

The purpose of this Patient-Driven Payment Model (PDPM) calculation worksheet is to illustrate how a resident is classified for payment purposes and how per diem payment is calculated under PDPM. This document is a draft worksheet that is intended to aid stakeholders in their review of the FY 2019 SNF PPS Notice of Proposed Rulemaking (CMS-1696-P) (NPRM) and in the development of comments on the NPRM. We have carefully reviewed the worksheet to ensure that it represents the resident classification logic presented in the NPRM and accompanying Technical Report.

In the 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. As opposed to RUG-IV, in which a resident's classification into a single group determines the case-mix indexes and per diem rates for all case-mix adjusted components, 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 per diem 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, as is done under RUG-IV, to determine the full per diem rate for a given resident.

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**Calculation of PDPM Cognitive Level**  
**PDPM**

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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.

**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:*

<b>PDPM Cognitive Level</b>	<b>BIMS Score</b>
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.

## PDPM Calculation Worksheet for SNFs

4

- D) The resident classifies as mildly impaired if the Severe Impairment Count is 0 and the Basic Impairment Count is 1, 2, or 3.
- E) The resident classifies as cognitively intact if both the Severe Impairment Count and Basic Impairment Count are 0.

**PDPM Cognitive Level:** \_\_\_\_\_

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**Payment Component: PT**  
**PDPM**

**STEP #1**

Determine the resident’s primary diagnosis clinical category using ICD-10-CM and ICD-10-PCS codes recorded in MDS item I8000. To do so, refer to the PDPM clinical category mapping (available at [www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html)), which maps a resident’s primary diagnosis as recorded on the first line of MDS item I8000 to the 10 PDPM primary diagnosis clinical categories. Some ICD-10-CM codes map to more than one clinical category depending on 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 inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by the ICD-10-PCS code in the second line of item I8000. Next, determine the resident’s PT clinical category based on the mapping shown below.

*Table 2: PT Clinical Category*

<b>Primary Diagnosis Clinical Category</b>	<b>PT Clinical Category</b>
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 #2**

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 GG0170H1. If the resident cannot walk

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## PDPM Calculation Worksheet for SNFs

(GG0170H1=0 or 1), then the Function Score for Walk 50 Feet with Two Turns (GG0170J1) and Walk 150 Feet (GG0170K1) is 0. If the resident can walk (GG0170H1=2), 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, 88	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: \_\_\_\_

Next, calculate the average Function Score for the two bed mobility items, the three transfer

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## PDPM Calculation Worksheet for SNFs

items, and the two walking items as follows: Average the Function Scores for Sit to Lying and Lying to Sitting on Side of Bed.<sup>1</sup> Average the Function Scores for Sit to Stand, Chair/Bed-to-Chair and Toilet Transfer.<sup>2</sup> Average the Function Scores for Walk 50 Feet with Two Turns and Walk 150 Feet.<sup>3</sup> Enter the average bed mobility, transfer, and 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 #3

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

<sup>1</sup> Calculate the sum of the Function Scores for Sit to Lying and Lying to Sitting on Side of Bed. Divide this sum by 2. This is the Average Bed Mobility Function Score.

<sup>2</sup> Calculate the sum of the Function Scores for Sit to Stand, Chair/Bed-to-Chair, and Toilet Transfer. Divide this sum by 3. This is the Average Bed Mobility Function Score.

<sup>3</sup> Calculate the sum of the Function Scores for Walk 50 Feet with Two Turns and Walk 150 Feet. Divide this sum by 2. This is the Average Walking Function Score.

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## PDPM Calculation Worksheet for SNFs

Clinical Category	Section GG Function Score	PT Case-Mix Group
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:** \_\_\_\_\_

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## Payment Component: OT PDPM

### STEP #1

Determine the resident’s primary diagnosis clinical category using ICD-10-CM and ICD-10-PCS codes recorded in MDS item I8000. To do so, refer to the PDPM clinical category mapping (available at [www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html)), which maps a resident’s primary diagnosis as recorded on the first line of MDS item I8000 to the 10 PDPM primary diagnosis clinical categories. Some ICD-10-CM codes map to more than one clinical category depending on 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 inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by the ICD-10-PCS code in the second line of item I8000.

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 #2

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).

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Determine if the resident can walk using item GG0170H1. If the resident cannot walk (GG0170H1=0 or 1), then the Function Score for Walk 50 Feet with Two Turns (GG0170J1) and Walk 150 Feet (GG0170K1) is 0. If the resident can walk (GG0170H1=2), 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, 88	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: \_\_\_\_

Next, calculate the average Function Score for the two bed mobility items, the three transfer items, and the two walking items as follows: Average the Function Scores for Sit to Lying and

Lying to Sitting on Side of Bed.<sup>4</sup> Average the Function Scores for Sit to Stand, Chair/Bed-to-Chair and Toilet Transfer.<sup>5</sup> Average the Function Scores for Walk 50 Feet with Two Turns and Walk 150 Feet.<sup>6</sup> Enter the average bed mobility, transfer, and 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 #3

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

<sup>4</sup> Calculate the sum of the Function Scores for Sit to Lying and Lying to Sitting on Side of Bed. Divide this sum by 2. This is the Average Bed Mobility Function Score.

<sup>5</sup> Calculate the sum of the Function Scores for Sit to Stand, Chair/Bed-to-Chair, and Toilet Transfer. Divide this sum by 3. This is the Average Bed Mobility Function Score.

<sup>6</sup> Calculate the sum of the Function Scores for Walk 50 Feet with Two Turns and Walk 150 Feet. Divide this sum by 2. This is the Average Walking Function Score.

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## PDPM Calculation Worksheet for SNFs

Clinical Category	Section GG Function Score	OT Case-Mix Group
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 ICD-10-CM and ICD-10-PCS codes recorded in MDS item I8000. To do so, refer to the PDPM clinical category mapping (available at [www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html)), which maps a resident’s primary diagnosis as recorded on the first line of MDS item I8000 to the 10 PDPM primary diagnosis clinical categories. Some ICD-10-CM codes map to more than one clinical category depending on 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 inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by the ICD-10-PCS code in the second line of item I8000. The primary diagnosis clinical category should match the primary diagnosis clinical category chosen for the PT and OT components. The final SLP clinical category, however, may be different from the final PT and OT clinical categories.

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 #2

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.

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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
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

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SLP-Related Comorbidity	ICD-10-CM Code	Description
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
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

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<b>SLP-Related Comorbidity</b>	<b>ICD-10-CM Code</b>	<b>Description</b>
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 #3**

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 #4**

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 #5**

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 #6**

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 #7**

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 #8**

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

*Table 11: SLP Case-Mix Groups*

<b>Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment</b>	<b>Mechanically Altered Diet or Swallowing Disorder</b>	<b>SLP Case-Mix Group</b>
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/therapyresearch.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html).

## PDPM Calculation Worksheet for SNFs

*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
Highest Stage of Unhealed Pressure Ulcer - Stage 4	M0300X1	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	I8000	1

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Condition/Extensive Service	MDS Item	Points
Aseptic Necrosis of Bone	I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	O0100D2	1
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:** \_\_\_\_\_

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## 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, 88	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: \_\_\_\_

Next, calculate the average score for the two bed mobility items and the three transfer items as follows: Average the scores for Sit to Lying and Lying to Sitting on Side of Bed.<sup>7</sup> Average the

<sup>7</sup> Calculate the sum of the Function Scores for Sit to Lying and Lying to Sitting on Side of Bed. Divide this sum by 2. This is the Average Bed Mobility Function Score.

scores for Sit to Stand, Chair/Bed-to-Chair and Toilet Transfer.<sup>8</sup> Enter the average bed mobility and transfer 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. Following the same method of nursing classification used under RUG-IV, 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.

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<sup>8</sup> Calculate the sum of the Function Scores for Sit to Stand, Chair/Bed-to-Chair, and Toilet Transfer. Divide by 3. This is the Average Transfer Function Score.

This document is a draft worksheet that is intended to aid stakeholders in their review of the FY 2019 SNF PPS Notice of Proposed Rulemaking (NPRM) and in the development of comments on the NPRM. This worksheet follows the logic outlined in the NPRM and accompanying Technical Report for consideration and comment by stakeholders.

## 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* <b>and</b> ventilator/respirator*	ES3
Tracheostomy care* <b>or</b> ventilator/respirator*	ES2
Isolation or quarantine for active infectious disease * <b>without</b> tracheostomy care* <b>without</b> 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 <b>both</b> of the following: Insulin injections (N0350A) for all 7 days 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 <b>and</b> shortness of breath when lying flat
J1550A, others	Fever and one of the following; I2000 Pneumonia J1550B Vomiting K0300 Weight loss (1 or 2) K0510B1 or K0510B2 Feeding tube*
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<sup>®</sup>) or the Staff Assessment of Resident Mood (PHQ-9-OV<sup>®</sup>). Instructions for completing the PHQ-9<sup>®</sup> are in Chapter 3, Section D. Refer to Appendix E for cases in which the PHQ-9<sup>®</sup> or (PHQ-9-OV<sup>®</sup>) is complete but all questions are not answered. The following items comprise the PHQ-9<sup>®</sup>:

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:**

<b>Nursing Function Score</b>	<b>Depressed?</b>	<b>PDPM Nursing Classification</b>
0-5	Yes	HDE2
0-5	No	HDE1
6-14	Yes	HBC2
6-14	No	HBC1

**PDPM Nursing Classification:** \_\_\_\_\_

DRAFT

## 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<sup>®</sup>) or the Staff Assessment of Resident Mood

(PHQ-9-OV<sup>®</sup>). Instructions for completing the PHQ-9<sup>®</sup> are in Chapter 3, Section D. Refer to Appendix E for cases in which the PHQ-9<sup>®</sup> or (PHQ-9-OV<sup>®</sup>) is complete but all questions are not answered. The following items comprise the PHQ-9<sup>®</sup>:

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:

<b>Nursing Function Score</b>	<b>Depressed?</b>	<b>PDPM Nursing Classification</b>
0-5	Yes	LDE2
0-5	No	LDE1
6-14	Yes	LBC2
6-14	No	LBC1

**PDPM Nursing Classification:** \_\_\_\_\_

DRAFT

## 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<sup>®</sup>) or the Staff Assessment of Resident Mood (PHQ-9-OV<sup>®</sup>). Instructions for completing the PHQ-9<sup>®</sup> are in Chapter 3, section D. Refer to Appendix E for cases in which the PHQ-9<sup>®</sup> or (PHQ-9-OV<sup>®</sup>) is complete but all questions are not answered. The following items comprise the PHQ-9<sup>®</sup>:

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

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<b>Resident</b>	<b>Staff</b>	<b>Description</b>
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:**

<b>Nursing Function Score</b>	<b>Depressed?</b>	<b>PDPM Nursing Classification</b>
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:  
 B0700 > 0 Usually, sometimes, or rarely/never understood  
 C0700 = 1 Short-term memory problem  
 C1000 > 0 Impaired cognitive skills for daily decision making  
**and**  
 One or more of the following severe impairment indicators are present:  
 B0700 >= 2 Sometimes or rarely/never makes self understood  
 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**

This document is a draft worksheet that is intended to aid stakeholders in their review of the FY 2019 SNF PPS Notice of Proposed Rulemaking (NPRM) and in the development of comments on the NPRM. This worksheet follows the logic outlined in the NPRM and accompanying Technical Report for consideration and comment by stakeholders.

**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:

$$\text{Component Per Diem Payment} = \text{Component Base Rate} \times \text{Resident Group CMI} \times \text{Component Adjustment Factor}$$

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**

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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*

DRAFT