Patient Drive Payment Model (PDPM)

Carol Hill MSN, RN, RAC-MT, RAC-MTA, QCP-MT, DNS-MT, CPC

1

PDPM What's Not Changing

- Technical and Clinical eligibility requirements under Medicare Part A
- Midnight Rule
- The number of days available in a benefit period
- Need to complete MD certifications/recertifications
- Need to issue Medicare notices
- Completion of OBRA MDS
- HMOs ability to determine how they pay facilities

2

PDPM What's Not Changing

- Wage index calculations
- What is covered under Medicare
- Anything related to therapy evaluations
- MDS completion and transmission timeframes

3

PDPM

- Criteria used for classification
  - PT: Clinical Category, Functional Score
  - OT: Clinical Category, Functional Score
  - SLP: Presence of Acute Neurologic Condition, SLP-related Comorbidity or Cognitive Impairment, Mechanically-altered Diet, Swallowing Disorder
  - NTA: NTA Comorbidity Score
  - Nursing: Same characteristics used for RUG-IV

4

Interviews

- Brief Interview of Mental Status & PHQ-9
  - Use script found in Steps for Assessment section of coding guidelines
  - Use cue cards as appropriate (PHQ-9)
  - Interview techniques found in Appendix D of RAI manual
  - VIVE video found on You Tube

5

BIMS

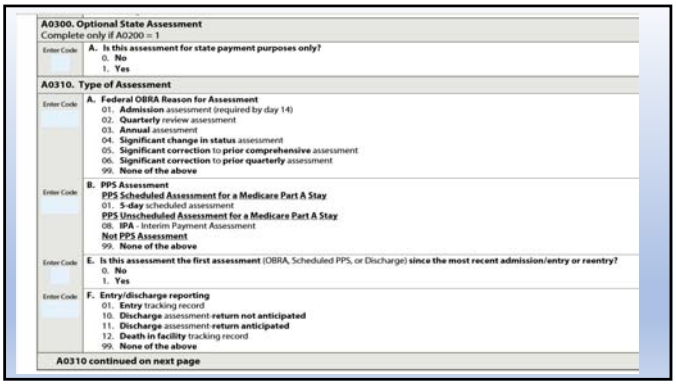
- **Only in the case of PPS assessments**, staff may complete the Staff Assessment for Mental Status for an interviewable resident when the resident is unexpectedly discharged from a Part A stay prior to completion of the BIMS. In this case, C0100 would be coded No and proceed to Staff Assessment for Mental Status

6

PDPM Cognition

- If neither the BIMs nor staff assessment for PDPM Cognitive level is complete the resident will be classified as cognitively intact for PDPM calculation

7



A0300. Optional State Assessment
Complete only if A0200 = 1

Enter Code — **A. Is this assessment for state payment purposes only?**
0. **No**
1. **Yes**

A0310. Type of Assessment

Enter Code — **A. Federal OBRA Reason for Assessment**
01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. **None of the above**

Enter Code — **B. PPS Assessment**
PPS Scheduled Assessment for a Medicare Part A Stay
01. **5-day** scheduled assessment
PPS Unscheduled Assessment for a Medicare Part A Stay
08. **IPA** - Interim Payment Assessment
Not PPS Assessment
99. **None of the above**

Enter Code — **E. Is this assessment the first assessment** (OBRA, Scheduled PPS, or Discharge) **since the most recent admission/entry or reentry?**
0. **No**
1. **Yes**

Enter Code — **F. Entry/discharge reporting**
01. **Entry** tracking record
10. **Discharge** assessment-**return not anticipated**
11. **Discharge** assessment-**return anticipated**
12. **Death in facility** tracking record
99. **None of the above**

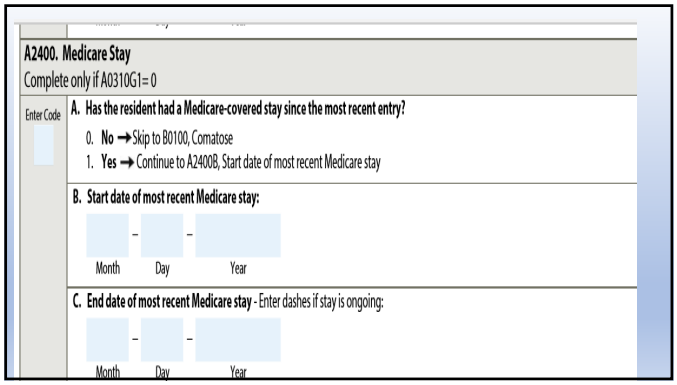
A0310 continued on next page

8

Medicare Numbers

- A0600 can no longer use Railroad Retirement Board number in this item
- Have you started using the new Medicare Number?
- Through December 31, 2019 you can bill using either old or new Medicare number. January 1, 2020 would need new Medicare number for billing.

9



A2400. Medicare Stay

Complete only if A0310G1 = 0

Enter Code

A. Has the resident had a Medicare-covered stay since the most recent entry?

0. **No** → Skip to B0100, Comatose
1. **Yes** → Continue to A2400B, Start date of most recent Medicare stay

B. Start date of most recent Medicare stay:

Month – Day – Year

C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:

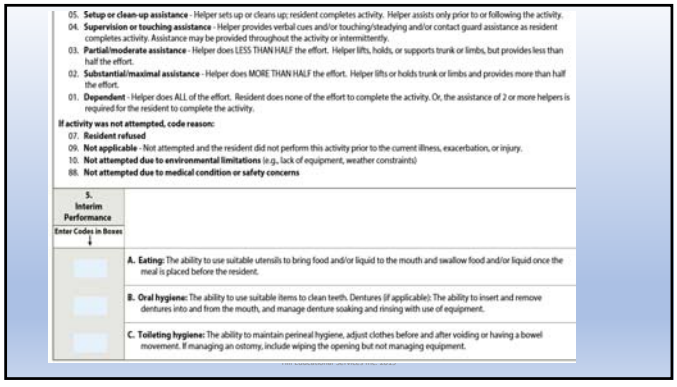
Month – Day – Year

10

Section GG

- Assesses the need for assistance with self-care and mobility activities
  - 5 –Day PPS assessment (Admission Performance)
    - Functional assessment must be completed within the first 3 days (3 calendar days) of the Medicare Part A stay (A2400B and the following 2 days)
  - Interim Payment Assessment (IPA) (Interim Performance)
    - Assessment period is ARD and two days prior
  - Part A PPS Discharge Assessment (Discharge Performance)
    - Last 3 days of Medicare Part A stay (A2400C, End of the Most Recent Medicare Stay, and 2 calendar days prior)
- Assess the resident's self-care performance based on direct observation, incorporating resident self-reports, and reports from qualified clinicians, care staff, or family documented in the resident's medical record during the three-day assessment period.

11



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**

5. Interim Performance Enter Codes in Boxes ↓	
	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.
	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.
	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.

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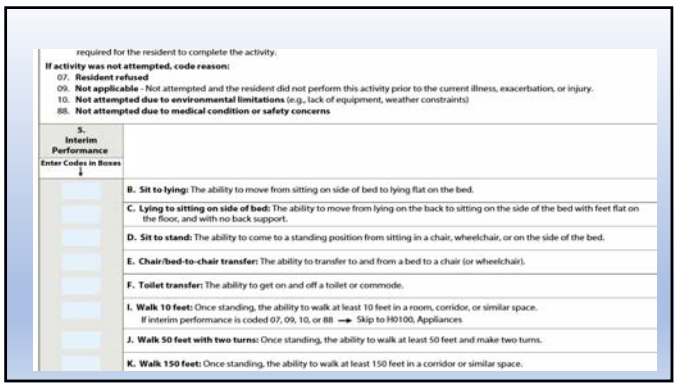

required for the resident to complete the activity.

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**

5. Interim Performance Enter Codes in Boxes ↓	
	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
	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 feet flat on the floor, and with no back support.
	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.
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F. Toilet transfer: The ability to get on and off a toilet or commode.
	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If interim performance is coded 07, 09, 10, or 88 → Skip to H0100, Appliances
	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
	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 I & J

- ICD-10-CM code from MDS item I0020B is used to map to a PDPM clinical category
  - Clinical classification may be adjusted by a surgical procedure as coded on the MDS on items J2300 - J5000

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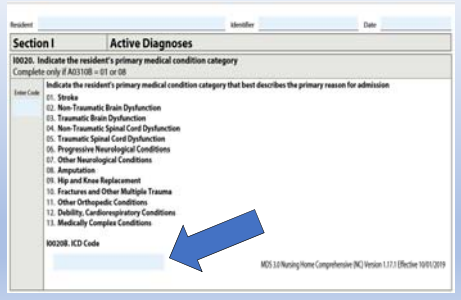

Resident Identifier Date

Section I Active Diagnoses

I0020. Indicate the resident's primary medical condition category

Complete only if A0310B = 01 or 08

Enter Code

Indicate the resident's primary medical condition category that best describes the primary reason for admission

01. Stroke
02. Non-Traumatic Brain Dysfunction
03. Traumatic Brain Dysfunction
04. Non-Traumatic Spinal Cord Dysfunction
05. Traumatic Spinal Cord Dysfunction
06. Progressive Neurological Conditions
07. Other Neurological Conditions
08. Amputation
09. Hip and Knee Replacement
10. Fractures and Other Multiple Trauma
11. Other Orthopedic Conditions
12. Debility, Cardiorespiratory Conditions
13. Medically Complex Conditions

I0020B. ICD Code

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.1 Effective 10/01/2019

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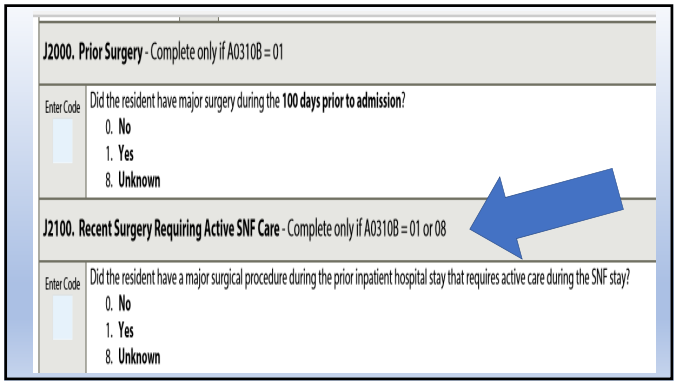

J2000. Prior Surgery - Complete only if A0310B = 01

Enter Code

Did the resident have major surgery during the **100 days prior to admission**?

0. **No**
1. **Yes**
8. **Unknown**

J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08

Enter Code

Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?

0. **No**
1. **Yes**
8. **Unknown**

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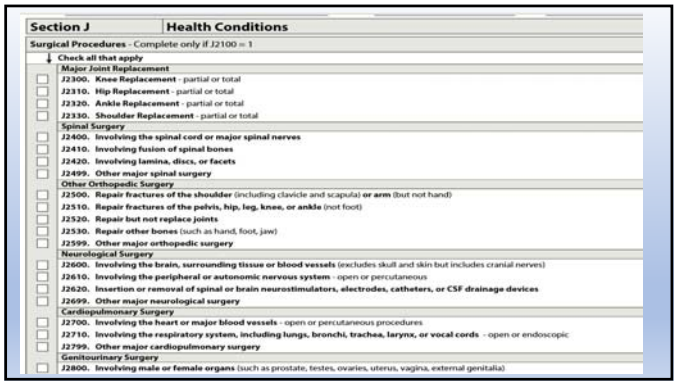

Section J | **Health Conditions**

Surgical Procedures - Complete only if J2100 = 1

Check all that apply

Major Joint Replacement

- **J2300. Knee Replacement** - partial or total
- **J2310. Hip Replacement** - partial or total
- **J2320. Ankle Replacement** - partial or total
- **J2330. Shoulder Replacement** - partial or total

Spinal Surgery

- **J2400. Involving the spinal cord or major spinal nerves**
- **J2410. Involving fusion of spinal bones**
- **J2420. Involving lamina, discs, or facets**
- **J2499. Other major spinal surgery**

Other Orthopedic Surgery

- **J2500. Repair fractures of the shoulder** (including clavicle and scapula) **or arm** (but not hand)
- **J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle** (not foot)
- **J2520. Repair but not replace joints**
- **J2530. Repair other bones** (such as hand, foot, jaw)
- **J2599. Other major orthopedic surgery**

Neurological Surgery

- **J2600. Involving the brain, surrounding tissue or blood vessels** (excludes skull and skin but includes cranial nerves)
- **J2610. Involving the peripheral or autonomic nervous system** - open or percutaneous
- **J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices**
- **J2699. Other major neurological surgery**

Cardiopulmonary Surgery

- **J2700. Involving the heart or major blood vessels** - open or percutaneous procedures
- **J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords** - open or endoscopic
- **J2799. Other major cardiopulmonary surgery**

Genitourinary Surgery

- **J2800. Involving male or female organs** (such as prostate, testes, ovaries, uterus, vagina, external genitalia)

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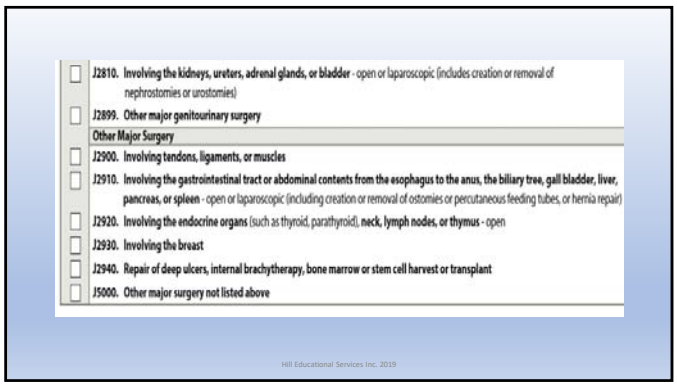

- **J2810. Involving the kidneys, ureters, adrenal glands, or bladder** - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)
- **J2899. Other major genitourinary surgery**

Other Major Surgery

- **J2900. Involving tendons, ligaments, or muscles**
- **J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen** - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)
- **J2920. Involving the endocrine organs** (such as thyroid, parathyroid), **neck, lymph nodes, or thymus** - open
- **J2930. Involving the breast**
- **J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant**
- **J5000. Other major surgery not listed above**

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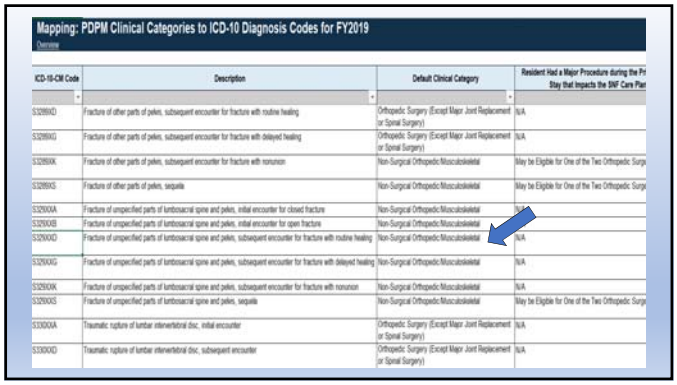

Mapping: PDPM Clinical Categories to ICD-10 Diagnosis Codes for FY2019

Overview

ICD-10-CM Code	Description	Default Clinical Category	Resident Had a Major Procedure during the Pr Stay that Impacts the SNF Care Plan
S3289XD	Fracture of other parts of pelvis, subsequent encounter for fracture with routine healing	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	N/A
S3289XG	Fracture of other parts of pelvis, subsequent encounter for fracture with delayed healing	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	N/A
S3289XK	Fracture of other parts of pelvis, subsequent encounter for fracture with nonunion	Non-Surgical Orthopedic/Musculoskeletal	May be Eligible for One of the Two Orthopedic Surge
S3289XS	Fracture of other parts of pelvis, sequela	Non-Surgical Orthopedic/Musculoskeletal	May be Eligible for One of the Two Orthopedic Surge
S32900A	Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for closed fracture	Non-Surgical Orthopedic/Musculoskeletal	N/A
S32900B	Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for open fracture	Non-Surgical Orthopedic/Musculoskeletal	N/A
S32900D	Fracture of unspecified parts of lumbosacral spine and pelvis, subsequent encounter for fracture with routine healing	Non-Surgical Orthopedic/Musculoskeletal	N/A
S32900G	Fracture of unspecified parts of lumbosacral spine and pelvis, subsequent encounter for fracture with delayed healing	Non-Surgical Orthopedic/Musculoskeletal	N/A
S32900K	Fracture of unspecified parts of lumbosacral spine and pelvis, subsequent encounter for fracture with nonunion	Non-Surgical Orthopedic/Musculoskeletal	N/A
S32900S	Fracture of unspecified parts of lumbosacral spine and pelvis, sequela	Non-Surgical Orthopedic/Musculoskeletal	May be Eligible for One of the Two Orthopedic Surge
S33000A	Traumatic rupture of lumbar intervertebral disc, initial encounter	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	N/A
S33000D	Traumatic rupture of lumbar intervertebral disc, subsequent encounter	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	N/A

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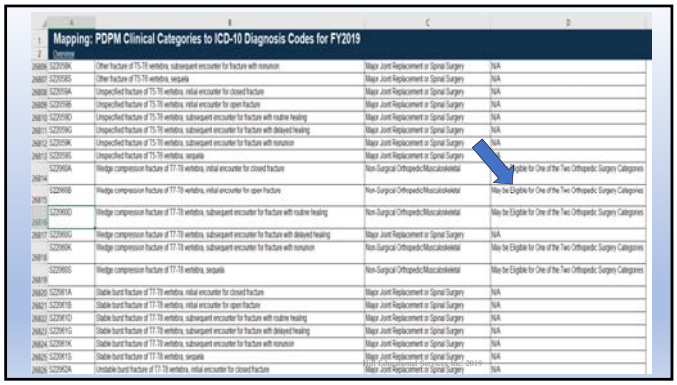

Mapping: PDPM Clinical Categories to ICD-10 Diagnosis Codes for FY2019

Overview

26806	S22059K	Other fracture of T5-T8 vertebra, subsequent encounter for fracture with nonunion	Major Joint Replacement or Spinal Surgery	N/A
26807	S22059S	Other fracture of T5-T8 vertebra, sequela	Major Joint Replacement or Spinal Surgery	N/A
26808	S22059A	Unspecified fracture of T5-T8 vertebra, initial encounter for closed fracture	Major Joint Replacement or Spinal Surgery	N/A
26809	S22059B	Unspecified fracture of T5-T8 vertebra, initial encounter for open fracture	Major Joint Replacement or Spinal Surgery	N/A
26810	S22059D	Unspecified fracture of T5-T8 vertebra, subsequent encounter for fracture with routine healing	Major Joint Replacement or Spinal Surgery	N/A
26811	S22059G	Unspecified fracture of T5-T8 vertebra, subsequent encounter for fracture with delayed healing	Major Joint Replacement or Spinal Surgery	N/A
26812	S22059K	Unspecified fracture of T5-T8 vertebra, subsequent encounter for fracture with nonunion	Major Joint Replacement or Spinal Surgery	N/A
26813	S22059S	Unspecified fracture of T5-T8 vertebra, sequela	Major Joint Replacement or Spinal Surgery	N/A
26814	S22060A	Wedge compression fracture of T7-T8 vertebra, initial encounter for closed fracture	Non-Surgical Orthopedic/Musculoskeletal	May be Eligible for One of the Two Orthopedic Surgery Categories
26815	S22060B	Wedge compression fracture of T7-T8 vertebra, initial encounter for open fracture	Non-Surgical Orthopedic/Musculoskeletal	May be Eligible for One of the Two Orthopedic Surgery Categories
26816	S22060D	Wedge compression fracture of T7-T8 vertebra, subsequent encounter for fracture with routine healing	Non-Surgical Orthopedic/Musculoskeletal	May be Eligible for One of the Two Orthopedic Surgery Categories
26817	S22060G	Wedge compression fracture of T7-T8 vertebra, subsequent encounter for fracture with delayed healing	Major Joint Replacement or Spinal Surgery	N/A
26818	S22060K	Wedge compression fracture of T7-T8 vertebra, subsequent encounter for fracture with nonunion	Non-Surgical Orthopedic/Musculoskeletal	May be Eligible for One of the Two Orthopedic Surgery Categories
26819	S22060S	Wedge compression fracture of T7-T8 vertebra, sequela	Non-Surgical Orthopedic/Musculoskeletal	May be Eligible for One of the Two Orthopedic Surgery Categories
26820	S22061A	Stable burst fracture of T7-T8 vertebra, initial encounter for closed fracture	Major Joint Replacement or Spinal Surgery	N/A
26821	S22061B	Stable burst fracture of T7-T8 vertebra, initial encounter for open fracture	Major Joint Replacement or Spinal Surgery	N/A
26822	S22061D	Stable burst fracture of T7-T8 vertebra, subsequent encounter for fracture with routine healing	Major Joint Replacement or Spinal Surgery	N/A
26823	S22061G	Stable burst fracture of T7-T8 vertebra, subsequent encounter for fracture with delayed healing	Major Joint Replacement or Spinal Surgery	N/A
26824	S22061K	Stable burst fracture of T7-T8 vertebra, subsequent encounter for fracture with nonunion	Major Joint Replacement or Spinal Surgery	N/A
26825	S22061S	Stable burst fracture of T7-T8 vertebra, sequela	Major Joint Replacement or Spinal Surgery	N/A
26826	S22062A	Unstable burst fracture of T7-T8 vertebra, initial encounter for closed fracture	Major Joint Replacement or Spinal Surgery	N/A

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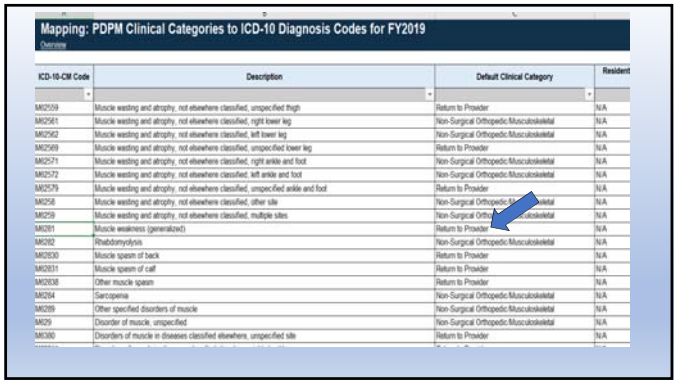

Mapping: PDPM Clinical Categories to ICD-10 Diagnosis Codes for FY2019

Overview

ICD-10-CM Code	Description	Default Clinical Category	Resident
M62559	Muscle wasting and atrophy, not elsewhere classified, unspecified thigh	Return to Provider	N/A
M62561	Muscle wasting and atrophy, not elsewhere classified, right lower leg	Non-Surgical Orthopedic/Musculoskeletal	N/A
M62562	Muscle wasting and atrophy, not elsewhere classified, left lower leg	Non-Surgical Orthopedic/Musculoskeletal	N/A
M62569	Muscle wasting and atrophy, not elsewhere classified, unspecified lower leg	Return to Provider	N/A
M62571	Muscle wasting and atrophy, not elsewhere classified, right ankle and foot	Non-Surgical Orthopedic/Musculoskeletal	N/A
M62572	Muscle wasting and atrophy, not elsewhere classified, left ankle and foot	Non-Surgical Orthopedic/Musculoskeletal	N/A
M62579	Muscle wasting and atrophy, not elsewhere classified, unspecified ankle and foot	Return to Provider	N/A
M6258	Muscle wasting and atrophy, not elsewhere classified, other site	Non-Surgical Orthopedic/Musculoskeletal	N/A
M6259	Muscle wasting and atrophy, not elsewhere classified, multiple sites	Non-Surgical Orthopedic/Musculoskeletal	N/A
M6281	Muscle weakness (generalized)	Return to Provider	N/A
M6282	Rhabdomyolysis	Non-Surgical Orthopedic/Musculoskeletal	N/A
M62830	Muscle spasm of back	Return to Provider	N/A
M62831	Muscle spasm of calf	Return to Provider	N/A
M62838	Other muscle spasm	Return to Provider	N/A
M6284	Sarcopenia	Non-Surgical Orthopedic/Musculoskeletal	N/A
M6289	Other specified disorders of muscle	Non-Surgical Orthopedic/Musculoskeletal	N/A
M629	Disorder of muscle, unspecified	Non-Surgical Orthopedic/Musculoskeletal	N/A
M6380	Disorders of muscle in diseases classified elsewhere, unspecified site	Return to Provider	N/A

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ICD-10-CM

- Select diagnosis reported in section I (I0100 through I7900 and I8000) are used to identify comorbidities for the NTA Component and as qualifiers for some Nursing Components

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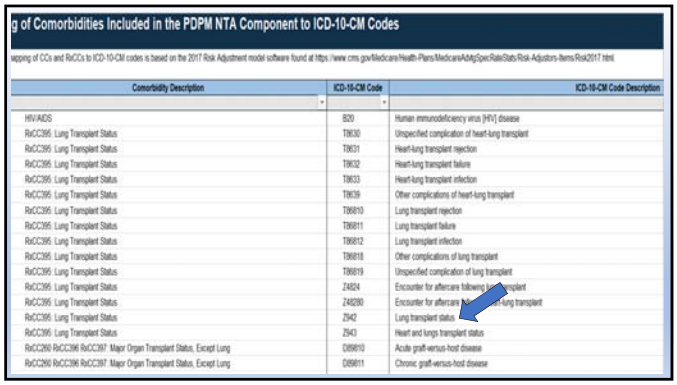

g of Comorbidities Included in the PDPM NTA Component to ICD-10-CM Codes

apping of CCs and RxCCs to ICD-10-CM codes is based on the 2017 Risk Adjustment model software found at https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/Risk2017.html

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

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Section I

- Active Diagnosis
- Two look-back periods
  - Step 1 Diagnosis identification is a 60-day look-back period
  - Step 2 Diagnosis status: Active or Inactive is a 7-day look-back period (except UTI)

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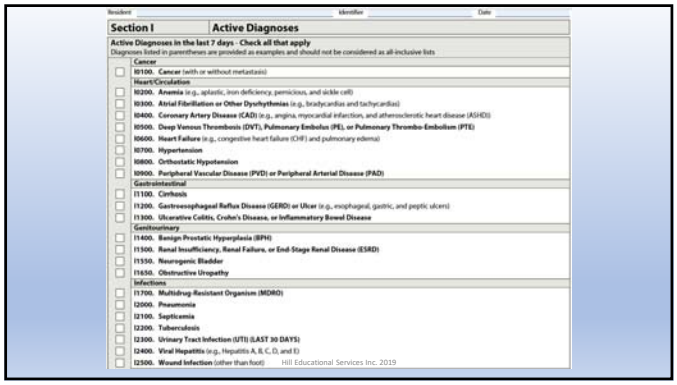

Resident _____ Identifier _____ Date _____

Section I | **Active Diagnoses**

Active Diagnoses in the last 7 days - Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

Cancer

- ☐ I0100. **Cancer** (with or without metastasis)

Heart/Circulation

- ☐ I0200. **Anemia** (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
- ☐ I0300. **Atrial Fibrillation or Other Dysrhythmias** (e.g., bradycardias and tachycardias)
- ☐ I0400. **Coronary Artery Disease (CAD)** (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))
- ☐ I0500. **Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE)**
- ☐ I0600. **Heart Failure** (e.g., congestive heart failure (CHF) and pulmonary edema)
- ☐ I0700. **Hypertension**
- ☐ I0800. **Orthostatic Hypotension**
- ☐ I0900. **Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)**

Gastrointestinal

- ☐ I1100. **Cirrhosis**
- ☐ I1200. **Gastroesophageal Reflux Disease (GERD) or Ulcer** (e.g., esophageal, gastric, and peptic ulcers)
- ☐ I1300. **Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease**

Genitourinary

- ☐ I1400. **Benign Prostatic Hyperplasia (BPH)**
- ☐ I1500. **Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)**
- ☐ I1550. **Neurogenic Bladder**
- ☐ I1650. **Obstructive Uropathy**

Infections

- ☐ I1700. **Multidrug-Resistant Organism (MDRO)**
- ☐ I2000. **Pneumonia**
- ☐ I2100. **Septicemia**
- ☐ I2200. **Tuberculosis**
- ☐ I2300. **Urinary Tract Infection (UTI) (LAST 30 DAYS)**
- ☐ I2400. **Viral Hepatitis** (e.g., Hepatitis A, B, C, D, and E)
- ☐ I2500. **Wound Infection** (other than foot)

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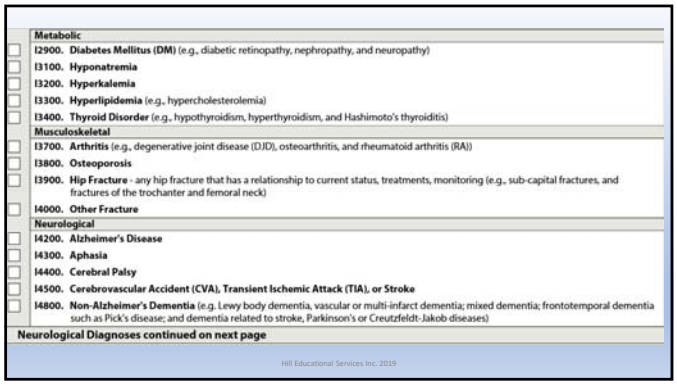

Metabolic

- ☐ I2900. **Diabetes Mellitus (DM)** (e.g., diabetic retinopathy, nephropathy, and neuropathy)
- ☐ I3100. **Hyponatremia**
- ☐ I3200. **Hyperkalemia**
- ☐ I3300. **Hyperlipidemia** (e.g., hypercholesterolemia)
- ☐ I3400. **Thyroid Disorder** (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)

Musculoskeletal

- ☐ I3700. **Arthritis** (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))
- ☐ I3800. **Osteoporosis**
- ☐ I3900. **Hip Fracture** - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)
- ☐ I4000. **Other Fracture**

Neurological

- ☐ I4200. **Alzheimer's Disease**
- ☐ I4300. **Aphasia**
- ☐ I4400. **Cerebral Palsy**
- ☐ I4500. **Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke**
- ☐ I4800. **Non-Alzheimer's Dementia** (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)

Neurological Diagnoses continued on next page

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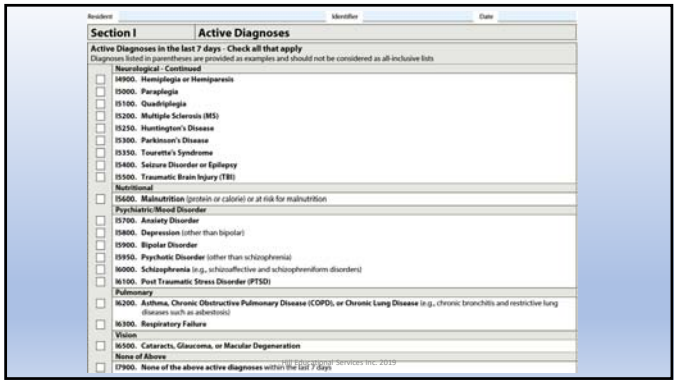

Resident _____ Identifier _____ Date _____

Section I | **Active Diagnoses**

Active Diagnoses in the last 7 days - Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

Neurological - Continued

- ☐ I4900. **Hemiplegia or Hemiparesis**
- ☐ I5000. **Paraplegia**
- ☐ I5100. **Quadriplegia**
- ☐ I5200. **Multiple Sclerosis (MS)**
- ☐ I5250. **Huntington's Disease**
- ☐ I5300. **Parkinson's Disease**
- ☐ I5350. **Tourette's Syndrome**
- ☐ I5400. **Seizure Disorder or Epilepsy**
- ☐ I5500. **Traumatic Brain Injury (TBI)**

Nutritional

- ☐ I5600. **Malnutrition** (protein or calorie) or at risk for malnutrition

Psychiatric/Mood Disorder

- ☐ I5700. **Anxiety Disorder**
- ☐ I5800. **Depression** (other than bipolar)
- ☐ I5900. **Bipolar Disorder**
- ☐ I5950. **Psychotic Disorder** (other than schizophrenia)
- ☐ I6000. **Schizophrenia** (e.g., schizoaffective and schizophreniform disorders)
- ☐ I6100. **Post Traumatic Stress Disorder (PTSD)**

Pulmonary

- ☐ I6200. **Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease** (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis)
- ☐ I6300. **Respiratory Failure**

Vision

- ☐ I6500. **Cataracts, Glaucoma, or Macular Degeneration**

None of Above

- ☐ I7900. **None of the above active diagnoses** within the last 7 days

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Section I

- I1300 Ulcerative Colitis or Crohn's Disease or Inflammatory Bowel Disease
  - Added to 5-day PPS Assessment and IPA

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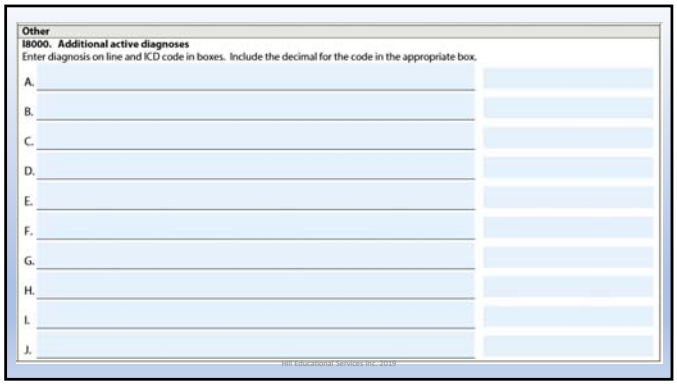

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ICD-10-CM

- Alabama does not allow reporting of AIDS in section I of the MDS

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K0100: Swallowing Disorder

K0100. Swallowing Disorder Signs and symptoms of possible swallowing disorder Check all that apply	
☐	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

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Section K

- K0100: Swallowing
  - Code yes if the symptom occurred during the 7-day look-back period.
  - Do not code if an interventions has been successful in treating the problem and therefore the symptom is not exhibited during the look-back period.

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Section K

- K0510C, mechanically altered diet-change in texture of food or liquids
  - A diet 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.

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Section O

- O0100: Special Treatments, Procedures, and Programs
  - Column 2
    - After admission/entry or reentry and within the 14-day look-back period.

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Group Therapy

- Definition changing to 2-6 residents completing similar activities

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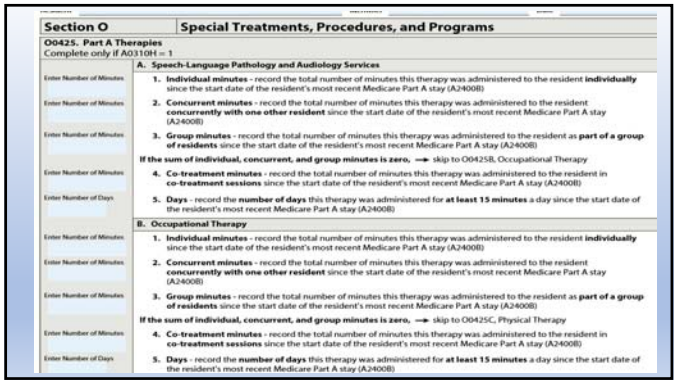

Section O	Special Treatments, Procedures, and Programs
O0425. Part A Therapies Complete only if A0310H = 1	
	A. Speech-Language Pathology and Audiology Services
Enter Number of Minutes	1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes	2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes	3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)
	If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy
Enter Number of Minutes	4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Days	5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)
	B. Occupational Therapy
Enter Number of Minutes	1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes	2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes	3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)
	If the sum of individual, concurrent, and group minutes is zero, → skip to O0425C, Physical Therapy
Enter Number of Minutes	4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Days	5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

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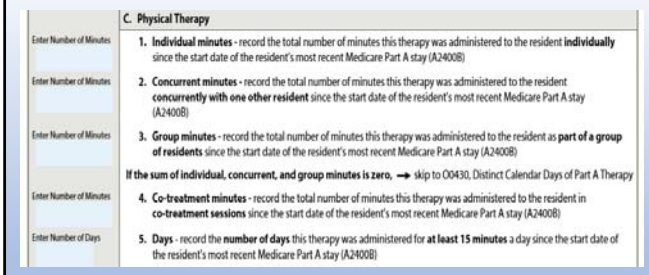

	C. Physical Therapy
Enter Number of Minutes	1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes	2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Minutes	3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)
	If the sum of individual, concurrent, and group minutes is zero, → skip to O0430, Distinct Calendar Days of Part A Therapy
Enter Number of Minutes	4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Days	5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

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Therapy

- Medicare Part A stay begins on November 1, 2019 and ends of December 31, 2019 with two interrupted stays during this time
  - Count all therapy since November 1, 2019 for the Part A PPS Discharge Assessment completed with an ARD of December 31, 2019

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Concurrent/Group Limit

- Warning message on validation report
  - "The total number of group and/or concurrent minutes for one or more therapy disciplines exceeds the 25 percent limit on concurrent and group therapy. Consistent violation of this limit may result in your facility being flagged for additional medical review."

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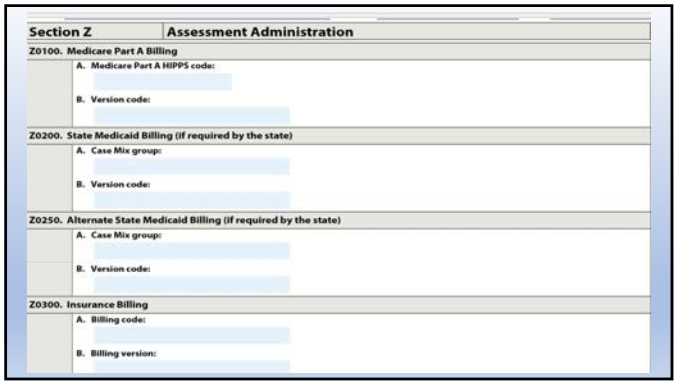

Section Z	Assessment Administration
Z0100. Medicare Part A Billing	
A. Medicare Part A HIPPS code:	
B. Version code:	
Z0200. State Medicaid Billing (if required by the state)	
A. Case Mix group:	
B. Version code:	
Z0250. Alternate State Medicaid Billing (if required by the state)	
A. Case Mix group:	
B. Version code:	
Z0300. Insurance Billing	
A. Billing code:	
B. Billing version:	

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Swing Bed MDS

- Items to be added to Swing Bed MDS
  - K0100 Swallowing Disorder
  - I1300 Ulcerative Colitis or Crohn's Disease or Inflammatory Bowel Disease
  - I4300 Active Diagnosis: Aphasia
  - O0100D2: Special Treatments, Procedures & Programs: Suctioning, While a Resident

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MDS Assessments for PDPM

Medicare MDS Assessment Schedule Type	Assessment Reference Date	Applicable Standard Medicare Payment Days
5-day Scheduled PPS Assessment	Days 1-8	All covered Part A days until Part A discharge (unless an IPA is completed)
Interim Payment Assessment (IPA)	Optional Assessment	ARD of the assessment through Part A discharge (unless another IPA assessment is completed)
PPS Discharge Assessment	PPS Discharge Equal to the End Date of the Most Recent Medicare Stay (A2400C) or Day Discharged From the Facility if Combined with the OBRA Discharge Assessment	N/A

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Interrupted Stay

- Discharged from SNF and is readmitted to the same SNF within 3 days or less after the discharge (the "interruption window").
  - No new 5 day MDS required and the PPS calendar will resume. This is considered a continuation of the previous stay. Variable continues from point just prior to discharge.
- If discharged and readmitted to the same SNF on day 4 or later or admitted to a different SNF (regardless of length of time between stays.
  - Start with new 5 day and variable restarts. This is considered a new stay. Variable resets to day 1.

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PDPM

- PT Base Rate x PT CMI x VPD Adjustment Factor +
- OT Base Rate x OT CMI x VPD Adjustment Factor +
- SLP Base Rate x SLP CMI +
- NTA Base Rate x NTA CMI X VPD Adjustment Factor +
- Nursing Base Rate x Nursing CMI x 18% Nursing Adjustment Factor (Only for Patients with AIDS) +
- Non-Case-Mix Base Rate =

Reimbursement

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PDPM PT & OT Adjustment Factor

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

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PDPM NTA Adjustment Factor

Day in Stay	NTA Adjustment Factor
1-3	3.00
4-100	1.00

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Billing

- Hard transition from RUG-IV to PDPM, both systems will not run concurrently at any point
  - RUG-IV billing ends September 30, 2019 (Must have a PPS Assessment to bill RUG-IV for days through September 30, 2019)
  - PDPM billing begins October 1, 2019

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Billing

- To receive a PDPM HIPPS code for billing beginning October 1, 2019
  - All providers must complete an IPA with an ARD no later than October 7, 2019 for all Part A residents
    - If a transitional IPA has an ARD after October 7, 2019 it will be considered late and the penalty for late assessments would apply
  - October 1, 2019 is considered Day 1 of the variable schedule

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Noncompliance with PPS Assessment Scheduling

- Frequent late assessment scheduling practices or missed assessments may result in additional review

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Default

- For a late assessment default is assessed prior to the 5 day assessment HIPPS code
  - 5 day assessment was completed with an ARD of day 10
    - Facility would receive default for days 1 and 2
    - Beginning on day 3 the HIPPS from the 5 day assessment would be used for billing

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Billing

- PDPM HIPPS algorithm
  - Character 1: PT/OT Payment Group
  - Character 2: SLP Payment Group
  - Character 3: NTA Payment Group
  - Character 4: Nursing Payment Group
  - Character 5: Assessment Indicator

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PDPM HIPPS Coding

- Default code under PDPM is ZZZZZ
  - Default equivalent billing for PDPM groups
    - PT Payment Group: TP
    - OT Payment Group: TP
    - SLP Payment Group: SA
    - Nursing Payment Group: PA1
    - NTA Payment Group: NF

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

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- Nursing Payment Group to HIPPS Translation

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

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- Assessment Indicator (AI) Crosswalk

HIPPS Character	Assessment Type
0	IPA
1	PPS 5-day

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Key Areas to Focus on for PDPM

- Documentation that captures the characteristics of the residents
  - Complete a needs assessment to determine where you need to change documentation practices in order to capture all reimbursement items
  - Do flow sheet questions have not assessed or non applicable choices?
    - If blank could appear area was not assessed
- Accuracy of ICD-10-CM coding
  - Staff training on ICD-10-CM assignment
- Accuracy of MDS coding
  - Current version of RAI manual
  - When was the last time your staff received training on MDS coding?

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Key Areas to Focus on for PDPM

- Programs in the facility
  - Restorative
  - Bowel and Bladder
  - Respiratory Therapy
  - Behavior Management
- Role of the MDS Nurse
  - Consider how this role will be structured to maximize the facilities ability to capture resident characteristics

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Key Areas to Focus on for PDPM

- Triple checks
- Collaborate with hospitals
  - Documentation that is needed upon admit

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References

- PDPM Calculation Worksheet for SNFs
- SNF PDPM Grouper Tool
- Patient Drive Payment Model, Background & Finalized Changes to the Skilled Nursing Facility (SNF) Prospective Payment System (PPS)
- PDPM Fact Sheets
- Patient-Driven Payment Model: Frequently Asked Questions (FAQ)

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References

- ICD-10 Clinical Category Crosswalk
- ICD-10 NTA Comorbidity Crosswalk
- Draft Version 2019 MDS items sets (V1.17.0)
- MDS 3.0 RAI Manual Version 1.16 October 1, 2018
- MDS 3.0 RAI Manual Version 1.17.1 October 1, 2019
- FY2020 SNF PPS Proposed Rule

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