

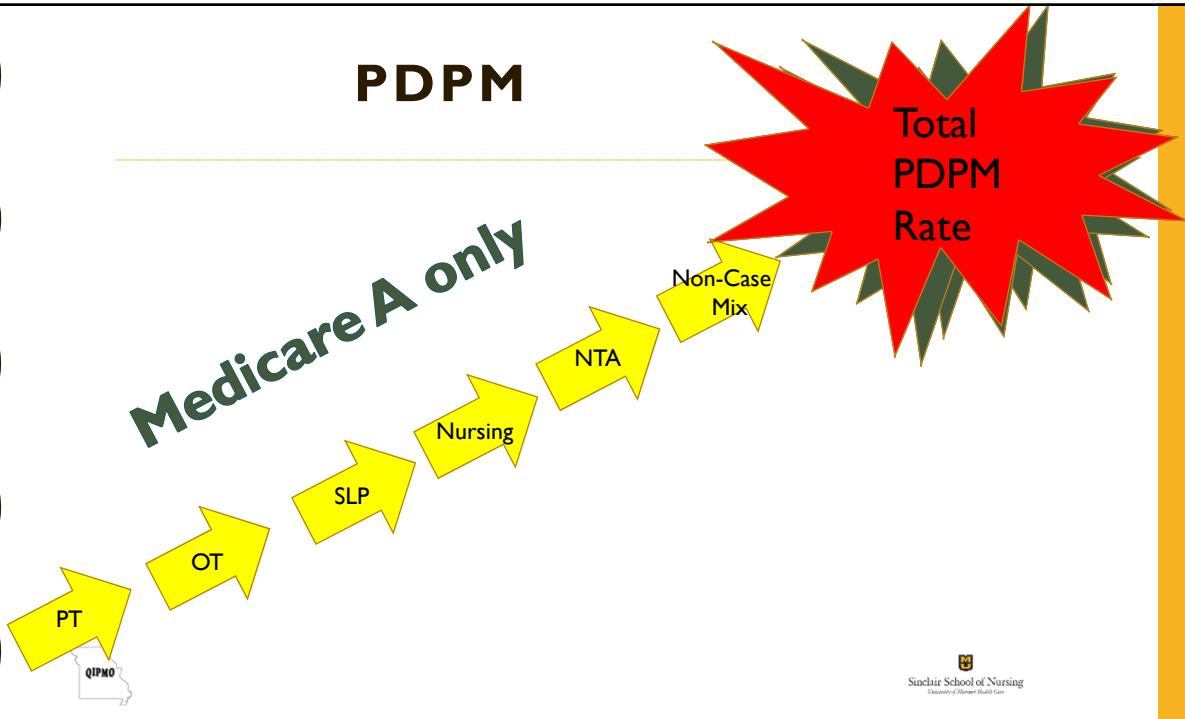
# PDPM: NURSING COMPONENT

CRYSTAL PLANK, BSN, RN, RAC-CT  
Clinical Consultant/Quality Educator  
MU MDS and Quality Research Team  
Sinclair School of Nursing  
QIPMO



## PDPM

**Medicare A only**



# RUG-IV vs PDPM

## RUG-IV

Classifies residents into a therapy RUG based on therapy minutes and days.  
 Non-therapy RUGs were based on certain resident characteristics.  
 The resident's RUG was either a therapy RUG or Non-therapy (Nursing) RUG.

Therapy RUGs are used to bill over 90% of Part A days

## PDPM

Moves away from intensity driven model of payment to characteristic need driven model of payment.

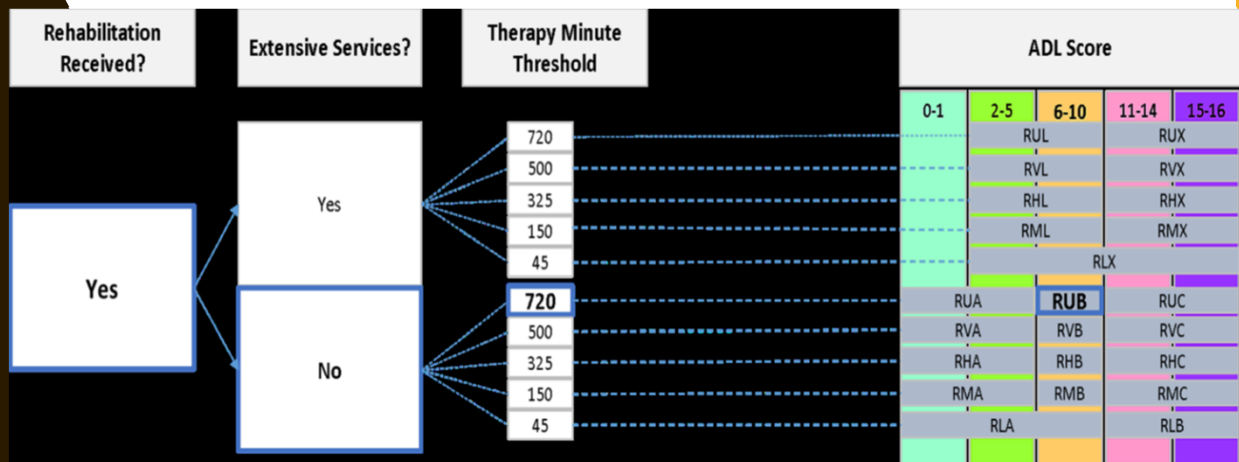
Utilizes the same nursing classification structure as RUG-IV, except there are some modifications:

MDS 3.0 Section GG (Functional Score) and Functional groups decreased from 43 to 25.



## RUG-IV CLASSIFICATION

Under the RUG-IV model, both patients would be classified into the same payment group because they received the same number of therapy minutes and received no extensive services, despite significant differences between them



## PDPM PATIENT CLASSIFICATION

Under PDPM, residents are classified into a group for each of the five case-mix adjusted components: PT, OT, SLP, Nursing and NTA

Each component utilizes different criteria as the basis for patient classification:

**PT:** Clinical Category & Functional Score

**OT:** Clinical Category & Functional Score

**SLP:** Presence of Acute Neurologic Condition, SLP-related Comorbidity or Cognition Impairment, Mechanically-altered Diet & Swallowing Disorder

**Nursing:** Same characteristics as under RUG-IV

**NTA:** NTA Comorbidity Score

**Non-Case Mix** (fixed cost) based on geographic area and includes costs incurred regardless of resident characteristics.



For services furnished on or after October 1, 2019, the following classifiers under the Patient Driven Payment Model (PDPM):

**Those nursing groups encompassed by the:**  
**Extensive Services,**  
**Special Care High,**  
**Special Care Low,**  
**Clinically Complex nursing categories,**  
**Behavioral Symptoms,**  
**Cognitive Performance,**  
**Reduced Physical Function**

• PT and OT groups TA, TB, TC, TD, TE, TF, TG, TJ, TK, TN, TO, TP;

• SLP groups SA, SB, SC, SE, SF, SH, SI, SJ, SK, and SL;

• The NTA component's uppermost (12+) comorbidity group. If a patient meets any of the four PDPM-related criteria above, the patient qualifies for the presumption.



## DETERMINANTS OF PAYMENT IN PDPM FOR THE NURSING COMPONENT

Clinical information from the SNF stay

Functional status

Extensive services received

Presence of depression

Restorative nursing services received



## SECTION G AND SECTION GG

### Section G

Will no longer determine the ADL component for payment.  
(Bed Mobility, Eating, Toileting and Transfer)

### Section GG

Determines the new nursing functional score needed for the nursing component for payment.

This section must be done on the first 3 days of admission for all admissions.



## SECTION GG FUNCTIONAL SCORE

Section GG items included in the Nursing Functional Score:

Section GG Item	Functional Score Range
GG0130A1- Self-care: Eating	0-4
GG0130C1- Self-care: Toileting Hygiene	0-4
GG0170B1- Mobility: Sit to Lying	0-4
GG0170C1- Mobility: Lying to Sitting on side of bed	(average of 2 items)
GG0170D1- Mobility: Sit to Stand	0-4 (average of 3 items)
GG0170E1- Mobility: Chair/bed-to-chair transfer	
GG0170F1- Mobility: Toilet Transfer	



Total score will be from 0-16



## DEFINITIONS OF SECTION GG FOR THE NURSING COMPONENT

Self-Care: Eating	Self-Care: Toileting	Mobility: Sit to Lying	Mobility: Lying to Sitting on the Side of the Bed	Mobility: Sit to Stand	Mobility: Chair/Bed to Chair Transfer	Mobility: Toilet Transfer
The ability to use suitable utensils to bring food and/or liquids to the mouth and swallow food and/or liquid once the meal is placed before the resident.	The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If manage an ostomy, include wiping the opening but not managing equipment.	The ability to move from sitting on side of bed to lying flat on the 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.	The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.	The ability to transfer to and from a bed to a chair (or wheelchair).	The ability to get on and off a toilet or commode.



## GG0130. AND GG0170. GENERAL CODING TIPS

- When observing the resident, reviewing the resident's medical record, and interviewing staff, be familiar with the definition for each activity.
- Do not record the staff's assessment of the resident's potential capability to perform the activity.
- To clarify your own understanding of the resident's performance of an activity, ask probing questions to staff about the resident, beginning with the general and proceeding to the more specific.



## GG0130. AND GG0170. GENERAL CODING TIPS

- Do not record the resident's best performance and do not record the resident's worst performance, but rather record the resident's **usual performance** during the assessment period.
- If the resident does not attempt the activity and a helper does not complete the activity for the resident during the entire assessment period, code the reason the activity was not attempted.
- You will be using the same six - point scale for recording usual performance and the resident's discharge goals, or one of the four "activity not attempted" codes to specify the reason why an activity was not attempted.



## GG0130. AND GG0170. GENERAL CODING TIPS

- Documentation in the medical record is used to support assessment coding of Section GG.
- Data entered should be consistent with the clinical assessment documentation in the resident's medical record.



## GG0130. AND GG0170. GENERAL CODING TIPS

- Use of assistive device(s) to complete an activity should not affect coding of the activity. If the resident uses adaptive equipment and uses the device independently when performing an activity, enter code **06, Independent**.
- If the only help a resident needs to complete an activity is for a helper to retrieve an assistive device or adaptive equipment, such as a cane for walking, then enter code **05, Setup or clean-up assistance**.
- If two or more helpers are required to assist the resident in completing the activity, code as **01, Dependent**.



## GG0130: EATING

- **Eating (item GG0130A):**
  - Statement added to address coding of eating when a resident receives tube feedings or parenteral nutrition: **“Eating involves bringing food and liquids to the mouth and swallowing food. The administration of tube feedings and parenteral nutrition is not considered when coding this activity. The following is guidance for some situations in which a resident receives tube feedings or parenteral nutrition...”**
  - References to “**parenteral nutrition**” were added throughout Coding Tips for this item.
- GG0130A. Eating: Assess eating and drinking by mouth only.
- Resident receives tube feedings or parenteral nutrition (PN):
  - Assistance with tube feedings or PN is not considered when coding the item Eating.
  - If the resident does not eat or drink by mouth and relies **solely** on nutrition and liquids through tube feedings or PN because of a **new (recent - onset) medical condition**, code GG0130A as **88, Not attempted due to medical conditions or safety concerns.**



## GG0130: EATING (CONTINUED)

- If the resident **does not** eat or drink by mouth at the time of the assessment, and the resident did not eat or drink by mouth **prior to the current illness, injury or exacerbation**, code GG0130A as **09, Not applicable.**
- If the resident eats and drinks by mouth, **and relies partially** on obtaining nutrition and liquids via tube feedings or PN, code eating based on the amount of assistance the resident requires to eat and drink by mouth.
- If the resident eats finger foods with his or her hands, code based upon the amount of assistance provided.





## GG0130C. TOILETING HYGIENE CODING TIPS

- Toileting hygiene:
  - Includes managing undergarments, clothing, and incontinence products, and performing perineal cleansing before and after voiding or having a bowel movement. Toileting hygiene can take place before and after use of the toilet, commode, bedpan, or urinal.
  - If the resident completes a bowel toileting program in bed, code Toileting hygiene based on the resident's need for assistance in managing clothing and perineal cleansing.
  - If the resident does not usually use undergarments, then assess the resident's need for assistance to manage lower - body clothing and perineal hygiene.
  - If the resident has an indwelling urinary catheter and has bowel movements, code the Toileting hygiene item based on the amount of assistance needed by the resident when moving his or her bowels.



## GG0170 B & C: LYING TO SITTING ON SIDE OF BED & SIT TO LYING CODING TIPS

- The activity includes resident transitions from lying on his or her back to sitting on the side of the bed with his or her feet flat on the floor and sitting upright on the bed without back support. The residents' ability to perform each of the tasks within this activity and how much support the residents require to complete the tasks within this activity is assessed.
- Use clinical judgment to determine what is considered a "lying" position for a particular resident.
- If the resident's feet do not reach the floor upon lying to sitting, the qualified clinician will determine if a bed height adjustment is required to accommodate foot placement on the floor.
- Back support refers to an object or person providing support for the resident's back.
- If the qualified clinician determines that bed mobility cannot be assessed because of the degree to which the head of the bed must be elevated because of a medical condition, then code the activities Sit to lying, and Lying to sitting on side of bed, as 88, Not attempted due to medical condition or safety concern.



## GG0170 D: SIT TO STAND CODING TIPS

If a sit-to-stand (stand assist) lift is used and two helpers are needed to assist with the sit-to-stand lift, then code as 01, Dependent.



## GG0170E. CHAIR/BED-TO-CHAIR TRANSFER CODING TIPS

- The activities of Sit to lying and Lying to sitting on side of bed are two separate activities that are not assessed as part of GG0170E.
- If a mechanical lift is used to assist in transferring a resident for a chair/bed - to - chair transfer and two helpers are needed to assist with the mechanical lift transfer, then code **01, Dependent**, even if the resident assists with any part of the chair/bed - to - chair transfer.



## GG0170F. TOILET TRANSFER CODING TIP

- Do not consider or include GG0130C. Toileting hygiene item tasks (managing clothing, perineal hygiene) when assessing the Toilet transfer item.
- Transferring on and off a bedpan is not included in Toilet transfer.



## FUNCTIONAL SCORE: ITEM RESPONSE CROSSWALK

RESPONSE	Score
05 Set-up assistance	4
06 Independent	4
04 Supervision or touching assistance	3
03 Partial/moderate assistance	2
02 Substantial/maximal assistance	1
01 Dependent	0
07 Refused	0
09 N/A	0
88 Not attempted due to medical condition or safety	0
10 Not attempted due to environmental limitations	0



09 N/A- Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.

10 N/A environmental limitation (e.g. lack of equipment, weather constraints).

## FUNCTIONAL SCORE: PERFORMANCE CODING INSTRUCTIONS - USUAL PERFORMANCE

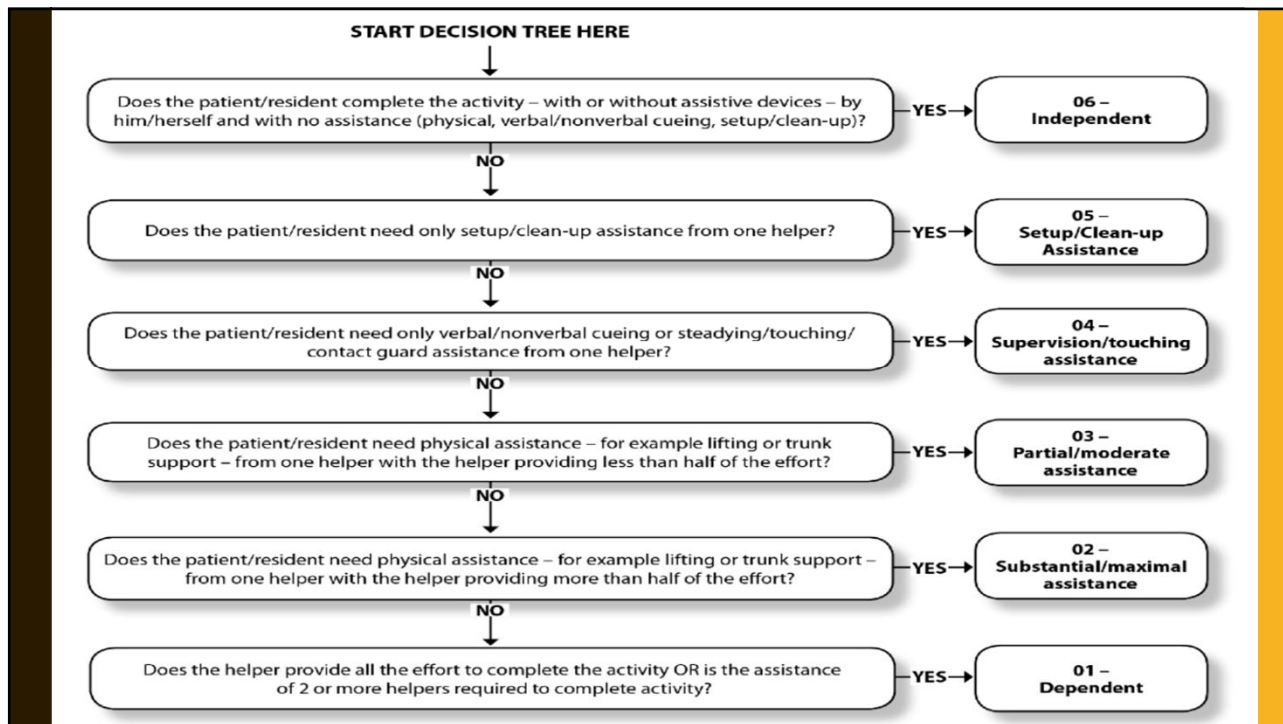
- **Code 06**, Independent: if the resident completes the activity by him/herself with no assistance from a helper.
- **Code 05**, Setup or clean-up assistance: if the helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity, but not during the activity. For example, the resident requires assistance cutting up food or opening container, or requires setup of hygiene item(s) or assistive device(s).
- **Code 04**, Supervision or touching assistance: if the helper provides verbal cues or touching/steadying/contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. For example, the resident requires verbal cueing, coaxing, or general supervision for safety to complete activity; or resident may require only incidental help such as contact guard or steadying assist during the activity.
- **Code 03**, Partial/moderate assistance: if the helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.



## FUNCTIONAL SCORE: PERFORMANCE CODING INSTRUCTIONS - USUAL PERFORMANCE CONTINUED

- **Code 02**, Substantial/maximal assistance: if the helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **Code 01**, Dependent: if the helper does ALL of the effort. Resident does none of the effort to complete the activity; or the assistance of two or more helpers is required for the resident to complete the activity.
- **Code 07**, Resident refused: if the resident refused to complete the activity.
- **Code 09**, Not applicable: if the activity was not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- **Code 10**, Not attempted due to environmental limitations: if the resident did not attempt this activity due to environmental limitations. Examples include lack of equipment and weather constraints.
- **Code 88**, Not attempted due to medical condition or safety concerns: if the activity was not attempted due to medical condition or safety concerns.





## NOTABLE DIFFERENCES BETWEEN G AND GG SCORING METHODOLOGIES

### Reverse scoring methodology:

Under Section G, increasing score means increasing dependence

Under Section GG, increasing score means increasing independence

Section G  
 4 Total Dependent  
 3 Extensive Assistance  
 2 Limited Assistance  
 1 Supervision  
 0 Independent

Section GG  
 06 Independent  
 05 Set-up or clean-up assistance  
 04 Supervision or touching assistance  
 03 Partial/moderate assistance  
 02 Substantial/maximal assistance  
 01 Dependent

### Non-linear relationship to payment:

Under PDPM, there is not a direct relationship between increasing dependence and increasing payment



## Nursing Component: Payment Groups (1)

RUG-IV Nursing RUG	Extensive Services	Clinical Conditions	Depression	Restorative Nursing Services	Function Score	CMG	CMI
ES3	Tracheostomy & Ventilator				0-14	ES3	4.04
ES2	Tracheostomy or Ventilator				0-14	ES2	3.06
ES1	Infection Isolation				0-14	ES1	2.91
HE2/HD2		Serious medical conditions e.g. comatose, septicemia, respiratory therapy	Yes		0-5	HDE2	2.39
HE1/HD1		Serious medical conditions e.g. comatose, septicemia, respiratory therapy	No		0-5	HDE1	1.99
HC2/HB2		Serious medical conditions e.g. comatose, septicemia, respiratory therapy	Yes		6-14	HBC2	2.23
HC1/HB1		Serious medical conditions e.g. comatose, septicemia, respiratory therapy	No		6-14	HBC1	1.85

30



## Nursing Component: Payment Groups (2)

RUG-IV Nursing RUG	Extensive Services	Clinical Conditions	Depression	Restorative Nursing Services	Function Score	CMG	CMI
LE2/LD2		Serious medical conditions e.g. radiation therapy or dialysis	Yes		0-5	LDE2	2.07
LE1/LD1		Serious medical conditions e.g. radiation therapy or dialysis	No		0-5	LDE1	1.72
LC2/LB2		Serious medical conditions e.g. radiation therapy or dialysis	Yes		6-14	LBC2	1.71
LC1/LB1		Serious medical conditions e.g. radiation therapy or dialysis	No		6-14	LBC1	1.43
CE2/CD2		Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	Yes		0-5	CDE2	1.86
CE1/CD1		Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	No		0-5	CDE1	1.62
CC2/CB2		Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	Yes		6-14	CBC2	1.54
CA2		Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	Yes		15-16	CA2	1.08

31



### Nursing Component: Payment Groups (3)

RUG-IV Nursing RUG	Extensive Services	Clinical Conditions	Depression	Restorative Nursing Services	Function Score	CMG	CMI
CC1/CB1		Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	No		6-14	CBC1	1.34
CA1		Conditions requiring complex medical care e.g. pneumonia, surgical wounds, burns	No		15-16	CA1	0.94
BB2/BA2		Behavioral or cognitive symptoms		2 or more	11-16	BAB2	1.04
BB1/BA1		Behavioral or cognitive symptoms		0-1	11-16	BAB1	0.99
PE2/PD2		Assistance with daily living and general supervision		2 or more	0-5	PDE2	1.57
PE1/PD1		Assistance with daily living and general supervision		0-1	0-5	PDE1	1.47
PC2/PB2		Assistance with daily living and general supervision		2 or more	6-14	PBC2	1.21
PA2		Assistance with daily living and general supervision		2 or more	15-16	PA2	0.7
PC1/PB1		Assistance with daily living and general supervision		0-1	6-14	PBC1	1.13
PA1		Assistance with daily living and general supervision		0-1	15-16	PA1	0.66



## NURSING COMPONENT: PAYMENT GROUPS

**PDPM Nursing Component:** Extensive Services

**Extensive Services included:** tracheostomy, and/or ventilator or respirator, or infection isolation

**Clinical Conditions:** None

**Depression:** None

**Restorative Nursing Services:** None

**Function Score:** 0-14

**CMG:** ES3, ES2, ES1

Extensive Service Conditions	PDPM Nursing Classification	HIPPS Code
Tracheostomy care AND ventilator/respirator	ES3	A
Tracheostomy care OR ventilator/respirator	ES2	B
Isolation or quarantine for active infectious disease (without tracheostomy care, without ventilator/respirator)	ES1	C

Function score of 15-16 would be clinically complex



RUG IV was Extensive Services



## NURSING COMPONENT: PAYMENT GROUPS

**PDPM Nursing Component:**

**Extensive Services included:** Serious Medical Conditions

**Clinical Conditions:**

- Comatose,
- Septicemia,
- DM with daily injections (7days) & insulin order changes 2+days
- Quadriplegia
- COPD & SOB when lying flat
- Fever with (1 of the following) Pneumonia/vomiting/wt loss/feeding tube with intake requirements
- Parenteral/IV feedings
- Respiratory therapy (daily)

**Depression:** Yes or No

**Restorative Nursing Services:** None

**Function Score:** 0-14

**CMG:** HDE2, HDE1, HBC2, HBC1

Nursing Function Score	Depressed?	PDPM Nursing Classification	HIPPS
0 to 5	Yes	HDE2	D
0 to 5	No	HDE1	E
6 to 14	Yes	HDC2	F
6 to 14	No	HDC1	G



RUG IV was Special Care High



## NURSING COMPONENT: PAYMENT GROUPS

**PDPM Nursing Component:**

**Extensive Services included:** Conditions requiring complex medical care

**Clinical Conditions:**

- Cerebral Palsy
- Multiple Sclerosis
- Parkinson's Disease
- Respiratory failure & Oxygen therapy
- Feeding tube with intake requirements
- 2+ Stage 2 PU with 2+ skin treatments
- Stage 3 or 4 PU or unstageable with slough or eschar with 2+ skin treatments
- 2+ venous/arterial ulcers with 2+ skin treatments
- Stage 2 PU (1) and venous/arterial ulcer (1) with 2+ skin treatments
- Foot infection, diabetic foot ulcer, or other open lesion of foot with dressing
- Radiation therapy while a resident
- Dialysis while a resident

**Depression:** Yes or No

**Restorative Nursing Services:** None

**Function Score:** 0-14

**CMG:** LDE2, LDE1, LBC2, LBC1

Nursing Function Score	Depressed?	PDPM Nursing Classification	HIPPS
0 to 5	Yes	LDE2	H
0 to 5	No	LDE1	I
6 to 14	Yes	LBC2	J
6 to 14	No	LBC1	K

RUG IV was Special Care Low





## NURSING COMPONENT: PAYMENT GROUPS

### Tube Feeding classification requirements:

- 51% or more of total calories
- OR
- 26%-50% of total calories and 50lcc or more per day fluid enteral intake in the last 7 days

### Skin Treatments include:

- Pressure relieving chair and/or bed (count as 1 even if both are present)
- Turning/repositioning
- Nutrition or hydration intervention
- Pressure ulcer care
- Application of dressings (not to feet)
- Application of ointment (not to feet)



## NURSING COMPONENT: PAYMENT GROUPS

### PDPM Nursing Component:

**Extensive Services included:** Conditions requiring Complex Medical Care

### Clinical Conditions:

- Pneumonia
- Hemiplegia/hemiparesis with Nursing Function Score  $\leq 11$
- Open lesions (other than ulcers, rashes, and cuts) with any selected skin treatments\* or surgical wounds
- Burns
- Chemotherapy while a patient
- Oxygen while a patient
- IV Medications while a patient
- Transfusions while a patient

**Depression:** Yes or No

**Restorative Nursing Services:** None

**Function Score:** 0-16

**CMG:** CDE2, CDE1, CBC2, CA2, CBC1, CA1

Nursing Function Score	Depressed?	PDPM Nursing Classification	HIPPS
0 to 5	Yes	CDE2	L
0 to 5	No	CDE1	M
6 to 14	Yes	CBC2	N
15 to 16	Yes	CA2	O
6 to 14	No	CBC1	P
15-16	No	CA1	Q

RUG IV Clinically Complex



\*Selected Skin Tx: Surgical wound care, Application of nonsurgical dressing (other than feet), Application of ointment/medications (other than feet).



## NURSING COMPONENT: PAYMENT GROUPS

**PDPM Nursing Component:**

**Extensive Services included:** Behavioral Symptoms & Cognitive Performance

**Clinical Conditions:**

PDPM Nursing Functional Score is >11

Cognitive impairment (BIMS <= 9) per staff interview

Staff assessment (one of three conditions):

1. Coma & completely dependent or activity did not occur at  
 GG0130 Self Care-Eating & Toileting hygiene  
 GG0170 Mobility-Sit to lying, lying to sitting, lying to sitting on side of bed, sit to stand, chair/bed-to-chair transfer & toilet transfer.
2. Severely impaired cognitive skills for daily decision making
3. (Two or more of the following impairments)  
 Usually, sometimes or rarely/never understood, Short-term memory problem, impaired cognitive skills for daily decision making **AND**  
 (One or both of the severe impairments)  
 Sometimes or rarely/never makes self understood, Moderately or severely impaired cognitive skills for daily decision making



Continue next page



## NURSING COMPONENT: PAYMENT GROUPS

**PDPM Nursing Component:**

**Extensive Services included:** Behavioral Symptoms & Cognitive Performance CONTINUED

**Clinical Conditions:**

Hallucinations

Delusions

Physical behavioral symptoms directed towards others (behavior occurred 4-6 days or daily)

Verbal behavioral symptoms directed towards others (behavior occurred 4-6 days or daily)

Rejections of care (behavior occurred 4-6 days or daily)

Wandering ((behavior occurred 4-6 days or daily)

**Depression:** No

**Restorative Nursing Services:** YES

**Function Score:** 11-16

PDPM Nursing Function Score is <11 skip to Reduced Physical Function Category

**CMG:** BAB2 BAB1



Nursing Function Score	Restorative Nursing	PDPM Nursing Classification	HIPPS
11 to 16	2 or more	BAB2	R
11 to 16	0 or 1	BAB1	S

## NURSING COMPONENT: PAYMENT GROUPS

### PDPM Nursing Component:

**Extensive Services included:** Assistance with daily living and general supervision

### Clinical Conditions:

Any resident that does not meet the conditions of the previous categories. Also includes those who meet criteria for Behavioral Symptoms & Cognitive Performance category but have a PDPM Nursing Function of less than 11.

**Depression:** No

**Restorative Nursing Services:** YES

**Function Score:** 0-16

**CMG:** PDE2, PDE1, PBC2, PA2, PBC1, PA1

Nursing Function Score	Restorative Nursing	PDPM Nursing Classification	HIPPS
0 to 5	2 or more	PDPE2	T
0 to 5	0 or 1	PDE1	U
6 to 14	2 or more	PBC2	V
15 to 16	2 or more	PA2	W
6 to 14	0 or 1	PBC1	X
15-16	0 or 1	PA1	Y



RUG IV Reduced Physical Function



## RESTORATIVE NURSING COUNT

Services provided for 15 or more minutes a day for 6 or more of the last 7 days:

- Urinary toilet program and/or bowel toileting program\*
- Passive and/or active range of motion\*
- Splint or brace assistance
- Bed mobility and/or walking training\*
- Transfer training
- Dressing and/or grooming training
- Eating and/or swallowing training
- Amputation/prostheses care
- Communication training

\* **Count as one service even if both provided**



Restorative Nursing: 0 or 1 programs

2 or more programs



## DEPRESSION SIGNS AND SYMPTOMS (PHQ-9-OV)

Over the past 2 weeks, have you been bothered by any of the following problems? Or Over the past 2 weeks, did the resident have any of the following problems or behaviors?

- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless
- Trouble falling or staying asleep, sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling bad about yourself- or that you are a failure or have let yourself down or your family down
- Trouble concentrating on things, such as reading the newspaper or watching television
- 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.
- Thoughts that you would be better off dead, or of hurting yourself in some way
- Being short-tempered, easily annoyed



Total Severity Score is greater than or equal to 10  
RAI Manual VI.17 page E1-E8 for Scoring Rules



## NURSING COMPONENT

Nursing Base Rate **X** Nursing CMI **X**  
18% Adjustment Factor for AIDS/HIV

- Functional Status: Section GG Performance Items
- Items from Sections B, C, D, E, H, I, J, K, M, N
  - Same items we used from these sections under the RUG-IV system.
- Nursing Categories: Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavioral Symptoms & Cognitive Performance, and Reduced Physical Function



## ICD-10 CODES – HIV/AIDS

- Patients with AIDS receive a special 18% add-on to the nursing component of the payment.
- They are also assigned the highest point value (8 points) of any condition or service for purposes of classification under the PDPM's NTA component.
- As under the previous RUG-IV model, the presence of an AIDS diagnosis continues to be identified through the SNF's entry of ICD-10-CM code B20 on the claim.



## PDPM PAYMENT FOR SNF PATIENTS WITH AIDS

- PDPM addresses costs for this subpopulation in two ways:
  - Assigns those patients with AIDS the highest point value (8 points) of and condition or service for purposes of classification under its NTA component
  - 18% add-on to the PDPM Nursing component
- As under the previous RUG-IV model, the presence of an AIDS diagnosis continues to be identified through the SNF's entry of ICD-10-CM Code B20 on the SNF claim.
- Providers may report AIDS diagnoses on the MDS, as permitted by their state laws, but only the presence of this diagnosis on the claim is sufficient for the patient's/resident's per diem rate to be adjusted accordingly.



Consider two patients with the following characteristics:

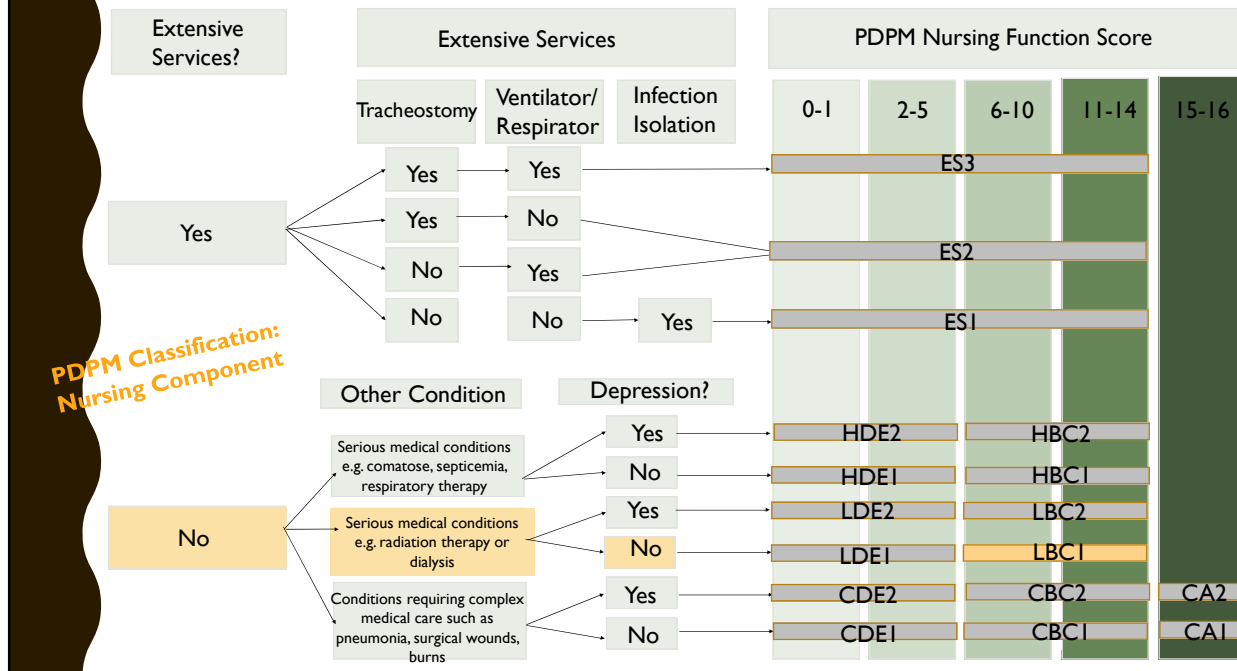
Resident Characteristics	Resident A	Resident B
Rehabilitation Received	Yes	Yes
Therapy Minutes	730	730
Extensive Services	No	No
ADL Score	9	9
Clinical Category	Acute Neurologic	Major Joint Replacement
PT/OT Functional Score	10	10
Nursing Function Score	7	7
Cognitive Impairment	Moderate	Intact
Swallowing Disorder	No	No
Mechanically Altered Diet	Yes	No
SLP Comorbidity	No	No
Comorbidity	IV Medication & Diabetes	Chronic Pancreatitis
Other Conditions	Dialysis	Septicemia
Depression	No	Yes

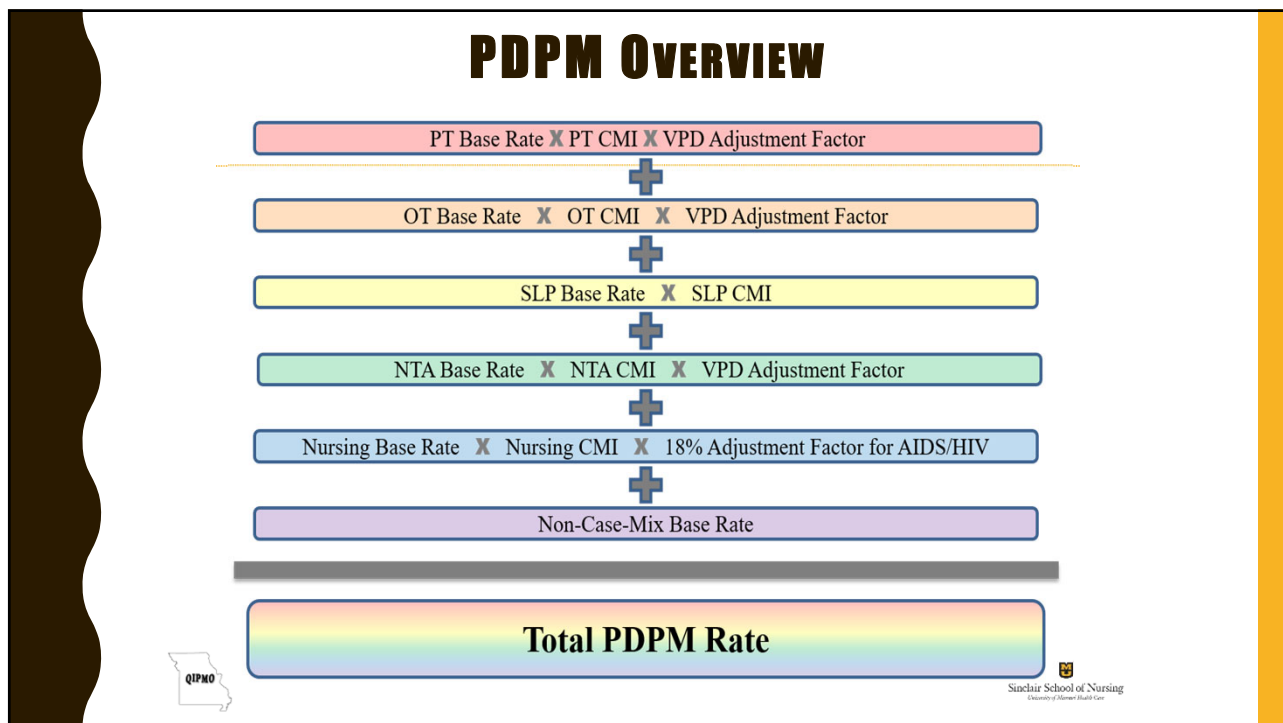
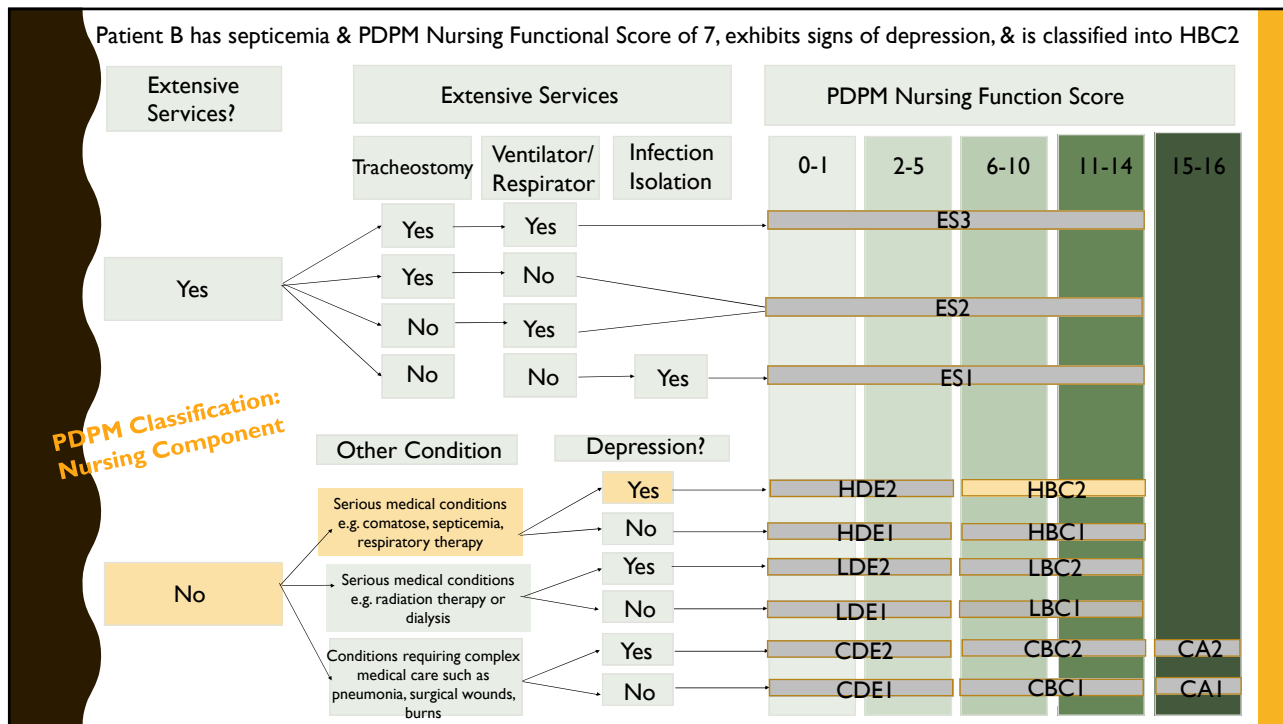


Under RUGS IV both would be RU level



Patient A is receiving dialysis services with PDPM Nursing Functional Score of 7 and is classified into LBC1





## PDPM HIPPS CODING

- Based on responses on the MDS, patients are classified into payment groups, which are billed using a 5-character HIPPS code
- The current RUG-IV HIPPS code follows a prescribed algorithm:
  - Character 1-3: RUG Code
  - Character 4-5: Assessment Indicator
- In order to accommodate the new payment groups, the PDPM HIPPS algorithm is revised as follows:
  - Character 1: PT/OT Payment Group
  - Character 2: SLP Payment Group
  - Character 3: Nursing Payment Group
  - Character 4: NTA Payment Group
  - Character 5: Assessment Indicator



## PDPM HIPPS CODING CROSSWALK: NURSING COMPONENT

Nursing Payment Group to HIPPS Translation:

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





## Example 1:

PT/OT Payment Group: TN  
 SLP Payment Group: SH  
**Nursing Payment Group: LBC1**  
 NTA Payment Group: NC  
 Assessment Type: 5-day PPS Assessment

HIPPS Code: NHKCI

## Example 2:

PT/OT Payment Group: TC  
 SLP Payment Group: SD  
**Nursing Payment Group: HBC2**  
 NTA Payment Group: NE  
 Assessment Type: 5-day PPS Assessment

HIPPS Code: CDFEI



## PDPM HIPPS CODING: DEFAULT BILLING

When an MDS assessment is considered late you will have a default rate. The default rate refers to the lowest possible per diem rate.

The default code under PDPM is ZZZZZ, as compared to the default code under RUG-IV of AAA00

Billing the default code under PDPM represents the equivalent of billing the following PDPM groups:

PT Payment Group: TP  
 OT Payment Group: TP  
 SLP Payment Group: SA  
**Nursing Payment Group: PA1**  
 NTA Payment Group: NF



American Health Care Association Summary 2019 PDPM System Final Rule

CMS-PDPM FAQ Last Revised: 2-14-19

QRP Provider Training-PDPM -John Kane-CMS May 8, 2019

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html>

[https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM\\_Fact\\_Sheet\\_Template\\_Payment\\_Overview\\_Final.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_Fact_Sheet_Template_Payment_Overview_Final.pdf)

[https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM\\_Technical\\_Report\\_508.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_Technical_Report_508.pdf)

RAI Manual Version 1.17

