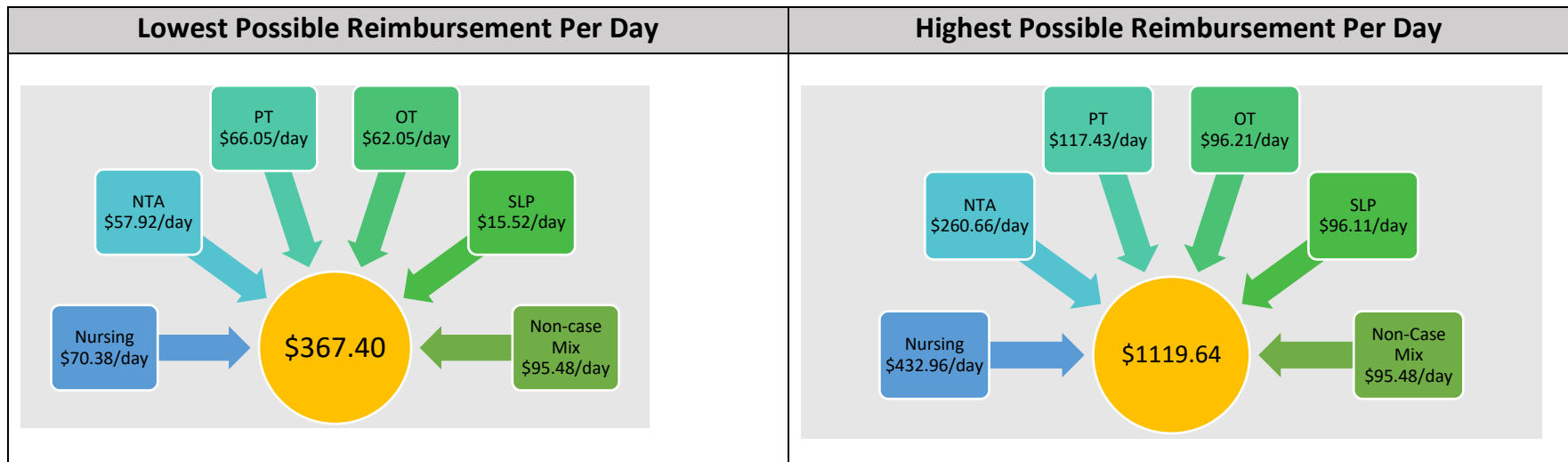


## DETERMINANTS OF PAYMENT IN PDPM

PT	OT	SLP	Nursing	NTA
<ul style="list-style-type: none"> <li>Primary reason for SNF care (<b>ICD-10 coding</b>)</li> <li>Functional status (<b>Section GG</b>)</li> </ul>	<ul style="list-style-type: none"> <li>Primary reason for SNF care (<b>ICD-10 coding</b>)</li> <li>Functional status (<b>Section GG</b>)</li> </ul>	<ul style="list-style-type: none"> <li>Primary reason for SNF care (<b>ICD-10 coding</b>)</li> <li>Cognitive status</li> <li>Presence of swallowing disorder or mechanically altered diet</li> <li>Other SLP-related comorbidities</li> </ul>	<ul style="list-style-type: none"> <li>Clinical information from SNF stay</li> <li>Functional status (<b>Section GG</b>)</li> <li>Extensive services received</li> <li>Presence of depression</li> <li>Restorative nursing services received</li> </ul>	<ul style="list-style-type: none"> <li>Comorbidities present</li> <li>Extensive services received</li> </ul>
<ul style="list-style-type: none"> <li>Variable per diem adjustment</li> </ul>	<ul style="list-style-type: none"> <li>Variable per diem adjustment</li> </ul>			<ul style="list-style-type: none"> <li>Variable per diem adjustment</li> </ul>



## CLINICAL REASON FOR SNF STAY

<b>PDPM Clinical Category</b>	<b>Collapsed PT and OT Clinical Category</b>
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Non-Orthopedic Surgery	Non-Orthopedic Surgery and Acute Neurologic
Acute Neurologic	
Non-Surgical Orthopedic/Musculoskeletal	Other Orthopedic
Orthopedic Surgery (Except/Major Joint Replacement or Spinal Surgery)	
Medical Management	Medical Management
Acute Infections	
Cancer	
Pulmonary	
Cardiovascular and Coagulations	

- ICD-10 coding will determine what Clinical Category the patient is classified into. Use ICD-10 clinical mapping tool & Net Health for help.

## PT/OT COMPONENT FUNCTION

PT and OT ADL Items		
Section GG Items		Score
GG0130A1	Self-care Eating	0-4
GG0130B1	Self-care Oral hygiene	0-4
GG0130C1	Self-care Toileting hygiene	0-4
GG0170B1	Mobility: Sit to lying	0-4 (avg. of 2 bed mobility items)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0-4 (avg. 3 transfer items)
GG0170E1	Mobility: Chair/bed-to-transfer	
GG0170F1	Mobility: Toilet transfer	
GG0170J1	Mobility: Walk 50 feet with 2 turns	0-4 (avg. of 2 walking items)
GG0170K1	Mobility: Walk 150 feet	

- These are the Section GG items that contribute to Quality Measures (i.g. facility star rating) and reimbursement.
- **Therapists are expected to assess all areas and set at least one realistic self-care and one realistic mobility discharge goal during days 1-3 of patients admission. All other discharge goals may be coded as 09 (N/A) or set at same level as assessment. Clarify with your facility MDS coordinator.**
- Scoring as dependent (01), Refused (07), N/A (09) and Not Attempted (88) for these items can have a negative impact on the Section GG score/case-mix/reimbursement. It is expected that 07, 09, and 88 will be used rarely, but appropriately as needed.

## NURSING COMPONENT FUNCTION

Nursing ADL Items		
Section GG Items		Score
GG0130A1	Self-care Eating	0-4
GG0130C1	Self-care Toilet hygiene	0-4
GG0170B1	Mobility: Sit to lying	0-4 (avg. of 2 bed mobility items)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0-4 (avg. 3 transfer items)
GG0170E1	Mobility: Chair/bed-to-transfer	
GG0170F1	Mobility: Toilet transfer	

## Level of Assist Terminology Within A SNF Setting

Section GG	Nursing	Optima Therapy
<b>06. INDEPENDENT</b> - Resident completes the activity by him/herself with no assistance from a helper	<b>INDEPENDENT</b> – Resident can perform task without assistance or verbal cueing	<b>INDEPENDENT</b> – Patient can begin and complete the tasks without physical assistance and without verbal cueing. No assist or equipment required. <b>MODIFIED INDEPENDENT</b> – Patient performs the task independently, but may require additional time to complete. Patient may need an assistive device or adaptive equipment to perform and complete task
<b>05. SETUP or CLEAN-UP ASSISTANCE</b> - Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity	<b>SETUP</b> – Resident able to perform task after setup	<b>SETUP</b> – Patient performs task independently, after setup assistance from a caregiver
<b>04. SUPERVISION, TOUCHING or CONTACT GUARD (clarification) assistance</b> - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently	<b>SUPERVISION</b> – Caregiver present for resident safety	<b>SUPERVISION</b> – Patient performs the task independently, however, requires <b>distant</b> supervision and/or verbal or visual cueing from the caregiver to initiate or complete task with or without AE or Devices or <b>STAND BY ASSISTANCE</b> – same as supervision but given close supervision with or without AE or Devices <b>CONTACT GUARD ASSISTANCE</b> – The patient is able to begin and complete the task, but requires close supervision (may be “hands on” assist of the therapist), with tactile, visual or verbal cues, with or without AE or Devices
<b>03. PARTIAL/MODERATE ASSISTANCE</b> – Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort	<b>LIMITED ASSISTANCE</b> – Resident is highly involved in activity; staff provides guided maneuvering with some assistance	<b>MINIMAL ASSISTANCE</b> – The patient can perform 75% of the task; the therapist or caregiver performs 25% of the task
<b>02. SUBSTANTIAL/MAXIMAL ASSISTANCE</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort	<b>EXTENSIVE ASSISTANCE</b> – Resident involved in activity, staff providing physical assistance and weight bearing assist	<b>MODERATE ASSISTANCE</b> – Patient may or may not be able to initiate or complete the task, patient performs 50% of task and therapist or caregiver performs 50% of the task <b>MAX ASSISTANCE</b> – Patient performs 25% of the task, the therapist or caregiver performs 75% of the task, this can be when a patient requires a second person to complete the task
<b>01. DEPENDENT</b> - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.	<b>TOTAL DEPENDENT</b> – full staff performance, can be a 1 or 2- person assist	<b>TOTAL DEPENDENT +</b> – The patient is totally dependent on therapist or caregiver to complete the task, however, attempts to participate <b>TOTAL DEPENDENT-</b> The patient is totally dependent on the therapist or caregiver and does attempt to participate. No contribution from patient, task done by others
<b>07. Resident refused</b>		
<b>09. Not applicable (resident did not perform activity at prior level)</b>		<ul style="list-style-type: none"> <li>Codes 01, 07, 09, 10, 88 count as a 0 on the QRP (0-24) calculation. It is expected that 07, 09, 10, and 88 will be rarely used for Section GG items pertaining to the QRP.</li> </ul>
<b>88. Not attempted due to medical condition or safety concerns</b>		<ul style="list-style-type: none"> <li>Therapists are expected to assess, document and set realistic and appropriate goals for most, if not all QRP items during days 1-3 of patient’s admission.</li> </ul>
<b>10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</b>	<ul style="list-style-type: none"> <li>QRP Items for Self-care include: Eating, Oral hygiene, Toileting hygiene; and for Mobility: Sit to lying, Lying to sitting on side of bed, Sit to stand, Chair/bed-to-transfer, Toilet transfer, Walk 50 feet with 2 turns, and Walk 150 feet</li> </ul>	

## PT & OT CASE-MIX CLASSIFICATION GROUPS

Clinical Category	Section GG Function Score	PT/OT Case- Mix Group	PT Case- Mix Index	\$	OT Case- Mix Index	\$
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53		1.49	
Major Joint Replacement or Spinal Surgery	6-9	TB	1.69		1.63	
Major Joint Replacement or Spinal Surgery	10-23	TC	1.88		1.68	
Major Joint Replacement or Spinal Surgery	24	TD	1.92		1.53	
Other Orthopedic	0-5	TE	1.42		1.41	
Other Orthopedic	6-9	TF	1.61		1.59	
Other Orthopedic	10-23	TG	1.67		1.64	
Other Orthopedic	24	TH	1.16		1.15	
Medical Management	0-5	TI	1.13		1.17	
Medical Management	6-9	TJ	1.42		1.44	
Medical Management	10-23	TK	1.52		1.54	
Medical Management	24	TL	1.09		1.11	
Non-Ortho Surgery and Acute Neurologic	0-5	TM	1.27		1.30	
Non-Ortho Surgery and Acute Neurologic	6-9	TN	1.48		1.49	
Non-Ortho Surgery and Acute Neurologic	10-23	TO	1.55		1.55	
Non-Ortho Surgery and Acute Neurologic	24	TP	1.08		1.09	

- Lower case-mix index score = lower reimbursement.

# DOR Guide to PDPM Charts

## SLP CASE-MIX CLASSIFICATION GROUPS

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

### SLP CO-MORBIDITIES

Aphasia	Dysphagia	Speech Language Deficits
ALS	Hemiplegia or Hemiparesis	Traumatic Brain Injury
Apraxia	Laryngeal Cancer	Tracheostomy Care (While a Resident)
CVA, TIA, or Stroke	Oral Cancers	Ventilation or Respirator (While a Resident)

# DOR Guide to PDPM Charts

## PDPM Nursing Clinical Category Hierarchy

Nursing Category	Extensive Services	Clinical Conditions	Depression	Restorative	Function Score	Nursing Case Mix Group	Nursing Case Mix Index
<b>Extensive Services</b>	Trach & Vent				0-14	ES3	4.06
	Trach & Vent				0-14	ES2	3.07
	Infection	Infection Isolation			0-14	ES1	2.93
<b>Special Care High</b>		<b>Serious Medical Conditions</b> (Comatose and Completely Dependent, Septicemia, Diabetes w/ Insulin Injections & 2 or more days of Insulin Order Changes, Quadriplegia, Asthma or COPD with SOB while lying flat, Fever with Pneumonia or Vomiting, Parental/IV Feedings, Respiratory Therapy)	Yes		0-5	HDE2	2.40
			No		0-5	HDE1	1.99
			Yes		6-14	HBC2	2.24
			No		6-14	HBC1	1.86
<b>Special Care Low</b>		<b>Serious Medical Conditions</b> (CP, MS, Parkinson's Disease, Respiratory Failure & O2 Therapy, Pressure Ulcer, Foot Infection, Diabetic Foot Ulcers, Radiation Therapy, Dialysis)	Yes		0-5	LDE2	2.08
			No		0-5	LDE1	1.73
			Yes		6-14	LBC2	1.72
			No		6-14	LBC1	1.43
<b>Clinically Complex</b>		<b>Conditions Requiring Complex Medical Care</b> (Pneumonia, Hemiplegia/Hemiparesis, Surgical Wounds, Burn, Chemotherapy, Oxygen Therapy, IV Medications, Transfusions)	Yes		0-5	CDE2	1.87
			No		0-5	CDE1	1.62
			Yes		6-14	CBC2	1.55
			Yes		15-16	CA2	1.09
			No		6-14	CBC1	1.34
			No		15-16	CA1	0.94
<b>Behavioral Symptoms or Cognitive Performance</b>		<b>Behavioral Symptoms or Cognitive Performance</b> (BIMS score of 9 or less and Function Score of $\geq$ 11, Hallucinations, Delusion, Wandering, Behaviors directed at Others)		2 or More	11-16	BAB2	1.04
				0-1	11-16	BAB1	0.99
<b>Reduced Physical Function</b>		<b>Assistance with Daily Living and General Supervision</b> (Residents who do not meet the conditions of any previous categories or who would meet the criteria of Behavior Symptoms and Cognition Performance but have a Function Score less than 11)		2 or More	0-5	PDE2	1.57
				0-1	0-5	PDE1	1.47
				2 or More	6-14	PBC2	1.22
				2 or More	15-16	PA2	0.71
				0-1	6-14	PBC1	1.13
				0-1	15-16	PA1	0.66

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



## NTA CO-MORBIDITY SCORING

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
Parental IV Feeding: Level Low	K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Special Treatment/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	I16200	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 Treatment/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: Radiations Post-admit Code	O0100B2	1
Stage 4 Unhealed Pressure Ulcer Currently Present	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 Appliance: Intermittent Catheterization	H0100D	1
Inflammatory Bowel Disease	I1300	1
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 Diagnosis: 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

## NTA CASE-MIX CLASSIFICATION GROUPS

NTA Score Range	NTA Group	NTA Case-Mix Index
11+	NA	3.33
8-10	NB	2.59
6-7	NC	2.02
3-5	ND	1.52
1-2	NE	1.16
0	NF	0.83

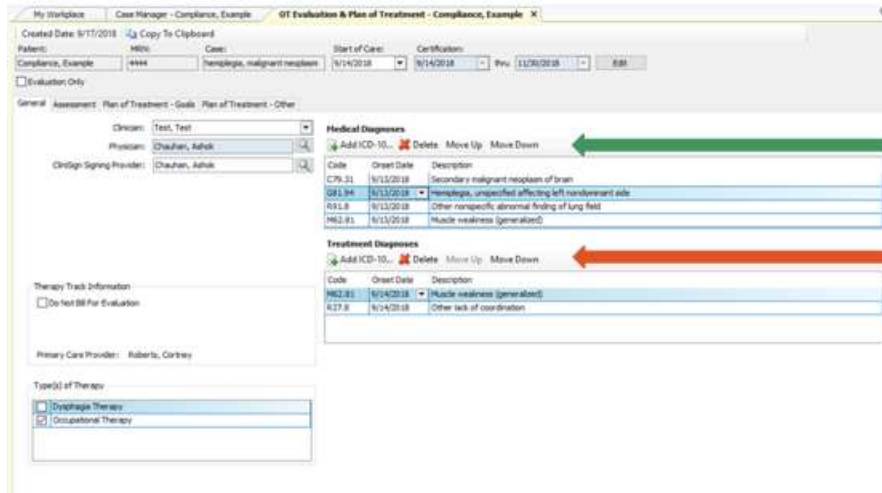
## NTA VARIABLE PER-DIEM ADJUSTMENT FACTORS AND SCHEDULE

NTA	Variable Adjustment Factor
Days 1-3	3.0
Days 4-100	1.0

## PT/OT COMPONENTS VARIABLE PER-DIEM ADJUSTMENT FACTORS AND SCHEDULE

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

## ENSURING ACCURATE ICD-10 CODING IN OPTIMA



My Workplace Case Manager - Compliance, Example OT Evaluation & Plan of Treatment - Compliance, Example X

Created Date: 8/17/2018 Copy To Clipboard

Patient: HHS Case: Compliance, Example Start of Care: 8/14/2018 Certification: 8/14/2018 Prio: 11/20/2018 688

Compliance, Example 4444 Hemiplegia, malignant neoplasm

Evaluation Only

General Assessment Plan of Treatment - Goals Plan of Treatment - Other

Order: Test, Test

Physician: Chauhan, Ashok

Ordering Signing Provider: Chauhan, Ashok

Therapy Track Information

Do Not Bill For Evaluation

Primary Care Provider: Roberts, Corney

Types of Therapy

Dysphagia Therapy

Occupational Therapy

**Medical Diagnoses**

Add ICD-10... Delete Move Up Move Down

Code	Order Date	Description
C79.31	8/13/2018	Secondary malignant neoplasm of brain
G81.34	8/13/2018	Hemiplegia, unspecified affecting left non-dominant side
R91.8	8/13/2018	Other nonspecific abnormal finding of lung field
M62.81	8/13/2018	Muscle weakness (generalized)

**Treatment Diagnoses**

Add ICD-10... Delete Move Up Move Down

Code	Order Date	Description
M62.81	8/14/2018	Muscle weakness (generalized)
427.8	8/14/2018	Other lack of coordination

Use "Move Up" and "Move Down" to prioritize the top 3 Medical Diagnosis ICD-10 codes provided by the facility and select/prioritize the most appropriate treatment diagnosis codes.

Remember to only select Treatment Diagnosis codes that are within your scope of practice to treat in your POC.

## HIPPS CODE CASEMIX GROUPER CHEAT SHEET

