6.6 PDPM Calculation Worksheet for SNFs

In the PDPM, there are five case-mix adjusted components: PT, OT, SLP, NTA, and Nursing. Each resident is to be classified into one and only one group for each of the five case-mix adjusted components. In other words, each resident is classified into a PT group, an OT group, an SLP group, an NTA group, and a nursing group. For each of the case-mix adjusted components, there are a number of groups to which a resident may be assigned, based on the relevant MDS 3.0 data for that component. There are 16 PT groups, 16 OT groups, 12 SLP groups, 6 NTA groups, and 25 nursing groups.

PDPM classifies residents into a separate group for each of the case-mix adjusted components, each of which has its own associated case-mix indexes and base rates. Additionally, PDPM applies variable per diem payment adjustments to three components, PT, OT, and NTA, to account for changes in resource use over a stay. The adjusted PT, OT, and NTA per diem rates are then added together with the unadjusted SLP and nursing component rates and the non-case-mix component to determine the full per diem rate for a given resident.

Calculation of PDPM Cognitive Level

The PDPM cognitive level is utilized in the SLP payment component of PDPM. One of four PDPM cognitive performance levels is assigned based on the Brief Interview for Mental Status (BIMS) or the Staff Assessment for Mental Status for the PDPM cognitive level. If neither the BIMS nor the staff assessment for the PDPM cognitive level is complete, then the resident will be classified as if the resident is cognitively intact.

STEP #1

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

C0200 Repetition of three words
C0300 Temporal orientation
C0400 Recall

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

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

Table 6: Calculation of PDPM Level from BIMS

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

PDPM Cognitive Level: _____

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

STEP #2

If the resident's Summary Score is 99 or the Summary Score is blank or has a dash value, then determine the resident's cognitive status based on the Staff Assessment for Mental Status for the PDPM cognitive level using the following steps:

A) The resident classifies as severely impaired if one of the following conditions exists:

   a. Comatose (B0100 = 1) and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88). It should be noted that, in the case of an IPA, the items used for calculation of the resident's PDPM functional score are the Interim Performance items (GG0XXXX5), rather than the Admission Performance items (GG0XXXX1). For example, rather than GG0130B1, which is used on the 5-Day to assess the resident's Oral Hygiene Admission Performance, the IPA uses item GG0130B5 in order to measure the resident's Oral Hygiene Interim Performance.

   b. Severely impaired cognitive skills for daily decision making (C1000 = 3).

B) If the resident is not severely impaired based on Step A, then determine the resident's Basic Impairment Count and Severe Impairment Count.

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

   a. In Cognitive Skills for Daily Decision Making, the resident has modified independence or is moderately impaired (C1000 = 1 or 2).

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

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

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

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

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

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

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

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

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

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

PDPM Cognitive Level: _____

PDPM Payment Component: PT

STEP #1

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

I0020B diagnosis: _____

Default primary diagnosis clinical category: _____

Some ICD-10-CM codes can map to a different clinical category from the default depending on a resident's prior inpatient procedure history. For these codes, a resident may be categorized into a surgical clinical category if the resident received a surgical procedure during the prior inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by item J2100. If the PDPM clinical category mapping indicates that the resident's primary diagnosis code is eligible for one of the two orthopedic surgery categories (major joint replacement or spinal surgery, and orthopedic surgery (except major joint replacement or spinal surgery)), then proceed to Step 1A; if eligible for the non-orthopedic surgery category, then proceed to Step 1C. Otherwise, proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1A

Determine whether the resident received a major joint replacement or spinal surgery during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2300, J2310, J2320, J2330, J2400, J2410, or J2420 was performed during the prior inpatient stay, then the resident is categorized into the major joint replacement or spinal surgery clinical category. If none of these procedures was performed, the resident did not receive major joint replacement or spinal surgery during the prior inpatient stay for purposes of determining the PDPM classification.

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

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

STEP #1B

Determine whether the resident received orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2500, J2510, J2520, or J2530 was performed during the prior inpatient stay, then the resident is categorized into the Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) clinical category. If none of these procedures was performed, the resident did not receive orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay for purposes of determining the PDPM classification.

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

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

STEP #1C

Determine whether the resident received a significant non-orthopedic surgical procedure during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2600, J2610, J2620, J2700, J2710, J2800, J2810, J2900, J2910, J2920, J2930, or J2940 was performed during the prior inpatient stay, then the resident is categorized into the non-orthopedic surgery clinical category. If none of these procedures was performed, the resident did not receive a significant non-orthopedic surgical procedure during the prior inpatient stay for purposes of determining the PDPM classification.

Resident Eligible for Surgical Clinical Category and Received Significant Non-Orthopedic Surgical Procedure? (Yes/No) _____

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

STEP #1D

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

Primary diagnosis clinical category: _____

STEP #2

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

Table 7: PT Clinical Category

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

PT Clinical Category: _____

STEP #3

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

It should be noted that, in the case of an IPA, the items used for calculation of the resident's PDPM functional score are the Interim Performance items (GG0XXXX5), rather than the Admission Performance items (GG0XXXX1). For example, rather than GG0130B1, which is used on the 5-Day to assess the resident's Oral Hygiene Admission Performance, the IPA uses item GG0130B5 in order to measure the resident's Oral Hygiene Interim Performance.

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

Table 8: Function Score for PT Payment

Admission or Interim Performance (Column 1 or 5) =	Function Score =
05, 06	4
04	3
03	2
02	1
01, 07, 09, 10, 88, missing	0

Enter the Function Score for each item:

Eating

Eating Function Score: _____

Oral Hygiene

Oral Hygiene Function Score: _____

Toileting Hygiene

Toileting Hygiene Function Score: _____

Bed Mobility

Sit to Lying Function Score: _____

Lying to Sitting on Side of Bed Function Score: _____

Transfer

Sit to Stand Function Score: _____

Chair/Bed-to-Chair Function Score: _____

Toilet Transfer Function Score: _____

Walking

Walk 50 Feet with Two Turns Function Score: _____

Walk 150 Feet Function Score: _____

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

divide this sum by 3. For the Average Walking Function Score, calculate the sum of the Function Scores for Walk 50 Feet with Two Turns and Walk 150 Feet, and divide this sum by 2. Enter the Average Bed Mobility, Average Transfer Function, and Average Walking Function Scores below.

Average Bed Mobility Function Score: _____

Average Transfer Function Score: _____

Average Walking Function Score: _____

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

PT FUNCTION SCORE: _____

STEP #4

Using the responses from Steps 2 and 3 above, determine the resident's PT group using the table below.

Table 9: PT Case-Mix Groups

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

PDPM PT Classification: _____

PDPM Payment Component: OT

***Note: The steps for calculating the resident's PDPM classification for the OT component follow the same logic used for calculating the resident's PDPM classification for the PT component, described above.**

STEP #1

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

I0020B diagnosis: _____

Default primary diagnosis clinical category: _____

Some ICD-10-CM codes can map to a different clinical category from the default depending on a resident's prior inpatient procedure history. For these codes, a resident may be categorized into a surgical clinical category if the resident received a surgical procedure during the prior inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by item J2100. If the PDPM clinical category mapping indicates that the resident's primary diagnosis code is eligible for one of the two orthopedic surgery categories (major joint replacement or spinal surgery, and orthopedic surgery (except major joint replacement or spinal surgery)), then proceed to Step 1A; if eligible for the non-orthopedic surgery category, then proceed to Step 1C. Otherwise, proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1A

Determine whether the resident received a major joint replacement or spinal surgery during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2300, J2310, J2320, J2330, J2400, J2410, or J2420 was performed during the prior inpatient stay, then the resident is categorized into the major joint replacement or spinal surgery clinical category. If none of these procedures was performed, the resident did not receive major joint replacement or spinal surgery during the prior inpatient stay for purposes of determining the PDPM classification.

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

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

STEP #1B

Determine whether the resident received orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2500, J2510, J2520, or J2530 was performed during the prior inpatient stay, then the resident is categorized into the Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) clinical category. If none of these procedures was performed, the resident did not receive orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay for purposes of determining the PDPM classification.

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

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

STEP #1C

Determine whether the resident received a significant non-orthopedic surgical procedure during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2600, J2610, J2620, J2700, J2710, J2800, J2810, J2900, J2910, J2920, J2930, or J2940 was performed during the prior inpatient stay, then the resident is categorized into the non-orthopedic surgery clinical category. If none of these procedures was performed, the resident did not receive a significant non-orthopedic surgical procedure during the prior inpatient stay for purposes of determining the PDPM classification.

Resident Eligible for Surgical Clinical Category and Received Significant Non-Orthopedic Surgical Procedure? (Yes/No) _____

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

STEP #1D

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

Primary diagnosis clinical category: _____

STEP #2

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

Table 10: OT Clinical Category

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

OT Clinical Category: _____

STEP #3

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

It should be noted that, in the case of an IPA, the items used for calculation of the resident's PDPM functional score are the Interim Performance items (GG0XXXX5), rather than the Admission Performance items (GG0XXXX1). For example, rather than GG0130B1, which is used on the 5-Day to assess the resident's Oral Hygiene Admission Performance, the IPA uses item GG0130B5 in order to measure the resident's Oral Hygiene Interim Performance.

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

Table 11: Function Score for OT Payment

Admission or Interim Performance (Column 1 or 5) =	Function Score =
05, 06	4
04	3
03	2
02	1
01, 07, 09, 10, 88, missing	0

Enter the Function Score for each item:

Eating

Eating Function Score: _____

Oral Hygiene

Oral Hygiene Function Score: _____

Toileting Hygiene

Toileting Hygiene Function Score: _____

Bed Mobility

Sit to Lying Function Score: _____

Lying to Sitting on Side of Bed Function Score: _____

Transfer

Sit to Stand Function Score: _____

Chair/Bed-to-Chair Function Score: _____

Toilet Transfer Function Score: _____

Walking

Walk 50 Feet with Two Turns Function Score: _____

Walk 150 Feet Function Score: _____

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

divide this sum by 3. For the Average Walking Function Score, calculate the sum of the Function Scores for Walk 50 Feet with Two Turns and Walk 150 Feet, and divide this sum by 2. Enter the Average Bed Mobility, Average Transfer Function, and Average Walking Function Scores below.

Average Bed Mobility Function Score: _____

Average Transfer Function Score: _____

Average Walking Function Score: _____

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

OT FUNCTION SCORE: _____

STEP #4

Using the responses from Steps 2 and 3 above, determine the resident's OT group using the table below.

Table 12: OT Case-Mix Groups

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

PDPM OT Classification: _____

PDPM Payment Component: SLP

***Note: The primary diagnosis clinical category used for the SLP component is the same as the clinical category used for the PT and OT components.**

STEP #1

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

I0020B diagnosis: _____

Default primary diagnosis clinical category: _____

Some ICD-10-CM codes can map to a different clinical category from the default depending on a resident's prior inpatient procedure history. For these codes, a resident may be categorized into a surgical clinical category if the resident received a surgical procedure during the prior inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by item J2100. If the PDPM clinical category mapping indicates that the resident's primary diagnosis code is eligible for one of the two orthopedic surgery categories (major joint replacement or spinal surgery, and orthopedic surgery (except major joint replacement or spinal surgery)), then proceed to Step 1A; if eligible for the non-orthopedic surgery category, then proceed to Step 1C. Otherwise, proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1A

Determine whether the resident received a major joint replacement or spinal surgery during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2300, J2310, J2320, J2330, J2400, J2410, or J2420 was performed during the prior inpatient stay, then the resident is categorized into the major joint replacement or spinal surgery clinical category. If none of these procedures was performed, the resident did not receive major joint replacement or spinal surgery during the prior inpatient stay for purposes of determining the PDPM classification.

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

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

STEP #1B

Determine whether the resident received orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2500, J2510, J2520, or J2530 was performed during the prior inpatient stay, then the resident is categorized into the Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) clinical category. If none of these procedures was performed, the resident did not receive orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay for purposes of determining the PDPM classification.

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

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

STEP #1C

Determine whether the resident received a significant non-orthopedic surgical procedure during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2600, J2610, J2620, J2700, J2710, J2800, J2810, J2900, J2910, J2920, J2930, or J2940 was performed during the prior inpatient stay, then the resident is categorized into the non-orthopedic surgery clinical category. If none of these procedures was performed, the resident did not receive a significant non-orthopedic surgical procedure during the prior inpatient stay for purposes of determining the PDPM classification.

Resident Eligible for Surgical Clinical Category and Received Significant Non-Orthopedic Surgical Procedure? (Yes/No) _____

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

STEP #1D

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

Primary diagnosis clinical category: _____

STEP #2

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

Table 13: SLP Clinical Category

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

SLP Clinical Category: _____

STEP #3

Determine whether the resident has one or more SLP-related comorbidities. To do so, examine the services and conditions in the table below. If any of these items is indicated as present, the resident has an SLP-related comorbidity. For conditions and services that are recorded in item I8000 of the MDS, check if the corresponding ICD-10-CM codes are coded in item I8000 using the mapping available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html.

Table 14: 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
O0110E1b	Tracheostomy Care While a Resident
O0110F1b	Invasive Mechanical Ventilator or Respirator While a Resident

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

STEP #4

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

Presence of Cognitive Impairment? (Yes/No) _____

STEP #5

Determine how many of the following conditions are present:

a. Based on Step 2, the resident is classified in the Acute Neurologic clinical category.

b. Based on Step 3, the resident has one or more SLP-related comorbidities.

c. Based on Step 4, the resident has a cognitive impairment.

Number of conditions present: _____

STEP #6

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

Presence of Swallowing Disorder? (Yes/No) _____

STEP #7

Determine whether the resident has a mechanically altered diet. If K0520C3 (mechanically altered diet while a resident) is checked, then the resident has a mechanically altered diet.

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

STEP #8

Determine how many of the following conditions are present based on Steps 6 and 7:

a. The resident has neither a swallowing disorder nor a mechanically altered diet.

b. The resident has either a swallowing disorder or a mechanically altered diet.

c. The resident has both a swallowing disorder and a mechanically altered diet.

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

STEP #9

Determine the resident's SLP group using the responses from Steps 1-8 and the table below.

Table 15: SLP Case-Mix Groups

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

PDPM SLP Classification: _____

PDPM Payment Component: NTA

STEP #1

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

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

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

2. Determine whether the resident meets the criteria for the comorbidity: "Parenteral/IV Feeding – High Intensity" or the comorbidity: "Parenteral/IV Feeding – Low Intensity." To do so, first determine if the resident received parenteral/IV feeding during the last 7 days while a resident of the SNF using item K0520A3. If the resident did not receive parenteral/IV feeding during the last 7 days while a resident, then the resident does not meet the criteria for Parenteral/IV Feeding – High Intensity or Parenteral/IV Feeding – Low Intensity.

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

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

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

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

Table 16: NTA Comorbidity Score Calculation

Condition/Extensive Service	MDS Item	Points
HIV/AIDS	N/A (SNF claim)	8
Parenteral IV Feeding: Level High	K0520A3, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0110H1b	5
Special Treatments/Programs: Invasive Mechanical Ventilator or Respirator Post-admit Code	O0110F1b	4
Parenteral IV Feeding: Level Low	K0520A3, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	O0110I1b	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Diagnoses: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	O0110E1b	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Special Treatments/Programs: Isolation Post-admit Code	O0110M1b	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Special Treatments/Programs: Radiation Post-admit Code	O0110B1b	1
Stage 4 Unhealed Pressure Ulcer Currently Present[1]	M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1

Condition/Extensive Service	MDS Item	Points
Other Foot Skin Problems: Foot Infection Code, Diabetic Foot Ulcer Code, Other Open Lesion on Foot Code	M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	H0100D	1
Inflammatory Bowel Disease	I1300	1
Aseptic Necrosis of Bone	I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	O0110D1b	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	K0520B3	1
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Active Diagnoses: Malnutrition Code	I5600	1
Disorders of Immunity - Except: RxCC97: Immune Disorders	I8000	1
Cirrhosis of Liver	I8000	1
Bladder and Bowel Appliances: Ostomy	H0100C	1
Respiratory Arrest	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1

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

STEP #2

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

NTA Score: _____

STEP #3

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

Table 17: NTA Case-Mix Groups

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

PDPM NTA Classification: _____

PDPM Payment Component: Nursing

STEP #1

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

Table 18: Function Score for Nursing Payment

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

Enter the Function Score for each item:

Eating

Eating Function Score: _____

Toileting Hygiene

Toileting Hygiene Function Score: _____

Bed Mobility

Sit to Lying Function Score: _____

Lying to Sitting on Side of Bed Function Score: _____

Transfer

Sit to Stand Function Score: _____

Chair/Bed-to-Chair Function Score: _____

Toilet Transfer Function Score: _____

Next, calculate the average score for the two bed mobility items and the three transfer items as follows: Average the scores for Sit to Lying and Lying to Sitting on Side of Bed.[1] Average the scores for Sit to Stand, Chair/Bed-to-Chair and Toilet Transfer.[2] Enter the average bed mobility and transfer scores below.

Average Bed Mobility Function Score: _____

Average Transfer Function Score: _____

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

PDPM NURSING FUNCTION SCORE: _____

STEP #2

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

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

[2] Calculate the sum of the Function Scores for Sit to Stand, Chair/Bed-to-Chair, and Toilet Transfer. Divide by 3. This is the Average Transfer Function Score.

CATEGORY: EXTENSIVE SERVICES

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

STEP #1

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

O0110E1b	Tracheostomy care while a resident
O0110F1b	Invasive mechanical ventilator or respirator while a resident
O0110M1b	Isolation or quarantine for active infectious disease while a resident

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

STEP #2

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

STEP #3

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

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

*while a resident

PDPM Nursing Classification: _____

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

CATEGORY: SPECIAL CARE HIGH

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

STEP #1

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

B0100, Section GG items	Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
I2100	Septicemia
I2900, N0350A, B	Diabetes with **both** of the following: Insulin injections (N0350A) for all 7 days Insulin order changes on 2 or more days (N0350B)
I5100, Nursing Function Score	Quadriplegia with Nursing Function Score <= 11
I6200, J1100C	Chronic obstructive pulmonary disease **and** shortness of breath when lying flat
J1550A, others	Fever and one of the following: I2000 Pneumonia J1550B Vomiting K0300 Weight loss (1 or 2) K0520B2 or K0520B3 Feeding tube*
K0520A2 or K0520A3	Parenteral/IV feedings
O0400D2	Respiratory therapy for all 7 days

*Tube feeding classification requirements:

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

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

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

STEP #2

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

STEP #3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care High category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9©) or the Staff Assessment of Patient Mood (PHQ-9-OV©). Instructions for completing the PHQ-2 to 9© are in Chapter 3, Section D. Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No). Refer to Appendix E for cases in which the PHQ-2 to 9© or PHQ-9-OV© is complete but all questions are not answered. For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. Assessors should proceed to D0700, Social Isolation in the case of resident refusal or unwillingness to participate. The following items comprise the PHQ-2 to 9© and PHQ-9-OV© for the Patient and Staff assessments, respectively:

Resident	Staff	Description
D0150A	D0500A	Little interest or pleasure in doing things
D0150B	D0500B	Feeling down, depressed, or hopeless
D0150C	D0500C	Trouble falling or staying asleep, or sleeping too much
D0150D	D0500D	Feeling tired or having little energy
D0150E	D0500E	Poor appetite or overeating
D0150F	D0500F	Feeling bad about yourself - or that you are a failure or have let yourself down or your family down
D0150G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
D0150H	D0500H	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual
D0150I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at item D0160 and for the staff assessment at item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0160 Total Severity Score is greater than or equal to 10 but not 99,

or

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

Resident Qualifies as Depressed Yes _____ No _____

STEP #4

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

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

PDPM Nursing Classification: _____

CATEGORY: SPECIAL CARE LOW

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

STEP #1

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

I4400, Nursing Function Score	Cerebral palsy, with Nursing Function Score <=11
I5200, Nursing Function Score	Multiple sclerosis, with Nursing Function Score <=11
I5300, Nursing Function Score	Parkinson's disease, with Nursing Function Score <=11
I6300, O0110C1b	Respiratory failure and oxygen therapy while a resident
K0520B2 or K0520B3	Feeding tube*
M0300B1	Two or more stage 2 pressure ulcers with two or more selected skin treatments**
M0300C1, D1, F1	Any stage 3 or 4 pressure ulcer or any unstageable pressure ulcer due to slough and/or eschar with two or more selected skin treatments**
M1030	Two or more venous/arterial ulcers with two or more selected skin treatments**
M0300B1, M1030	1 stage 2 pressure ulcer and 1 venous/arterial ulcer with 2 or more selected skin treatments**
M1040A, B, C; M1200I	Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet
O0110B1b	Radiation treatment while a resident
O0110J1b	Dialysis treatment while a resident

*Tube feeding classification requirements:

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

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

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

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

STEP #2

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

STEP #3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care Low category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9©) or the Staff Assessment of Patient Mood (PHQ-9-OV©). Instructions for completing the PHQ-2 to 9© are in Chapter 3, Section D. Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No). Refer to Appendix E for cases in which the PHQ-2 to 9© or PHQ-9-OV© is complete but all questions are not answered. For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. Assessors should proceed to D0700, Social Isolation in the case of resident refusal or unwillingness to participate. The following items comprise the PHQ-2 to 9© and PHQ-9-OV© for the Patient and Staff assessments, respectively:

Resident	Staff	Description
D0150A	D0500A	Little interest or pleasure in doing things
D0150B	D0500B	Feeling down, depressed, or hopeless
D0150C	D0500C	Trouble falling or staying asleep, or sleeping too much
D0150D	D0500D	Feeling tired or having little energy
D0150E	D0500E	Poor appetite or overeating
D0150F	D0500F	Feeling bad about yourself - or that you are a failure or have let yourself down or your family down
D0150G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
D0150H	D0500H	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual
D0150I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at item D0160 and for the staff assessment at item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0160 Total Severity Score is greater than or equal to 10 but not 99,

or

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

Resident Qualifies as Depressed Yes _____ No _____

STEP #4

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

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

PDPM Nursing Classification: _____

CATEGORY: CLINICALLY COMPLEX

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

STEP #1

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

Table 19: Clinically Complex Conditions or Services

MDS Item	Condition or Service
I2000	Pneumonia
I4900, Nursing Function Score	Hemiplegia/hemiparesis with Nursing Function Score <= 11
M1040D, E	Open lesions (other than ulcers, rashes, and cuts) or surgical wounds with any selected skin treatments*
M1040F	Burns (second or third degree)
O0110A1b	Chemotherapy while a resident
O0110C1b	Oxygen therapy while a resident
O0110H1b	IV Medications while a resident
O0110I1b	Transfusions while a resident

*Selected Skin Treatments: M1200F Surgical wound care, M1200G Application of nonsurgical dressing (other than to feet), M1200H Application of ointments/medications (other than to feet)

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

STEP #2

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Clinically Complex category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9©) or the Staff Assessment of Patient Mood (PHQ-9-OV©). Instructions for completing the PHQ-2 to 9© are in Chapter 3, Section D. Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No). Refer to Appendix E for cases in which the PHQ-2 to 9© or PHQ-9-OV© is complete but all questions are not answered. For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. Assessors should proceed to D0700, Social Isolation in the case of resident refusal or unwillingness to participate. The following items comprise the PHQ-2 to 9© and PHQ-9-OV© for the Patient and Staff assessments, respectively:

Resident	Staff	Description
D0150A	D0500A	Little interest or pleasure in doing things
D0150B	D0500B	Feeling down, depressed, or hopeless
D0150C	D0500C	Trouble falling or staying asleep, or sleeping too much
D0150D	D0500D	Feeling tired or having little energy
D0150E	D0500E	Poor appetite or overeating
D0150F	D0500F	Feeling bad about yourself - or that you are a failure or have let yourself down or your family down
D0150G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
D0150H	D0500H	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual
D0150I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at item D0160 and for the staff assessment at item D0600. A higher Total Severity Score is associated with more symptoms of depression. For the resident interview, a Total Severity Score of 99 indicates that the interview was not successful.

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

The D0160 Total Severity Score is greater than or equal to 10 but not 99,

or

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

Resident Qualifies as Depressed Yes _____ No _____

STEP #3

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

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

PDPM Nursing Classification: _____

CATEGORY: BEHAVIORAL SYMPTOMS AND COGNITIVE PERFORMANCE

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

STEP #1

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

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

STEP #2

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

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

C0200	Repetition of three words
C0300	Temporal orientation
C0400	Recall

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

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

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

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

STEP #3

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

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

1.	B0100	Coma (B0100 = 1) and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
2.	C1000	Severely impaired cognitive skills for daily decision making (C1000 = 3)
3.	B0700, C0700, C1000	Two or more of the following impairment indicators are present: B0700 > 0 Usually, sometimes, or rarely/never understood C0700 = 1 Short-term memory problem C1000 > 0 Impaired cognitive skills for daily decision making **and** One or more of the following severe impairment indicators are present: B0700 >= 2 Sometimes or rarely/never makes self understood C1000 >= 2 Moderately or severely impaired cognitive skills for daily decision making

If the resident meets one of the three above conditions, then they classify in Behavioral Symptoms and Cognitive Performance. Skip to Step #5. If they do not meet any of the three conditions, proceed to Step #4.

STEP #4

Determine whether the resident presents with **one** of the following behavioral symptoms:

E0100A	Hallucinations
E0100B	Delusions
E0200A	Physical behavioral symptoms directed toward others (2 or 3)
E0200B	Verbal behavioral symptoms directed toward others (2 or 3)
E0200C	Other behavioral symptoms not directed toward others (2 or 3)
E0800	Rejection of care (2 or 3)
E0900	Wandering (2 or 3)

If the resident presents with one of the symptoms above, then they classify in Behavioral Symptoms and Cognitive Performance. Proceed to Step #5. If they do not present with behavioral symptoms, skip to the Reduced Physical Function Category.

STEP #5

Determine Restorative Nursing Count

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

H0200C, H0500**	Urinary toileting program and/or bowel toileting program
O0500A, B**	Passive and/or active range of motion
O0500C	Splint or brace assistance
O0500D, F**	Bed mobility and/or walking training
O0500E	Transfer training
O0500G	Dressing and/or grooming training
O0500H	Eating and/or swallowing training
O0500I	Amputation/prostheses care
O0500J	Communication training

**Count as one service even if both provided

Restorative Nursing Count: _____

STEP #6

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

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

PDPM Nursing Classification: _____

CATEGORY: REDUCED PHYSICAL FUNCTION

STEP #1

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

STEP #2

Determine Restorative Nursing Count

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

H0200C, H0500**	Urinary toileting program and/or bowel toileting program
O0500A, B**	Passive and/or active range of motion
O0500C	Splint or brace assistance
O0500D, F**	Bed mobility and/or walking training
O0500E	Transfer training
O0500G	Dressing and/or grooming training
O0500H	Eating and/or swallowing training
O0500I	Amputation/prostheses care
O0500J	Communication training

**Count as one service even if both provided

Restorative Nursing Count: _____

STEP #3

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

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

PDPM Nursing Classification: _____

Calculation of Variable Per Diem Payment Adjustment

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

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

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

Table 20: PT and OT Variable Per Diem Adjustment Factors

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

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

Table 21: NTA Variable Per Diem Adjustment Factors

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

Calculation of Total Case-Mix Adjusted PDPM Per Diem Rate

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

*Total Case-Mix Adjusted Per Diem Payment = (PT Component Per Diem Rate * PT Variable Per Diem Adjustment Factor) + (OT Component Per Diem Rate * OT Variable Per Diem Adjustment Factor) + SLP Component Per Diem Rate + (NTA Component Per Diem Rate * NTA Variable Per Diem Adjustment Factor) + Nursing Component Per Diem Rate + Non-Case-Mix Component Per Diem Rate*