Department of Health Care Finance (DHCF) and Comagine Health

Nursing Facility Quality Improvement Collaborative

MDS 3.0 - Part 1

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President, Celtic Consulting

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Comagine Health

- Comagine Health, formerly Qualis Health and HealthInsight, is a national, nonprofit, health care consulting firm. We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system.

- As a trusted, neutral party, we work in our communities to address key, complex health and health care delivery problems.

- Serving as the Medicare Quality Improvement Organization (QIO) for Idaho, Nevada, New Mexico, Oregon, Utah and Washington.

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Presenter

Maureen McCarthy, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA

Maureen is the President of Celtic Consulting, LLC and CEO and founder of Care Transitions, LLP; a post-discharge care management service provider. Maureen has been a registered nurse for over 30 years with experience as an MDS Coordinator, Director of Nursing, Rehab Director and a Medicare Biller.

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The MDS Changes for PDPM, *Simplified.*

Presented by:

Maureen McCarthy, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA

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Maureen McCarthy, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA

Maureen is the President of Celtic Consulting, LLC and the CEO and Founder of Care Transitions, LLP. She has been a registered nurse for 30 years with experience as an MDS Coordinator, Director of Nursing, Rehab Director and a Medicare biller.

McCarthy is a recognized leader and expert in clinical reimbursement in the skilled nursing facility environment. She is dually certified in both the resident assessment process and QAPI by nationally recognized organizations and holds Master Teacher status in both and is a board member of American Association of Post-Acute Nurses (AAPACN) and is an Expert Advisory Panel member for American Association of Nurse Assessment Coordination (AANAC).

Maureen and her associates at Celtic Consulting regularly provide the following services for SNFs, state affiliates and provider organizations:

- 5 Star Quality Improvement Program
- Quality Auditing
- Clinical Care Management
- PDPM/PPS/MDS/CMI Services
- Compliance Solutions
- Medicare Compliance Auditing
- Customized Education / In-Services

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Objectives

- Review the MDS changes for 2019 by section
- Discuss the implications of the new IPA assessment
- Discuss the implications of the new OSA assessment
- Explain the relationship between the item changes and PDPM
- Open discussion (Q&A)

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Type of Assessment

A0310. Type of Assessment	
Enter Code ☐☐	**A. Federal OBRA Reason for Assessment** 01. **Admission** assessment (required by day 14) 02. **Quarterly** review assessment 03. **Annual** assessment 04. **Significant change in status** assessment 05. **Significant correction** to **prior comprehensive** assessment 06. **Significant correction** to **prior quarterly** assessment 99. **None of the above**
Enter Code ☐☐	**B. PPS Assessment** **PPS Scheduled Assessment for a Medicare Part A Stay** 01. **5-day** scheduled assessment **PPS Unscheduled Assessment for a Medicare Part A Stay** 08. **IPA** - Interim Payment Assessment **Not PPS Assessment** 99. **None of the above**
Enter Code ☐	**E. Is this assessment the first assessment** (OBRA, Scheduled PPS, or Discharge) **since the most recent admission/entry or reentry?** 0. **No** 1. **Yes**
Enter Code ☐☐	**F. Entry/discharge reporting** 01. **Entry** tracking record 10. **Discharge** assessment-**return not anticipated** 11. **Discharge** assessment-**return anticipated** 12. **Death in facility** tracking record 99. **None of the above**

Interrupted Stay/NPE

Section A	Identification Information

A0310. Type of Assessment - Continued

Enter Code ☐	**G. Type of discharge** - Complete only if A0310F = 10 or 11 1. **Planned** 2. **Unplanned**
Enter Code ☐	**G1. Is this a SNF Part A Interrupted Stay?** 0. **No** 1. **Yes**
Enter Code ☐	**H. Is this a SNF Part A PPS Discharge Assessment?** 0. **No** 1. **Yes**

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Interim Payment Assessment (IPA)

Interim Performance (Optional): *The Interim Payment Assessment (IPA) is an optional assessment that may be completed by providers in order to report a change in the resident's PDPM classification. The ARD for the IPA is determined by the provider, and the assessment period is the last 3 days (i.e., the ARD and the 2 calendar days prior). It is important to note that the IPA changes payment beginning on the ARD and continues until the end of the Medicare Part A stay or until another IPA is completed. The IPA does not affect the variable per diem schedule.*

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Optional State Assessment

A0300. Optional State Assessment Complete only if A0200 = 1	
Enter Code ☐	**A. Is this assessment for state payment purposes only?** 0. **No** 1. **Yes**

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OSA

- For use in Case Mix reimbursed states
- Will be the assessment to use when CMS drops RUG III and IV items
- May be required in addition to OBRA assessments, in 2020.

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Section C BIMS Interviews

- CMS considering changing the PDPM CMG Grouper to allow a case mix group to be assigned without the Cognition being a requirement.

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Cognitive Function Score Table

CFS Levels	BIMS Score	CPS Score	CFS Score
Cognitively Intact	13-15	-	1
Mildly Impaired	8-12	0-2	2
Moderately Impaired	0-7	3-4	3
Severely Impaired	-	5-6	4

IPA for Section GG

- *For Section GG on the IPA, providers will use the same 6-point scale and activity not attempted codes to complete the column "Interim Performance," which will capture the interim functional performance of the resident.*
- *The ARD for the IPA is determined by the provider, and the assessment period is the last 3 days (i.e., the ARD and the 2 calendar days prior).*

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Interim Payment Assessment GG

5. Interim Performance Enter Codes in Boxes ↓	
☐☐	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
☐☐	**B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
☐☐	**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

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Section GG Coding Options

GG0130. Self-Care (Assessment period is the last 3 days)

Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

Coding:

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

Activities may be completed with or without assistive devices.

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

If activity was not attempted, code reason:

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

Section GG Coding Options

5. Interim Performance Enter Codes in Boxes ↓	
☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
☐☐	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
☐☐	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
☐☐	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If interim performance is coded 07, 09, 10, or 88 → Skip to H0100, Appliances
☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
☐☐	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Functional Performance and Outcomes

Capturing Section GG

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Functional Score for PT & OT Case Mix Groups

Section GG Item	Score
Self-care: Eating	0-4
Self-care: Oral Hygiene	0-4
Self-care: Toileting Hygiene	0-4
Mobility: Sit to lying	0-4 (average of 2 items)
Mobility: Lying to sitting on side of bed	
Mobility: Sit to stand	0-4 (average of 3 items)
Mobility: Chair/bed-to-chair transfer	
Mobility: Toilet transfer	
Mobility: Walk 50 feet with 2 turns	0-4 (average of 2 items)
Mobility: Walk 150 feet	

Response		Score
05, 06	Set-up assistance, Independent	4
04	Supervision or touching assistance	3
03	Partial/moderate assistance	2
02	Substantial/maximal assistance	1
01, 07, 09, 88	Dependent, Refused, N/A, Not Attempted, Resident Cannot Walk*	0

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PDPM & SNF QRP

- Section GG also used to determine
- Improvement in function from admission to discharge
  - Self care
  - Mobility
- Meet or Exceed Discharge Score
  - Self care
  - Mobility

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Preparing for Section GG Outcome Measure

Recommended Planning

- Determine Section GG Assessment Team Leader
- Identify Team Members & **all** Part A residents requiring GG data
- Define roles, responsibilities, tools, & processes
- What is the process for documenting Section GG items & who is responsible?
- When & how will GG items be documented?
- How & when will the “usual” performance and discharge goals be determined?
- Who will care plan the goal once determined?
- How will the plan of care and functional goal be communicated to the direct care staff?

Reminder!

- Section GG will need to be assessed for all FFS Medicare residents covered on Medicare Part A benefit on or after 10/1/2019
- Manage transition schedules now
- Consider collection tools and how you will manage the process

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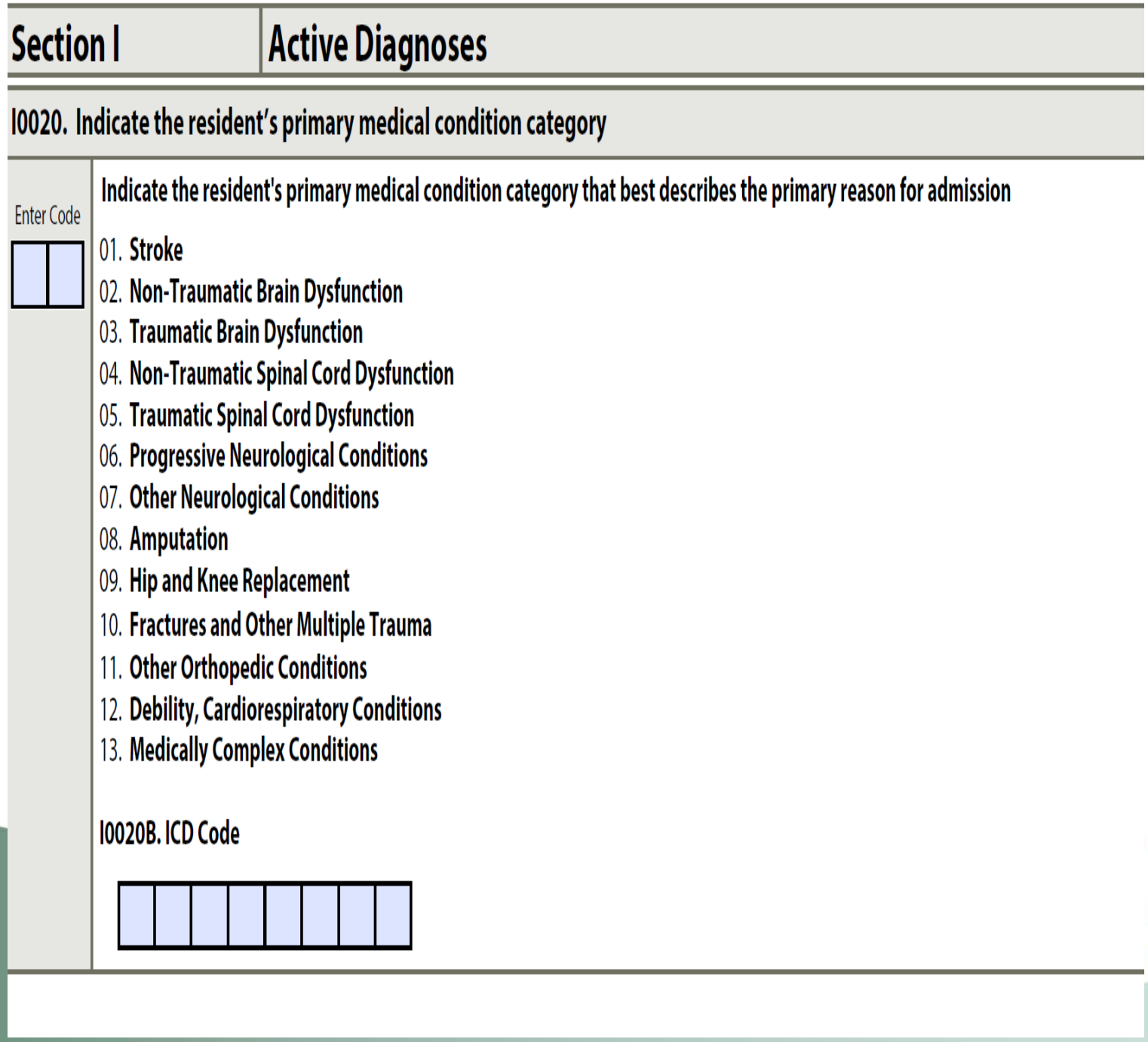
Diagnosis & Conditions – Applicable to PDPM and SNF QRP



Section I | **Active Diagnoses**

I0020. Indicate the resident's primary medical condition category

Enter Code

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

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

I0020B. ICD Code

PDPM Clinical Categories to ICD-10 Diagnosis Codes for FY2019

Description	Default Clinical Category	Resident Had a Major Proced Stay that Impacts t
Accidental puncture or laceration of dura during a procedure	Acute Neurologic	N/A
Accidental puncture and laceration of other nervous system organ or structure during a nervous system procedure	Acute Neurologic	N/A
Accidental puncture and laceration of other nervous system organ or structure during other procedure	Acute Neurologic	N/A
Postprocedural hemorrhage of a nervous system organ or structure following a nervous system procedure	Acute Neurologic	N/A
Postprocedural hemorrhage of a nervous system organ or structure following other procedure	Acute Neurologic	N/A
Postprocedural hematoma of a nervous system organ or structure following a nervous system procedure	Medical Management	N/A
Postprocedural hematoma of a nervous system organ or structure following other procedure	Medical Management	N/A
Postprocedural seroma of a nervous system organ or structure following a nervous system procedure	Medical Management	N/A
Postprocedural seroma of a nervous system organ or structure following other procedure	Medical Management	N/A
Other intraoperative complications of nervous system	Medical Management	N/A
Other postprocedural complications and disorders of nervous system	Medical Management	N/A
Neurogenic arthritis, not elsewhere classified	Non-Surgical Orthopedic/Musculoskeletal	N/A
Other disorders of nervous system	Acute Neurologic	N/A
Autonomic neuropathy in diseases classified elsewhere	Return to Provider	N/A
Myelopathy in diseases classified elsewhere	Return to Provider	N/A
Other specified disorders of nervous system in diseases classified elsewhere	Return to Provider	N/A
Hordeolum externum right upper eyelid	Return to Provider	N/A

Determining the Primary reason for Coverage

- ICD-10 codes determine the clinical category from mapping
- Multiple comorbidities will be more difficult to determine primary reason than single condition admits
- Start practicing now!

I0020B. ICD Code

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SECTION I: ACTIVE DIAGNOSES

- The items in this section are intended to code diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death. One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status.

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Diagnosis Code Impact

- PT Clinical category assignment
- OT Clinical category assignment
- SLP co-morbidities list
- Nursing RUG levels
- NTA co-morbidity list

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Effective Capture of ICD-10 Diagnosis Codes

PT/OT/SLP/Nursing/NTA

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

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

	Heart/Circulation
☐	**I0200. Anemia** (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
☐	**I0600. Heart Failure** (e.g., congestive heart failure (CHF) and pulmonary edema)
☐	**I0700. Hypertension**
☐	**I0800. Orthostatic Hypotension**
☐	**I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)**
	Gastrointestinal
☐	**I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease**
	Genitourinary
☐	**I1550. Neurogenic Bladder**
☐	**I1650. Obstructive Uropathy**
	Infections
☐	**I1700. Multidrug-Resistant Organism (MDRO)**
☐	**I2000. Pneumonia**
☐	**I2100. Septicemia**
☐	**I2200. Tuberculosis**
☒	**I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)**
☐	**I2400. Viral Hepatitis** (e.g., Hepatitis A, B, C, D, and E)
☐	**I2500. Wound Infection** (other than foot)
	Metabolic
☐	**I2900. Diabetes Mellitus (DM)** (e.g., diabetic retinopathy, nephropathy, and neuropathy)

Other

I8000. Additional active diagnoses

Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

Surgeries Applicable to PDPM

J2100. Recent Surgery Requiring Active SNF Care	
Enter Code ☐	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0. **No** 1. **Yes** 8. **Unknown**

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Prior Surgery

- *1. Ask the resident and his or her family or significant other about any surgical procedures that occurred during the inpatient hospital stay that immediately preceded the resident's Part A admission.*
- *2. Review the resident's medical record to determine whether the resident had major surgery during the inpatient hospital stay that immediately preceded the resident's Part A admission.*
- *Medical record sources include medical records received from facilities where the resident received health care during the inpatient hospital stay that immediately preceded the resident's Part A admission, the most recent history and physical, transfer documents, discharge summaries, progress notes, and other resources as available.*

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Major Surgery

- *Generally, major surgery for item J2100 refers to a procedure that meets the following criteria:*
- *1. the resident was an inpatient in an acute care hospital for at least one day in the 30 days prior to admission to the skilled nursing facility (SNF),* ***and***
- *2. the surgery carried some degree of risk to the resident's life or the potential for severe disability.*

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Major Surgery

1. ***Identify recent surgeries:*** *The surgeries in this section must have been documented by a physician (nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 30 days and must have occurred during the inpatient stay that immediately preceded the resident's Part A admission.*

- *Medical record sources for recent surgeries include progress notes, the most recent history and physical, transfer documents, discharge summaries, diagnosis/problem list, and other resources as available.*
- *Although open communication regarding resident information between the physician and other members of the interdisciplinary team is important, it is also essential that resident information communicated verbally be documented in the medical record* ***by the physician*** *to ensure follow-up.*
- *Surgery information, including past history obtained from family members and close contacts,* must also be documented in the medical record by the physician to ensure validity and follow-up.

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Skilled Care Requirement

Determine whether the surgeries require active care during the SNF stay: *Once a recent surgery is identified, it must be determined if the surgery requires* ***active*** *care during the SNF stay****.*** *Surgeries requiring active care during the SNF stay are surgeries that have a* ***direct relationship*** *to the resident's primary SNF diagnosis, as coded in I0020B.*

- *Do not include conditions that have been resolved, do not affect the resident's current status, or do not drive the resident's plan of care during the 7-day look-back period, as these would be considered surgeries that do not require active care during the SNF stay.*
- *Check the following information sources in the medical record for the last 30 days to identify "active" surgeries: transfer documents, physician progress notes, recent history and physical, recent discharge summaries, nursing assessments, nursing care plans, medication sheets, doctor's orders, consults and official diagnostic reports, and other sources as available.*

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Skilled Care Requirement

In the rare circumstance of the absence of specific documentation that a surgery requires active SNF care, the following indicators may be used to confirm that the surgery requires active SNF care:

- *The inherent complexity of the services prescribed for a resident is such that they can be performed safely and/or effectively only by or under the general supervision of skilled nursing. For example:*
- *— The management of a surgical wound that requires skilled care (e.g., managing potential infection or drainage).*
- *— Daily skilled therapy to restore functional loss after surgical procedures.*
- *— Administration of medication and monitoring that requires skilled nursing.*

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Mapping: PDPM Clinical Categories to Orthopedic Surgery Procedure Codes for FY2019

Overview

ICD-10-PCS code	ICD-10-PCS Code Description	Clin
0PRQ3KZ	Replacement of Left Metacarpal with Nonautologous Tissue Substitute, Percutaneous Approach	Orthopedic Surgery (Except Major Joint Repla
0PRQ47Z	Replacement of Left Metacarpal with Autologous Tissue Substitute, Percutaneous Endoscopic Approach	Orthopedic Surgery (Except Major Joint Repla
0PRQ4JZ	Replacement of Left Metacarpal with Synthetic Substitute, Percutaneous Endoscopic Approach	Orthopedic Surgery (Except Major Joint Repla
0PRQ4KZ	Replacement of Left Metacarpal with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach	Orthopedic Surgery (Except Major Joint Repla
0PS304Z	Reposition Cervical Vertebra with Internal Fixation Device, Open Approach	Major Joint Replacement or Spinal Surgery
0PS30ZZ	Reposition Cervical Vertebra, Open Approach	Major Joint Replacement or Spinal Surgery
0PS334Z	Reposition Cervical Vertebra with Internal Fixation Device, Percutaneous Approach	Major Joint Replacement or Spinal Surgery
0PS344Z	Reposition Cervical Vertebra with Internal Fixation Device, Percutaneous Endoscopic Approach	Major Joint Replacement or Spinal Surgery
0PS34ZZ	Reposition Cervical Vertebra, Percutaneous Endoscopic Approach	Major Joint Replacement or Spinal Surgery
0PS404Z	Reposition Thoracic Vertebra with Internal Fixation Device, Open Approach	Major Joint Replacement or Spinal Surgery
0PS40ZZ	Reposition Thoracic Vertebra, Open Approach	Major Joint Replacement or Spinal Surgery
0PS434Z	Reposition Thoracic Vertebra with Internal Fixation Device, Percutaneous Approach	Major Joint Replacement or Spinal Surgery
0PS444Z	Reposition Thoracic Vertebra with Internal Fixation Device, Percutaneous Endoscopic Approach	Major Joint Replacement or Spinal Surgery
0PS44ZZ	Reposition Thoracic Vertebra, Percutaneous Endoscopic Approach	Major Joint Replacement or Spinal Surgery
0PSM04Z	Reposition Right Carpal with Internal Fixation Device, Open Approach	Orthopedic Surgery (Except Major Joint Repla
0PSM05Z	Reposition Right Carpal with External Fixation Device, Open Approach	Orthopedic Surgery (Except Major Joint Repla
0PSM0ZZ	Reposition Right Carpal, Open Approach	Orthopedic Surgery (Except Major Joint Repla
0PSM34Z	Reposition Right Carpal with Internal Fixation Device, Percutaneous Approach	Orthopedic Surgery (Except Major Joint Repla
0PSM35Z	Reposition Right Carpal with External Fixation Device, Percutaneous Approach	Orthopedic Surgery (Except Major Joint Repla

Surgeries Applicable to PDPM

Surgical Procedures - Complete only if J2100 = 1	
↓	**Check all that apply**
	Major Joint Replacement
☐	**J2300. Knee Replacement** - partial or total
☐	**J2310. Hip Replacement** - partial or total
☐	**J2320. Ankle Replacement** - partial or total
☐	**J2330. Shoulder Replacement** - partial or total
	Spinal Surgery
☐	**J2400. Involving the spinal cord or major spinal nerves**
☐	**J2410. Involving fusion of spinal bones**
☐	**J2420. Involving lamina, discs, or facets**
☐	**J2499. Other major spinal surgery**
	Other Orthopedic Surgery
☐	**J2500. Repair fractures of the shoulder** (including clavicle and scapula) **or arm** (but not hand)
☐	**J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle** (not foot)
☐	**J2520. Repair but not replace joints**
☐	**J2530. Repair other bones** (such as hand, foot, jaw)
☐	**J2599. Other major orthopedic surgery**

Surgeries Applicable to PDPM

	Neurological Surgery
☐	**J2600. Involving the brain, surrounding tissue or blood vessels** (excludes skull and skin but includes cranial nerves)
☐	**J2610. Involving the peripheral or autonomic nervous system** - open or percutaneous
☐	**J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices**
☐	**J2699. Other major neurological surgery**
	Cardiopulmonary Surgery
☐	**J2700. Involving the heart or major blood vessels** - open or percutaneous procedures
☐	**J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords** - open or endoscopic
☐	**J2799. Other major cardiopulmonary surgery**
	Genitourinary Surgery
☐	**J2800. Involving male or female organs** (such as prostate, testes, ovaries, uterus, vagina, external genitalia)
☐	**J2810. Involving the kidneys, ureters, adrenal glands, or bladder** - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)
☐	**J2899. Other major genitourinary surgery**

Surgeries Applicable to PDPM

Section J	Health Conditions

Surgical Procedures - Continued

↓ Check all that apply

Other Major Surgery

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

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PDPM Clinical Category	Collapsed PT and OT Clinical Category
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	

PDPM PT & OT Components

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

PT & OT Groups

$60.75/PT

$56.55/OT

FY20 Urban

$94.16

$87.65

$181.81

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Other SLP-Related Scoring Components

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/Respirator While a Resident

SLP Clinical Category_____

Swallowing Disorder (K0100A-D)? Yes or No

Mechanically Altered Diet (K0510C)? Yes or No

CFS Score 2, 3, or 4? Yes or No

At least one SLP-related Comorbidity? Yes or No

K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder

↓ Check all that apply

- ☐ A. Loss of liquids/solids from mouth when eating or drinking
- ☐ B. Holding food in mouth/cheeks or residual food in mouth after meals
- ☐ C. Coughing or choking during meals or when swallowing medications
- ☐ D. Complaints of difficulty or pain with swallowing
- ☐ Z. None of the above

K0100: Swallowing Disorder

- K0100A, loss of liquids/solids from mouth when eating or drinking. When the resident has food or liquid in his or her mouth, the food or liquid dribbles down chin or falls out of the mouth.
- K0100B, holding food in mouth/cheeks or residual food in mouth after meals. Holding food in mouth or cheeks for prolonged periods of time (sometimes labeled pocketing) or food left in mouth because resident failed to empty mouth completely.

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K0100: Swallowing Disorder

- K0100C, coughing or choking during meals or when swallowing medications. The resident may cough or gag, turn red, have more labored breathing, or have difficulty speaking when eating, drinking, or taking medications. The resident may frequently complain of food or medications “going down the wrong way.”
- K0100D, complaints of difficulty or pain with swallowing. Resident may refuse food because it is painful or difficult to swallow.

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K0100: Swallowing Disorder

- The assessor should collaborate with the dietitian and dietary staff to ensure that items in this section have been assessed and calculated accurately
- Care planning should include provisions for monitoring the resident during mealtimes and during functions/activities that include the consumption of food and liquids.
- When necessary, the resident should be evaluated by the physician, speech language pathologist and/or occupational therapist to assess for any need for swallowing therapy and/or to provide recommendations regarding the consistency of food and liquids.

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K0100: Swallowing Disorder

- Assess for signs and symptoms that suggest a swallowing disorder that has not been successfully treated or managed with diet modifications or other interventions (e.g., tube feeding, double swallow, turning head to swallow, etc.) and therefore represents a functional problem for the resident.
- Care plan should be developed to assist resident to maintain safe and effective swallow using compensatory techniques, alteration in diet consistency, and positioning during and following meals.

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Mechanically Altered Diet

- MECHANICALLY ALTERED DIET A diet specifically prepared to alter the texture or consistency of food to facilitate oral intake. Examples include soft solids, puréed foods, ground meat, and thickened liquids. A mechanically altered diet should not automatically be considered a therapeutic diet.

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SLP Component

- Observe the resident during meals or at other times when he or she is eating, drinking, or swallowing to determine whether any of the listed symptoms of possible swallowing disorder are exhibited
- Document the findings and alert the IDT for assessment and a possible new diagnosis or condition

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SLP Component

- CMI 0.68-1.82 difference for missing Mechanically altered diet/or a swallowing disorder
- Even if NO OTHER items are present
- Can be the difference of $41.28 vs. $15.42
- $25.86/day difference
- Who fills out Section K100?
  - Is there collaboration?

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Determine SLP Case Mix Group using CFS, Clinical Category, Comorbidities, Diet, & Swallowing Disorder

Presence of: Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case Mix Group	CMI
None	Neither	SA	0.68
	Either	SB	1.82
	Both	SC	2.67
Any One	Neither	SD	1.46
	Either	SE	2.34
	Both	SF	2.98
Any Two	Neither	SG	2.04
	Either	SH	2.89
	Both	SI	3.53
All Three	Neither	SJ	2.99
	Either	SK	3.70
	Both	SL	4.21

Section K Changes

K0510. Nutritional Approaches Check all of the following nutritional approaches that were performed during the last **7 days**		
1. **While NOT a Resident** Performed ***while NOT a resident*** of this facility and within the ***last 7 days***. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank 2. **While a Resident** Performed ***while a resident*** of this facility and within the ***last 7 days***	**1. While NOT a Resident**	**2. While a Resident**
	↓ **Check all that apply** ↓	
A. Parenteral/IV feeding	☐	☐
B. Feeding tube - nasogastric or abdominal (PEG)	☐	☐
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		☐
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)		☐
Z. None of the above	☐	☐

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NTA Classification

Parenteral IV Feeding: Level High	MDS Item K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	MDS Item O0100F2	4
Parenteral IV feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	MDS Item I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0100I2	2
Major Organ Transplant Status, Except Lung	MDS Item I8000	2
Active Diagnoses: Multiple Sclerosis Code	MDS Item I5200	2
Opportunistic Infections	MDS Item I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	MDS Item I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	MDS Item I8000	2
Chronic Myeloid Leukemia	MDS Item I8000	2
Wound Infection Code	MDS Item I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	MDS Item I2900	2
Endocarditis	MDS Item I8000	1
Immune Disorders	MDS Item I8000	1
End-Stage Liver Disease	MDS Item I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Narcolepsy and Cataplexy	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O0100E2	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	MDS Item I1700	1
Special Treatments/Programs: Isolation Post-admit Code	MDS Item O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	MDS Item I8000	1
Morbid Obesity	MDS Item I8000	1
Special Treatments/Programs: Radiation Post-admit Code	MDS Item O0100B2	1

Condition/Extensive Service	Source	Points
Highest Stage of Unhealed Pressure Ulcer - Stage 4	MDS Item M0300X1	1
Psoriatic Arthropathy and Systemic Sclerosis	MDS Item I8000	1
Chronic Pancreatitis	MDS Item I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	MDS Item M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	MDS Item I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	MDS Item H0100D	1
Inflammatory Bowel Disease	MDS Item I8000	1
Aseptic Necrosis of Bone	MDS Item I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	MDS Item O0100D2	1
Cardio-Respiratory Failure and Shock	MDS Item I8000	1
Myelodysplastic Syndromes and Myelofibrosis	MDS Item I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	MDS Item I8000	1
Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Nutritional Approaches While a Resident: Feeding Tube	MDS Item K0510B2	1
Severe Skin Burn or Condition	MDS Item I8000	1
Intractable Epilepsy	MDS Item I8000	1
Active Diagnoses: Malnutrition Code	MDS Item I5600	1
Disorders of Immunity - Except : RxCC97: Immune Disorders	MDS Item I8000	1
Cirrhosis of Liver	MDS Item I8000	1
Bladder and Bowel Appliances: Ostomy	MDS Item H0100C	1
Respiratory Arrest	MDS Item I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	MDS Item I8000	1

High vs. Low Intensity IV Feeding

Section K	Swallowing/Nutritional Status		
K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B			
2. While a Resident Performed ***while a resident*** of this facility and within the ***last 7 days*** **3. During Entire 7 Days** Performed during the entire ***last 7 days***		**2. While a Resident**	**3. During Entire 7 Days**
		↓ Enter Codes ↓	
A. Proportion of total calories the resident received through parenteral or tube feeding 1. **25% or less** 2. **26-50%** 3. **51% or more**		☐	☐
B. Average fluid intake per day by IV or tube feeding 1. **500 cc/day or less** 2. **501 cc/day or more**		☐	☐

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PDPM
MDS Assessment Schedule

What Changes and What Stays the Same

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Assessment Schedule

- All OMRA MDS assessments are *eliminated*
- All PPS assessments **EXCEPT** the 5-day are *eliminated*
- All OBRA assessments remain the same, no changes to OBRA requirements

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MDS Schedule

TABLE 33: PPS Assessment Schedule under PDPM

Medicare MDS assessment schedule type	Assessment reference date	Applicable standard Medicare payment days
5-day Scheduled PPS Assessment	Days 1-8	All covered Part A days until Part A discharge (unless an IPA is completed).
Interim Payment Assessment (IPA)	No later than 14 days after change in resident's first tier classification criteria is identified	ARD of the assessment through Part A discharge (unless another IPA assessment is completed).
PPS Discharge Assessment	PPS Discharge: Equal to the End Date of the Most Recent Medicare Stay (A2400C) or End Date	N/A.

MDS Schedule

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

Interrupted Stay Policy

- Discharge of < 3 days will not require a new MDS, same CMG level continues **(even if they are discharged home)**
- Payment will resume at prior PDPM rate (same SNF)
- IPA assessment will take precedence and allow changes to CMG level
- Discharge to new provider will restart with 5-day

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Interrupted Stay Policy

- Readmission to the same SNF after discharge 3 or more days, will require new 5-day MDS
- NTA is reset to initial adjustment factor (Day 1)

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Interim Payment Assessment

- **Purpose:** To report changes to the residents PDPM grouping
- **Frequency:** There is no limit or minimum it is an optional assessment
- **Timeframe:** The CMG changes **ON** the ARD
  - **Considerations:** the 3 days of data collection required to do an IPA, GG collection, BIMS interview or CPS data collection, loss of prior 5-day CMG (which may be at a higher payment rate)

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PDPM Transitioning for 10/1 Section GG

- Must set up system to capture GG items for PDPM transition
- Setting up interviews for cognition for the transition
- Set up system to identify which residents will remain beyond 9/30/19
- Add review of meds taken at home from DRR process to identify additional conditions or diagnoses

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Therapy Provision Collection Items D/C MDS

MDS Item Number	Item Name
O0400A5	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Therapy Start Date
O0400A6	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Therapy End Date
O0400A7	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Total Individual Minutes
O0400A8	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Total Concurrent Minutes
O0400A9	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Total Group Minutes
O0400A10	Special Treatments, Procedures and Programs: Speech-Language Pathology and Audiology Services: Total Days
O0400B5	Special Treatments, Procedures and Programs: Occupational Therapy: Therapy Start Date
O0400B6	Special Treatments, Procedures and Programs: Occupational Therapy: Therapy End Date
O0400B7	Special Treatments, Procedures and Programs: Occupational Therapy: Total Individual Minutes
O0400B8	Special Treatments, Procedures and Programs: Occupational Therapy: Total Concurrent Minutes
O0400B9	Special Treatments, Procedures and Programs: Occupational Therapy: Total Group Minutes
O0400B10	Special Treatments, Procedures and Programs: Occupational Therapy: Total Days
O0400C5	Special Treatments, Procedures and Programs: Physical Therapy: Therapy Start Date
O0400C6	Special Treatments, Procedures and Programs: Physical Therapy: Therapy End Date
O0400C7	Special Treatments, Procedures and Programs: Physical Therapy: Total Individual Minutes
O0400C8	Special Treatments, Procedures and Programs: Physical Therapy: Total Concurrent Minutes
O0400C9	Special Treatments, Procedures and Programs: Physical Therapy: Total Group Minutes
O0400C10	Special Treatments, Procedures and Programs: Physical Therapy: Total Days

End of PPS Therapy Data Collection

Section O	Special Treatments, Procedures, and Programs

O0425. Part A Therapies
Complete only if A0310H = 1

A. Speech-Language Pathology and Audiology Services

Enter Number of Minutes ☐☐☐☐

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes ☐☐☐☐

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes ☐☐☐☐

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy

Enter Number of Minutes ☐☐☐☐

4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Days ☐☐☐

5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

B. Occupational Therapy

Enter Number of Minutes ☐☐☐☐

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes ☐☐☐☐

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes ☐☐☐☐

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0425C, Physical Therapy

Enter Number of Minutes ☐☐☐☐

4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Days ☐☐☐

5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

End of PPS Therapy Data Collection

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

O0430. Distinct Calendar Days of Part A Therapy Complete only if A0310H = 1	
Enter Number of Days ☐☐☐	Record the number of **calendar days** that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident's most recent Medicare Part A stay (A2400B)

Capturing Restorative Nursing & Section O

Section O	Special Treatments, Procedures, and Programs

O0500. Restorative Nursing Programs

Record the **number of days** each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)

Number of Days	Technique
☐	A. Range of motion (passive)
☐	B. Range of motion (active)
☐	C. Splint or brace assistance
Number of Days	**Training and Skill Practice In:**
☐	D. Bed mobility
☐	E. Transfer
☐	F. Walking
☐	G. Dressing and/or grooming
☐	H. Eating and/or swallowing
☐	I. Amputation/prostheses care
☐	J. Communication

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Planning for RNP

- Benefits for expense reduction related to decreased use of therapy staff for certain admissions
- Resident is able to practice compensatory strategies learned from therapy provision prior to discharge home
- Train staff in RNP practices (nurses and aides)
- Set up a system to identify those residents who would benefit from RNP
- Provides a strategy for ACOs and bundle programs to identify residents at risk of rehospitalization

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Section V Changes

Section V	Care Area Assessment (CAA) Summary
V0100. Items From the Most Recent Prior OBRA or Scheduled PPS Assessment Complete only if A0310E = 0 and if the following is true for the **prior assessment**: A0310A = 01- 06 or A0310B = 01	
Enter Code ☐☐	**A. Prior Assessment Federal OBRA Reason for Assessment** (A0310A value from prior assessment) 01. **Admission** assessment (required by day 14) 02. **Quarterly** review assessment 03. **Annual** assessment 04. **Significant change in status** assessment 05. **Significant correction** to **prior comprehensive** assessment 06. **Significant correction** to **prior quarterly** assessment 99. None of the above
Enter Code ☐☐	**B. Prior Assessment PPS Reason for Assessment** (A0310B value from prior assessment) 01. **5-day** scheduled assessment 08. **IPA** - Interim Payment Assessment 99. None of the above
	C. Prior Assessment Reference Date (A2300 value from prior assessment) ☐☐ – ☐☐ – ☐☐☐☐ Month Day Year
Enter Score ☐☐	**D. Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score** (C0500 value from prior assessment)
Enter Score ☐☐	**E. Prior Assessment Resident Mood Interview (PHQ-9©) Total Severity Score** (D0300 value from prior assessment)
Enter Score ☐☐	**F. Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV) Total Severity Score** (D0600 value from prior assessment)

Section Z Changes

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

PDPM Transitioning for 10/1/2019

- Must set up system to capture GG items for PDPM transition
- Setting up interviews for cognition for the transition
- Set up system to identify which residents will remain beyond 9/30/19
- Add review of meds taken at home from DRR process to identify additional conditions or diagnoses

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Questions??

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Thank you!

Reminders:

- Please complete post the event evaluation today
- All attendees will receive a copy of today's handout via email by the end of the week
- Next webinar: MDS 3.0 Part 2 - September 23, 2019, 10:00 am – 12:00 pm
- Outcomes Congress: October 22, 2019, 8:30 am – 12:00 pm (Host: Carroll Manor Nursing and Rehabilitation Center). Bring your Storyboards to present to your peers!

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