# PDPM Calculation Worksheet for SNFs



In the Patient Driven Payment Model (PDPM), there are five case-mix adjusted components: Physical Therapy (PT), Occupational Therapy (OT), Speech-Language Pathology (SLP), Non-Therapy Ancillary (NTA), and Nursing. Each resident is to be classified into one and only one group for each of the five case-mix adjusted components. In other words, each resident is classified into a PT group, an OT group, an SLP group, an NTA group, and a nursing group. For each of the case-mix adjusted components, there are a number of groups to which a resident may be assigned, based on the relevant MDS 3.0 data for that component. There are 16 PT groups, 16 OT groups, 12 SLP groups, 6 NTA groups, and 25 nursing groups. PDPM classifies residents into a separate group for each of the case-mix adjusted components, which each have their own associated case-mix indexes and base rates. Additionally, PDPM applies variable per diem payment adjustments to three components, PT, OT, and NTA, to account for changes in resource use over a stay. The adjusted PT, OT, and NTA per diem rates are then added together with the unadjusted SLP and nursing component rates and the non-case-mix component to determine the full per diem rate for a given resident.

# Calculation of PDPM Cognitive Level

**PDPM**

The PDPM cognitive level is utilized in the SLP payment component of PDPM. One of four PDPM cognitive performance levels is assigned based on the Brief Interview for Mental Status (BIMS) or the staff assessment for PDPM cognitive level. If neither the BIMS nor the staff assessment for the PDPM cognitive level is complete, then the PDPM cognitive level cannot be assigned and the PDPM case mix group cannot be determined.

**STEP #1**

Determine the resident's BIMS Summary Score on the MDS 3.0 based on the resident interview. Instructions for completing the BIMS are in Chapter 3, Section C. The BIMS involves the following items:

C0200 Repetition of three words

C0300 Temporal orientation

C0400 Recall

Item C0500 provides a BIMS Summary Score that ranges from 00 to 15. If the resident interview is not successful, then the BIMS Summary Score will equal 99.

Calculate the resident's PDPM cognitive level using the following mapping:

*Table 1: Calculation of PDPM Level from BIMS:*

| PDPM Cognitive Level | BIMS Score |
|---|---|
| Cognitively Intact | 13-15 |
| Mildly Impaired | 8-12 |
| Moderately Impaired | 0-7 |
| Severely Impaired | - |

**PDPM Cognitive Level:_____**

If the resident's Summary Score is 99 (resident interview not successful) or the Summary Score is blank (resident interview not attempted and skipped) or the Summary Score has a dash value (not assessed), then proceed to Step #2 to use the staff assessment for PDPM cognitive level.

**STEP #2**

If the resident's Summary Score is 99 or the Summary Score is blank or has a dash value, then determine the resident's cognitive status based on the staff assessment for PDPM

cognitive level using the following steps:

A) The resident 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).

B) If the resident is not severely impaired based on Step A, then determine the resident'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 resident has modified independence or is moderately impaired (C1000 = 1 or 2).

   b. In Makes Self Understood, the resident is usually understood, sometimes understood, or rarely/never understood (B0700 = 1, 2, or 3).

   c. Based on the Staff Assessment for Mental Status, resident has memory problem (C0700 = 1).

Sum a., b., and c. to get the Basic Impairment Count: _____

For each of the conditions below that applies, add one to the Severe Impairment Count.

   a. In Cognitive Skills for Daily Decision Making, resident is moderately impaired (C1000 = 2).

   b. In Makes Self Understood, resident is sometimes understood or rarely/never understood (B0700 = 2 or 3).

Sum a. and b. to get the Severe Impairment Count: ____

C) The resident classifies as moderately impaired if the Severe Impairment Count is 1 or 2 and the Basic Impairment Count is 2 or 3.

D) The resident classifies as mildly impaired if the Basic Impairment Count is 1 and the Severe Impairment Count is 0, 1, or 2, or if the Basic Impairment Count is 2 or 3 and the Severe Impairment Count is 0.

E) The resident classifies as cognitively intact if both the Severe Impairment Count and Basic Impairment Count are 0.

**PDPM Cognitive Level: _____**

# Payment Component: PT

**PDPM**

**STEP #1**

Determine the resident's primary diagnosis clinical category using the ICD-10-CM code recorded in MDS item I0020B. To do so, refer to the PDPM Clinical Categories to ICD-10 Diagnosis Codes mapping (available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html), which maps a resident's primary diagnosis as recorded in MDS item I0020B to the 10 PDPM primary diagnosis clinical categories.

I0020B diagnosis: _____

Default primary diagnosis clinical category: _____

Some ICD-10-CM codes can map to a different clinical category from the default depending on a resident's prior inpatient procedure history. For these codes, a resident may be categorized into a surgical clinical category if the resident received a surgical procedure during the prior inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by item J2000. If the PDPM clinical category mapping indicates that the resident's primary diagnosis code is eligible for one of the two orthopedic surgery categories (major joint replacement or spinal surgery, and orthopedic surgery (except major joint replacement or spinal surgery)) then proceed to Step 1A; if eligible for the non-orthopedic surgery category, then proceed to Step 1C. Otherwise, proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

**STEP #1A**

Determine whether the resident received a major joint replacement or spinal surgery during the prior inpatient stay using item J2000. If any of the procedures indicated in items J2300, J2310, J2320, J2330, J2400, J2410, or J2420 was performed during the prior inpatient stay, then the resident is categorized into the major joint replacement or spinal surgery clinical category. If none of these procedures was performed, the resident did not receive major joint replacement or spinal surgery during the prior inpatient stay for purposes of determining the PDPM classification.

Resident eligible for Surgical Clinical Category and Received Major Joint Replacement or Spinal Surgery? (Yes/No) ___

If the resident received Major Joint Replacement or Spinal Surgery, then the primary diagnosis clinical category is Major Joint Replacement or Spinal Surgery. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment. Otherwise, proceed to Step 1B.

**STEP #1B**

Determine whether the resident received orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay using item J2000. If any of the procedures indicated in items J2500, J2510, J2520, or J2530 was performed during the prior inpatient stay, then the resident is categorized into the Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) clinical category. If none of these procedures was performed, the resident did not receive

orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay for purposes of determining the PDPM classification.

Resident Eligible for Surgical Clinical Category and Received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)? (Yes/No) ____

If the resident received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery), then the primary diagnosis clinical category is Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery). Otherwise, the resident stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

**STEP #1C**

Determine whether the resident received a significant non-orthopedic surgical procedure during the prior inpatient stay using item J2000. If any of the procedures indicated in items J2600, J2610, J2620, J2700, J2710, J2800, J2810, J2900, J2910, J2920, J2930, or J2940 was performed during the prior inpatient stay, then the resident is categorized into the non-orthopedic surgery clinical category. If none of these procedures was performed, the resident did not receive a significant non-orthopedic surgical procedure during the prior inpatient stay for purposes of determining the PDPM classification.

Resident Eligible for Surgical Clinical Category and received significant Non-Orthopedic Surgical Procedure? (Yes/No) ____

If the resident received a significant Non-Orthopedic Surgical Procedure, then the primary diagnosis clinical category is Non-Orthopedic Surgery. Otherwise, the resident stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

**STEP #1D**

To finalize the primary diagnosis clinical category assignment, if the resident is not eligible for a different clinical category from the default, then select the default clinical category assigned to the primary diagnosis as recorded in MDS item I0020B in Step 1. If the resident is eligible for a different clinical category from the default, select the eligible surgical clinical category as determined in Steps 1A, 1B, or 1C.

Primary diagnosis clinical category: _____

**STEP #2**

Next, determine the resident's PT clinical category based on the mapping shown below.

*Table 2: PT Clinical Category*

| Primary Diagnosis Clinical Category | PT Clinical Category |
|---|---|
| Major Joint Replacement or Spinal Surgery | Major Joint Replacement or Spinal Surgery |
| Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) | Other Orthopedic |
| Non-Orthopedic Surgery | Non-Orthopedic Surgery |
| Acute Infections | Medical Management |
| Cardiovascular and Coagulations | Medical Management |
| Pulmonary | Medical Management |
| Non-Surgical Orthopedic/Musculoskeletal | Other Orthopedic |
| Acute Neurologic | Acute Neurologic |
| Cancer | Medical Management |
| Medical Management | Medical Management |

PT Clinical Category: _____

**STEP #3**

Calculate the resident's Function Score for PT payment. Use the following table to determine the Function Score for Eating Admission Performance (GG0130A1), Oral Hygiene Admission Performance (GG0130B1), Toileting Hygiene Admission Performance (GG0130C1), Sit to Lying Admission Performance (GG0170B1), Lying to Sitting on Side of Bed Admission Performance (GG0170C1), Sit to Stand Admission Performance (GG0170D1), Chair/Bed-to-Chair Transfer Admission Performance (GG0170E1), and Toilet Transfer Admission Performance (GG0170F1).

Determine if the resident can walk using item GG0170I1. If the resident cannot walk 10 feet (GG0170I1=07, 09, 10, or 88), then the Function Score for Walk 50 Feet with Two Turns (GG0170J1) and Walk 150 Feet (GG0170K1) is 0. If the resident can walk (GG0170I1=06, 05, 04, 03, 02, 01), then determine the Function Score for Walk 50 Feet with Two Turns (GG0170J1) and Walk 150 Feet (GG0170K1) using the following table.

*Table 3: Function Score for PT Payment*

| Admission Performance (Column 1) = | Function Score = |
|---|---|
| 05, 06 | 4 |
| 04 | 3 |
| 03 | 2 |
| 02 | 1 |
| 01, 07, 09, 10, 88, missing | 0 |

Enter the Function Score for each item:

Eating

Eating Function Score: ___

Oral Hygiene

Oral Hygiene Function Score: ___

Toileting Hygiene

Toileting Hygiene Function Score: ___

Bed Mobility

Sit to Lying Function Score: ___

Lying to Sitting on Side of Bed Function Score: ___

Transfer

Sit to Stand Function Score: ___

Chair/Bed-to-Chair Function Score: ___

Toilet Transfer Function Score: ___

Walking

Walk 50 Feet with Two Turns Function Score: ___

Walk 150 Feet Function Score: ___

The next step is to calculate the average function scores for the two bed mobility items, the three transfer items, and the two walking items as follows. For the Average Bed Mobility Function Score, calculate the sum of the Function Scores for Sit to Lying and Lying to Sitting on Side of Bed and divide this sum by 2. For the Average Transfer Function Score, calculate the sum of the Function Scores for Sit to Stand, Chair/Bed-to-Chair, and Toilet Transfer, and divide this sum by 3. For the Average Walking Function Score, calculate the sum of the Function Scores for Walk 50 Feet with Two Turns and Walk 150 Feet, and divide this sum by 2. Enter the Average Bed Mobility, Average Transfer Function, and Average Walking Function Scores below.

Average Bed Mobility Function Score: ___

Average Transfer Function Score: ___

Average Walking Function Score: ___

Calculate the sum of the following Function Scores: Eating Function Score, Oral Hygiene Function Score, Toileting Hygiene Function Score, Average Bed Mobility Function Score, Average Transfer Function Score, and Average Walking Function Score. Finally, round this sum to the nearest integer. This is the **PDPM Function Score for PT Payment**. The PDPM Function Score for PT Payment ranges from 0 through 24.

**PT FUNCTION SCORE**: ___

**STEP #4**

Using the responses from Steps 1 and 2 above, determine the resident's PT group using the table below.

*Table 4: PT Case-Mix Groups*

| Clinical Category | Section GG Function Score | PT Case-Mix Group |
|---|---|---|
| Major Joint Replacement or Spinal Surgery | 0-5 | TA |
| Major Joint Replacement or Spinal Surgery | 6-9 | TB |
| Major Joint Replacement or Spinal Surgery | 10-23 | TC |
| Major Joint Replacement or Spinal Surgery | 24 | TD |
| Other Orthopedic | 0-5 | TE |
| Other Orthopedic | 6-9 | TF |
| Other Orthopedic | 10-23 | TG |
| Other Orthopedic | 24 | TH |
| Medical Management | 0-5 | TI |
| Medical Management | 6-9 | TJ |
| Medical Management | 10-23 | TK |
| Medical Management | 24 | TL |
| Non-Orthopedic Surgery and Acute Neurologic | 0-5 | TM |
| Non-Orthopedic Surgery and Acute Neurologic | 6-9 | TN |
| Non-Orthopedic Surgery and Acute Neurologic | 10-23 | TO |
| Non-Orthopedic Surgery and Acute Neurologic | 24 | TP |

**PDPM PT Classification: ___**

# Payment Component: OT

**PDPM**

**STEP #1**

Determine the resident's primary diagnosis clinical category using the ICD-10-CM code recorded in MDS item I0020B. To do so, refer to the PDPM Clinical Categories to ICD-10 Diagnosis Codes mapping (available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html), which maps a resident's primary diagnosis as recorded in MDS item I0020B to the 10 PDPM primary diagnosis clinical categories.

I0020B diagnosis: _____

Default primary diagnosis clinical category: _____

Some ICD-10-CM codes can map to a different clinical category from the default depending on a resident's prior inpatient procedure history. For these codes, a resident may be categorized into a surgical clinical category if the resident received a surgical procedure during the prior inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by item J2000. If the PDPM clinical category mapping indicates that the resident's primary diagnosis code is eligible for one of the two orthopedic surgery categories (major joint replacement or spinal surgery, and orthopedic surgery (except major joint replacement or spinal surgery)) then proceed to Step 1A; if eligible for the non-orthopedic surgery category, then proceed to Step 1C. Otherwise, proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

**STEP #1A**

Determine whether the resident received a major joint replacement or spinal surgery during the prior inpatient stay using item J2000. If any of the procedures indicated in items J2300, J2310, J2320, J2330, J2400, J2410, or J2420 was performed during the prior inpatient stay, then the resident is categorized into the major joint replacement or spinal surgery clinical category. If none of these procedures was performed, the resident did not receive major joint replacement or spinal surgery during the prior inpatient stay for purposes of determining the PDPM classification.

Resident eligible for Surgical Clinical Category and Received Major Joint Replacement or Spinal Surgery? (Yes/No) ____

If the resident received Major Joint Replacement or Spinal Surgery, then the primary diagnosis clinical category is Major Joint Replacement or Spinal Surgery. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment. Otherwise, proceed to Step 1B.

**STEP #1B**

Determine whether the resident received orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay using item J2000. If any of the procedures indicated in items J2500, J2510, J2520, or J2530 was performed during the prior inpatient stay, then the resident is categorized into the Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) clinical category. If none of these procedures was performed, the resident did not receive

orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay for purposes of determining the PDPM classification.

Resident Eligible for Surgical Clinical Category and Received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)? (Yes/No) ____

If the resident received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery), then the primary diagnosis clinical category is Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery). Otherwise, the resident stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

**STEP #1C**

Determine whether the resident received a significant non-orthopedic surgical procedure during the prior inpatient stay using item J2000. If any of the procedures indicated in items J2600, J2610, J2620, J2700, J2710, J2800, J2810, J2900, J2910, J2920, J2930, or J2940 was performed during the prior inpatient stay, then the resident is categorized into the non-orthopedic surgery clinical category. If none of these procedures was performed, the resident did not receive a significant non-orthopedic surgical procedure during the prior inpatient stay for purposes of determining the PDPM classification.

Resident Eligible for Surgical Clinical Category and received significant Non-Orthopedic Surgical Procedure? (Yes/No) ____

If the resident received a significant Non-Orthopedic Surgical Procedure, then the primary diagnosis clinical category is Non-Orthopedic Surgery. Otherwise, the resident stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

**STEP #1D**

To finalize the primary diagnosis clinical category assignment, if the resident is not eligible for a different clinical category from the default, then select the default clinical category assigned to the primary diagnosis as recorded in MDS item I0020B in Step 1. If the resident is eligible for a different clinical category from the default, select the eligible surgical clinical category as determined in Steps 1A, 1B, or 1C.

Primary diagnosis clinical category: _____

**STEP #2**

Next, determine the resident's OT clinical category based on the mapping shown below.

*Table 5: OT Clinical Category*

| Primary Diagnosis Clinical Category | PT Clinical Category |
|---|---|
| Major Joint Replacement or Spinal Surgery | Major Joint Replacement or Spinal Surgery |
| Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) | Other Orthopedic |
| Non-Orthopedic Surgery | Non-Orthopedic Surgery |
| Acute Infections | Medical Management |
| Cardiovascular and Coagulations | Medical Management |
| Pulmonary | Medical Management |
| Non-Surgical Orthopedic/Musculoskeletal | Other Orthopedic |
| Acute Neurologic | Acute Neurologic |
| Cancer | Medical Management |
| Medical Management | Medical Management |

OT Clinical Category: _____

**STEP #3**

Calculate the resident's Function Score for OT payment. Use the following table to determine the Function Score for Eating Admission Performance (GG0130A1), Oral Hygiene Admission Performance (GG0130B1), Toileting Hygiene Admission Performance (GG0130C1), Sit to Lying Admission Performance (GG0170B1), Lying to Sitting on Side of Bed Admission Performance (GG0170C1), Sit to Stand Admission Performance (GG0170D1), Chair/Bed-to-Chair Transfer Admission Performance (GG0170E1), and Toilet Transfer Admission Performance (GG0170F1).

Determine if the resident can walk using item GG0170I1. If the resident cannot walk 10 feet (GG0170I1=07, 09, 10, or 88), then the Function Score for Walk 50 Feet with Two Turns (GG0170J1) and Walk 150 Feet (GG0170K1) is 0. If the resident can walk (GG0170I1=06, 05, 04, 03, 02, 01), then determine the Function Score for Walk 50 Feet with Two Turns (GG0170J1) and Walk 150 Feet (GG0170K1) using the following table.

*Table 6: Function Score for OT Payment*

| Admission Performance (Column 1) = | Function Score = |
|---|---|
| 05, 06 | 4 |
| 04 | 3 |
| 03 | 2 |
| 02 | 1 |
| 01, 07, 09, 10, 88, missing | 0 |

Enter the Function Score for each item:

Eating

Eating Function Score: ___

Oral Hygiene

Oral Hygiene Function Score: ____

Toileting Hygiene

Toileting Hygiene Function Score: ____

Bed Mobility

Sit to Lying Function Score: ____

Lying to Sitting on Side of Bed Function Score: ____

Transfer

Sit to Stand Function Score: ____

Chair/Bed-to-Chair Function Score: ____

Toilet Transfer Function Score: ____

Walking

Walk 50 Feet with Two Turns Function Score: ____

Walk 150 Feet Function Score: ____

The next step is to calculate the average function scores for the two bed mobility items, the three transfer items, and the two walking items as follows. For the Average Bed Mobility Function Score, calculate the sum of the Function Scores for Sit to Lying and Lying to Sitting on Side of Bed and divide this sum by 2. For the Average Transfer Function Score, calculate the sum of the Function Scores for Sit to Stand, Chair/Bed-to-Chair, and Toilet Transfer, and divide this sum by 3. For the Average Walking Function Score, calculate the sum of the Function Scores for Walk 50 Feet with Two Turns and Walk 150 Feet, and divide this sum by 2. Enter the Average Bed Mobility, Average Transfer Function, and Average Walking Function Scores below.

Average Bed Mobility Function Score: ____

Average Transfer Function Score: ____

Average Walking Function Score: ____

Calculate the sum of the following scores: Eating Function Score, Oral Hygiene Function Score, Toileting Hygiene Function Score, Average Bed Mobility Score, Average Transfer Score, and Average Walking Score. Finally, round this sum to the nearest integer. This is the **PDPM Function Score for OT Payment**. The PDPM Function Score for OT Payment ranges from 0 through 24.

**OT FUNCTION SCORE**: ____

**STEP #4**

Using the responses from Steps 1 and 2 above, determine the resident's OT group using the table below. The resident should be assigned to the same case-mix group for PT and OT.

*Table 7: OT Case-Mix Groups*

| Clinical Category | Section GG Function Score | OT Case-Mix Group |
|---|---|---|
| Major Joint Replacement or Spinal Surgery | 0-5 | TA |
| Major Joint Replacement or Spinal Surgery | 6-9 | TB |
| Major Joint Replacement or Spinal Surgery | 10-23 | TC |
| Major Joint Replacement or Spinal Surgery | 24 | TD |
| Other Orthopedic | 0-5 | TE |
| Other Orthopedic | 6-9 | TF |
| Other Orthopedic | 10-23 | TG |
| Other Orthopedic | 24 | TH |
| Medical Management | 0-5 | TI |
| Medical Management | 6-9 | TJ |
| Medical Management | 10-23 | TK |
| Medical Management | 24 | TL |
| Non-Orthopedic Surgery and Acute Neurologic | 0-5 | TM |
| Non-Orthopedic Surgery and Acute Neurologic | 6-9 | TN |
| Non-Orthopedic Surgery and Acute Neurologic | 10-23 | TO |
| Non-Orthopedic Surgery and Acute Neurologic | 24 | TP |

**PDPM OT Classification: ___**

# Payment Component: SLP

**PDPM**

**STEP #1**

Determine the resident's primary diagnosis clinical category using the ICD-10-CM code recorded in MDS item I0020B. To do so, refer to the PDPM Clinical Categories to ICD-10 Diagnosis Codes mapping (available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html), which maps a resident's primary diagnosis as recorded in MDS item I0020B to the 10 PDPM primary diagnosis clinical categories.

I0020B diagnosis: _____

Default primary diagnosis clinical category: _____

Some ICD-10-CM codes can map to a different clinical category from the default depending on a resident's prior inpatient procedure history. For these codes, a resident may be categorized into a surgical clinical category if the resident received a surgical procedure during the prior inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by item J2000. If the PDPM clinical category mapping indicates that the resident's primary diagnosis code is eligible for one of the two orthopedic surgery categories (major joint replacement or spinal surgery, and orthopedic surgery (except major joint replacement or spinal surgery)) then proceed to Step 1A; if eligible for the non-orthopedic surgery category, then proceed to Step 1C. Otherwise, proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

**STEP #1A**

Determine whether the resident received a major joint replacement or spinal surgery during the prior inpatient stay using item J2000. If any of the procedures indicated in items J2300, J2310, J2320, J2330, J2400, J2410, or J2420 was performed during the prior inpatient stay, then the resident is categorized into the major joint replacement or spinal surgery clinical category. If none of these procedures was performed, the resident did not receive major joint replacement or spinal surgery during the prior inpatient stay for purposes of determining the PDPM classification.

Resident eligible for Surgical Clinical Category and Received Major Joint Replacement or Spinal Surgery? (Yes/No) ___

If the resident received Major Joint Replacement or Spinal Surgery, then the primary diagnosis clinical category is Major Joint Replacement or Spinal Surgery. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment. Otherwise, proceed to Step 1B.

**STEP #1B**

Determine whether the resident received orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay using item J2000. If any of the procedures indicated in items J2500, J2510, J2520, or J2530 was performed during the prior inpatient stay, then the resident is categorized into the Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) clinical category. If none of these procedures was performed, the resident did not receive

orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay for purposes of determining the PDPM classification.

Resident Eligible for Surgical Clinical Category and Received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)? (Yes/No) ____

If the resident received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery), then the primary diagnosis clinical category is Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery). Otherwise, the resident stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

**STEP #1C**

Determine whether the resident received a significant non-orthopedic surgical procedure during the prior inpatient stay using item J2000. If any of the procedures indicated in items J2600, J2610, J2620, J2700, J2710, J2800, J2810, J2900, J2910, J2920, J2930, or J2940 was performed during the prior inpatient stay, then the resident is categorized into the non-orthopedic surgery clinical category. If none of these procedures was performed, the resident did not receive a significant non-orthopedic surgical procedure during the prior inpatient stay for purposes of determining the PDPM classification.

Resident Eligible for Surgical Clinical Category and received significant Non-Orthopedic Surgical Procedure? (Yes/No) ____

If the resident received a significant Non-Orthopedic Surgical Procedure, then the primary diagnosis clinical category is Non-Orthopedic Surgery. Otherwise, the resident stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

**STEP #1D**

To finalize the primary diagnosis clinical category assignment, if the resident is not eligible for a different clinical category from the default, then select the default clinical category assigned to the primary diagnosis as recorded in MDS item I0020B in Step 1. If the resident is eligible for a different clinical category from the default, select the eligible surgical clinical category as determined in Steps 1A, 1B, or 1C.

Primary diagnosis clinical category: _____

**STEP #2**

Next, determine the resident's SLP clinical category based on the mapping shown below.

*Table 8: SLP Clinical Category*

| Primary Diagnosis Clinical Category | SLP Clinical Category |
|---|---|
| Major Joint Replacement or Spinal Surgery | Non-Neurologic |
| Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) | Non-Neurologic |
| Non-Orthopedic Surgery | Non-Neurologic |
| Acute Infections | Non-Neurologic |
| Cardiovascular and Coagulations | Non-Neurologic |
| Pulmonary | Non-Neurologic |
| Non-Surgical Orthopedic/Musculoskeletal | Non-Neurologic |
| Acute Neurologic | Acute Neurologic |
| Cancer | Non-Neurologic |
| Medical Management | Non-Neurologic |

SLP Clinical Category: _____

**STEP #3**

Determine whether the resident has one or more SLP-related comorbidities. To do so, examine the services and conditions in the table below. If any of these items is indicated as present, the resident has an SLP-related comorbidity. For comorbidities that are recorded in Section I8000 of the MDS, use the mapping below to check if the specific ICD-10-CM codes corresponding to the condition are coded in Section I8000.

*Table 9: SLP-Related Comorbidities*

| MDS Item | Description |
|---|---|
| I4300 | Aphasia |
| I4500 | CVA, TIA, or Stroke |
| I4900 | Hemiplegia or Hemiparesis |
| I5500 | Traumatic Brain Injury |
| I8000 | Laryngeal Cancer |
| I8000 | Apraxia |
| I8000 | Dysphagia |
| I8000 | ALS |
| I8000 | Oral Cancers |
| I8000 | Speech and Language Deficits |
| O0100E2 | Tracheostomy Care While a Resident |
| O0100F2 | Ventilator or Respirator While a Resident |

*Table 10: Mapping of ICD-10-CM Codes to SLP-Related Comorbidities*

| SLP-Related Comorbidity | ICD-10-CM Code | Description |
|---|---|---|
| ALS | G12.21 | Amyotrophic lateral sclerosis |
| Apraxia | I69.990 | Apraxia following unspecified cerebrovascular disease |
| Dysphagia | I69.991 | Dysphagia following unspecified cerebrovascular disease |

| SLP-Related Comorbidity | ICD-10-CM Code | Description |
|---|---|---|
| Laryngeal Cancer | C32.0 | Malignant neoplasm of glottis |
| Laryngeal Cancer | C32.1 | Malignant neoplasm of supraglottis |
| Laryngeal Cancer | C32.2 | Malignant neoplasm of subglottis |
| Laryngeal Cancer | C32.3 | Malignant neoplasm of laryngeal cartilage |
| Laryngeal Cancer | C32.8 | Malignant neoplasm of other specified sites of larynx |
| Laryngeal Cancer | C32.9 | Malignant neoplasm of larynx, unspecified |
| Oral Cancers | C00.0 | Malignant neoplasm of external upper lip |
| Oral Cancers | C00.1 | Malignant neoplasm of external lower lip |
| Oral Cancers | C00.3 | Malignant neoplasm of upper lip, inner aspect |
| Oral Cancers | C00.4 | Malignant neoplasm of lower lip, inner aspect |
| Oral Cancers | C00.5 | Malignant neoplasm of lip, unspecified, inner aspect |
| Oral Cancers | C00.6 | Malignant neoplasm of commissure of lip, unspecified |
| Oral Cancers | C00.8 | Malignant neoplasm of overlapping sites of lip |
| Oral Cancers | C00.2 | Malignant neoplasm of external lip, unspecified |
| Oral Cancers | C00.9 | Malignant neoplasm of lip, unspecified |
| Oral Cancers | C01 | Malignant neoplasm of base of tongue |
| Oral Cancers | C02.0 | Malignant neoplasm of dorsal surface of tongue |
| Oral Cancers | C02.1 | Malignant neoplasm of border of tongue |
| Oral Cancers | C02.2 | Malignant neoplasm of ventral surface of tongue |
| Oral Cancers | C02.3 | Malignant neoplasm of anterior two-thirds of tongue, part unspecified |
| Oral Cancers | C02.8 | Malignant neoplasm of overlapping sites of tongue |
| Oral Cancers | C02.4 | Malignant neoplasm of lingual tonsil |
| Oral Cancers | C02.8 | Malignant neoplasm of overlapping sites of tongue |
| Oral Cancers | C02.9 | Malignant neoplasm of tongue, unspecified |
| Oral Cancers | C03.0 | Malignant neoplasm of upper gum |
| Oral Cancers | C03.1 | Malignant neoplasm of lower gum |
| Oral Cancers | C03.9 | Malignant neoplasm of gum, unspecified |
| Oral Cancers | C03.9 | Malignant neoplasm of gum, unspecified |
| Oral Cancers | C04.0 | Malignant neoplasm of anterior floor of mouth |
| Oral Cancers | C04.1 | Malignant neoplasm of lateral floor of mouth |
| Oral Cancers | C04.8 | Malignant neoplasm of overlapping sites of floor of mouth |
| Oral Cancers | C04.9 | Malignant neoplasm of floor of mouth, unspecified |
| Oral Cancers | C09.9 | Malignant neoplasm of tonsil, unspecified |
| Oral Cancers | C09.8 | Malignant neoplasm of overlapping sites of tonsil |
| Oral Cancers | C09.0 | Malignant neoplasm of tonsillar fossa |
| Oral Cancers | C09.1 | Malignant neoplasm of tonsillar pillar (anterior) (posterior) |
| Oral Cancers | C10.0 | Malignant neoplasm of vallecula |
| Oral Cancers | C10.1 | Malignant neoplasm of anterior surface of epiglottis |
| Oral Cancers | C10.8 | Malignant neoplasm of overlapping sites of oropharynx |
| Oral Cancers | C10.2 | Malignant neoplasm of lateral wall of oropharynx |
| Oral Cancers | C10.3 | Malignant neoplasm of posterior wall of oropharynx |
| Oral Cancers | C10.4 | Malignant neoplasm of branchial cleft |
| Oral Cancers | C10.8 | Malignant neoplasm of overlapping sites of oropharynx |

| SLP-Related Comorbidity | ICD-10-CM Code | Description |
|---|---|---|
| Oral Cancers | C10.9 | Malignant neoplasm of oropharynx, unspecified |
| Oral Cancers | C14.0 | Malignant neoplasm of pharynx, unspecified |
| Oral Cancers | C14.2 | Malignant neoplasm of waldeyer's ring |
| Oral Cancers | C14.8 | Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx |
| Oral Cancers | C14.8 | Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx |
| Oral Cancers | C06.0 | Malignant neoplasm of cheek mucosa |
| Oral Cancers | C06.1 | Malignant neoplasm of vestibule of mouth |
| Oral Cancers | C05.0 | Malignant neoplasm of hard palate |
| Oral Cancers | C05.1 | Malignant neoplasm of soft palate |
| Oral Cancers | C05.2 | Malignant neoplasm of uvula |
| Oral Cancers | C05.9 | Malignant neoplasm of palate, unspecified |
| Oral Cancers | C05.8 | Malignant neoplasm of overlapping sites of palate |
| Oral Cancers | C06.2 | Malignant neoplasm of retromolar area |
| Oral Cancers | C06.89 | Malignant neoplasm of overlapping sites of other parts of mouth |
| Oral Cancers | C06.80 | Malignant neoplasm of overlapping sites of unspecified parts of mouth |
| Oral Cancers | C06.9 | Malignant neoplasm of mouth, unspecified |
| Speech and Language Deficits | I69.928 | Other speech and language deficits following unspecified cerebrovascular disease |
| Speech and Language Deficits | I69.920 | Aphasia following unspecified cerebrovascular disease |
| Speech and Language Deficits | I69.921 | Dysphasia following unspecified cerebrovascular disease |
| Speech and Language Deficits | I69.922 | Dysarthria following unspecified cerebrovascular disease |
| Speech and Language Deficits | I69.923 | Fluency disorder following unspecified cerebrovascular disease |
| Speech and Language Deficits | I69.928 | Other speech and language deficits following unspecified cerebrovascular disease |

Presence of one or more SLP-related comorbidities? (Yes/No) ____

**STEP #4**

Determine whether resident has a cognitive impairment. Calculate the resident's PDPM cognitive level, as described previously. If the PDPM cognitive level is cognitively intact, then the resident does not have a cognitive impairment. Otherwise, if the resident is assessed as mildly, moderately, or severely impaired, then the resident classifies as cognitively impaired.

Presence of Cognitive Impairment? (Yes/No) ____

**STEP #5**

Determine how many of the following conditions are present:

a. Based on Step 1, the resident is classified in the Acute Neurologic clinical category.
b. Based on Step 2, the resident has one or more SLP-related comorbidities.
c. Based on Step 3, the resident has a cognitive impairment.

Number of conditions present: ____

**STEP #6**

Determine whether the resident has a swallowing disorder using item K0100. If any of the conditions indicated in items K0100A through K0100D is present, then the resident has swallowing disorder. If none of these conditions is present, the resident does not have a swallowing disorder for purposes of this calculation.

Presence of Swallowing Disorder? (Yes/No) ____

**STEP #7**

Determine whether the resident has a mechanically altered diet. If K0510C2 (mechanically altered diet while a resident) is checked, then the resident has a mechanically altered diet.

Presence of Mechanically Altered Diet? (Yes/No) ____

**STEP #8**

Determine how many of the following conditions are present based on Steps 5 and 6:

a. The resident has neither a swallowing disorder nor a mechanically altered diet.
b. The resident has either a swallowing disorder or a mechanically altered diet.
c. The resident has both a swallowing disorder and a mechanically altered diet.

Presence of Mechanically Altered Diet or Swallowing Disorder? (Neither/Either/Both): ____

**STEP #9**

Determine the resident's SLP group using the responses from Steps 1-7 and the table below.

*Table 11: SLP Case-Mix Groups*

| Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment | Mechanically Altered Diet or Swallowing Disorder | SLP Case-Mix Group |
|---|---|---|
| None | Neither | SA |
| None | Either | SB |
| None | Both | SC |
| Any one | Neither | SD |
| Any one | Either | SE |
| Any one | Both | SF |
| Any two | Neither | SG |
| Any two | Either | SH |
| Any two | Both | SI |
| All three | Neither | SJ |
| All three | Either | SK |
| All three | Both | SL |

**PDPM SLP Classification: ____**

# Payment Component: NTA

**PDPM**

**STEP #1**

Determine whether resident has one or more NTA-related comorbidities.

1. Determine whether the resident has HIV/AIDS. HIV/AIDS is not reported on the MDS but is recorded on the SNF claim (ICD-10-CM code B20).

Resident has HIV/AIDS? (Yes/No) ____

2. Determine whether the resident meets the criteria for the comorbidity: "Parenteral/IV Feeding – High Intensity" or the comorbidity: " Parenteral/IV Feeding – Low Intensity". To do so, first determine if the resident received parenteral/IV feeding during the last 7 days while a resident of the SNF using item K0510A2. If the resident did not receive parenteral/IV feeding during the last 7 days while a resident, then the resident does not meet the criteria for Parenteral/IV Feeding – High Intensity or Parenteral/IV Feeding – Low Intensity.

   If the resident did receive parenteral/IV feeding during the last 7 days while a resident, then use item K0710A to determine if the proportion of total calories the resident received through parenteral or tube feeding was 51% or more while a resident (K0710A2 = 3). If K0710A2 =3 then the resident meets the criteria for Parenteral/IV Feeding – High Intensity. If the proportion of total calories the resident received through parenteral or tube feeding was 26-50% (K0710A2 = 2) and average fluid intake per day by IV or tube feeding was 501 cc per day or more while a resident (K0710B2 = 2), then the resident qualifies for Parenteral/IV Feeding – Low Intensity.

   Presence of Parenteral/IV Feeding – High Intensity? (Yes/No) ____

   Presence of Parenteral/IV Feeding – Low Intensity? (Yes/No) ____

3. Determine whether the resident has any additional NTA-related comorbidities. To do this, examine the conditions and services in the table below, of which all except HIV/AIDS are recorded on the MDS. HIV/AIDS is recorded on the SNF claim. For conditions and services that are recorded in Section I8000 of the MDS, check if the corresponding ICD-10-CM codes are coded in Section I8000 using the mapping available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html.

*Table 12: NTA Comorbidity Score Calculation*

| Condition/Extensive Service | MDS Item | Points |
|---|---|---|
| HIV/AIDS | N/A (SNF claim) | 8 |
| Parenteral IV Feeding: Level High | K0510A2, K0710A2 | 7 |
| Special Treatments/Programs: Intravenous Medication Post-admit Code | O0100H2 | 5 |
| Special Treatments/Programs: Ventilator or Respirator Post-admit Code | O0100F2 | 4 |
| Parenteral IV feeding: Level Low | K0510A2, K0710A2, K0710B2 | 3 |
| Lung Transplant Status | I8000 | 3 |
| Special Treatments/Programs: Transfusion Post-admit Code | O0100I2 | 2 |
| Major Organ Transplant Status, Except Lung | I8000 | 2 |
| Active Diagnoses: Multiple Sclerosis Code | I5200 | 2 |
| Opportunistic Infections | I8000 | 2 |
| Active Diagnoses: Asthma COPD Chronic Lung Disease Code | I6200 | 2 |
| Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone | I8000 | 2 |
| Chronic Myeloid Leukemia | I8000 | 2 |
| Wound Infection Code | I2500 | 2 |
| Active Diagnoses: Diabetes Mellitus (DM) Code | I2900 | 2 |
| Endocarditis | I8000 | 1 |
| Immune Disorders | I8000 | 1 |
| End-Stage Liver Disease | I8000 | 1 |
| Other Foot Skin Problems: Diabetic Foot Ulcer Code | M1040B | 1 |
| Narcolepsy and Cataplexy | I8000 | 1 |
| Cystic Fibrosis | I8000 | 1 |
| Special Treatments/Programs: Tracheostomy Care Post-admit Code | O0100E2 | 1 |
| Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code | I1700 | 1 |
| Special Treatments/Programs: Isolation Post-admit Code | O0100M2 | 1 |
| Specified Hereditary Metabolic/Immune Disorders | I8000 | 1 |
| Morbid Obesity | I8000 | 1 |
| Special Treatments/Programs: Radiation Post-admit Code | O0100B2 | 1 |
| Stage 4 Unhealed Pressure Ulcer Currently present[1] | M0300D1 | 1 |
| Psoriatic Arthropathy and Systemic Sclerosis | I8000 | 1 |
| Chronic Pancreatitis | I8000 | 1 |
| Proliferative Diabetic Retinopathy and Vitreous Hemorrhage | I8000 | 1 |
| Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code | M1040A, M1040C | 1 |
| Complications of Specified Implanted Device or Graft | I8000 | 1 |
| Bladder and Bowel Appliances: Intermittent catheterization | H0100D | 1 |
| Inflammatory Bowel Disease | I1300 | 1 |
| Aseptic Necrosis of Bone | I8000 | 1 |
| Special Treatments/Programs: Suctioning Post-admit Code | O0100D2 | 1 |

[1] If the number of Stage 4 Unhealed Pressure Ulcers is recorded as greater than 0, it will add one point to the NTA comorbidity score calculation. Only the presence, not the count, of Stage 4 Unhealed Pressure Ulcers affects the PDPM NTA comorbidity score calculation.

| Condition/Extensive Service | MDS Item | Points |
|---|---|---|
| Cardio-Respiratory Failure and Shock | I8000 | 1 |
| Myelodysplastic Syndromes and Myelofibrosis | I8000 | 1 |
| Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies | I8000 | 1 |
| Diabetic Retinopathy - Except : Proliferative Diabetic Retinopathy and Vitreous Hemorrhage | I8000 | 1 |
| Nutritional Approaches While a Resident: Feeding Tube | K0510B2 | 1 |
| Severe Skin Burn or Condition | I8000 | 1 |
| Intractable Epilepsy | I8000 | 1 |
| Active Diagnoses: Malnutrition Code | I5600 | 1 |
| Disorders of Immunity - Except : RxCC97: Immune Disorders | I8000 | 1 |
| Cirrhosis of Liver | I8000 | 1 |
| Bladder and Bowel Appliances: Ostomy | H0100C | 1 |
| Respiratory Arrest | I8000 | 1 |
| Pulmonary Fibrosis and Other Chronic Lung Disorders | I8000 | 1 |

**STEP #2**

Calculate the resident's total NTA score using the table above. To calculate the total NTA score, sum the points corresponding to each condition or service present. If none of these conditions or services is present, the resident's score is 0.

NTA Score: ___

**STEP #3**

Determine the resident's NTA group using the table below.

*Table 13: NTA Case-Mix Groups*

| NTA Score Range | NTA Case-Mix Group |
|---|---|
| 12+ | NA |
| 9-11 | NB |
| 6-8 | NC |
| 3-5 | ND |
| 1-2 | NE |
| 0 | NF |

**PDPM NTA Classification: ___**

# Payment Component: Nursing

**PDPM**

**STEP #1**

Calculate the resident's Function Score for nursing payment. Use the following table to determine the Function Score for Eating Admission Performance (GG0130A1), Toileting Hygiene Admission Performance (GG0130C1), Sit to Lying Admission Performance (GG0170B1), Lying to Sitting on Side of Bed Admission Performance (GG0170C1), Sit to Stand Admission Performance (GG0170D1), Chair/Bed-to-Chair Transfer Admission Performance (GG0170E1), and Toilet Transfer Admission Performance (GG0170F1).

*Table 14: Function Score for Nursing Payment*

| Admission Performance (Column 1) = | Function Score = |
|---|---|
| 05, 06 | 4 |
| 04 | 3 |
| 03 | 2 |
| 02 | 1 |
| 01, 07, 09, 10, 88, missing | 0 |

Enter the Function Score for each item:

Eating

Eating Function Score: ___

Toileting

Toileting Hygiene Function Score: ___

Bed Mobility

Sit to Lying Function Score: ___

Lying to Sitting on Side of Bed Function Score: ___

Transfer

Sit to Stand Function Score: ___

Chair/Bed-to-Chair Function Score: ___

Toilet Transfer Function Score: ___

The next step is to calculate the average function scores for the two bed mobility items and the three transfer items as follows. For the Average Bed Mobility Function Score, calculate the sum of the Function Scores for Sit to Lying and Lying to Sitting on Side of Bed and divide this sum by 2. For the Average Transfer Function Score, calculate the sum of the Function Scores for Sit to Stand, Chair/Bed-to-Chair, and Toilet Transfer, and divide this sum by 3. Enter the Average Bed Mobility and Average Transfer Function Scores below.

Average Bed Mobility Function Score: ___

Average Transfer Function Score: ____

Calculate the sum of the following scores: Eating Function Score, Toileting Hygiene Function Score, Average Bed Mobility Score, and Average Transfer Score. Finally, round this sum to the nearest integer. This is the **PDPM Function Score for nursing payment**. The PDPM Function Score for nursing payment ranges from 0 through 16.

**NURSING FUNCTION SCORE**: ____

**STEP #2**

Determine the resident's nursing case-mix groups using the hierarchical classification below. Nursing classification under PDPM employs the hierarchical classification method. Hierarchical classification is used in some payment systems, in staffing analysis, and in many research projects. In the hierarchical approach, start at the top and work down through the PDPM nursing classification model steps discussed below; the assigned classification is the first group for which the resident qualifies. In other words, start with the Extensive Services groups at the top of the PDPM nursing classification model. Then go down through the groups in hierarchical order: Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavioral Symptoms and Cognitive Performance, and Reduced Physical Function. When you find the first of the 25 individual PDPM nursing groups for which the resident qualifies, assign that group as the PDPM nursing classification.

# CATEGORY: EXTENSIVE SERVICES

The classification groups in this category are based on various services provided. Use the following instructions to begin the calculation:

**STEP # 1**

Determine whether the resident is coded for **one** of the following treatments or services:

| | |
|---|---|
| O0100E2 | Tracheostomy care while a resident |
| O0100F2 | Ventilator or respirator while a resident |
| O0100M2 | Isolation or quarantine for active infectious disease while resident |

**If the resident does not receive one of these treatments or services, skip to the Special Care High Category now.**

**STEP # 2**

If at least **one** of these treatments or services is coded and the resident has a total PDPM Nursing Function Score of 14 or less, he/she classifies in the Extensive Services category. **Move to Step #3. If the resident's PDPM Nursing Function Score is 15 or 16, s/he classifies as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

**STEP # 3**

The resident classifies in the Extensive Services category according to the following chart:

| Extensive Service Conditions | PDPM Nursing Classification |
|---|---|
| Tracheostomy care* **and** ventilator/respirator* | ES3 |
| Tracheostomy care* **or** ventilator/respirator* | ES2 |
| Isolation or quarantine for active infectious disease * **without** tracheostomy care* **without** ventilator/respirator* | ES1 |

*while a resident

**PDPM Nursing Classification: ___**

**If the resident does not classify in the Extensive Services Category, proceed to the Special Care High Category.**

# CATEGORY: SPECIAL CARE HIGH

The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

**STEP # 1**

Determine whether the resident is coded for **one** of the following conditions or services:

| | |
|---|---|
| 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:<br>Insulin injections (N0350A) for all 7 days<br>Insulin order changes on 2 or more days (N0350B) |
| I5100, Nursing Function Score | Quadriplegia with Nursing Function Score <= 11 |
| I6200, J1100C | Chronic obstructive pulmonary disease **and** shortness of breath when lying flat |
| J1550A, others | Fever and one of the following;<br>I2000 Pneumonia<br>J1550B Vomiting<br>K0300 Weight loss (1 or 2)<br>K0510B1 or K0510B2 Feeding tube* |
| K0510A1 or K0510A2 | Parenteral/IV feedings |
| O0400D2 | Respiratory therapy for all 7 days |

*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.

**If the resident does not have one of these conditions, skip to the Special Care Low Category now.**

**STEP # 2**

If at least **one** of the special care conditions above is coded and the resident has a total PDPM Nursing Function Score of 14 or less, he or she classifies as Special Care High. **Move to Step #3. If the resident's PDPM Nursing Function Score is 15 or 16, he or she classifies as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

**STEP # 3**

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care High category. Residents with signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). Instructions for completing the PHQ-9© are in Chapter 3, Section D. Refer to Appendix E for cases in which the PHQ-9© or (PHQ-9-OV©) is complete but all questions are not answered. The following items comprise the PHQ-9©:

| Resident | Staff | Description |
|---|---|---|
| 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 |

These items are used to calculate a Total Severity Score for the resident interview at Item D0300 and for the staff assessment at Item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0300 Total Severity Score is greater than or equal to 10 but not 99,
**or**
The D0600 Total Severity Score is greater than or equal to 10.

**Resident Qualifies as Depressed Yes ___ No ___**

**STEP # 4**

**Select the Special Care High classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:**

| Nursing Function Score | Depressed? | PDPM Nursing Classification |
|---|---|---|
| 0-5 | Yes | HDE2 |
| 0-5 | No | HDE1 |
| 6-14 | Yes | HBC2 |
| 6-14 | No | HBC1 |

**PDPM Nursing Classification: ___**

# CATEGORY: SPECIAL CARE LOW

The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

**STEP # 1**

Determine whether the resident is coded for **one** of the following conditions or services:

| | |
|---|---|
| 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 resident |
| 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 resident |
| O0100J2 | Dialysis treatment while a resident |

*Tube feeding classification requirements:

(1) K0710A3 is 51% or more of total calories OR

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

**Selected skin treatments:
M1200A,B# Pressure relieving chair and/or bed
M1200C Turning/repositioning
M1200D Nutrition or hydration intervention
M1200E Pressure ulcer care
M1200G Application of dressings (not to feet)
M1200H Application of ointments (not to feet)
#Count as one treatment even if both provided

**If the resident does not have one of these conditions, skip to the Clinically Complex Category now.**

**STEP # 2**

If at least **one** of the special care conditions above is coded and the resident has a total PDPM Nursing Function Score of 14 or less, he or she classifies as Special Care Low. **Move to Step #3. If the resident's PDPM Nursing Function Score is 15 or 16, he or she classifies as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

**STEP # 3**

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care Low category. Residents with signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). Instructions for completing the PHQ-9© are in Chapter 3, Section D. Refer to Appendix E for cases in which the PHQ-9© or (PHQ-9-OV©) is complete but all questions are not answered. The following items comprise the PHQ-9©:

| Resident | Staff | Description |
|---|---|---|
| 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 |

These items are used to calculate a Total Severity Score for the resident interview at Item D0300 and for the staff assessment at Item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0300 Total Severity Score is greater than or equal to 10 but not 99,

**or**

The D0600 Total Severity Score is greater than or equal to 10.

**Resident Qualifies as Depressed Yes ___ No ___**

**STEP # 4**

**Select the Special Care Low classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:**

| Nursing Function Score | Depressed? | PDPM Nursing Classification |
|---|---|---|
| 0-5 | Yes | LDE2 |
| 0-5 | No | LDE1 |
| 6-14 | Yes | LBC2 |
| 6-14 | No | LBC1 |

**PDPM Nursing Classification: ___**

# CATEGORY: CLINICALLY COMPLEX

The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

**STEP # 1**

Determine whether the resident is coded for **one** of the following conditions or services:

*Table 15: Clinically Complex Conditions or Services*

| MDS Item | Condition or Service |
|---|---|
| I2000 | Pneumonia |
| I4900, Nursing Function Score | Hemiplegia/hemiparesis with Nursing Function Score <= 11 |
| M1040D,E | Open lesions (other than ulcers, rashes, and cuts) with any selected skin treatment* or surgical wounds |
| M1040F | Burns |
| O0100A2 | Chemotherapy while a resident |
| O0100C2 | Oxygen Therapy while a resident |
| O0100H2 | IV Medications while a resident |
| O0100I2 | Transfusions while a resident |

*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)

**If the resident does not have one of these conditions, skip to the Behavioral Symptoms and Cognitive Performance Category now.**

**STEP # 2**

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Clinically Complex category. Residents with signs and symptoms of depression are identified by the Resident Mood Interview (PHQ-9©) or the Staff Assessment of Resident Mood (PHQ-9-OV©). Instructions for completing the PHQ-9© are in Chapter 3, section D. Refer to Appendix E for cases in which the PHQ-9© or (PHQ-9-OV©) is complete but all questions are not answered. The following items comprise the PHQ-9©:

| Resident | Staff | Description |
|---|---|---|
| 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 |

These items are used to calculate a Total Severity Score for the resident interview at Item D0300

and for the staff assessment at Item D0600. A higher Total Severity Score is associated with more symptoms of depression. For the resident interview, a Total Severity Score of 99 indicates that the interview was not successful.

The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0300 Total Severity Score is greater than or equal to 10 but not 99,

**or**

The D0600 Total Severity Score is greater than or equal to 10.

**Resident Qualifies as Depressed Yes ___ No ___**

**STEP # 3**

**Select the Clinically Complex classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:**

| Nursing Function Score | Depressed? | PDPM Nursing Classification |
|---|---|---|
| 0-5 | Yes | CDE2 |
| 0-5 | No | CDE1 |
| 6-14 | Yes | CBC2 |
| 15-16 | Yes | CA2 |
| 6-14 | No | CBC1 |
| 15-16 | No | CA1 |

**PDPM Nursing Classification: ___**

# CATEGORY: BEHAVIORAL SYMPTOMS AND COGNITIVE PERFORMANCE

Classification in this category is based on the presence of certain behavioral symptoms or the resident's cognitive performance. Use the following instructions:

**STEP # 1**

Determine the resident's PDPM Nursing Function Score. If the resident's PDPM Nursing Function Score is 11 or greater, go to Step #2.

**If the PDPM Nursing Function Score is less than 11, skip to the Reduced Physical Function Category now.**

**STEP # 2**

**If the resident interview using the Brief Interview for Mental Status (BIMS) was not conducted (indicated by a value of "0" for Item C0100), skip the remainder of this step and proceed to Step #3 to check staff assessment for cognitive impairment.**

Determine the resident's cognitive status based on resident interview using the BIMS. Instructions for completing the BIMS are in Chapter 3, Section C. The BIMS items involve the following:

| | |
|---|---|
| C0200 | Repetition of three words |
| C0300 | Temporal orientation |
| C0400 | Recall |

Item C0500 provides a BIMS Summary Score for these items and indicates the resident's cognitive performance, with a score of 15 indicating the best cognitive performance and 0 indicating the worst performance. If the resident interview is not successful, then the BIMS Summary Score will equal 99.

**If the resident's Summary Score is less than or equal to 9, he or she classifies in the Behavioral Symptoms and Cognitive Performance category. Skip to Step #5**.

**If the resident's summary score is greater than 9 but not 99, proceed to Step #4 to check behavioral symptoms.**

**If the resident's Summary Score is 99 (resident interview not successful) or the Summary Score is blank (resident interview not attempted and skipped) or the Summary Score has a dash value (not assessed), proceed to Step #3 to check staff assessment for cognitive impairment.**

**STEP # 3**

Determine the resident's cognitive status based on the staff assessment rather than on resident interview.

Check if **one** of the three following conditions exists:

| | | |
|---|---|---|
| **1.** | 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) |
| **2.** | C1000 | Severely impaired cognitive skills for daily decision making (C1000 = 3) |
| **3.** | B0700, C0700, C1000 | Two or more of the following impairment indicators are present:<br>B0700 > 0 Usually, sometimes, or rarely/never understood<br>C0700 = 1 Short-term memory problem<br>C1000 > 0 Impaired cognitive skills for daily decision making<br>**and**<br>One or more of the following severe impairment indicators are present:<br>B0700 >= 2 Sometimes or rarely/never makes self understood<br>C1000 >= 2 Moderately or severely impaired cognitive skills for daily decision making |

**If the resident meets one of the three above conditions, then he or she classifies in Behavioral Symptoms and Cognitive Performance. Skip to Step #5. If he or she does not meet any of the three conditions, proceed to Step #4.**

**STEP # 4**

Determine whether the resident presents with **one** of the following 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) |

**If the resident presents with one of the symptoms above, then he or she classifies in Behavioral Symptoms and Cognitive Performance. Proceed to Step #5. If he or she does not present with behavioral symptoms, skip to the Reduced Physical Function Category.**

**STEP # 5**

**Determine Restorative Nursing Count**

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

**Restorative Nursing Count ___**

**STEP # 6**

**Select the final PDPM Classification by using the total PDPM Nursing Function Score and the Restorative Nursing Count.**

| Nursing Function Score | Restorative Nursing | PDPM Nursing Classification |
|---|---|---|
| 11-16 | 2 or more | BAB2 |
| 11-16 | 0 or 1 | BAB1 |

**PDPM Nursing Classification: ___**

# CATEGORY: REDUCED PHYSICAL FUNCTION

**STEP # 1**

Residents who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the Behavioral Symptoms and Cognitive Performance category but have a PDPM Nursing Function Score less than 11, are placed in this category.

**STEP # 2**

**Determine Restorative Nursing Count**

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

**Restorative Nursing Count ___**

**STEP # 3**

**Select the PDPM Classification by using the PDPM Nursing Function Score and the Restorative Nursing Count.**

| Nursing Function Score | Restorative Nursing | PDPM Nursing Classification |
|---|---|---|
| 0-5 | 2 or more | PDE2 |
| 0-5 | 0 or 1 | PDE1 |
| 6-14 | 2 or more | PBC2 |
| 15-16 | 2 or more | PA2 |
| 6-14 | 0 or 1 | PBC1 |
| 15-16 | 0 or 1 | PA1 |

**PDPM Nursing Classification: ___**

# Calculation of Variable Per Diem Payment Adjustment

**PDPM**

PDPM incorporates variable per diem payment adjustments to account for changes in resource use over the course of a stay for three payment components: PT, OT, and NTA. To calculate the per-diem rate for these components, multiply the component base rate by the case-mix index associated with the resident's case-mix group and the adjustment factor based on the day of the stay, as shown in the following equation:

*Component Per Diem Payment = Component Base Rate x Resident Group CMI x Component Adjustment Factor*

The adjustment factors for the PT and OT components can be found in the table below.

*Table 16: PT and OT Variable Per Diem Adjustment Factors*

| 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 |

The adjustment factors for the NTA component can be found in the table below.

*Table 17: NTA Variable Per Diem Adjustment Factors*

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

# Calculation of Total PDPM Case-Mix Adjusted Per Diem Rate

**PDPM**

The total case-mix adjusted PDPM per diem rate equals the sum of each of the five case-mix adjusted components and the non-case-mix adjusted rate component. To calculate the total case-mix adjusted per-diem rate, add all component per diem rates calculated in prior steps together, along with the non-case-mix rate component, as shown in the following equation:

*Total Case-Mix Adjusted Per Diem Payment = PT Component Per Diem Rate + OT Component Per Diem Rate + SLP Component Per Diem Rate + NTA Component Per Diem Rate + Nursing Component Per Diem Rate + Non-Case-Mix Component Per Diem Rate*