


HHI MDS Boot Camp
Level 1 Week 4

Minimum Data Set (MDS) Coding Sections G-GG
Section G – Functional Status
Section GG – Functional Abilities and Goals

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HHI MDS Boot Camp
Level 1 Week 4

Minimum Data Set (MDS)
Coding Sections G-GG
Section G – Functional
Status
Section GG – Functional
Abilities and Goals

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About Kris

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President and CEO

Owns and operates
Harmony Healthcare International (HHI) a
Nationally recognized, premier Healthcare
Consulting firm specializing in **C.A.R.E.S.**
There are no nonfinancial disclosures to
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Requirements for Successful Completion

1 contact hour will be awarded for this continuing nursing education activity. **Criteria for successful completion includes:**

Attendance for 100% of the 1-day course or individual, 3-hour module (2- and 3-day trainings requires at last 80% attendance). Contact hours will be awarded for time

Must complete **post course exam within 1 week** of the course and course/teacher evaluation.

Clearly demonstrate the learning outcome of the program.

Participants will receive a **certificate of completion** immediately following completing the above requirements.

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Learning Objectives

1. Summarize coding instructions for **Section G through GG**.
2. Articulate the **intent** of each MDS 3.0 section, and **correct coding strategies** for each item.
3. Identify newly updated MDS 3.0 **coding guidelines** as they relate to care and reimbursement.

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Section G Functional Status



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Section G

Functional Status

- **Intent:** To assess the need for assistance with activities of daily living, altered gait and balance and decreased range of motion
- In addition, on admission, resident and staff opinions regarding functional rehabilitation potential are noted

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Section G

Principles of Accurate Assessment

- 7-day look-back period
- Assess
- Observe
- Consult with all interdisciplinary team across all shifts for accurate assist levels provided
- Ask probing questions, beginning with the general and proceeding to the more specific

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Section G

Principles of Accurate Assessment

- Do **not** include assistance provided by **family** or other **visitors** when capturing assist level
- If those providing assistance are not compensated by the facility, their assistance can't be coded on the MDS 3.0:
 - Hospice staff
 - Nursing students
 - Private duty caregivers or sitters

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Section G

Principles of Accurate Assessment

- Do **not** code potential capability to perform the ADL activity. Code only actual patient performance.
- Do **not** code the type and level of assistance that the resident “should” be receiving according to the written Plan of Care
- The level coded should be the **assistance provided**

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Section G

Principles of Accurate Assessment

- Section G has been a heightened area of focus by CMS:
 - ADL coding impacts QM accuracy
 - ADL coding impacts Medicare reimbursement in every RUG category for case mix.
 - Inaccurate ADL coding can lead to inappropriate Care Plan development
- ADL coding must be supported in the medical record documentation

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Section G

The Late Loss ADLs

- Four ADLs are the **Late Loss ADLs**:
 - Bed Mobility
 - Transfer
 - Toileting
 - Eating
- Accuracy in **all** the ADL Activities is important for accurate Care Planning

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Section G

ADL Score Accuracy

- The ADL coding for Section G plays a critical part in the final assignment of a RUG-IV group for case mix
- All 66 RUG-IV groups are affected by the Late Loss ADL score for case mix



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Defining the Activities

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Section G

G0110: ADLs

- A. **Bed mobility** – How resident moves to and from lying position, turns side to side and positions body while in bed or alternate sleep furniture
- B. **Transfer** – How resident moves between surfaces including to or from bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)

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Section G

G0110: ADLs

- C. **Walk in room** - How resident walks between locations in his/her room
- D. **Walk in corridor** - How resident walks in corridor on unit

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Section G

G0110: ADLs

- E. Locomotion on unit** - How resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair.
- F. Locomotion off unit** - How resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair.

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Section G

G0110: ADLs

- G. Dressing** - How resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses.

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Section G

G0110: ADLs

- H. Eating** - How resident eats and drinks, regardless of skill:
- Do not include eating/drinking during med pass
 - Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)
 - General supervision of dining room is not individual supervision, therefore not counted in coding eating

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Section G

G0110: ADLs

- I. Toilet use** – How resident uses the toilet room, commode, bedpan or urinal, transfers on/off toilet, cleanses self after elimination, changes pad, manages ostomy or catheter and adjust clothes:
- Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag

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Section G

G0110: ADLs

J. Personal Hygiene: How resident maintains personal hygiene:

- Combing hair
- Brushing teeth
- Shaving
- Applying make-up
- Washing/drying face and hands
- Excludes baths and showers

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Section G

Functional Status

- When coding transfers for residents transferred via a full body mechanical lift, holding onto a bar, strap, or other device during the transfer is not part of the transfer activity and should not be considered as resident participation in a transfer
- Transfers via lifts that require the resident to bear weight during the transfer, such as a stand-up lift, should be coded as Extensive Assistance, as the resident participated in the transfer and the lift provided weight-bearing support

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Section G

Functional Status

- **Turning** from side to side, **in the bed**, during **incontinence care**, is a component of **Bed Mobility** and should not be considered as part of Toileting
- When a resident is **transferred into** or **out of bed** or a **chair** for incontinence care or to use the **bedpan or urinal**, the transfer is coded in G0110B, **Transfers**
- How the resident **uses** the **bedpan** or **urinal** is coded in G0110I, **Toilet use**

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Section G

G0110: ADLs

- Two columns:
 - Column 1 = Self-Performance
 - Column 2 = Support
- Code for the resident's performance over all shifts, not including set-up
- To code accurately the assessor must understand the definitions of each Self-Performance and Support Code

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Self Performance Codes (Column 1)

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Self Performance = 0 (Independent)

- No help or staff oversight at any time in the 7 days (and ADL occurred at least three times)



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Self Performance = 1 (Supervision)

- Oversight, encouragement or cueing was provided three or more times



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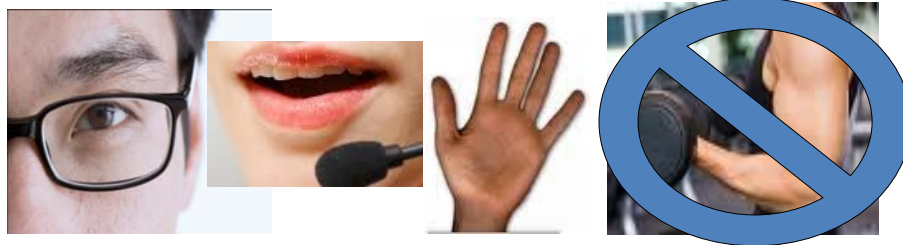
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Self Performance = 2 (Limited Assistance)

- Resident highly involved in activity, staff provide guided maneuvering of limbs or other non-weight bearing assistance



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Self Performance = 3 (Extensive Assistance)

- Weight-bearing support provided
- Full staff performance of activity during part but not all the activity
- Three or more instances of weight-bearing assistance



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Self Performance = 4 (Total Dependence)

- Full staff performance of an activity with **no participation by resident** for any aspect of the ADL activity occurred three or more times
- The resident must be **unwilling or unable** to perform any part of the activity

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The Rule of 3

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The Rule of 3

- G-4: To assist in coding ADL Self-Performance items, facilities **may augment the instructions** with the algorithm on page G-7

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The Rule of 3

- The “Rule of 3” is a method that was developed to help determine the appropriate code to document ADL Self-Performance on the MDS
- It is very important that staff who complete this section fully understand the components of each ADL, the ADL Self-Performance coding level definitions and the Rule of 3

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The Rule of 3

- In order to properly apply the Rule of 3, the facility must first note which ADL activities occurred, how many times each ADL activity occurred, what type, and what level of support was required for each ADL activity over the entire 7-day look-back period

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The Rule of 3

- Exceptions to the Rule of 3:
 - Independent: Coded only if the resident completed ADL activity with no help or oversight every time the ADL activity occurred during the 7-day look-back period and the activity occurred at least three times

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The Rule of 3

- Exceptions to the Rule of 3:
 - Dependent: Coded only if the resident required full staff performance of the ADL activity every time the ADL activity occurred during the 7-day look-back period and the activity occurred three or more times

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The Rule of 3

- Exceptions to the Rule of 3:
 - Code 7, activity occurred only once or twice if the ADL activity occurred fewer than three times in the 7-day look-back period
 - Code 8, activity did not occur if the ADL activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day look-back period

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The Rule of 3

- G-6: Instructions for the Rule of 3—When an ADL activity has occurred **three or more times**, apply the Rule of 3 below (**keeping the ADL coding level definitions and the above exceptions in mind**) to determine the code to enter in Column 1, ADL Self-Performance. **These steps must be used in sequence. Use the first instruction encountered that meets the coding scenario (e.g., if #1 applies, stop and code that level).**

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The Rule of 3

- When an activity occurs **three or more times at any one level**, code that level
- When an activity occurs **three or more times at multiple levels, code the most dependent level that occurred three or more times**

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The Rule of 3

- When an activity occurs **three or more times and at multiple levels, but not three times at any one level**, apply the following:
 - A. Convert episodes of full staff performance to weight-bearing assistance when applying the third Rule of 3, if the full staff performance episodes did not occur every time the ADL was performed in the 7-day look-back period (Cont...)

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The Rule of 3

A. (Continued) It is only when **every** episode is full staff performance that Total Dependence (4) can be coded. Remember that weight-bearing episodes that occur three or more times or full staff performance that is provided three or more times during part but not all of the last 7 days are included in the ADL Self-Performance coding level definition for extensive assistance (3).

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The Rule of 3

- B. When there is a combination of full staff performance and weight-bearing assistance that total three or more times—code extensive assistance (3)
- C. When there is a combination of full staff performance/weight-bearing assistance and/or non-weight-bearing assistance that total three or more times—code limited assistance (2)
 - If none of the above are met, code supervision

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The Rule of 3

- ADL Algorithm has been updated to include the following language at the top of the page:
 - Start Here—Remember to review the instructions for the Rule of 3 and the ADL Self-Performance Coding Level Definitions **before** using the algorithm. **Stop** at the first code that applies when moving down the algorithm.

(See Handout)

Support Codes (Column 2)

Support Codes (Column 2)

- Column 2 (Support Provided) has different coding requirements than Column 1
- For Column 2, code the **highest level** of support provided in the 7-day look-back period
- **Code the highest level of support, even if it occurred only once!**
- **Rule of 3 does not apply!**

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Support Codes (Column 2)

ADL Support Provided

Coding:

0. **No** setup or physical help from staff
1. **Setup** help only
2. **One-person** physical assist
3. **Two+** person's physical assist
8. ADL activity itself **did not occur** during entire period

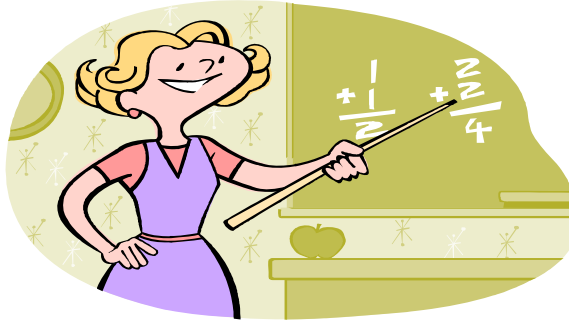
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ADL Coding Practice



Refer to ADL Self-Performance Algorithm

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Bed Mobility

- Mrs. Jones can reach and grab the side rail to pull herself onto her side while in bed. She is unable to lift her legs off the mattress once in bed. The CNA provides assistance to position her lower extremities on pillows for edema management daily.

— Self Performance : _____ Support: _____

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Transfer

- Mr. Smith had a severe CVA which left him with right-sided hemiparesis. He is transferred with a mechanical sling lift (i.e., Hoyer) each shift.

— Self Performance : _____ Support: _____

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Eating

- Mrs. Davis prefers to do all her ADLs as independently as possible. She can feed herself after she is set up. Occasionally, Mrs. Davis is too tired to finish her meal and the CNA will feed her the last few bites and bring the cup to the patient's mouth. This occurs approximately 5 times per week.

— Self Performance: _____ Support: _____

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Toileting

- Even though he has been instructed not to do so, Mr. Black will transfer himself independently to the toilet each time he needs to void. Once he is finished, he will ring the bell for a nurse. The nurse helps him to transfer back to his wheelchair and adjust his clothing and cues him to wash his hands.
 - Self Performance: _____ Support: _____

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Use the Algorithm!

- How would you code this scenario?
 - Independent = 0 occurrences
 - Supervision = 7 occurrences
 - Limited = 2 occurrences
 - Extensive = 3 occurrences

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Use the Algorithm!

- How would you code this scenario?

Independent = 20 occurrences

Limited = 2 occurrences

Use the Algorithm!

- How would you code this scenario?

Dependent = 25 times

Extensive = 2 times

Limited = 3 times

Tips for Accurate Coding in Section G

- Consider the number of times an activity is documented—is that **really** the number of times it **occurred**?
 - **Episodes of Care – versus - Shifts of Care**
- Consider the level of patient involvement for Self Performance—is that accurate to your understanding of the patient?
- Educate, educate, educate!!!

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POP QUIZ

- The Four Late Loss ADLs are:
 - a. Bed Mobility, Transfer, Personal Hygiene and Eating
 - b. Locomotion on Unit, Bed Mobility, Eating and Dressing
 - c. Bed Mobility, Transfer, Eating and Toileting
 - d. Transfer, Eating, Toileting and Dressing

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Section GG: Functional Abilities and Goals

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Section GG

- The Section GG items are required on both admission and discharge to the SNF when the resident is covered under a Medicare Part A stay or for states gathering data for future case mix reimbursement:
 - On **admission**, these items are completed **only when** A0310B=01 (5-Day PPS assessment) or for quarterly, annual and comprehensive OBRA assessments
 - On **Discharge**, Section GG will be completed **only when** A0310G = planned discharge and A2100 indicates the discharge is **not** to **acute care hospital**

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Section GG

5-Day

1. Admission Performance	2. Discharge Goal
Enter Codes in Boxes	Enter Codes in Boxes
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3-day assessment period, which is days 1 through 3, starting with the date in A2400B, Start of most recent Medicare stay or the ARD and the 2 preceding days for OBRA assessments

Section GG

Functional Abilities and Goals

- This section includes items about functional abilities and goals
- It includes items focused on prior function, admission performance, discharge goals and discharge performance
- Functional status is assessed based on the need for assistance when performing self-care and mobility activities

Section GG

5-Day

- Based on “Usual Performance” Days 1 through 3 of Stay
- Functional Abilities and Goals

Section GG	Functional Abilities and Goals - Admission (Start of SNF PPS Stay)
GG0130. Self-Care (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01	
Code the resident's usual performance at the start of the SNF PPS stay for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay, code the reason. Code the patient's end of SNF PPS stay goal(s) using the 6-point scale.	
Coding:	

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Section GG

5-Day

- Residents should be coded performing activities based on their “usual performance,” or baseline performance, which is identified as the resident’s usual activity/performance for any of the self-care or mobility activities, not the most independent or dependent performance over the assessment period
- If there is fluctuation in the performance of activities during the three-day assessment, “the performance wouldn’t be the worst, and it wouldn’t be the best, but it would be what’s “usual” for that individual”

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Section GG

5-Day

- Section GG coding on admission should reflect the person's **baseline admission functional status** and is **based on a clinical assessment** that **occurs soon** after the resident's **admission or during the start of the ARD observation period**.
- Admission **functional assessment** should be **conducted prior** to the person benefitting from **treatment interventions**
- If **treatment** has **started** on the **day of admission**, a **baseline** functional status **assessment** can **still be conducted**
- Treatment should not be withheld in order to conduct the functional assessment.
- "Effort" refers to the type and amount of assistance the helper provides in order for the activity to be completed

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Section GG

5-Day

- **Assess** the resident's **self-care status** based on:
 - Direct observation
 - Resident's self-report
 - Family reports
 - Direct care staff reports documented in the resident's medical record during the 3-day assessment period

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Section GG

- It is important to note that data collection for Section GG does not substitute for the data collected in Section G because of the difference in rating scales, item definitions, and type of data collected. Therefore, providers are required to collect data for both Section GG and Section G.

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Section GG

Admission Performance and Discharge Goal



1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
<input type="text"/>	<input type="text"/>	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.

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Section GG End of Medicare

- Section GG will be completed when **all** the following occurs:
 - **Planned** discharges (if A0310G Type of Discharge is not coded as “unplanned”)
 - The patient is **not** discharged to the acute care hospital (A2100 discharge status is not “acute hospital”)
 - **Medicare stay** is 3 days or more (A2400C –A2400B >2)

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Section GG End of Medicare

- Section GG Functional Abilities will also be completed when Section A310h codes as an End of Stay Assessment when a Medicare Part A stay ends:
 - The look-back period is the last 3 days of the SNF PPS Stay ending on the date recorded in item A2400C (End date of most recent Medicare Stay)

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PPS Discharge Assessment

3. Discharge Performance	
Enter Code	<input type="text"/>
Enter Code	<input type="text"/>
Enter Code	<input type="text"/>

3-day assessment period, which is the last 3 days of the SNF PPS Stay, ending with the date in A2400C, End of most recent Medicare stay

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Multilingual Communication

- Historic MDS Assist levels:
 - Supervision, Limited, Extensive & Dependent
- Rehabilitation Documentation Assist levels:
 - Supervision (Close/Distant), Contact Guard, Min, Mod, Max and Dependent
- MDS Section GG:
 - Independent
 - Setup or clean-up assistance
 - Supervision or touching assistance
 - Partial/moderate assistance
 - Substantial/maximal assistance
 - Dependent

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Section GG

GG0100: Prior Functioning: Everyday Activities

GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury Complete only if A0310B = 01	
Coding: 3. Independent - Resident completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2. Needed Some Help - Resident needed partial assistance from another person to complete any activities. 1. Dependent - A helper completed all the activities for the resident. 8. Unknown. 9. Not Applicable.	<div style="text-align: center;">↓</div> Enter Codes in Boxes <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 10px;" type="checkbox"/> <div> A. Self-Care: Code the resident's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury. </div> </div> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 10px;" type="checkbox"/> <div> B. Indoor Mobility (Ambulation): Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. </div> </div> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 10px;" type="checkbox"/> <div> C. Stairs: Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. </div> </div> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 10px;" type="checkbox"/> <div> D. Functional Cognition: Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury. </div> </div>

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Section GG

GG0100: Prior Functioning: Everyday Activities

- GG0100. Prior Functioning: Everyday Activities
 - Knowledge of the resident's functioning prior to the current illness, exacerbation, or injury may inform treatment goals.
 - Ask the resident or his or her family about, or review the resident's medical records describing, the resident's prior functioning with everyday activities.

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Section GG

GG0100: Prior Functioning: Everyday Activities

- Record the resident's usual ability to perform self-care, indoor mobility (ambulation), stairs, and functional cognition prior to the current illness, exacerbation, or injury.
- If no information about the resident's ability is available after attempts to interview the resident or his or her family and after reviewing the resident's medical record, code as 8, Unknown.

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Section GG

GG0100: Prior Functioning: Everyday Activities

- **Code 3, Independent:** if the resident completed the activities by himself or herself, with or without an assistive device, with no assistance from a helper.
- **Code 2, Needed Some Help:** if the resident needed partial assistance from another person to complete the activities.
- **Code 1, Dependent:** if the helper completed the activities for the resident, or the assistance of two or more helpers was required for the resident to complete the activities.
- **Code 8, Unknown:** if the resident's usual ability prior to the current illness, exacerbation, or injury is unknown.
- **Code 9, Not Applicable:** if the activities were not applicable to the resident prior to the current illness, exacerbation, or injury.

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Section GG

GG0110: Prior Device Use

GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury	
Complete only if A0310B = 01	
↓ Check all that apply	
<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

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Section GG

GG0110: Prior Device Use

- GG0110D, Prior Device Use - Walker: “Walker” refers to all types of walkers (for example, pickup walkers, hemi-walkers, rolling walkers and platform walkers).
- GG0110C, Mechanical lift, includes sit-to-stand, stand assist and full-body-style lifts

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Section GG

Functional Abilities and Goals

Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).

Coding:

Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

- 06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

- 07. **Resident refused**
- 09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

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Section GG

6 Point Scale

- **Code "06"** for Independent, no assistance from helper
- **Code "05"** for Set-up or clean-up assistance, helper sets up or cleans up prior to or following activity
- **Code "04"** for Supervision or touching assistance, verbal cues, touch or steadying assist
- **Code "03"** for Partial/moderate assistance, helper does less than half of the effort
- **Code "02"** for Substantial/maximal assistance, helper does more than half the effort
- **Code "01"** for Dependent, helper does all the effort or the assistance of two or more helpers to complete activity

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Section GG

Activity Did Not Occur

- **Code "07"** for resident refused
- **Code "09"** for not attempted and the resident did not perform this activity prior to current illness, exacerbation or injury
- **Code "10"** for not attempted due to environmental limitations
- **Code "88"** for not attempted due to medical condition or safety concern

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Section GG

GG0130: Self-Care - Admission

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
<input type="text"/>	<input type="text"/>	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/>	<input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/>	<input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

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Section GG

GG0130: Self-Care

- **Eating:** The ability to use suitable utensils to bring food and liquids to the mouth and swallow once the meal is presented on a table/tray. Includes modified food consistency.
- **Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to remove and replace dentures from and to the mouth and manage equipment for soaking and rinsing them.
- **Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan or urinal. If managing an ostomy, include wiping the opening, but not managing equipment.

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Section GG

GG0130: Self-Care

- **Shower/bathe self:** ability to bathe self, including washing and rinsing hair. Does not include transfer in/out of tub/shower.
- **Upper body dressing:** ability to dress and undress above the waist, includes fasteners
- **Lower body dressing:** ability to dress and undress below the waist, includes fasteners, does not include footwear.
- **Putting on/taking off footwear:** ability to put on/take off socks and shoes or other footwear appropriate for safe mobility, includes fasteners, if applicable

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Section GG

GG0170: Mobility - Admission

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support.
<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="text"/>	<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

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Section GG

GG0170: Mobility - Admission

- **Roll left and right:** ability to roll from lying on back to left and right side and return to lying on back on the bed
- **Sit to lying:** ability to move from sitting on side of bed to lying flat on bed
- **Lying to sitting on side of bed:** ability to move from lying on back to sitting on side of bed with feed flat on floor and no back support

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Section GG

GG0170: **Mobility - Admission**

- **Sit to stand:** ability to transfer to and from a bed to chair or wheelchair
- **Chair/bed to chair transfer:** ability to transfer to and from a bed to a chair or wheelchair
- **Toilet transfer:** ability to get on and off toilet or commode
- **Car transfer:** ability to transfer in and out of a car/van on the passenger side. Does not include ability to open/close the door or fasten the seat belt.

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Section GG

GG0170: **Mobility - Admission**

- **Walk 10 feet:** once standing, ability to walk at least 10 feet in a room, corridor or similar space
- **Walk 50 feet with two turns:** once standing, ability to walk at least 50 feet and make two turns
- **Walk 150 feet:** once standing, ability to walk at least 150 feet in corridor or similar space.
- **Walk 10 feet on uneven surfaces:** ability to walk 10 feet on uneven or sloping surfaces (indoors or outdoors), such as turf or gravel

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Section GG

GG0170: Mobility - Admission

- **1 step curb:** ability to go up and down a curb and/or up and down one step
- **4 steps:** ability to go up and down four steps with or without a rail
- **12 steps:** ability to go up and down 12 steps with or without a rail
- **Picking up object:** ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

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Section GG

GG0170: Mobility - Admission

- **Wheel 50 feet with two turns:** ability to wheel at least 50 feet and make two turns, once seated in wheelchair/scooter
- **Wheel 150 feet:** ability to wheel at least 150 feet in a corridor or similar space, once seated in wheelchair/scooter.

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Section GG

6 Point Scale

- **Independent:** Resident completes the activity by him/herself with no assistance from a helper
- **Setup or clean-up assistance:** Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- **Supervision or touching assistance:** Helper provides verbal cues or touching/steadying assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

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Section GG

6 Point Scale

- **Partial/moderate assistance:** Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- **Substantial/maximal assistance:** Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Dependent or Helper does all the effort:** Resident **does none of the effort** to complete the activity **or** the assistance of **2** or more helpers is required for the resident to complete the activity

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Section GG

Activity Did Not Occur

- **Patient refused** – **Code 07**
- **Not Applicable** indicates not attempted as the resident did not perform this activity prior to the current illness, exacerbation, or injury.– **Code 09**
- **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints) – **Code 10**
- **Not attempted due to medical condition or safety concerns** – **Code 88**

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Section GG

Activity Did Not Occur

- Coding a dash (“-”) in these items indicates **“No information”**. CMS expects dash use for SNF QRP items to be a rare occurrence. Use of dashes for these items may result in a 2% reduction in the annual payment update.
- Define the reason the activity did not occur versus use of (“-”).

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Section GG

Helper

- For the purposes of completing Section GG, a “helper” is defined as facility staff who are direct employees and facility-contracted employees (e.g., rehabilitation staff, nursing agency staff)

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Section GG

Qualified Clinician

- A qualified clinician is a healthcare professional practicing within their scope of practice and consistent with Federal, State, and local law and regulations

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Section GG

Making the Determination

Questions to consider:

- Does the patient complete the task with any type of assistance (physical, verbal/non-verbal cueing, setup/clean-up):
 - If no, **Code 06, Independent**
 - If yes, proceed to next question
- Does the patient need only setup or clean-up assistance:
 - If yes, **Code 05, Setup or clean-up**
 - If no, proceed to next question (next slide)

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Section GG

Making the Determination

- Does the patient need only verbal/non-verbal cueing, or steadying/touching assistance:
 - If yes, **Code 04, Supervision or touching assistance**
 - If no, proceed to next question
- Does the patient need lifting assistance or trunk support with the helper providing **less than half of the effort**:
 - If yes, **Code 03, Partial/moderate assistance**
 - If no, proceed to next question (see next slide)

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Section GG

Making the Determination

- Does the patient need lifting assistance or trunk support with the helper providing **more than half of the effort**:
 - If yes, **Code 02, Substantial/maximal assistance**
 - If no, proceed to next question
- Does the helper provide **all the effort to complete the activity or do 2 helpers assist with the activity**:
 - If yes, **Code 01, Dependent**

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Section GG

Supervision or Touching Assistance

- **Eating:** Mrs. V has had difficulty seeing on her left side since her stroke. During meals, the certified nursing assistant must remind her to scan her entire meal tray to ensure she has seen all the food.
- **Coding:** GG0130A. Eating would be coded 04, Supervision or touching assistance.
- **Rationale:** The helper provides verbal cueing assistance during meals as Mrs. V completes the activity of eating. Supervision, such as reminders, may be provided throughout the activity or intermittently.

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Section GG

Partial/Moderate Assistance

- **Eating:** Ms. S has multiple sclerosis, affecting her endurance and strength. Ms. S prefers to feed herself as much as she is capable. During all meals, after eating three-fourths of the meal by herself, Ms. S usually becomes extremely fatigued and requests assistance from the certified nursing assistant to feed her the remainder of the meal.
- **Coding:** GG0130A. Eating would be coded 03, Partial/moderate assistance.
- **Rationale:** The certified nursing assistant provides less than half the effort for the resident to complete the activity of eating for all meals

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Section GG

Substantial/Maximal Assistance

- **Wheel 50 feet with two turns:** Once seated in the manual wheelchair, Ms. R wheels about 10 feet, then asks the certified nursing assistant to push the wheelchair an additional 40 feet into her room and her bathroom
- **Coding:** GG0170R. Wheel 50 feet with two turns would be coded 02, Substantial/maximal assistance.
- **Rationale:** The helper provides more than half the effort

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Section GG

Dependent

- **Toileting hygiene:** Mr. J is morbidly obese and has a diagnosis of debility. He requests the use of a bedpan when voiding or having bowel movements and requires two certified nursing assistants to pull down his pants and underwear and mobilize him onto and off the bedpan. Mr. J is unable to complete any of his perineal/perianal hygiene. Both certified nursing assistants help Mr. J pull up his underwear and pants.
- **Coding:** GG0130C. Toileting hygiene would be coded 01, Dependent.

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Section GG

Did Not Occur

- Mrs. S is on bedrest due to a medical complication. She uses a bedpan for bladder and bowel management.
- **Coding:** GG0170F. Toilet transfer would be coded 88, Not attempted due to medical condition or safety concerns.
- **Rationale:** The resident does not transfer onto or off a toilet [or commode] due to being on bedrest because of a medical condition

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Section GG

Walk 150 Feet

- Mr. R has endurance limitations due to heart failure and has only walked about 30 feet during the 3-day assessment period. He has not walked 150 feet or more during the assessment period, including with the physical therapist who has been working with Mr. R. The therapist speculates that Mr. R could walk this distance in the future with additional assistance.
- **Coding:** GG0170K. Walk 150 feet would be coded 88, Activity not attempted due to medical or safety concerns.
- **Rationale:** The activity was not attempted

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Section GG

Eating

- Mr. A. eats all meals without any physical assistance or supervision from a helper. He has a gastrostomy tube (G-tube), but it is no longer used, and it will be removed later today.
- **Coding:** GG0130A. Eating would be coded 06, Independent.
- **Rationale:** The resident can independently complete the activity without any assistance from a helper for this activity.
- **The presence of a G-tube does not affect the eating score**

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Patient Case Mix Groups (CMGs) Classification

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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

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Patient Case Mix Groups (CMGs) Classification

PT	OT	SLP	NTA	Nursing
Primary Medical Condition Category	Primary Medical Condition Category	Primary Medical Condition Category	Comorbidities and Conditions	Clinical Information from SNF Stay
Functional Status	Functional Status	Cognitive Status Presence of Swallowing Disorder Mechanically Altered Diet Other SLP Related Comorbidities	Extensive Services Received While A Patient	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

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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.
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Nursing
 - NTA
 - Non-Case Mix

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Patient Driven Payment Model 1. PT Grouper

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PDPM Payment Components 1. PT Grouper

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

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

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PDPM Payment Components

1. PT Grouper (1.08-1.88) 16 Groups

Primary Diagnosis	PT Case Mix Group	Function Score	CMI	HIPPS Code
Major Joint Replacement or Spinal Surgery (Clinical Category)				
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
Other Orthopedic (Clinical Category)				
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
Medical Management (Clinical Category)				
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
Non-Orthopedic Surgery and Acute Neurologic (Clinical Category)				
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

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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)

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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

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PDPM Payment Components

1. PT CMGs

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

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PDPM Payment Components

1. PT

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

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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

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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

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Patient Driven Payment Model

2. OT Grouper

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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

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PDPM Payment Components

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

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PDPM Payment Components

2. OT Grouper (1.08 – 1.92) 16 Groups

Primary Diagnosis	OT Case Mix Group	Function Score	CMI	HIPPS Code
Major Joint Replacement or Spinal Surgery (Clinical Category)				
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
Other Orthopedic (Clinical Category)				
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
Medical Management (Clinical Category)				
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
Non-Orthopedic Surgery and Acute Neurologic (Clinical Category)				
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

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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	
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)

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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		

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PDPM Payment Components

2. OT

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

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PDPM Payment Components

2. OT

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

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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

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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

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Patient Driven Payment Model

3. SLP Grouper

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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

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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
None				
SA		0.68	A	Neither
SB		1.82	B	Either
SC		2.66	C	Both
Any One				
SD		1.46	D	Neither
SE		2.33	E	Either
SF		2.97	F	Both
Any Two				
SG		2.04	G	Neither
SH		2.85	H	Either
SI		3.51	I	Both
Any Three				
SJ		2.98	J	Neither
SK		3.69	K	Either
SL		4.17	L	Both

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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

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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

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PDPM Payment Components

3. SLP Grouper: Conditions Acute Neurologic

Clinical Coding Mapping

- Resource

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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

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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

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PDPM Payment Components
3. SLP Grouper Swallowing Disorder or Mechanically Altered Diet

Swallowing Disorder
or
Mechanically Altered Diet

Both
Either
Neither

Harmony
Healthcare
INTERNATIONAL 

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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

Harmony
Healthcare
INTERNATIONAL 

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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**)

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Harmony
Healthcare
INTERNATIONAL 

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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**

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Harmony
Healthcare
INTERNATIONAL 

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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

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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

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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

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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

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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)

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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).

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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

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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

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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

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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

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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

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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?**

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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.

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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."

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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.

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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

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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

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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

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Patient Driven Payment Model

4. Nursing Grouper

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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

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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)

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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

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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	

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PDPM Payment Components

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

Nursing Case Mix Group	CMI	Function Score Section GG	Requirements	
Extensive Services				
ES3 Extensive Services	4.04	0-14	A1-A6	Tracheostomy and Ventilator
ES2 Extensive Services	3.06	0-14	B1-B6	Tracheostomy or Ventilator
ES1 Extensive Services	2.91	0-14	A3	Infection Isolation
Special Care High				
HDE2 Special Care High	2.39	0-5	Depressed	Comatose and Dependent/Activity did not Occur
HBC2 Special Care High	2.23	6-14	Depressed	Septicemia
HDE1 Special Care High	1.99	0-5	Not Depressed	Diabetes with both daily injections and Insulin order changes on 2+ days
HBC1 Special Care High	1.85	6-14	Not Depressed	Quadruplegia 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

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PDPM Payment Components

4. Nursing Grouper

Nursing Case Mix Group	CMI	Function Score Section GG	Requirements
Special Care Low			
LDE2 Special Care Low	2.07	0-5	Depressed
LBC2 Special Care Low	1.71	6-14	Depressed
LDE1 Special Care Low	1.72	0-5	Not Depressed
LBC1 Special Care Low	1.43	6-14	Not Depressed
Cerebral Palsy Multiple Sclerosis Parkinson's Disease and Functional Score <=11 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) ad 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			

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PDPM Payment Components

4. Nursing Grouper

Nursing Case Mix Group	CMI	Function Score Section GG	Requirements
Clinically Complex			
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
Behavioral Symptoms and Cognitive			
BAB2 Behavioral Symptoms	1.04	11-16	Nursing Rehab +2
BAB1 Behavioral Symptoms	0.99	11-16	Nursing Rehab 0-1
Reduced Physical Functioning			
PDE2 Reduced Physical Function	1.57	0-5	Nursing Rehab 2+
PBC2 Reduced Physical Function	1.21	6-14	Nursing Rehab 2+
PBC1 Reduced Physical Function	1.13	6-14	Nursing Rehab 2+
PA2 Reduced Physical Function	1.47	0-5	Nursing Rehab 0-1
PDE1 Reduced Physical Function	0.70	15-16	Nursing Rehab 0-1
PBC1 Reduced Physical Function	0.66	15-16	Nursing Rehab 0-1
PA1 Reduced Physical Function			

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PDPM Payment Components

4. Nursing CMGs

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

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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

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PDPM Payment Components

4. Nursing Extensive Services

Extensive Services - While a Resident		
MDS	Services or Conditions	Case Mix Group
O0100E2	Tracheostomy care and ventilator/respirator	ES3
O0100F2	Tracheostomy care or ventilator/respirator	ES2
O0100M2	Isolation or quarantine for active infectious disease	ES1
<ul style="list-style-type: none"> 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. 		

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PDPM Payment Components

4. Nursing Extensive Services

O0100F, 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.

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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

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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

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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.

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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.).

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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.**

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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

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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**.

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PDPM Payment Components

4. Nursing Special Care High

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

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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 ≤ 11
I5200, Nursing Function Score	Multiple Sclerosis, with Nursing Function Score ≤ 11
I5300, Nursing Function Score	Parkinson's Disease, with Nursing Function Score ≤ 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

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PDPM Payment Components

4. Nursing Grouper

Requirements
<p>*Tube feeding classification requirements:</p> <ol style="list-style-type: none"> 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.
<p>**Selected skin treatments:</p> <ul style="list-style-type: none"> • 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)

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PDPM Payment Components

4. Nursing Special Care Low

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

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PDPM Payment Components

4. Nursing PHQ9 / PHQ9-OV

PHQ 9 / PHQ9-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

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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 \leq 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	

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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

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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"> • B0700 > 0 Usually, sometimes, or rarely/never understood • C0700 = 1 Short-term memory problem • C1000 > 0 Impaired cognitive skills for daily decision making and One or more of the following severe impairment indicators are present: <ul style="list-style-type: none"> • B0700 >= 2 Sometimes or rarely/never makes self understood • C1000 >= 2 Moderately or severely impaired cognitive skills for daily decision making
Qualifies for one of the above- depends on the Nursing Function Score <ul style="list-style-type: none"> • 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 	

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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"> • 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 	

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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	

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PDPM Payment Components

4. Nursing Grouper Reduced Physical Function

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

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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	

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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

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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

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Section GG – Coding Examples

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Section GG

Eating

- Mrs. Davis prefers to do all of her ADLs as independently as possible. She is able to feed herself after she is set up. Mrs. Davis is often too tired to finish her meal and the CNA will feed her the last few bites and bring the cup to the patient's mouth.
- **How will Section GG0130A be coded?**

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Section GG

Eating

- Mr. Hill is unable to eat by mouth due to his medical condition. He receives nutrition through a gastrostomy tube (G-tube), which is administered by nurses.
- **How will Section GG0130A be coded?**

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Section GG

Oral Hygiene

- Mrs. J brushes her teeth while sitting on the side of the bed. The nursing assistant retrieves her toothbrush, toothpaste, water and an empty cup and puts them on the bedside table for her before leaving the room. Once Mrs. J is finished brushing her teeth, which she did without help, the nursing assistant returns to put away her supplies.
- How would you code GG0130B?

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Section GG

Oral Hygiene

- Mr. W is edentulous, and his dentures no longer fit, so he refuses to wear them. Mr. W is encouraged to brush his gums and he begins by brushing his upper gums after the CNA puts toothpaste onto his toothbrush. He brushes his upper gums but cannot finish due to fatigue. The CNA completes the activity of oral hygiene by brushing his back upper gums and his lower gums.
- How would you code GG0130B?

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Section GG

Toileting Hygiene

- Even though she has been instructed not to do so, Mrs. Green will transfer herself independently to the toilet each time she needs to go. Once she is finished, she will ring the bell for a nurse. The nurse provides steady assist as she wipes herself and pulls up her underpants unassisted.
- **How would you code GG0130C?**

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Section GG

Toileting Hygiene

- Ms. Queen uses the bedside commode for toileting. She steadies herself with one hand and tries pulling down her underwear with the other hand but needs assistance from the helper to complete this activity due to her coordination impairment. After voiding, she wipes herself without assistance while sitting on the commode. When she has a bowel movement, the certified nursing assistant performs perianal hygiene. She is too fatigued at this point and requires full assistance to pull up her underwear.
- **How would you code GG0130C?**

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Section GG

Toileting Hygiene

- Mrs. P has urinary urgency. As soon as she gets in the bathroom, she asks the certified nursing assistant to lift her gown and pull down her underwear due to her balance problems. After voiding, Mrs. P wipes herself and pulls her underwear back up.
- How would you code GG0130C?

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Section GG

Sit to Lying

- Mrs. H requires assistance from two CNAs to transfer from sitting at the edge of the bed to lying flat on the bed. One of the CNAs explains to Mrs. H each step of the sitting to lying activity. Mrs. H is then fully assisted to get from sitting to a lying position on the bed.
- How would you code GG0170B?

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Section GG

Bed to Chair Transfer

- Ms. P is motivated to assist with her transfers from the side of her bed to the wheelchair. Ms. P pushes herself up from the bed to begin the transfer while the therapist provides trunk support. Once standing, Ms. P shuffles her feet, turns, and slowly sits down into the wheelchair with the therapist providing trunk support. Overall, the therapist provides less than half of the effort.
- How would you code GG0170E?

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Section GG

Toilet Transfers

- Mrs. Bell is anxious about getting up to use the bathroom. She asks the CNA to stay with her in the bathroom as she gets on and off the toilet. The CNA stays with her, as requested, and provides verbal encouragement and instructions (cues).
- How would you code GG0170F?

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Section GG

Walk 50 Feet with 2 Turns

- Mrs. L is unable to bear her full weight on her left leg. As she walks 60 feet down the hall with her crutches and makes two turns, her therapist supports her trunk. The therapist provides less than half the effort.
- How would you code GG0170J?

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Section GG

Walk 50 Feet with 2 Turns

- Mrs. M can ambulate 10 feet from her bed to the door, turn out the door and exit her room using her walker and only staff to provide steadying assist. After walking down the hall approximately 25 feet she becomes tired and sits down in her wheelchair stating she cannot walk any further.
- How would you code GG0170J?

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Section GG

Discharge Goal

- Use the 6-Point scale to code the resident's discharge goal(s)
- Licensed clinicians can establish a resident's discharge goal(s) at the time of admission based on the 5-Day PPS assessment, discussions with the resident and family, professional judgment, and the professional's standard of practice. Goals should be established as part of the resident's Care Plan.

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Section GG

Discharge Goal

- Discharge Goals:
 - Updated guidance for coding GG0130 and GG0170 discharge goals:
 - Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s)

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Section GG

Discharge Goal

- **Discharge Goal Code Is Higher than 5-Day PPS Assessment Admission Performance Code:**
 - If the clinician determines that the resident is expected to make gains in function by discharge, the code reported for discharge goal will be higher than the admission performance code

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Section GG

Discharge Goal

- **Discharge Goal Code is the Same as 5-Day PPS Assessment Admission Performance Code:**
 - The clinician determines that a medically complex resident is not expected to progress to a higher level of functioning during the SNF Medicare Part A stay, however, the clinician determines that the **resident would be able to maintain her admission functional performance level**. The clinician discusses functional status goals with the resident and her family, and they agree that maintaining functioning is a reasonable goal. In this example, the discharge goal is coded at the same level as the resident's admission performance code.

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Section GG

Discharge Goal

- Discharge Goal Code Is Lower than 5-Day PPS Assessment Admission Performance Code:
 - The clinician determines that a resident with a progressive neurologic condition is expected to rapidly decline and **that skilled therapy services may slow the decline of function**. In this scenario, the discharge goal code is lower than the resident's 5-Day PPS assessment admission performance code.

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Questions?



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BUT WAIT! There's More...

Coming Next Week

- Minimum Data Set (MDS) Coding Sections H through L
 - Section H – Bladder and Bowel
 - Section I – Active Diagnoses
 - Section J – Health Conditions
 - Section K – Swallowing/Nutritional Status
 - Section L – Oral/Dental Status

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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:
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 - MDS Supporting Documentation
 - Billing Accuracy
 - Nursing Documentation
 - Therapy Documentation
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HHI Services and Plans

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List of HHI Services


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

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

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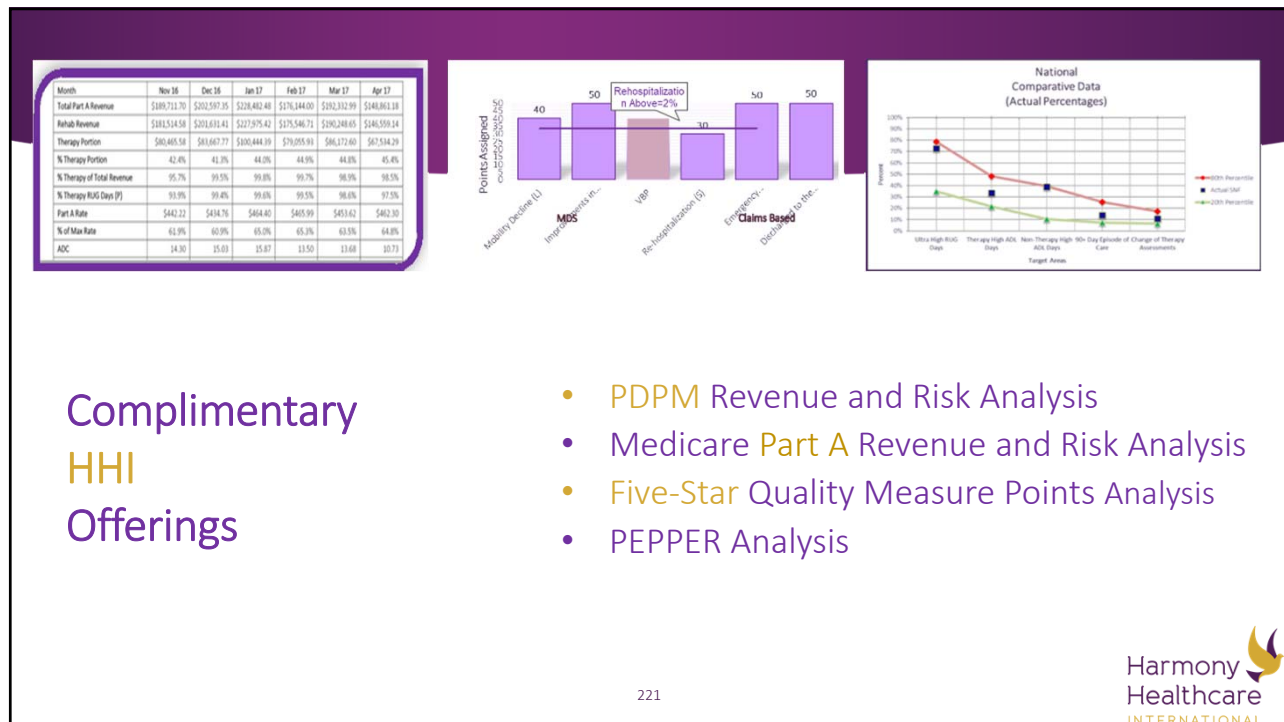
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The graphic features a background of financial charts and a magnifying glass. A red banner with the text "Changing the Results of Healthcare" is positioned over the charts. The Maun-Lemke logo is prominently displayed in the center.

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PHARMSCRIPT

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The graphic has a blue and yellow geometric background. The word "PHARMSCRIPT" is written in large, bold, blue capital letters. A stylized sunburst logo is positioned above the company name.

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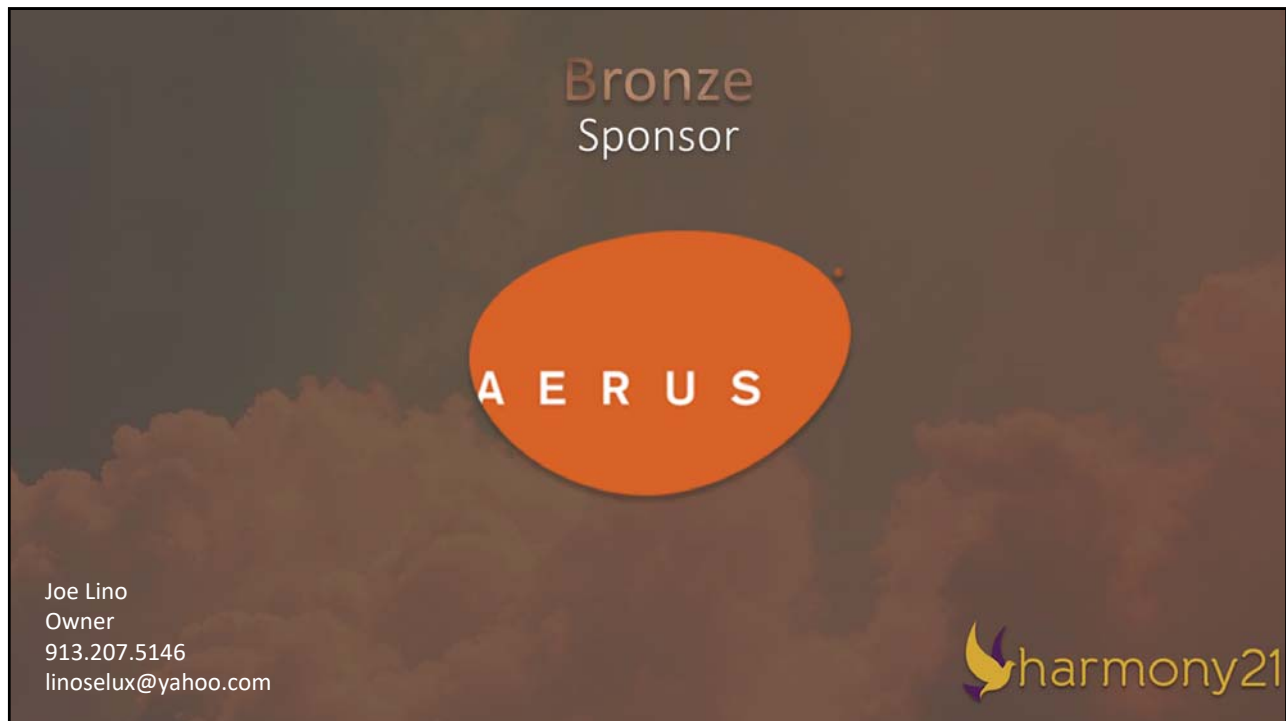
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