Active Diagnosis

- Aphasia (I4300)
- Hemiplegia or Hemiparesis (I4900)
- CVA, TIA, or Stroke (I4500)
- TBI (I5500)

### Other (I800 Additional Active Diagnosis)

- Laryngeal Cancer
- Apraxia
- Dysphagia
- ALS
- Oral Cancers
- Speech and Language Deficits

# PDPM Payment Components

## 3. SLP Grouper: Cognition

Cognitive Impairment Mild to Severe		
BIMS Interview Summary Score 0-15	PDPM Cognitive Level	BIMS Score
	Cognitively Intact	13-15
	Mildly Impaired	8-12
	Moderately Impaired	0-7
	Severely Impaired	-
If BIMS Interview Summary Score is 99 or “-”	Use staff Assessment for PDPM Cognitive Level per Calculation Worksheet	

# PDPM Payment Components

## 3. SLP Grouper Swallowing Disorder or Mechanically Altered Diet

Swallowing Disorder

or

Mechanically Altered Diet

Both

Either

Neither



# PDPM Payment Components

## 3. SLP Grouper Swallowing Disorder or Mechanically Altered Diet

### Swallowing Disorder (K0100)

#### Signs and Symptoms

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

# PDPM Payment Components

## 3. SLP Grouper Swallowing Disorder or Mechanically Altered Diet

### Nutritional Approaches (K0510)

- Needs to be performed during the **last 7 days**
- Mechanically Altered Diet- Require change in texture of food or liquids (i.e., **Pureed food, thickened liquids**)

# PDPM Payment Components

## 3. SLP CMGs

- **12 Speech Language Pathology (SLP) Case Mix Groups (CMGs)**
  - Federal CMI adjusted rates
    - Urban: **\$22.15**
    - Rural: **\$27.90**

# PDPM Payment Components

## 3. SLP

- First, identify the Primary Medical Condition Category
  - Acute Neurologic Clinical Category
    - ICD-10 Section I0020B
  - Otherwise, defaults to Medical Management

# PDPM Payment Components

## 3. SLP

- Second, does the patient have **one or more SLP- Related Comorbidities?**
- SLP-Related Comorbidities are diagnoses, conditions, deficits or Extensive Services, coded as
  - MDS Items , or
  - **ICD-10 Codes** entered in **Section I8000**

# PDPM Payment Components

## 3. SLP

- SLP-Related Comorbidities

MDS Item	Description
I4300	Aphasia
I4500	CVA, TIA, or Stroke
I4900	Hemiplegia or Hemiparesis
I5500	Traumatic Brain Injury
I8000	Laryngeal Cancer (C32.0 – C32.9)
I8000	Apraxia (I69.990)
I8000	Dysphagia (I69.991)
I8000	ALS (G12.21)
I8000	Oral Cancers (C00.0 - C06.9)
I8000	Speech and Language Deficits (I69.920-I69.928)
O0100E2	Tracheostomy Care While a Resident
O0100F2	Ventilator or Respirator While a Resident

# PDPM Payment Components

## 3. SLP

- Next, Identify the Presence of Cognitive Impairment using the BIMS or CPS
  - **BIMS:** Brief Interview Mental Status
    - BIMS Summary Score on the MDS 3.0 based on the **patient interview.**
      - C0200 **Repetition** of three words
      - C0300 **Temporal Orientation**
      - C0400 **Recall**

# PDPM Payment Components

## 3. SLP

- BIMS Summary Score Item C0500 ranges from 00 to 15.
- The BIMS is not successful if the patient's
  - **Summary Score is 99**
    - The interview was not successful, or
  - **Summary Score is blank**
    - The interview not attempted and skipped, or
  - **Summary Score has a dash value**
    - This area was not assessed,
- Proceed the **Staff Assessment for Mental Status** for the PDPM cognitive level if the BIMS is not valid (99)



# PDPM Payment Components

## 3. SLP

- Identify the Presence of Cognitive Impairment using the **Cognitive Performance Scale (CPS)**
- The patient classifies as **severely impaired** if one of following conditions exist
  - a. **Comatose** (B0100 = 1) and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1, all equal 01, 09, or 88).
  - b. **Severely impaired cognitive skills for daily decision making** (C1000 = 3).

# PDPM Payment Components

## 3. SLP

- If the patient is **not severely impaired per the CPS**, determine the patient's **Basic Impairment Count** and **Severe Impairment Count**.
  - For each of the conditions below that applies, add one to the **Basic Impairment Count**.
    - a. In **Cognitive Skills for Daily Decision Making**, the patient has modified independence or is moderately impaired (C1000 = 1 or 2).
    - b. In **Makes Self Understood**, the patient is usually understood, sometimes understood, or rarely/never understood (B0700 = 1, 2, or 3).
    - c. Based on the Staff Assessment for Mental Status, patient has **memory problem** (C0700 = 1).
- Sum a., b., and c = the Basic Impairment Count

# PDPM Payment Components

## 3. SLP

- **According to CMS:**
  - In order to receive a PDPM classification, all required items must be completed
  - Either a BIMS score or CPS score is required to classify the patient under the SLP component
  - If neither the BIMS nor the staff assessment (CPS) is completed, the patient will not be classified under PDPM, and a PDPM HIPPS code will not be produced for the assessment

# PDPM Payment Components

## 3. SLP Cognitive Level

PDPM Cognitive Level	BIMS Score	CPS Score
Cognitively Intact	13-15	0
Mildly Impaired	8-12	1-2
Moderately Impaired	0-7	3-4
Severely Impaired	-	5-6

# PDPM Payment Components

## 3. SLP Three C's

- Determine if the patient qualifies for:
  1. **Clinical Category:** Acute Neurological
  2. **Comorbidities**
  3. **Cognitive Impairment**
  
- Does the patient have
  - » **None** of the above
  - » **Any one** of the above
  - » **Any two** of the above
  - » **All three** of the above

# PDPM Payment Components

## 3. SLP Swallowing Disorder

- Next, Identify if the patient has the following:
  - **Swallowing Disorder**
    - coded in MDS Section K (K0100A through K0100D)
  - **Mechanically Altered Diet, while a resident**
    - coded in MDS Section K ( K0510C2)
- Does the patient qualify for:
  - Neither,
  - Either or
  - Both

# PDPM Payment Components

## 3. SLP Mechanically Altered Diet

- K0510C, **mechanically altered diet** for the resident who requires a change in texture of food or liquids (e.g., pureed food, thickened liquids)
- The mechanically altered diet is specifically prepared to **alter the texture** or **consistency** of food to facilitate oral intake.
- Examples include **soft solids**, **puréed foods**, ground meat, and thickened liquids.
- **How are your diet orders written?**
- **How does the facility write diet orders?**

# PDPM Payment Components

## 3. SLP Swallowing Disorder

- Swallow Disorder (MDS K0100)
  1. **Ask the resident** if he or she has had any difficulty swallowing during the 7-day look-back period. Ask about each of the symptoms in K0100A through K0100D.
  2. **Observe the resident** during meals or at other times when he or she is eating, drinking, or swallowing to determine whether any of the listed symptoms of possible swallowing disorder are exhibited.
  3. **Interview staff members on all shifts** who work with the resident and ask if any of the four listed symptoms were evident during the 7-day look-back period.



# PDPM Payment Components

## 3. SLP Swallow Disorder

- **K0100A**, loss of liquids/solids from mouth when eating or drinking. When the resident has food or liquid in his or her mouth, the food or **liquid dribbles down chin** or **falls out of the mouth**.
- **K0100B**, holding food in mouth/cheeks or **residual food in mouth** after meals. Holding food in mouth or cheeks for prolonged periods of time (sometimes labeled pocketing) or **food left in mouth** because resident failed to empty mouth completely.
- **K0100C**, **coughing or choking during meals** or when swallowing **medications**. The resident may cough or gag, turn red, have more labored breathing, or have difficulty speaking when eating, drinking, or taking medications. The resident may frequently complain of food or medications “going down the wrong way.”

# PDPM Payment Components

## 3. SLP Swallow Disorder

- **K0100D**, complaints of **difficulty or pain with swallowing**. Resident may refuse food because it is painful or difficult to swallow.
- **K0100Z, none of the above**: if none of the K0100A through K0100D signs or symptoms were present during the look-back.
- Document findings. Consider adding to Skilled Nursing Note Template and educate staff on the importance of identifying every sign/symptom.

# PDPM Payment Components

## 3. SLP Swallow Disorder

- Do not code a swallowing problem **when interventions have been successful** in treating the problem and therefore the **signs/symptoms** of the problem (K0100A through K0100D) **did not occur during the 7-day look-back period**
- **Code** even if the symptom **occurred only once** in the 7-day look-back period

# PDPM Payment Components

## 3. SLP

- Neither,
  - a swallowing disorder **nor** a mechanically altered diet.
- Either,
  - a swallowing disorder **or** a mechanically altered diet.
- Both,
  - a swallowing disorder **and** a mechanically altered diet

# PDPM Payment Components

## 3. SLP

Presence of: Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case Mix Group	CMI
None	Neither	SA	0.68
None	Either	SB	1.82
None	Both	SC	2.66
Any one	Neither	SD	1.46
Any one	Either	SE	2.33
Any one	Both	SF	2.97
Any two	Neither	SG	2.04
Any two	Either	SH	2.85
Any two	Both	SI	3.51
All three	Neither	SJ	2.98
All three	Either	SK	3.69
All three	Both	SL	4.19

# Patient Driven Payment Model

## 4. Nursing Grouper

# PDPM Payment Components

## 4. Nursing Grouper (.66-2.07) 25 Groups

- Nursing Classification
  - Extensive Services
  - Special Care High
  - Special Care Low
  - Clinically Complex
  - Behavioral Symptoms and cognitive Performance
  - Reduced Physical Function
- 18% add-on HIV/AIDS

# PDPM Payment Components

## 4. Nursing GG Function

- Nursing GG Scoring does not include Oral Hygiene, Mobility Walk 50 feet with 2 turns, or Mobility: Walk 150 feet.

GG Functions		Score
1. Self-Care: Eating	GG0130A1	0-4
2. Self-Care: Toilet Hygiene	GG0130C1	0-4
3. Mobility: Sit to Lying	GG170B1	0-4
Mobility: Lying to Sitting or Side of Bed	GG170C1	(average of 2 bed mobility items)
4. Mobility: Sit to Stand	GG170D1	0-4
Mobility: Chair/Bed-to-Chair Transfer	GG170E1	(average of 3 transfer items)
Mobility: Toilet Transfer	GG170F1	

❖ 4 Areas Maximum 16 Points (4x4)



# PDPM Payment Components

## 4. Nursing GG Function Score

Admission Performance	Assist Level	Function Score
05, 06	S/I	4
04	CTG	3
03	MOD	2
02	MAX	1
01, 07, 09, 88	DEP	0

# PDPM Payment Components

## 4. Nursing GG Function Score

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
GG0170C1	Mobility: Lying to sitting on Side of Bed	(average of two items)
GG0170D1	Mobility: Sit to Stand	0-4
GG0170E1	Mobility: Chair Bed-to-Chair Transfer	(average of three items)
GG0170F1	Mobility: Toilet Transfer	

# PDPM Payment Components

## 4. Nursing Grouper (.66-2.07) 25 Groups

Nursing Case Mix Group	CMI	Function Score Section GG	Requirements
<b>Extensive Services</b>			
ES3 Extensive Services	4.04	0-14	A1-A6
ES2 Extensive Services	3.06	0-14	B1-B6
ES1 Extensive Services	2.91	0-14	A3
<b>Special Care High</b>			
HDE2 Special Care High	2.39	0-5	Depressed
HBC2 Special Care High	2.23	6-14	Depressed
HDE1 Special Care High	1.99	0-5	Not Depressed
HBC1 Special Care High	1.85	6-14	Not Depressed
			Comatose and Dependent/Activity did not Occur Septicemia Diabetes with both daily injections and Insulin order changes on 2+ days Quadriplegia with Functional Score <=11 COPD and SOB when Lying Flat Fever with pneumonia, vomiting, weight loss, and/or feeding tube with intake requirement Parenteral/IV feedings – while not or while a resident Respiratory therapy = 7 days Depression criteria is met if the Total Severity Score ≥ 10 but not 99

# PDPM Payment Components

## 4. Nursing Grouper

Nursing Case Mix Group	CMI	Function Score Section GG		Requirements
<b>Special Care Low</b>				
LDE2 Special Care Low	2.07	0-5	Depressed	Cerebral Palsy
LBC2 Special Care Low	1.71	6-14	Depressed	Multiple Sclerosis
LDE1 Special Care Low	1.72	0-5	Not Depressed	Parkinson's Disease and Functional Score <=11
LBC1 Special Care Low	1.43	6-14	Not Depressed	Respiratory Failure and Oxygen Therapy While a Resident Feeding Tube >=51% of calories or 6-50% calories + fluid >=501cc during entire last 7 days (average across 7 days) 2+ Stage 2 pressure ulcers with 2+ skin treatments Stage 3 or 4 pressure ulcer, or unstageable with slough or eschar with 2+ skin treatments 2+ venous/arterial ulcers with 2+ skin treatments Stage 2 pressure ulcer (1) and venous/arterial ulcer (1) with 2+ skin treatments Foot infection, diabetic foot ulcer, or other open lesion of foot with dressings Radiation therapy while a resident Dialysis while a resident Depression criteria is met if the Total Severity Score ≥ 10 but not 99

# PDPM Payment Components

## 4. Nursing Grouper

Nursing Case Mix Group	CMI	Function Score Section GG	Requirements
<b>Clinically Complex</b>			
CDE2 Clinically Complex	1.86	0-5	Depressed
CBC2 Clinically Complex	1.54	6-14	Depressed
CA2 Clinically Complex	1.08	15-16	Depressed
CDE1 Clinically Complex	1.62	0-5	Not Depressed
CBC1 Clinically Complex	1.34	6-14	Not Depressed
CA1 Clinically Complex	0.94	15-16	Not Depressed
<b>Behavioral Symptoms and Cognitive</b>			
BAB2 Behavioral Symptoms	1.04	11-16	Nursing Rehab +2
BAB1 Behavioral Symptoms	0.99	11-16	Nursing Rehab 0-1
<b>Reduced Physical Functioning</b>			
PDE2 Reduced Physical Function	1.57	0-5	Nursing Rehab 2+
PBC2 Reduced Physical Function	1.21	6-14	Nursing Rehab 2+
PBC2 Reduced Physical Function	1.13	6-14	Nursing Rehab 2+
PBC2 Reduced Physical Function	1.47	0-5	Nursing Rehab 0-1
PA2 Reduced Physical Function	0.70	15-16	Nursing Rehab 0-1
PA2 Reduced Physical Function	0.66	15-16	Nursing Rehab 0-1
PDE1 Reduced Physical Function			
PBC1 Reduced Physical Function			
PA1 Reduced Physical Function			

# PDPM Payment Components

## 4. Nursing CMGs

- **25 Nursing** Case Mix Groups (CMGs)
  - Federal CMI adjusted rates
    - Urban: **\$103.46**
    - Rural: **\$98.83**

# PDPM Payment Components

## 4. Nursing CMGs

- Determine the Nursing Component with the first group the resident qualifies for:
  - Extensive Services  
↓
  - Special Care High  
↓
  - Special Care Low  
↓
  - Clinically Complex  
↓
  - Behavioral Symptoms & Cognitive Performance  
↓
  - Reduced Physical Function

# PDPM Payment Components

## 4. Nursing Extensive Services

Extensive Services - While a Resident		
MDS	Services or Conditions	Case Mix Group
00100E2	Tracheostomy care <b>and</b> ventilator/respirator	ES3
00100F2	Tracheostomy care <b>or</b> ventilator/respirator	ES2
00100M2	Isolation or quarantine for active infectious disease	ES1

- Qualifies for Extensive Services If at least one of the above treatments or services is coded and the total **PDPM Nursing Function Score** of **14 or less**.
- If **PDPM Nursing Function Score** is **15 or 16**, the CMG defaults to **Clinically Complex**.



# PDPM Payment Components

## 4. Nursing Extensive Services

### 00100F, Invasive Mechanical Ventilator

- Code any type of electrically or pneumatically powered closed-system mechanical ventilator support device that ensures adequate ventilation in the resident who is or who may become (such as during weaning attempts) unable to support his or her own respiration in this item.  
**During invasive mechanical ventilation the resident's breathing is controlled by the ventilator.** Residents receiving closed-system ventilation include those residents receiving ventilation via an endotracheal tube (e.g., nasally or orally intubated) or tracheostomy.
- A resident who has been **weaned off** of a respirator or ventilator in the **last 14 days**, or is currently being weaned off a respirator or ventilator, should also be coded here.
- Do not code this item when the ventilator or respirator is used only as a substitute for BiPAP or CPAP.

# PDPM Payment Components

## 4. Nursing Grouper

### 00100E, Tracheostomy Care

- RAI Instruction: Code cleansing of the tracheostomy and/or cannula in this item
- This item may be coded if the resident performs his/her own tracheostomy care

# PDPM Payment Components

## 4. Nursing Grouper

### 00100G, Non-Invasive Mechanical Ventilator (BiPAP/CPAP)

- Code any type of CPAP or BiPAP respiratory support devices that prevent airways from closing by delivering slightly pressurized air through a mask or other device continuously or via electronic cycling throughout the breathing cycle.
- The BiPAP/CPAP mask/device enables the individual to support his or her own spontaneous respiration by providing enough pressure when the individual inhales to keep his or her airways open, unlike ventilators that “breathe” for the individual.
- If a ventilator or respirator is being used as a substitute for BiPAP/CPAP, code here. This item may be coded if the resident places or removes his/her own BiPAP/CPAP mask/device

# PDPM Payment Components

## 4. Nursing Isolation

### 00100M, Isolation For Active Infectious Disease

- Isolation or quarantine for active infectious disease is coded only when the resident requires transmission- based precautions and single room isolation (alone in a separate room) because of active infection (i.e., symptomatic **and/or** have a positive test and are in the contagious stage) with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.

# PDPM Payment Components

## 4. Nursing Isolation

**Isolation:** Code for “**single room isolation**” only when all of the following conditions are met:

1. The resident has **active infection** with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
2. Precautions are over and **above standard** precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
3. The resident is in a **room alone** because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.
4. The resident must **remain in his/her room**. This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.).

# PDPM Payment Components

## 4. Nursing Isolation

### Isolation:

- Do **not code** this item if the resident only has a history of infectious disease (e.g., s/p MRSA or s/p C-Diff - no active symptoms).
- Do **not code** this item if the precautions are standard precautions, because these types of precautions apply to everyone. Standard precautions include hand hygiene compliance, glove use, and additionally may include masks, eye protection, and gowns.
- Examples of when the isolation criterion would not apply include **urinary tract infections, encapsulated pneumonia, and wound infections.**

# PDPM Payment Components

## 4. Nursing Special Care High

Special Care High	
MDS	Services or Conditions
B0100, Section GG items	Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1, all equal 01, 09, or 88)
I2100	Septicemia
I2900, N0350A, B	Diabetes with both of the following: Insulin injections (N0350A) for all 7 days with Insulin order changes on 2 or more days (N0350B)
I5100, Nursing Function Score	Quadriplegia with Nursing Function Score <= 11 (Quadriplegia primarily refers to the paralysis of all four limbs, arms and legs, caused by spinal cord injury.)
I6200, J1100C	Chronic Obstructive Pulmonary Disease and shortness of breath when lying flat
J1550A, others	Fever and one of the following; I2000 Pneumonia, J1550B Vomiting, K0300 Weight loss (1 or 2), K0510B1 or K0510B2 Feeding tube* *Tube feeding classification requirements: (1) K0710A3 is 51% or more of total calories OR (2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.
K0510A1 or K0510A2	Parenteral/IV feedings while a resident
O0400D2	Respiratory therapy for all 7 days

# PDPM Payment Components

## 4. Nursing Respiratory Therapy

### Respiratory Therapy

- Services that are provided by a qualified professional (respiratory therapists, respiratory nurse).
- Respiratory therapy services are for the **assessment, treatment, and monitoring of patients** with deficiencies or abnormalities of **pulmonary function**.
- Respiratory therapy services include **coughing, deep breathing, nebulizer treatments, assessing breath sounds and mechanical ventilation, etc.**, which must be provided by a respiratory therapist or trained respiratory nurse.
- A **respiratory nurse must be proficient** in the modalities listed above either through **formal nursing or specific training** and may deliver these modalities as allowed under **the state Nurse Practice Act and under applicable state laws**.



# PDPM Payment Components

## 4. Nursing Special Care High

Special Care High		
Nursing Function Score	Depression Indicator $\geq 10$	PDPM Nursing Classification
0-5	Yes	HDE2
0-5	No	HDE1
6-14	Yes	HBC2
6-14	No	HBC1

# PDPM Payment Components

## 4. Nursing Special Care Low

Special Care Low	
MDS	Services or Conditions
I4400, Nursing Function Score	Cerebral Palsy, with Nursing Function Score $\leq 11$
I5200, Nursing Function Score	Multiple Sclerosis, with Nursing Function Score $\leq 11$
I5300, Nursing Function Score	Parkinson's Disease, with Nursing Function Score $\leq 11$
I6300, O0100C2	Respiratory failure and oxygen therapy while a patient
K0510B1 or K0510B2	Feeding tube*
M0300B1	Two or more stage 2 pressure ulcers with two or more selected skin treatments**
M0300C1, D1, F1	Any stage 3 or 4 pressure ulcer with two or more selected skin treatments**
M1030	Two or more venous/arterial ulcers with two or more selected skin treatments**
M0300B1, M1030	1 stage 2 pressure ulcer and 1 venous/arterial ulcer with 2 or more selected skin treatments**
M1040A, B, C; M1200I	Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet
O0100B2	Radiation treatment while a patient
O0100J2	Dialysis treatment while a patient

# PDPM Payment Components

## 4. Nursing Grouper

### Requirements

\*Tube feeding classification requirements:

1. K0710A3 is 51% or more of total calories OR
2. K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.

\*\*Selected skin treatments:

- M1200A, B Pressure relieving chair and/or bed
- M1200C Turning /repositioning
- M1200D Nutrition or hydration intervention
- M1200E Pressure ulcer care
- M1200G Application of dressings (not to feet)
- M1200H Application of ointments (not to feet)

# PDPM Payment Components

## 4. Nursing Special Care Low

Special Care Low		
Nursing Function Score	Depression Indicator $\geq 10$	PDPM Nursing Classification
0-5	Yes	LDE2
0-5	No	LDE1
6-14	Yes	LBC2
6-14	No	LBC1

# PDPM Payment Components

## 4. Nursing PHQ9 / PHQ9-OV

PHQ 9 / PHQ 9-OV		
MDS		Mood Indicator Description
Patient	Staff	
D0200A	D0500A	Little interest or pleasure in doing things
D0200B	D0500B	Feeling down, depressed, or hopeless
D0200C	D0500C	Trouble falling or staying asleep, sleeping too much
D0200D	D0500D	Feeling tired or having little energy
D0200E	D0500E	Poor appetite or overeating
D0200F	D0500F	Feeling bad about yourself- or that you are a failure or have let yourself down or your family down
D0200G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
D0200H	D0500H	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual
D0200I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

# PDPM Payment Components

## 4. Nursing Clinically Complex

Clinically Complex	
MDS	Services or Conditions
I2000	Pneumonia
I4900, Nursing Function Score	Hemiplegia/hemiparesis with Nursing Function Score <= 11
M1040D, E	Open lesions (other than ulcers, rashes, and cuts) with any selected skin treatment* or surgical wounds
M1040F	Burns
O0100A2	Chemotherapy while a patient
O0100C2	Oxygen Therapy while a patient
O0100H2	IV Medications while a patient
O0100I2	Transfusions while a patient
*Selected Skin Treatments: M1200F Surgical wound care, M1200G Application of nonsurgical dressing (other than to feet), M1200H Application of ointments/medications (other than to feet) Default for categories without Function Score requirements	

# PDPM Payment Components

## 4. Nursing Grouper Clinically Complex

Clinically Complex		
Nursing Function Score	Depression Indicator $\geq 10$	PDPM Nursing Classification
0-5	Yes	CDE2
0-5	No	CDE1
6-14	Yes	CBC2
15-16	Yes	CA2
6-14	No	CBC1
15-16	No	CA1

# PDPM Payment Components

## 4. Nursing Grouper Behavioral Symptoms

Behavioral Symptoms and Cognitive Performance	
MDS	Cognitive Performance
B0100	Coma (B0100 = 1) and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
C1000	Severely impaired cognitive skills for daily decision making (C1000 = 3)
B0700, C0700, C1000	Two or more of the following impairment indicators are present: <ul style="list-style-type: none"> <li>• B0700 &gt; 0 Usually, sometimes, or rarely/never understood</li> <li>• C0700 = 1 Short-term memory problem</li> <li>• C1000 &gt; 0 Impaired cognitive skills for daily decision making</li> </ul> and One or more of the following severe impairment indicators are present: <ul style="list-style-type: none"> <li>• B0700 &gt;= 2 Sometimes or rarely/never makes self understood</li> <li>• C1000 &gt;= 2 Moderately or severely impaired cognitive skills for daily decision making</li> </ul>
Qualifies for one of the above- depends on the Nursing Function Score <ul style="list-style-type: none"> <li>• Nursing Function Score: 11 or greater will qualify for Behavioral Symptoms/Cognitive Impairment Nursing Function Score that is less than 11, proceed to Physical Function</li> </ul>	



# PDPM Payment Components

## 4. Nursing Grouper Behavioral Symptoms

Behavioral Symptoms and Cognitive Performance	
MDS	Behavioral Symptoms
E0100A	Hallucinations
E0100B	Delusions
E0200A	Physical behavioral symptoms directed toward others (2 or 3)
E0200B	Verbal behavioral symptoms directed toward others (2 or 3)
E0200C	Other behavioral symptoms not directed toward others (2 or 3)
E0800	Rejection of care (2 or 3)
E0900	Wandering (2 or 3)
Qualifies for one of the above- depends on the Nursing Function Score	
<ul style="list-style-type: none"><li>• Nursing Function Score: 11 or greater will qualify for Behavioral Symptoms/Cognitive Impairment Nursing Function Score that is less than 11, proceed to Physical Function</li></ul>	

# PDPM Payment Components

## 4. Nursing Grouper Behavioral Symptoms

Behavioral Symptoms and Cognitive Performance	
MDS	Restorative Nursing Rehabilitation Programs
Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:	
H0200C, H0500**	Urinary toileting program and/or bowel toileting program
O0500A, B**	Passive and/or active range of motion
O0500C	Splint or brace assistance
O0500D, F**	Bed mobility and/or walking training
O0500E	Transfer training
O0500G	Dressing and/or grooming training
O0500H	Eating and/or swallowing training
O0500I	Amputation/prostheses care
O0500J	Communication training
**Count as one service even if both provided	

# PDPM Payment Components

## 4. Nursing Grouper Reduced Physical Function

Reduced Physical Function
Residents that do not qualify for: <ul style="list-style-type: none"><li>• Extensive Services</li><li>• Special Care High</li><li>• Special Care Low</li><li>• Clinically Complex, and</li><li>• Behavioral Symptoms and Cognitive Performance will be classified in this category</li></ul>
Nursing Function Score
Restorative Nursing Rehabilitation Programs

# PDPM Payment Components

## 4. Nursing Grouper Behavioral Symptoms

Behavioral Symptoms and Cognitive Performance	
MDS	Restorative Nursing Rehabilitation Programs
Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:	
H0200C, H0500**	Urinary toileting program and/or bowel toileting program
O0500A, B**	Passive and/or active range of motion
O0500C	Splint or brace assistance
O0500D, F**	Bed mobility and/or walking training
O0500E	Transfer training
O0500G	Dressing and/or grooming training
O0500H	Eating and/or swallowing training
O0500I	Amputation/prostheses care
O0500J	Communication training
**Count as one service even if both provided	

# PDPM Payment Components

## 4. Nursing Grouper Behavioral Symptoms

Behavioral Symptoms and Cognitive Performance		
Nursing Function Score	Restorative Nursing Rehabilitation Programs	PDPM Nursing Classification
11-16	2 or more RNRP	BAB2
11-16	0 or 1 RNRP	BAB1

# PDPM Payment Components

## 4. Nursing Grouper Reduced Physical Function

Reduced Physical Function		
Nursing Function Score	Restorative Nursing Rehabilitation Programs	PDPM Nursing Classification
0-5	2 or more RNRP	PDE2
0-5	0 or 1 RNRP	PDE1
6-14	2 or more RNRP	PBC2
15-16	2 or more RNRP	PA2
6-14	0 or 1 RNRP	PBC1
15-16	0 or 1 RNRP	PA1
11-16	0 or 1 RNRP	BAB1

# Patient Driven Payment Model

## 5. Non-Therapy Ancillary (NTA)

# PDPM Payment Components

## 5. Non-Therapy Ancillary (NTA)

- 50 Conditions
- Comorbidities
- Weighted Count
- Point Range
- 1 – 8
- Sum Points
- MDS/Source
- UB-04/Source



# PDPM Payment Components

## 5. NTA Classification (.72 – 3.25) 6 Groups

Urban NTA Unadjusted Per Diem: \$78.05

Rural NTA Unadjusted Per Diem: \$74.56

NTA Score Range	NTA Case-Mix Group	NTA Case-Mix Index
12+	NA	3.25
9-11	NB	2.53
6-8	NC	1.85
3-5	ND	1.34
1-2	NE	0.96
0	NF	0.72

❖ 6 Groups

# PDPM Payment Components

## 5. NTA Grouper

### SNF Claims

	Condition/Extensive Service	MDS Item	Points
1.	HIV/AIDS	SNF Claim ICD-10 B20	8

# PDPM Payment Components

## 5. NTA Grouper

### MDS Section K

	Condition/Extensive Service	MDS Item	Points
2.	Parenteral IV Feeding: Level High	K0510A2 K0710A2	7
5.	Parenteral IV feeding: Level Low	K0510A2 K0710A2 K0710B2	3
42.	Nutritional Approaches While a Resident: Feeding Tube	K0510B2	1

# PDPM Payment Components

## 5. NTA Grouper

### MDS Section O

	Condition/Extensive Service	MDS Item	Points
3.	Special Treatments/Programs: Intravenous Medication Post-admit Code	O0100H2	5
4.	Special Treatments/Programs: Ventilator Post-admit Code	O0100F2	4
7.	Special Treatments/Programs: Transfusion Post-admit Code	O0100I2	2
22.	Special Treatments/Programs: Tracheostomy Post-admit Code	O0100E2	1
24.	Special Treatments/Programs: Isolation Post-admit Code	O0100M2	1
27.	Special Treatments/Programs: Radiation Post-admit Code	O0100B2	1
37.	Special Treatments/Programs: Suctioning Post-admit Code	O0100D2	1

# PDPM Payment Components

## 5. NTA Grouper

### MDS Section I

Condition/Extensive Service	MDS Item	Points
6. Lung Transplant Status	I8000	3
8. Major Organ Transplant Status, Except Lung	I8000	2
9. Active Diagnoses: Multiple Sclerosis Code	I5200	2
10. Opportunistic Infections	I8000	2
11. Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200	2
12. Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2
13. Chronic Myeloid Leukemia	I8000	2
14. Wound Infection Code	I2500	2
15. Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2
16. Endocarditis	I8000	1
17. Immune Disorders	I8000	1
18. End-Stage Liver Disease	I8000	1
20. Narcolepsy and Cataplexy	I8000	1
21. Cystic Fibrosis	I8000	1
23. Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1

# PDPM Payment Components

## 5. NTA Grouper

### MDS Section I (continued)

	Condition/Extensive Service	MDS Item	Points
25.	Specified Hereditary Metabolic/Immune Disorders	I8000	1
26.	Morbid Obesity	I8000	1
29.	Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
30.	Chronic Pancreatitis	I8000	1
31.	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
33.	Complications of Specified Implanted Device or Graft	I8000	1
34.	Bladder and Bowel Appliances: Intermittent catheterization	H0100D	1
35.	Inflammatory Bowel Disease	I8000	1
36.	Aseptic Necrosis of Bone	I8000	1
38.	Cardio-Respiratory Failure and Shock	I8000	1
39.	Myelodysplastic Syndromes and Myelofibrosis	I8000	1
40.	Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1
41.	Diabetic Retinopathy - Except: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1

# PDPM Payment Components

## 5. NTA Groupers

### MDS Section I (continued)

	Condition/Extensive Service	MDS Item	Points
43.	Severe Skin Burn or Condition	I8000	1
44.	Intractable Epilepsy	I8000	1
45.	Active Diagnoses: Malnutrition Code	I5600	1
46.	Disorders of Immunity - Except: RxCC97: Immune Disorders	I8000	1
47.	Cirrhosis of Liver	I8000	1
49.	Respiratory Arrest	I8000	1
50.	Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1
43.	Severe Skin Burn or Condition	I8000	1
44.	Intractable Epilepsy	I8000	1
45.	Active Diagnoses: Malnutrition Code	I5600	1
46.	Disorders of Immunity - Except: RxCC97: Immune Disorders	I8000	1
47.	Cirrhosis of Liver	I8000	1
49.	Respiratory Arrest	I8000	1
50.	Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1
43.	Severe Skin Burn or Condition	I8000	1

# PDPM Payment Components

## 5. NTA Grouper

### MDS Section M

	Condition/Extensive Service	MDS Item	Points
19.	Other Foot Skin Problems: Diabetic Foot Ulcer Code	M1040B	1
28.	Highest Stage of Unhealed Pressure Ulcer - Stage 4	M0300X1	1
32.	Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	M1040A M1040B M1040C	1



# PDPM Payment Components

## 5. NTA Grouper

### MDS Section H

	Condition/Extensive Service	MDS Item	Points
34.	Bladder and Bowel Appliances: Intermittent catheterization	H0100D	1
48.	Bladder and Bowel Appliances: Ostomy	H0100C	1

# PDPM Payment Components

## 5. NTA Groupers

- **6 Non-Therapy Ancillaries (NTA) Case Mix Groups (CMGs)**
  - Federal CMI adjusted rates
    - Urban: **\$78.05**
    - Rural: **\$74.56**

# PDPM Payment Components

## 5. NTA Grouper

- There are **Fifty (50) Non-Therapy Ancillary (NTA) Items** with associated points
- The sum total of the points determine the **Non- Therapy Ancillary (NTA) Case Mix Group (CMG) Classification**
- Non-Therapy Ancillary (NTA) Component Rate has a **Variable Per Diem Adjustment (VPA)**, effective day 4
- **MDS Coded Items, Claims Item, ICD-10 Codes (I8000)**
- Identify NTA and associated points to obtain the **NTA CMG**

# PDPM Payment Components

## 5. NTA Grouper

Comorbidities Included in NTA Comorbidity Score and Assigned Points			
	Condition/Extensive Service	MDS Item	Points
1	HIV/AIDS ICD-10 of B20 on Claim	Claim	8
2	Parenteral IV Feeding: Level High: K0710A total calories via parenteral IV > 51% (K0710A2 = 3). IV	K0510A2 K0710A2	7
3	Intravenous Medication Post-admit Code	O0100H2	5
4	Special Treatments/Programs: Ventilator Post-admit Code	O0100F2	4
5	Parenteral IV feeding: Level Low- total calories via parenteral or tube feeding was 26-50% (K0710A2 = 2) and average fluid intake per day IV > 501 cc per day (K0710B2 = 2)	K0510A2, K0710A2 K0710B2	3
6	Lung Transplant Status	I8000	3
7	Special Treatments/Programs: Transfusion Post-admit Code	O0100I2	2
8	Major Organ Transplant Status, Except Lung	I8000	2
9	Active Diagnoses: Multiple Sclerosis Code	I5200	2
10	Opportunistic Infections	I8000	2

# PDPM Payment Components

## 5. NTA Grouper

11	Active Diagnoses: Asthma, COPD, Chronic Lung Disease Code	I6200	2
12	Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2
13	Chronic Myeloid Leukemia	I8000	2
14	Wound Infection Code	I2500	2
15	Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2
16	Endocarditis	I8000	1
17	Immune Disorders	I8000	1
18	End-Stage Liver Disease	I8000	1
19	Other Foot Skin Problems: Diabetic Foot Ulcer Code	M1040B	1
20	Narcolepsy and Cataplexy	I8000	1

# PDPM Payment Components

## 5. NTA Groupers

21	Cystic Fibrosis	I8000	1
22	Special Treatments/Programs: Tracheostomy Post-admit Code	O0100E2	1
23	Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
24	Special Treatments/Programs: Isolation Post-admit Code	O0100M2	1
25	Specified Hereditary Metabolic/Immune Disorders	I8000	1
26	Morbid Obesity	I8000	1
27	Special Treatments/Programs: Radiation Post-admit Code	O0100B2	1
28	Highest Stage of Unhealed Pressure Ulcer - Stage 4	M0300X1	1
29	Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
30	Chronic Pancreatitis	I8000	1

# PDPM Payment Components

## 5. NTA Grouper

31	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
32	Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	M1040A M1040B M1040C	1
33	Complications of Specified Implanted Device or Graft	I8000	1
34	Bladder and Bowel Appliances: Intermittent catheterization	H0100D	1
35	Inflammatory Bowel Disease	I8000	1
36	Aseptic Necrosis of Bone	I8000	1
37	Special Treatments/Programs: Suctioning Post-admit Code	O0100D2	1
38	Cardio-Respiratory Failure and Shock	I8000	1
39	Myelodysplastic Syndromes and Myelofibrosis	I8000	1
40	Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1

# PDPM Payment Components

## 5. NTA Grouper

41	Diabetic Retinopathy - Except: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
42	Nutritional Approaches While a Resident: Feeding Tube	K0510B2	1
43	Severe Skin Burn or Condition	I8000	1
44	Intractable Epilepsy	I8000	1
45	Active Diagnoses: Malnutrition Code	I5600	1
46	Disorders of Immunity - Except: RxCC97: Immune Disorders	I8000	1
47	Cirrhosis of Liver	I8000	1
48	Bladder and Bowel Appliances: Ostomy	H0100C	1
49	Respiratory Arrest	I8000	1
50	Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1



# PDPM Payment Components

## 5. NTA Grouper

- Use the Mapping of Comorbidities for the PDPM NTA Component to ICD-10-CM Codes Tool.
- There are 1535 Comorbidities in the Mapping Tool

Comorbidity Description	ICD-10-CM Code	ICD-10-CM Code Description
HIV/AIDS	B20	Human immunodeficiency virus [HIV] disease
RxCC395: Lung Transplant Status	T8630	Unspecified complication of heart-lung transplant
RxCC395: Lung Transplant Status	T8631	Heart-lung transplant rejection
RxCC395: Lung Transplant Status	T8632	Heart-lung transplant failure
RxCC395: Lung Transplant Status	T8633	Heart-lung transplant infection
RxCC395: Lung Transplant Status	T8639	Other complications of heart-lung transplant
RxCC395: Lung Transplant Status	T86810	Lung transplant rejection
RxCC395: Lung Transplant Status	T86811	Lung transplant failure
RxCC395: Lung Transplant Status	T86812	Lung transplant infection
RxCC395: Lung Transplant Status	T86818	Other complications of lung transplant
RxCC395: Lung Transplant Status	T86819	Unspecified complication of lung transplant
RxCC395: Lung Transplant Status	Z4824	Encounter for aftercare following lung transplant
RxCC395: Lung Transplant Status	Z48280	Encounter for aftercare following heart-lung transplant
RxCC395: Lung Transplant Status	Z942	Lung transplant status
RxCC395: Lung Transplant Status	Z943	Heart and lungs transplant status
RxCC260 RxCC396 RxCC397: Major Organ Transplant Status, Except Lung	D89810	Acute graft-versus-host disease
RxCC260 RxCC396 RxCC397: Major Organ Transplant Status, Except Lung	D89811	Chronic graft-versus-host disease
RxCC260 RxCC396 RxCC397: Major Organ Transplant Status, Except Lung	D89812	Acute on chronic graft-versus-host disease

# PDPM Payment Components

## 5. NTA Grouper

- For example, **Opportunist Infections**
  - Identified per the ICD-10 Codes

RxCC5: Opportunistic Infections	A072	Cryptosporidiosis
RxCC5: Opportunistic Infections	A310	Pulmonary mycobacterial infection
RxCC5: Opportunistic Infections	A312	Disseminated mycobacterium avium-intracellulare complex (DMAC)
RxCC5: Opportunistic Infections	B250	Cytomegaloviral pneumonitis
RxCC5: Opportunistic Infections	B251	Cytomegaloviral hepatitis
RxCC5: Opportunistic Infections	B252	Cytomegaloviral pancreatitis
RxCC5: Opportunistic Infections	B258	Other cytomegaloviral diseases
RxCC5: Opportunistic Infections	B259	Cytomegaloviral disease, unspecified
RxCC5: Opportunistic Infections	B371	Pulmonary candidiasis
RxCC5: Opportunistic Infections	B377	Candidal sepsis
RxCC5: Opportunistic Infections	B3781	Candidal esophagitis
RxCC5: Opportunistic Infections	B440	Invasive pulmonary aspergillosis

# PDPM Payment Components

## 5. NTA Grouper

- Identify the **NTA Component** based on the **NTA Comorbidity Score**

NTA Comorbidity Score	NTA Case Mix Group	CMI
12+	NA	3.25
9-11	NB	2.53
6-8	NC	1.85
3-5	ND	1.34
1-2	NE	0.96
0	NF	0.72

# Patient Driven Payment Model

## 6. Non-Case Mix

# PDPM Payment Components

## 6. Non-Case Mix

- Flat Per Diem Rate
- Capital Cost
- Dietary
- Maintenance
- Do Not Vary According to Resident Characteristics

# PDPM Payment Components

## 6. Non-Case Mix

- Non-Case Mix **Base Rate**
  - Urban
    - \$92.63/day
  - Rural
    - \$94.34/day
- **Adjusted**
  - Wage Index
  - Location

# PDPM Payment Components

## 6. Non-Case Mix

- **Urban** Non-Case Mix Rate Component
  - \$92.63
- **Rural** Non-Case Mix Rate Component
  - \$94.34

# Patient Driven Payment Model Case Studies



# Case Study # 1

## (Massachusetts, Essex County)

### Tracheostomy

State	Massachusetts		
County	Essex		
Diagnostic Category	Acute Neurological		
Component	Function Score	Case Mix Group	
Physical Therapy	0	TM	
Occupational Therapy	0	TM	
Nursing (RUG RHC 392.27)	0	LDE1 -> ES3	
Speech Therapy	All 3	Either	SK
NTA	Points	3	ND

# Case Study # 1

(Massachusetts, Essex County)

## Tracheostomy

### \$ Impact Tracheostomy

ES3 vs. LDE1

$$\$951.92 - \$684.92 = \$267.00 \text{ Per Day}$$

# Case Study # 1

(Massachusetts, Essex County)

## Tracheostomy

### Nursing LDE1

<a href="#">← Compare</a>		Region: Urban	>	
		State: Massachusetts	>	
		County: Essex County	>	
		Length of Stay: 21 days	>	
Assessment				
PT & OT: TM	SLP: SK	Nursing: LDE1	NTA: ND	Type: 5-Day
<b>M</b>	<b>K</b>	<b>I</b>	<b>D</b>	<b>1</b>



# Case Study # 1

(Massachusetts, Essex County)

## Tracheostomy

### Nursing ES3

<a href="#">← Compare</a>	Region: Urban	>		
	State: Massachusetts	>		
	County: Essex County	>		
	Length of Stay: 21 days	>		
Assessment				
PT & OT: TM	SLP: SK	Nursing: ES3	NTA: ND	Type: 5-Day
<b>M</b>	<b>K</b>	<b>A</b>	<b>D</b>	<b>1</b>

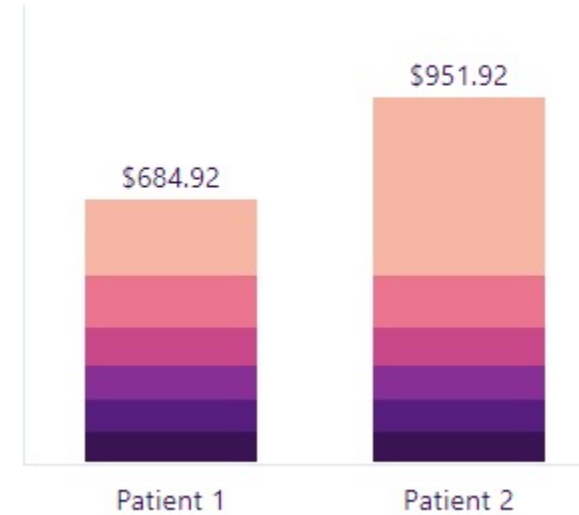


# Case Study # 1

(Massachusetts, Essex County)

## Tracheostomy

Patient 1				Patient 2			
Avg Daily Rate <b>\$684.92</b> 21 days				Avg Daily Rate <b>\$951.92</b> 21 days			
PT/OT	SLP	Nursing	NTA	PT/OT	SLP	Nursing	NTA
TM	SK	LDE1	ND	TM	SK	ES3	ND
HIPPS <b>MKID1</b>				HIPPS <b>MKAD1</b>			
Essex County Massachusetts				Essex County Massachusetts			
Duplicate		Delete		Duplicate		Delete	



# Case Study # 2

## (Florida, Miami – Dade County)

### Depression

State	Florida		
County	Miami - Dade		
Diagnostic Category	Acute Neurological		
Component	Function Score	Case Mix Group	
Physical Therapy	0	TM	
Occupational Therapy	0	TM	
Nursing	0	LDE1 -> LDE2	
Speech Therapy	All 3	Either	SK
NTA	Points	3	ND

# Case Study # 2

(Florida, Miami – Dade County)

## Depression

### \$ Impact Depression

LDE2 vs. LDE1

$$\$658.24 - \$623.53 = \$34.71 \text{ Per Day}$$

# Case Study # 2

(Florida, Miami – Dade County)

## Depression

### Nursing LDE1

<a href="#">← Compare</a>	Region: Urban	>		
	State: Florida	>		
	County: Miami-Dade County	>		
	Length of Stay: 21 days	>		
Assessment				
PT & OT: TM	SLP: SK	Nursing: LDE1	NTA: ND	Type: 5-Day
<b>M</b>	<b>K</b>	<b>I</b>	<b>D</b>	<b>1</b>





# Case Study # 2

(Florida, Miami – Dade County)

## Depression

### Nursing LDE2

<a href="#">← Compare</a>	Region: Urban >			
	State: Florida >			
	County: Miami-Dade County >			
	Length of Stay: 21 days >			
Assessment				
PT & OT: TM	SLP: SK	Nursing: LDE2	NTA: ND	Type: 5-Day
<b>M</b>	<b>K</b>	<b>H</b>	<b>D</b>	<b>1</b>

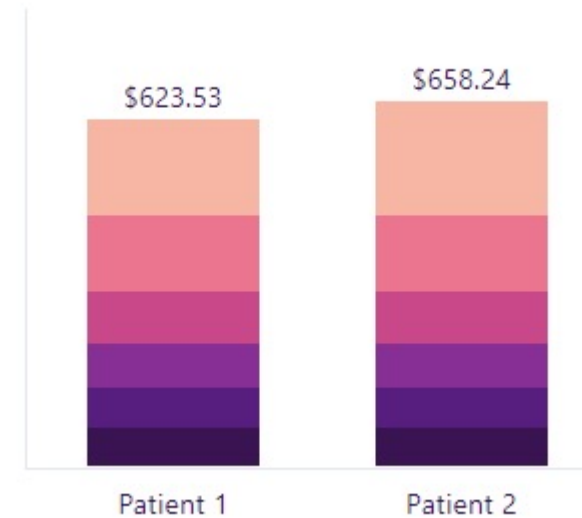


# Case Study # 2

## (Florida, Miami – Dade County)

### Depression

Patient 1				Patient 2			
Avg Daily Rate <b>\$623.53</b> 21 days				Avg Daily Rate <b>\$658.24</b> 21 days			
PT/OT	SLP	Nursing	NTA	PT/OT	SLP	Nursing	NTA
TM	SK	LDE1	ND	TM	SK	LDE2	ND
HIPPS <b>MKID1</b>				HIPPS <b>MKHD1</b>			
Miami-Dade County Florida				Miami-Dade County Florida			
Duplicate		Delete		Duplicate		Delete	



# Case Study # 3

## (New York, Oneida County)

### IV Fluids

State	New York		
County	Oneida		
Diagnostic Category	Medical Management		
Component	Function Score	Case Mix Group	
Physical Therapy	9	TJ	
Occupational Therapy	9	TJ	
Nursing	6	PBC1	
Speech Therapy	Any 1	Neither	SD
NTA	Points	0	NF → NC

# Case Study # 3

(New York, Oneida County)

## IV Fluids

### \$ Impact IV Fluids

NC vs. NF

$$\$574.15 - \$457.93 = \$116.22 \text{ Per Day}$$

# Case Study # 3

## (New York, Oneida County)

### IV Fluids

**NTA NF**

← Compare

Region: Urban >

State: New York >

County: Oneida County >

Length of Stay: 21 days >

Assessment

PT & OT: TJ	SLP: SD	Nursing: PBC1	NTA: NF	Type: 5-Day
J	D	X	F	1



# Case Study # 3

## (New York, Oneida County)

### IV Fluids

### NTA NC

<a href="#">← Compare</a>	Region: Urban >			
	State: New York >			
	County: Oneida County >			
	Length of Stay: 21 days >			
Assessment				
PT & OT: TJ	SLP: SD	Nursing: PBC1	NTA: NC	Type: 5-Day
<b>J</b>	<b>D</b>	<b>X</b>	<b>C</b>	<b>1</b>



# Case Study # 3

## (New York, Oneida County)

### IV Fluids

**Patient 1**

Avg Daily Rate  
**\$457.93**  
21 days

PT/OT	SLP	Nursing	NTA
TJ	SD	PBC1	NF

HIPPS  
JDXF1

Oneida County  
New York

[Duplicate](#) [Delete](#)

**Patient 2**

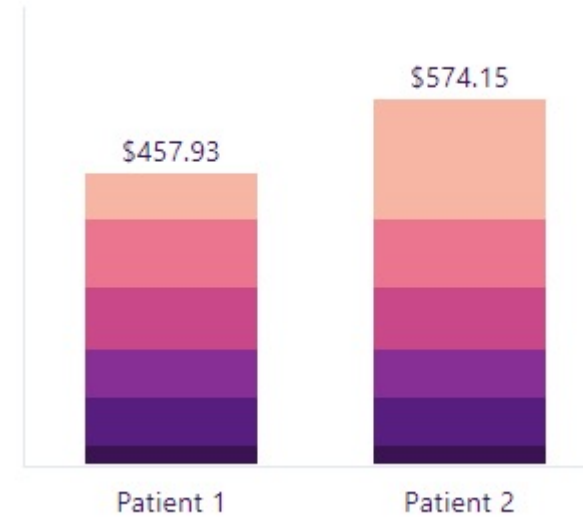
Avg Daily Rate  
**\$574.15**  
21 days

PT/OT	SLP	Nursing	NTA
TJ	SD	PBC1	NC

HIPPS  
JDXC1

Oneida County  
New York

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# Case Study # 4

## (California, Orange County)

### Cognitive Impairment, Swallowing

State	California		
County	Orange		
Diagnostic Category	Medical Management		
Component	Function Score	Case Mix Group	
Physical Therapy	0	TI	
Occupational Therapy	0	TI	
Nursing	0	CDE1	
Speech Therapy	Any 1	Neither	SD → SI
NTA	Points	0	NF



# Case Study # 4

(California, Orange County)

## Cognitive Impairment, Swallowing

### \$ Impact Cognitive Impairment, Swallowing

SI vs. SD

$$\$655.26 - \$596.55 = \$58.71 \text{ Per Day}$$

# Case Study # 4

## (California, Orange County)

### Cognitive Impairment, Swallowing

## Speech SI

<a href="#">← Compare</a>	Region: Urban >			
	State: California >			
	County: Orange County >			
	Length of Stay: 21 days >			
Assessment				
PT & OT: TI	SLP: SI	Nursing: CDE1	NTA: NF	Type: 5-Day
I	I	M	F	1



# Case Study # 4

(California, Orange County)

## Cognitive Impairment, Swallowing

### Speech SD

<a href="#">← Compare</a>	Region: Urban	>		
	State: California	>		
	County: Orange County	>		
	Length of Stay: 21 days	>		
Assessment				
PT & OT: TI	SLP: SD	Nursing: CDE1	NTA: NF	Type: 5-Day
I	D	M	F	1

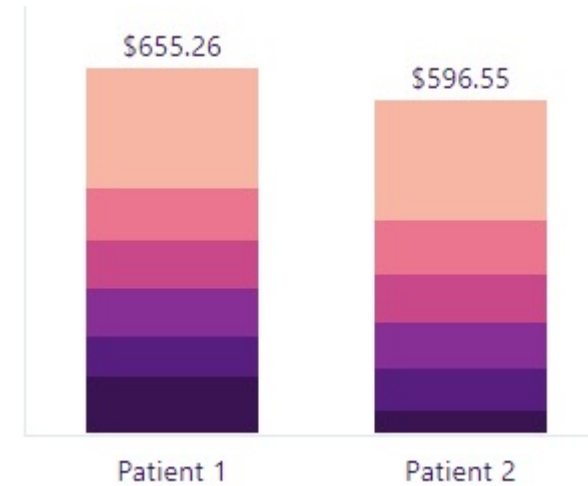


# Case Study # 4

## (California, Orange County)

### Cognitive Impairment, Swallowing

Patient 1				Patient 2			
Avg Daily Rate <b>\$655.26</b> 21 days				Avg Daily Rate <b>\$596.55</b> 21 days			
PT/OT	SLP	Nursing	NTA	PT/OT	SLP	Nursing	NTA
TI	SI	CDE1	NF	TI	SD	CDE1	NF
HIPPS <b>IIMF1</b>				HIPPS <b>IDMF1</b>			
Orange County California				Orange County California			
Duplicate		Delete		Duplicate		Delete	



# Case Study # 5

## (Texas, Dallas County)

### Multiple Sclerosis

State	Texas		
County	Dallas		
Diagnostic Category	Medical Management		
Component	Function Score	Case Mix Group	
Physical Therapy	4	TI	
Occupational Therapy	4	TI	
Nursing	2	LDE1	
Speech Therapy	Any 1	Either	SE
NTA	Points	0	NF → NE

# Case Study # 5

(Texas, Dallas County)

## Multiple Sclerosis

### \$ Impact Multiple Sclerosis

NE vs. NF

$$\$554.64 - \$529.51 = \$25.13 \text{ Per Day}$$

# Case Study # 5

(Texas, Dallas County)

## Multiple Sclerosis

### NTA NE

<a href="#">← Compare</a>	Region: Urban	>		
	State: Texas	>		
	County: Dallas County	>		
	Length of Stay: 21 days	>		
Assessment				
PT & OT: TI	SLP: SE	Nursing: LDE1	NTA: NE	Type: 5-Day
I	E	I	E	1



# Case Study # 5

(Texas, Dallas County)

## Multiple Sclerosis

### NTA NF

<a href="#">← Compare</a>	Region: Urban >			
	State: Texas >			
	County: Dallas County >			
	Length of Stay: 21 days >			
Assessment				
PT & OT: TI	SLP: SE	Nursing: LDE1	NTA: NF	Type: 5-Day
I	E	I	F	1



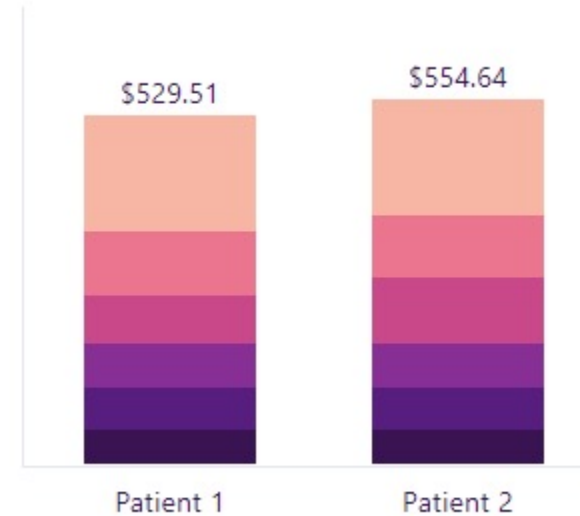


# Case Study # 5

## (Texas, Dallas County)

### Multiple Sclerosis

Patient 1				Patient 2			
Avg Daily Rate <b>\$529.51</b> 21 days				Avg Daily Rate <b>\$554.64</b> 21 days			
PT/OT	SLP	Nursing	NTA	PT/OT	SLP	Nursing	NTA
TI	SE	LDE1	NF	TI	SE	LDE1	NE
HIPPS IEIF1				HIPPS IEIE1			
Dallas County Texas				Dallas County Texas			
Duplicate		Delete		Duplicate		Delete	



# Case Study # 6

## (Texas, Dallas County)

### Wound Infection

State	Texas		
County	Dallas		
Diagnostic Category	Medical Management		
Component	Function Score		Case Mix Group
Physical Therapy	4		TI
Occupational Therapy	4		TI
Nursing	2		LDE1
Speech Therapy	Any 1	Either	SE
NTA	Points	0	NE → ND

# Case Study # 6

(Texas, Dallas County)

## Wound Infection

### \$ Impact Wound Infection

ND vs. NE

$$\$593.12 - \$554.64 = \$38.48 \text{ Per Day}$$

# Case Study # 6

(Texas, Dallas County)

## Wound Infection

**NTA NE**

← Compare

Region: Urban >

State: Texas >

County: Dallas County >

Length of Stay: 21 days >

Assessment

PT & OT: TI	SLP: SE	Nursing: LDE1	NTA: NE	Type: 5-Day
I	E	I	E	1



# Case Study # 6

(Texas, Dallas County)

## Wound Infection

**NTA ND**

<a href="#">← Compare</a>	Region: Urban >			
	State: Texas >			
	County: Dallas County >			
	Length of Stay: 21 days >			
Assessment				
PT & OT: TI	SLP: SE	Nursing: LDE1	NTA: ND	Type: 5-Day
<b>I</b>	<b>E</b>	<b>I</b>	<b>D</b>	<b>1</b>



# Case Study # 6

## (Texas, Dallas County)

### Wound Infection

**Patient 1**

Avg Daily Rate  
**\$554.64**  
 21 days

PT/OT	SLP	Nursing	NTA
TI	SE	LDE1	NE

HIPPS  
**IEIE1**

Dallas County  
 Texas

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**Patient 2**

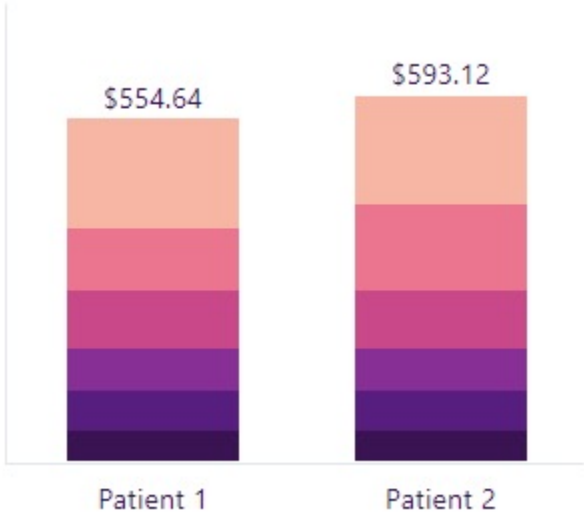
Avg Daily Rate  
**\$593.12**  
 21 days

PT/OT	SLP	Nursing	NTA
TI	SE	LDE1	ND

HIPPS  
**IEID1**

Dallas County  
 Texas

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# Case Study # 7

## (Colorado, Boulder County)

### Depression

State	Colorado		
County	Boulder		
Diagnostic Category	Acute Neurological		
Component	Function Score	Case Mix Group	
Physical Therapy	15	TO	
Occupational Therapy	15	TO	
Nursing	10	HBC1 → HBC2	
Speech Therapy	Any 2	Neither	SG
NTA	Points	2	NE

# Case Study # 7

(Colorado, Boulder County)

## Depression

### \$ Impact Depression

HBC2 vs. HBC1

$$\$684.41 - \$642.09 = \$42.32 \text{ Per Day}$$



# Case Study # 7

## (Colorado, Boulder County)

### Depression

### Nursing HBC1

← Compare

Region: Urban >

State: Colorado >

County: Boulder County >

Length of Stay: 21 days >

Assessment

PT & OT: TO	SLP: SG	Nursing: HBC1	NTA: NE	Type: 5-Day
O	G	G	E	1



# Case Study # 7 (Colorado, Boulder County)

## Depression

### Nursing HBC2

← Compare

Region: Urban >

State: Colorado >

County: Boulder County >

Length of Stay: 21 days >

Assessment

PT & OT: TO	SLP: SG	Nursing: HBC2	NTA: NE	Type: 5-Day
O	G	F	E	1

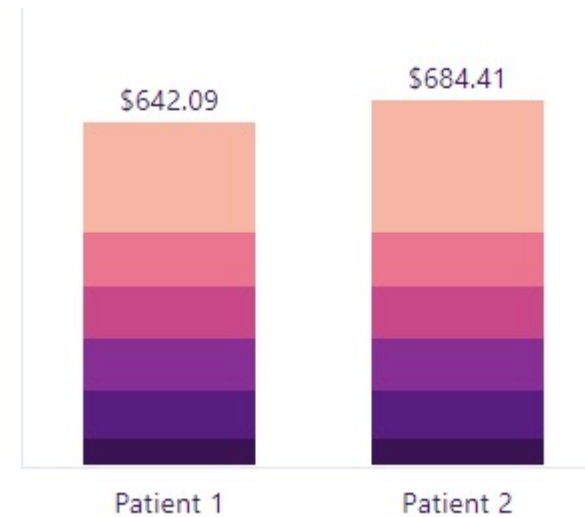


# Case Study # 7

## (Colorado, Boulder County)

### Depression

Patient 1				Patient 2			
Avg Daily Rate <b>\$642.09</b> 21 days				Avg Daily Rate <b>\$684.41</b> 21 days			
PT/OT	SLP	Nursing	NTA	PT/OT	SLP	Nursing	NTA
TO	SG	HBC1	NE	TO	SG	HBC2	NE
HIPPS <b>OGGE1</b>				HIPPS <b>OGFE1</b>			
Boulder County Colorado				Boulder County Colorado			
Duplicate		Delete		Duplicate		Delete	



# Case Study # 8

## (New York, New York County)

### Isolation

State	New York		
County	New York		
Diagnostic Category	Acute Neurological		
Component	Function Score		Case Mix Group
Physical Therapy	15		TK
Occupational Therapy	15		TK
Nursing	10		CBC2 → ES1
Speech Therapy	Any 2	Neither	SA
NTA	Points	2	ND

# Case Study # 8

(New York, New York County)

## Isolation

### \$ Impact Isolation

ES1 vs. CBC2

$$\$894.92 - \$700.60 = \$194.32 \text{ Per Day}$$

# Case Study # 8

## (New York, New York County)

### Isolation

### Nursing CBC2

← Compare

Region: Urban >

State: New York >

County: New York County >

Length of Stay: 30 days >

Assessment

PT & OT: TK	SLP: SA	Nursing: CBC2	NTA: ND	Type: 5-Day
<b>K</b>	<b>A</b>	<b>N</b>	<b>D</b>	<b>1</b>



# Case Study # 8

## (New York, New York County)

### Isolation

#### Nursing ES1

<a href="#">← Compare</a>	Region: Urban	>		
	State: New York	>		
	County: New York County	>		
	Length of Stay: 30 days	>		
Assessment				
PT & OT: TK	SLP: SA	Nursing: ES1	NTA: ND	Type: 5-Day
<b>K</b>	<b>A</b>	<b>C</b>	<b>D</b>	<b>1</b>

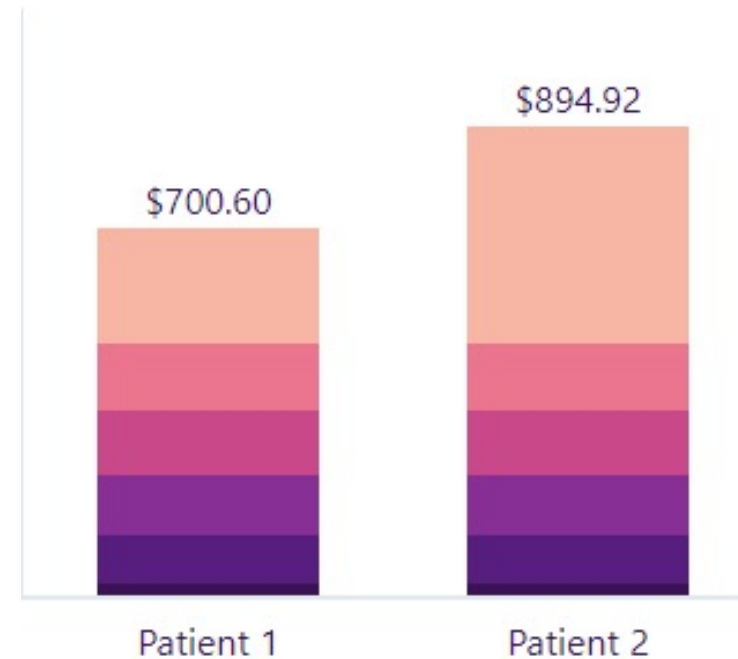


# Case Study # 8

## (New York, New York County)

### Isolation

Patient 1				Patient 2			
Avg Daily Rate <b>\$700.60</b> 30 days				Avg Daily Rate <b>\$894.92</b> 30 days			
PT/OT	SLP	Nursing	NTA	PT/OT	SLP	Nursing	NTA
TK	SA	CBC2	ND	TK	SA	ES1	ND
HIPPS <b>KAND1</b>				HIPPS <b>KACD1</b>			
New York County New York				New York County New York			
Duplicate		Delete		Duplicate		Delete	





# PDPM

## Core Elements

# PDPM Core Elements

## Skilling Isolation and Quarantine

- According to the CDC, **isolation** is for people who are ill, while **quarantine** applies to people who have been **in the presence of a disease** but have not necessarily become sick themselves. Per the CDC,

“Isolation separates sick people with a contagious disease from people who are not sick.”

- **Isolation** is for patients with **symptoms** and or **positive tests**
- **Quarantine** is for patients **exposed** but exhibits **no symptoms**

# PDPM Core Elements

## Skilling Isolation

- **Isolation (Z29.0) and COVID-19 (U07.1)**
- **Coding isolation** for a patient with an active infectious disease places them into an ES1 nursing category under both Medicare Part A and certain Medicaid Case Mix states

# PDPM Core Elements

## Skilling Isolation

To properly code isolation on the MDS, the patient requires:

- Isolation for a minimum of one day
- MD Orders for isolation
- Active Infectious disease ICD-10 coded:
  - On the UB-04 and
  - On the MDS (Section O. and I.)
- All treatments rendered in the patient's room with documentation to support said services are provided at bedside
  - Isolation cannot be coded if the patient is being “co-horted”, meaning rooming with another patient

# PDPM Core Elements

## Daily Skilled Documentation

- **Skilled (Medicare Part A) Observation and Assessment** is Indicated when there is a reasonable probability or possibility for complications or the potential for further acute episodes
- This references conditions where there is a **“reasonable probability or possibility”** for:
  - Complications
  - Potential for further acute episodes
  - Need to identify and evaluate the need for modification of treatment
  - Evaluation of initiation of additional medical procedures

# PDPM Core Elements

## Daily Skilled Documentation

- Daily observations and assessments include but are not limited to, fever, dehydration, septicemia, pneumonia, nutritional risk, weight loss, blood sugar control, impaired cognition, mood, and behavior conditions
- **Example of Daily Skilled Documentation**
  - “This patient requires daily skilled nursing observation and assessment of signs and symptoms related to exacerbation of COVID-19, pneumonia, and related medical conditions.”
- Skilled observation is required until the **treatment regimen is essentially stabilized, and the patient is no longer at risk for medical complications**

# PDPM Core Elements

## Quarantine and Skilled Care

- Although a quarantined patient may not have symptoms, the mere fact the patient was **potentially exposed to COVID-19** warrants daily skilled nursing to observe and assess for signs and symptoms of COVID-19
- **Observation and Assessment** references conditions where there is a “reasonable probability or possibility” for the nurse to:
  - Evaluate the patient’s condition i.e., observe and assess for fever, body aches, loss of appetite,
  - Identify acute episodes, and
  - Identify the need for treatment (modifications)
  - Initiate treatment changes

# PDPM Core Elements

## Quarantine and Skilled Care

- In addition, the nurse may provide **observation and assessment** of signs and symptoms related to:
  - Dehydration,
  - Septicemia,
  - Pneumonia,
  - Nutritional risk,
  - Weight loss,
  - Blood sugar control,
  - Impaired cognition and
  - Mood and behavior conditions



# PDPM Core Elements

## Quarantine and Skilled Care

- Nurses need to document the defined assessment **on a daily basis**
- This may include neurological, respiratory, cardiac, circulatory, pain/sensation, nutritional, gastrointestinal, genitourinary, musculoskeletal, and skin assessments
- In these situations, the Nurse may write:
  - “This patient requires daily skilled nursing observation and assessment of signs and symptoms related to COVID-19.”
- Skilled observation is required until the **treatment regimen is essentially stabilized**

# PDPM Core Elements

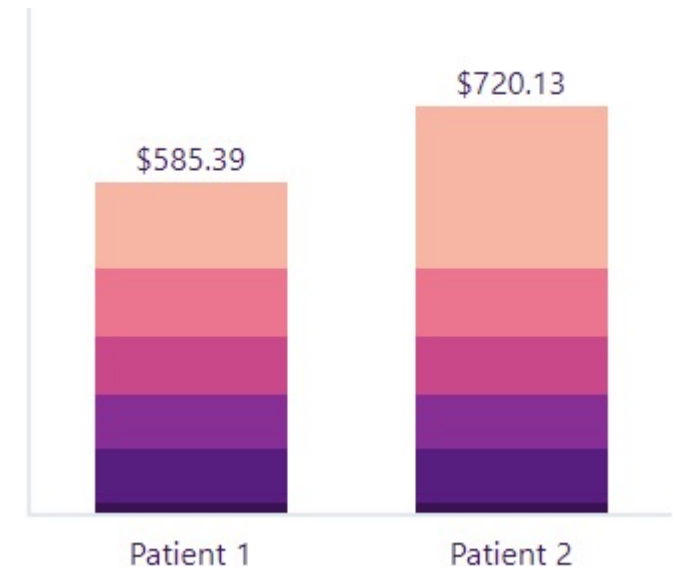
## Reimbursement Medicare Part A Skilled Care

- The difference in reimbursement for accurately coding **isolation** for a patient with **active infectious disease** in rural Vermont

Patient 1				Patient 2			
Avg Daily Rate \$585.39 30 days				Avg Daily Rate \$720.13 30 days			
PT/OT	SLP	Nursing	NTA	PT/OT	SLP	Nursing	NTA
TK	SA	CBC2	ND	TK	SA	ES1	ND
HIPPS KAND1				HIPPS KACD1			
Vermont				Vermont			
Duplicate		Delete		Duplicate		Delete	

\$ Impact Isolation COVID-19 (VT) =

$$\begin{aligned} & \$720.13 - \$585.39 = \\ & \$134.74 \text{ per day} \\ & \times 100 \text{ days} = \\ & \$13,474 \end{aligned}$$



\*Courtesy of Hopforce PDPM  
Calculator: <https://pdpm-calc.com/>

# PDPM Core Elements

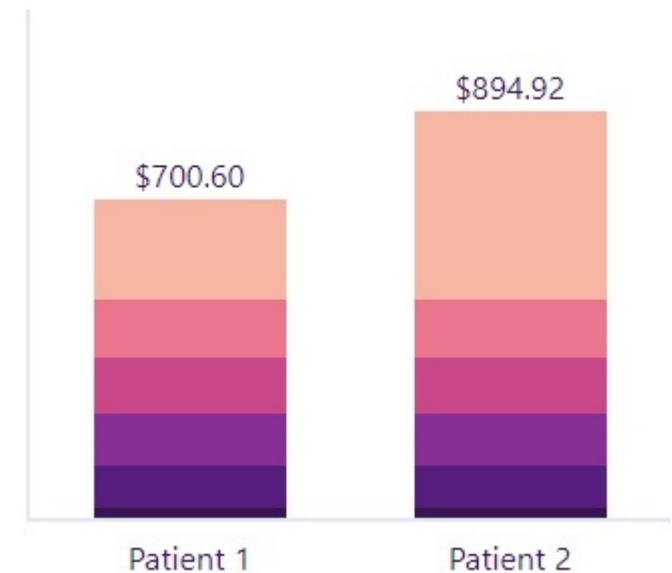
## Reimbursement Medicare Part A Skilled Care

- The difference in reimbursement for accurately coding **isolation** for a patient with **active infectious disease** in urban New York

Patient 1				Patient 2			
Avg Daily Rate <b>\$700.60</b> 30 days				Avg Daily Rate <b>\$894.92</b> 30 days			
PT/OT	SLP	Nursing	NTA	PT/OT	SLP	Nursing	NTA
TK	SA	CBC2	ND	TK	SA	ES1	ND
HIPPS <b>KAND1</b>				HIPPS <b>KACD1</b>			
New York County New York				New York County New York			
Duplicate		Delete		Duplicate		Delete	

\$ Impact Isolation COVID-19 (NY) =

$$\begin{aligned} & \$894.92 - \$700.60 = \\ & \$194.32 \text{ per day} \\ & \times 100 \text{ days} = \\ & \mathbf{\$19,432} \end{aligned}$$



\*Courtesy of Hopforce PDPM  
Calculator: <https://pdpm-calc.com/>

# PDPM Core Elements

## Reimbursement Medicaid Case Mix – D.C.

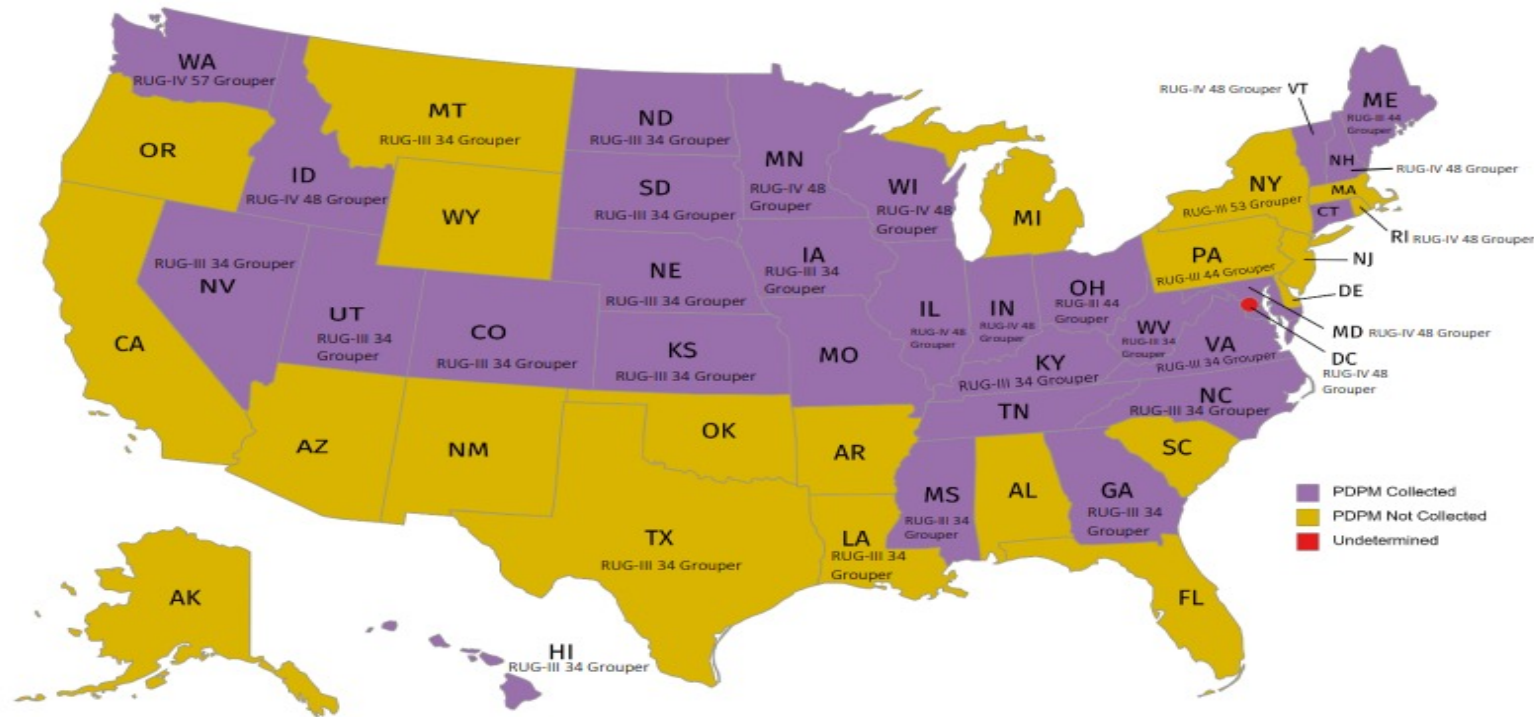
- In D.C., the coding of isolation also impacts the **Medicaid Case Mix Index**. An **ES1** Level for Isolation yields 2.22 CMI
- Conservatively, the **CMI Impact Isolation**  
**COVID-19 = ES1 versus CB2 = 2.22 - .95 = 1.27**
- When identifying patients who are isolated and quarantined, it is imperative to assess **if the condition warrants skilled care**
- Currently, each state uses its own **Medicaid reimbursement** system
- Multiple states are collecting data in preparation for **applying the PDPM model**

# PDPM Core Elements

## Conversion MDS Collection OBRA Assessments



### PDPM Conversion MDS Collection OBRA Assessments Effective 11.1.2020



# PDPM Core Elements

## ICD-10 Active Infectious Disease

- The ICD-10-CM Diagnosis Code is U07.1, Virus Identified
  - U07.1 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes
  - ICD-10-CM U07.1 is a [new 2021 ICD-10-CM code](#) that became effective on **October 1, 2020**
  - This is the American ICD-10-CM version of U07.1 - other international versions of ICD-10 U07.1 may differ

# PDPM Core Elements

## ICD-10 Active Infectious Disease

- **ICD-10-CM U07.1** is grouped within Diagnostic Related Group(s) (MS-DRG v38.0):
  - 177 Respiratory infections and inflammations with mcc
  - 178 Respiratory infections and inflammations with cc
  - 179 Respiratory infections and inflammations without cc/mcc
  - 791 Prematurity with major problems
  - 793 Full term neonate with major problems
  - 974 HIV with major related condition with mcc
  - 975 HIV with major related condition with cc
  - 976 HIV with major related condition without cc/mcc

# PDPM Core Elements

## ICD-10 Active Infectious Disease

- The ICD-10-CM Diagnosis Code is U07.2, Virus NOT Identified
  - Clinically-epidemiologically diagnosed
  - Probable COVID-19
  - Suspected COVID-19
- <https://www.who.int/classifications/icd/icd10updates/en/>
- 9.29.2020 ICD-10 Update COVID-19
- A set of **additional categories** has been agreed to be able to **document or flag** conditions that occur in the context of COVID-19
- Both, 3 character and 4-character codes have been **defined to respond** to the different levels of coding depth that is in place in **different countries**



# PDPM Core Elements

## ICD-10 Active Infectious Disease

### Personal history of COVID-19

- **U08.9 Personal history of COVID-19, unspecified**
- This optional code is used to record an earlier episode of COVID-19, confirmed or probable that influences the person's health status, and the person no longer suffers from COVID-19. This code should not be used for primary mortality tabulation

### Post COVID-19 condition

- **U09.9 Post COVID-19 condition, unspecified**
- This optional code serves to allow the establishment of a link with COVID-19. This code is not to be used in cases that still are presenting COVID-19

# PDPM Core Elements

## ICD-10 Active Infectious Disease

### Multisystem inflammatory syndrome associated with COVID-19

- **U10.9 Multisystem inflammatory syndrome associated with COVID-19, unspecified** (Temporarily associated with COVID-19)
- Cytokine storm
- Kawasaki-like syndrome
- Pediatric Inflammatory Multisystem Syndrome (PIMS)
- Multisystem Inflammatory Syndrome in Children (MIS-C)
- **Excludes**
  - Mucocutaneous lymph node syndrome {Kawasaki} (M30.3)

# PDPM Core Elements

## HHI Recommendations

- Educate staff on Skilled Coverage Criteria
- Educate staff on ICD-10 Coding
- Educate staff on Isolation versus Quarantine
- Perform ongoing and retroactive Medical Record Reviews
- All patients should be reviewed immediately
- It may not be possible to retroactively correcting any errors

# PDPM Core Elements

## Infection Control

- Per the NSVH, the **demographics of the age and mortality** show that **78.23 % of deaths** thus far are **65 years old or older!**
  - 65-74 years old **22.02%**
  - 75-84 years old **27.92%**
  - 85 and older years old **28.29%**

# Questions



# Thank You!

EXIT



**Kris B Harmony**

Knowledge | Inspiration | Motivation



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# Connect With HHI Follow Our Weekly Blog

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## Our Process

- Prescribed **medical record review process** that encompasses HHI's core business
- HHI Specialists provide expertise through teaching and training and an extensive chart audit process in order to ensure:
  - MDS Accuracy
  - MDS Supporting Documentation
  - Billing Accuracy
  - Nursing Documentation
  - Therapy Documentation
  - Clinically Appropriate Care



# HHI Services and Plans



**Gold C.A.R.E.S.**  
2 Year Service Plan

**Platinum C.A.R.E.S.**  
3 Year Service Plan

## List of HHI Services

PDPM Training and Audits | Medicare | Compliance | Rehab Program Development | Seminars | MMQ Audits | Mock RAC Audits | Rehab Certification | Mock Health Inspection Survey | MDS Competency | Talent Management | Denials Management | Compliance Certification | Clinically Appropriate Stay | QAPI | QIS | Medicare Part B Program | MDSC Mentor Program | Case Mix Consulting | Professional Development | Leadership Trainings | Regulatory and Survey Assistance | Five Star | PBJ | Quality Measures | Analysis | Staff Training | Infection Control and More!

**Silver C.A.R.E.S.**  
1 Year Service Plan

**A La C.A.R.E.S.**  
Customized Service Plan



## Our Senior HHI Specialists

- Founded in 2001
- Privately owned and operated
- Ranked among Inc. Magazine's top 5,000 fastest growing private companies in America three years in a row
- Active monthly contracts in 24 states
- Over 1,000 Skilled Nursing Facilities serviced
- Over 3,000 Clinicians Certified on the MDS



<https://www.harmony-healthcare.com/harmonyhelp>



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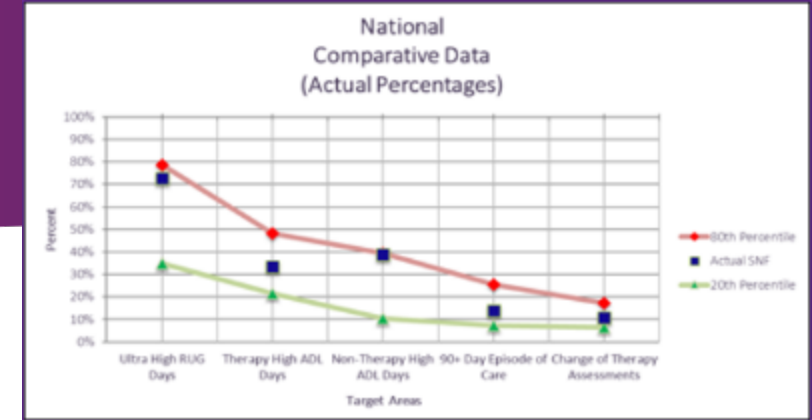
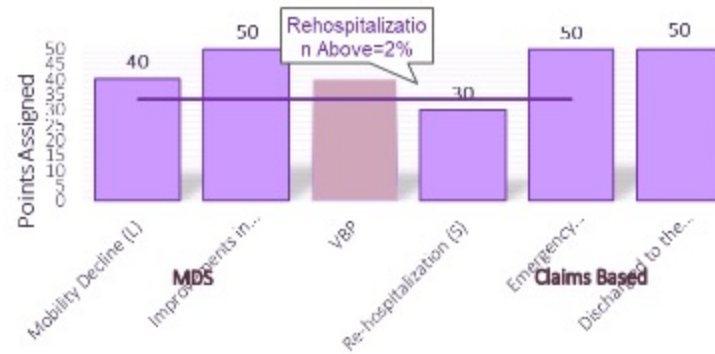
## HarmonyHelp

With **HarmonyHelp**, Harmony Healthcare International (HHI) provides an invaluable resource for the entire interdisciplinary team. Imagine having questions answered by a HHI Specialist within minutes of the inquiry. Fill out the form on the right to learn more about HarmonyHelp and our various Service Plans.

The Knowledge Center is loaded with information that will assist with your daily responsibilities at your facility. This self-help site is broken up into 5 Sections:

**Manuals | Tools | C.A.R.E.S. Community | Hot Topics | FAQ (Frequently Asked Questions)**

Month	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17
Total Part A Revenue	\$189,711.70	\$202,597.35	\$228,482.48	\$176,144.00	\$192,332.99	\$148,861.18
Rehab Revenue	\$181,514.58	\$201,631.41	\$227,975.42	\$175,546.71	\$190,248.65	\$146,559.14
Therapy Portion	\$80,465.58	\$83,667.77	\$100,444.39	\$79,055.93	\$86,172.60	\$67,534.29
% Therapy Portion	42.4%	41.3%	44.0%	44.9%	44.8%	45.4%
% Therapy of Total Revenue	95.7%	99.5%	99.8%	99.7%	98.9%	98.5%
% Therapy RUG Days (P)	93.9%	99.4%	99.6%	99.5%	98.6%	97.5%
Part A Rate	\$442.22	\$434.76	\$464.40	\$465.99	\$453.62	\$462.30
% of Max Rate	61.9%	60.9%	65.0%	65.3%	63.5%	64.8%
ADC	14.30	15.03	15.87	13.50	13.68	10.73



# Complimentary HHI Offerings

- PDPM Revenue and Risk Analysis
- Medicare Part A Revenue and Risk Analysis
- Five-Star Quality Measure Points Analysis
- PEPPER Analysis

# Harmony Healthcare International (HHI)

# C.A.R.E.S.<sup>TM</sup>

HHI C.A.R.E.S. About Care

**Compliance | Analysis | Audit | Regulatory | Rehabilitation**  
**Reimbursement | Education | Efficiency | Survey**

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