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PAYMENT COMPONENT: PT, OT, AND SLP

Determine patient's Principal diagnosis clinical category using ICD-10-CM code recorded in MDS items I0020B.

I0020B Diagnosis: _____

Default Principal Diagnosis Clinical Category: _____

Is patient's Principal diagnosis code eligible for one of these **two orthopedic surgery categories?**
  1. Major joint replacement or spinal surgery **OR**
  2. 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 Principal diagnosis clinical category assignment.

PT and OT – STEP 1A: MAJOR JOINT REPLACEMENT OR SPINAL SURGERY

Determine whether patient received a major joint replacement or spinal surgery during the prior inpatient stay using item **J2100*. Continue to code the indicated** item in J2300, J2310, J2320, J2330, J2400, J2410, or J2420 that was performed during the prior inpatient stay, then the patient is categorized into the Major Joint Replacement or Spinal Surgery clinical category. (*J2100 must be coded Yes to access J2300 – J5000)

	Major Joint Replacement
☐	J2300. **Knee Replacement** - partial or total
☐	J2310. **Hip Replacement** - partial or total
☐	J2320. **Ankle Replacement** - partial or total
☐	J2330. **Shoulder Replacement** - partial or total
	Spinal Surgery
☐	J2400. **Involving the spinal cord or major spinal nerves**
☐	J2410. **Involving fusion of spinal bones**
☐	J2420. **Involving lamina, discs, or facets**

Patient eligible for Surgical Clinical Category and received Major Joint Replacement or Spinal Surgery? **(Yes/No)** _____

If Yes, proceed to STEP 1D to finalize the Principal diagnosis clinical category assignment.
No, proceed to Step 1B.

PT and OT – STEP 1B: ORTHOPEDIC SURGERY

Determine whether patient received orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay using item **J2100*. Continue to code the indicated** item J2500, J2510, J2520, or J2530 that was performed during the prior inpatient stay then the patient is categorized into the Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) clinical category.

	Other Orthopedic Surgery
☐	J2500. **Repair fractures of the shoulder** (including clavicle and scapula) **or arm** (but not hand)
☐	J2510. **Repair fractures of the pelvis, hip, leg, knee, or ankle** (not foot)
☐	J2520. **Repair but not replace joints**
☐	J2530. **Repair other bones** (such as hand, foot, jaw)

Patient eligible for Surgical Clinical Category and received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)? **(Yes/No)** _____

PT and OT – STEP 1C: NON-ORTHOPEDIC SURGICAL PROCEDURE

Determine whether patient received a significant non-orthopedic surgical procedure during the prior inpatient stay using item J2100. If items J2600, J2610, J2620, J2700, J2710, J2800, J2810, J2900, J2910, J2920, J2930, or J2940 was performed during the prior inpatient stay, then the patient is categorized into the Non-Orthopedic Surgery clinical category.

Patient eligible for Surgical Clinical Category and received significant Non-Orthopedic Surgical Procedure? **(Yes/No)** _____

Neurological Surgery
- ☐ J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)
- ☐ J2610. Involving the peripheral or autonomic nervous system - open or percutaneous
- ☐ J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices

Cardiopulmonary Surgery
- ☐ J2700. Involving the heart or major blood vessels - open or percutaneous procedures
- ☐ J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic

Genitourinary Surgery
- ☐ J2800. Involving male or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)
- ☐ J2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)

Other Major Surgery
- ☐ J2900. Involving tendons, ligaments, or muscles
- ☐ J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)
- ☐ J2920. Involving the endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus - open
- ☐ J2930. Involving the breast
- ☐ J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant

PT and OT – STEP 1D

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

Principal Diagnosis Clinical Category: _____

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PT and OT – STEP 2

Next, determine patient's PT/OT clinical category based on the mapping shown below.

PT and OT Clinical Category

Principal Diagnosis Clinical Category	PT / 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

PT and OT Clinical Category: _____

PT and OT – STEP 3

Calculate patient's Function Score for PT and OT payment. Use below table to determine Function Score for:
- Eating
- Admission Performance (GG01330A1)
- 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)
- Toilet Transfer Admission Performance (GG0170F1)

For IPA, the items used for calculation of the patient's PDPM Function Score are the Interim Performance items (GG0XXXX5), rather than the Admission Performance items (GG0XXXX1).

Determine if patient can walk using item GG0170I1. If patient 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 patient 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 followingtable.

Function Score for PT and OT Payment

Admission or Interim Performance (Column 1 or 5) =	Function Score =
06, 05 – Independent, Setup/Clean-Up Assistance	4
04 – Supervision/Touching Assistance	3
03 – Partial/Moderate Assistance	2
02 – Substantial/Maximal Assistance	1
01, O7, 09, 10, 88 missing – Not Attempted	0

Enter **Function Score** for each item:

Eating Function Score: _____

Oral Hygiene Function Score: _____

Toileting Hygiene Function Score: _____

Bed Mobility
Sit to Lying Function Score: _____
Lying to Sitting on Side of Bed Function Score: _____
Average _____

Transfer
Sit to Stand Function Score: _____
Chair/Bed-to-Chair Function Score: _____
Toilet Transfer Function Score: _____
Average _____

Walking
Walk 50 Feet with Two Turns Function Score: _____
Walk 150 Feet Function Score: _____
Average _____

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 and OT Payment**.

PT and OT Function Score: _____

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Using responses from STEPS 2 AND 3 above, determine patient's PT and OT group using the table below.

PT and OT Case Mix Groups

Clinical Category	Function Score	Case Mix Group	CMI	
			PT	OT
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49
Major Joint Replacement or Spinal Surgery	6-9	TB	1.70	1.63
Major Joint Replacement or Spinal Surgery	10-23	TC	1.88	1.69
Major Joint Replacement or Spinal Surgery	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
Other Orthopedic	6-9	TF	1.61	1.60
Other Orthopedic	10-23	TG	1.67	1.64
Other Orthopedic	24	TH	1.16	1.15
Medical Management	0-5	TI	1.13	1.18
Medical Management	6-9	TJ	1.42	1.45
Medical Management	10-23	TK	1.52	1.54
Medical Management	24	TL	1.09	1.11
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27	1.30
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN	1.48	1.50
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO	1.55	1.55
Non-Orthopedic Surgery and Acute Neurologic	24	TP	1.08	1.09

PDPM PT and OT Classification: _____

SLP Clinical Category

Principal 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 – STEP 1
SLP Clinical Category: _____

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

SLP – STEP 2

Determine whether patient has one or more SLP-related comorbidities. Examine services and conditions in the table below. If any of these items is indicated as present, patient has an SLP-related comorbidity. Check if the corresponding ICD-10-CM codes are coded in Section I8000 using the mapping available at www.cms.gov/Medicare/Medicare-Fee-for-Service- Payment/SNFPPS/PDPM.html.

SLP-Related Comorbidities

MDS Item	Description
I4300	Aphasia
I4500	CVA, TIA, or Stroke
I4900	Hemiplegia or Hemiparesis
I5500	Traumatic Brain Injury
I8000	Laryngeal Cancer
I8000	Apraxia
I8000	Dysphagia
I8000	ALS
I8000	Oral Cancers
I8000	Speech and Language Deficits
O0100E2	Tracheostomy Care While a Patient
O0100F2	Ventilator or Respirator While a Patient

Presence of one or more SLP-Related Comorbidities? **(Yes/No)** _____

SLP – STEP 3

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

Determine the patient's cognitive status based on patient 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

OR

Staff assessment for cognitive impairment: If Summary Score is 99 (patient interview not successful) or the Summary Score is blank (patient interview not attempted and skipped) or the Summary Score has a dash value (not assessed) complete staff assessment for cognitive impairment.

Refer to Cognitive Performance Section below for steps to determine Intact, Moderate, and Severe cognitive impairment levels.

Presence of Cognitive Impairment? **(Yes/No)** _____

SLP Conditions Present
Determine how many of the following conditions are present:
1. Patient is classified in Acute Neurologic clinical category
2. Patient has one or more SLP-related comorbidities
3. Patient has a cognitive impairment

Number of Conditions Present: _____

SLP STEP 4
Determine whether patient has a swallowing disorder using item K0100. If any of the conditions indicated in items K0100A through K0100D is present, then patient has swallowing disorder.

Presence of Swallowing Disorder? (Yes/No) _____

SLP STEP 5
Determine whether patient has a mechanically altered diet in K0510C2 (mechanically altered diet while a patient).

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

SLP Presence of Conditions
Determine how many of the following conditions are present based on SLP STEPS 4 AND 5:
1. Patient has *neither* a swallowing disorder nor a mechanically altered diet
2. Patient has *either* a swallowing disorder or a mechanically altered diet
3. Patient has both a swallowing disorder and a mechanically altered diet

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

SLP Case Mix Group
Determine patient's SLP group using the responses from SLP Steps 1-5 and the table below.

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	CMI
None	Neither	SA	0.68
None	Either	SB	1.82
None	Both	SC	2.67
Any one	Neither	SD	1.46
Any one	Either	SE	2.34
Any one	Both	SF	2.98
Any two	Neither	SG	2.04
Any two	Either	SH	2.86
Any two	Both	SI	3.53
All three	Neither	SJ	2.99
All three	Either	SK	3.70
All three	Both	SL	4.21

PDPM SLP Classification: _____

PDPM Payment Component: NTA

NTA – STEP 1

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

1. Determine whether patient has HIV/AIDS. HIV/AIDS is not reported on the MDS but is recorded on the SNF claim (ICD-10-CM codeB20).

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

2. Determine whether patient received "Parenteral/IV Feeding – **High Intensity**" or the "Parenteral/IV Feeding – **Low Intensity**" if patient received parenteral/IV feeding during the last 7 days <u>while a patient of the SNF</u> using item K0510A2.

   If patient did receive parenteral/IV feeding during the last 7 days while a patient, then use item K0710A to determine if the proportion of total calories patient received through parenteral or tube feeding was 51% or more while a patient (K0710A2 = 3).

   High Intensity: K0710A2 =3

   Low Intensity: Proportion of total calories patient received through parenteral or tube feeding was 26-50% (K0710A2 = 2) **and** average fluid intake per day by IV or tube feeding was 501cc per day or more while a patient (K0710B2 = 2)

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

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

3. Determine whether patient has any additional NTA-related comorbidities. For conditions and services that are recorded in Section I8000 of the MDS, check if the corresponding ICD-10- CM codes are coded in Section I8000 using the mapping available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html

NTA Comorbidity Score Calculation

MDS Item/Claim	Condition/Extensive Service	Points
SNF Claim	HIV/AIDS	8
H0100C	Ostomy	1
H0100D	Intermittent Catheterization	1
K0510A2, K0710A2	Parenteral IV Feeding: Level High K0710A2 = 51% or more	7
K0510B2	Nutritional Approaches: Feeding Tube	1
K0510A2, K0710A2, K0710B2	Parenteral IV Feed: Level Low K0710A2 = 26% – 50% (while a resident) AND K0710B2 = 501 cc/day or more	3
M1040B	Diabetic Foot Ulcer Code	1
M0300D1	Unhealed Pressure Ulcer – Stage 4	1
M1040A, M1040C	Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code (M1040B)	1
O0100B2	Radiation	1

O0100H2	Intravenous Medication	5
O0100F2	Ventilator or Respirator	4
O0100D2	Suctioning	1
O0100E2	Tracheostomy Care	1
O0100I2	Transfusion	2
O0100M2	Isolation	1
I1700	Multi-Drug Resistant Organism (MDRO) Code	1
I2500	Wound infection Code	2
I2900	Diabetes Mellitus (DM) Code	2
I5200	Multiple Sclerosis Code	2
I5600	Malnutrition Code	1
I6200	Asthma, COPD, Chronic Lung Disease Code	2
I8000	Endocarditis	1
I8000	Immune Disorders	1
I8000	End-Stage Liver Disease	1
I8000	Narcolepsy and Cataplexy	1
I8000	Cystic Fibrosis	1
I8000	Major Organ Transplant Status, Except Lung	2
I8000	Specified Hereditary metabolic/Immune Disorders	1
I8000	Morbid Obesity	1
I8000	Opportunistic Infections	2
I8000	Psoriatic Arthropathy and Systemic Sclerosis	1
I8000	Chronic Pancreatitis	1
I8000	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	1
I8000	Bone/Joint/Muscle Infections/Necrosis – Except Aseptic Necrosis of Bone	2
I8000	Complications of Specified Implanted Device or Graft	1
I8000	Lung Transplant Status	3
I8000	Inflammatory Bowel Disease	1
I8000	Aseptic Necrosis of Bone	1
I8000	Cardio-Respiratory Failure and Shock	1
I8000	Myelodysplastic Syndromes and Myelofibrosis	1
I8000	Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	1
I8000	Diabetic Retinopathy – Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	1
I8000	Severe Skin Burn or Condition	1
I8000	Intractable Epilepsy	1
I8000	Chronic Myeloid Leukemia	2
I8000	Disorders of Immunity – Except RxCC97: Immune Disorders	1
I8000	Cirrhosis of Liver	1
I8000	Respiratory Arrest	1
I8000	Pulmonary Fibrosis and other Chronic Lung Disorders	1

NTA – STEP 2

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 patient's score is 0.

NTA Score: _____

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NTA – STEP 3

Determine patient's NTA group using the table below.

NTA Case Mix Groups

NTA COMPONENT		
NTA Comorbidity Score	NTA Case Mix Group	CMI
12+	NA	3.24
9-11	NB	2.53
6-8	NC	1.84
3-5	ND	1.33
1-2	NE	0.96
0	NF	0.72

PDPM NTA Classification: _____

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PDPM Payment Component: Nursing

NURSING – STEP 1

Calculate patient's Function Score for nursing payment. Use the following table to determine the Function Score.

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 Function Score (GG0130A1): _____

Toileting Hygiene Function Score (GG0130C1): _____

Bed Mobility
Sit to Lying Function Score (GG0170B1): _____
Lying to Sitting on Side of Bed Function Score (GG0170C1): _____
Average _____

Transfer
Sit to Stand Function Score (GG0170D1): _____
Chair/Bed-to-Chair Function Score (GG0170E1): _____
Toilet Transfer Function Score (GG0170F1): _____
Average _____

Calculate the sum of the following scores: Eating Function Score, Toileting Hygiene Function Score, *Average* Bed Mobility Function Score, and *Average* Transfer Function 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: _____

Nursing Case Mix Group
Determine patient's nursing case mix group using the hierarchical classification.

EXTENSIVE SERVICES

EXTENSIVE – STEP 1
Determine whether the patient is coded for one of the following treatments or services:
> O0100E2: Tracheostomy care while a patient
> O0100F2: Ventilator or respirator while a patient
> O0100M2: Isolation or quarantine for active infectious disease while patient

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

EXTENSIVE – STEP 2
If at least **one** of these treatments or services is coded and patient has a total PDPM Nursing Function Score of 14 or less, he/she classifies in the Extensive Services category. **Move to STEP 3.**

If patient's PDPM Nursing Function Score is 15 or 16, he/she classifies as Clinically Complex. Skip to CLINICALLY COMPLEX – STEP 2.

EXTENSIVE – STEP 3
Patient 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

PDPM Nursing Classification: _____

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

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SPECIAL CARE HIGH

SPECIAL CARE HIGH – STEP 1

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

Special Care High Conditions or Services

Condition or Service	MDS Item
Comatose and completely dependent or activity did not occur at admission (GG0120A1, GG0130C1, GG0170B1, GG0170C11 GG0170D1, GG0170E1, and GG0170F1, all equal 01, 09, or 88)	B0100, Section GG items
Septicemia	I2100
Diabetes with both of the following: • Insulin injections (N0350A) for all 7 days • Insulin order changes on 2 or more days (N0350B)	I2900, N0350A, B
Quadriplegia	I5100, Nursing GG Score <= 11
Chronic obstructive pulmonary disease **and** shortness of breath/difficulty breathing when lying flat	I6200, J1100C
Fever and one of the following: • I2000 Pneumonia • J1550B Vomiting • K0300 Weight loss (1 or 2) • K0510B1 • K0510B2 Feeding tube*	J1550A, others
Parenteral/IV feedings	K0510A1 or K0510A2
Respiratory therapy for all 7 days	O0400D2

*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 patient does not have one of these conditions, skip to the Special Care Low category now.

SPECIAL CARE HIGH – STEP 2

If at least **one** of the special care conditions above is coded and patient has a total PDPM Nursing Function Score of 14 or less, he/she classifies as Special Care High. **Move to STEP 3.**

If patient's PDPM Nursing Function Score is 15 or 16, he/she classifies as Clinically Complex. Skip to CLINICALLY COMPLEX – STEP 2.

SPECIAL CARE HIGH – STEP 3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care High, Special Care Low, and Clinically Complex category.

Depression Guide: PHQ-9 (Patient Health Questionnaire)

Patient	Staff	Description
D0200A	D0500A	Little interest or pleasure in doing things
D0200B	D0500B	Feeling down, depressed, or hopeless
D0200C	D0500C	Trouble falling or staying asleep, sleeping too much
D0200D	D0500D	Feeling tired or having little energy
D0200E	D0500E	Poor appetite or overeating
D0200F	D0500F	Feeling bad about yourself – or that you are a failure or have let yourself down or your family down
D0200G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
D0200H	D0500H	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual
D0200I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the patient interview at Item D0300 and for the staff assessment at Item D0600. Patient qualifies as depressed for PDPM classification in either of the two following cases:

1. **D0300 Total Severity Score is >/= to 10 but not 99**
   or
2. **D0600 Total Severity Score is >/= to 10**

Patient Qualifies as Depressed? **(Yes/No)** _____

SPECIAL CARE HIGH – 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: _____

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SPECIAL CARE LOW

SPECIAL CARE LOW – STEP 1

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

Special Care Low Conditions or Services

Condition or Service	MDS Item
Cerebral palsy	I4400, Nursing GG Score <= 11
Multiple sclerosis	I5200, Nursing GG Score <= 11
Parkinson's disease	I5300, Nursing GG Score<= 11
Respiratory failure and oxygen therapy	I6300, O0100C2
Feeding tube*	K0510B1 or K0510B2
Two+ **stage 2 pressure ulcers** with two+ skin treatments**	M0300B1
Any stage **3 or 4 pressure ulcer** with two+ skin treatments**	M0300C1, D1, F1
Two or more **venous/arterial ulcers** with two+ skin treatments**	M1030
1 **stage 2 pressure ulcer** & 1 **venous/arterial ulcer** with 2+ skin tx**	M0300B1, M1030
Foot infection, diabetic foot ulcer or other open foot lesion w/dressings to feet	M1040A,B,C; M1200I
Radiation treatment	O0100B2
Dialysis treatment	O0100J2

*Tube feeding classification requirements:
1. K0710A3 is 51% or more of total calories **OR**
2. K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days

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

SPECIAL CARE LOW – STEP 2

If at least **one** of the special care conditions above is coded and patient has a total PDPM Nursing Function Score of 14 or less, he/she classifies as Special Care Low. **Move to STEP 3**.

If patient's PDPM Nursing Function Score is 15 or 16, he/she classifies as Clinically Complex. Skip to CLINICALLY COMPLEX – STEP 2.

SPECIAL CARE LOW – STEP 3

Evaluate for depression. See Depression Guide: PHQ-9 (table) on previous page.

Patient Qualifies as Depressed? (Yes/No) _____

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SPECIAL CARE LOW – 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: _____

CLINICALLY COMPLEX

CLINICALLY COMPLEX – STEP 1

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

Clinically Complex Conditions or Services

Condition or Service	MDS Item
Pneumonia	I2000
Hemiplegia/hemiparesis	I4900, Nursing GG Score<= 11
Open lesions (other than ulcers, rashes, and cuts) with any selected skin treatment* or surgical wounds	M1040D,E
Burns	M1040F
Chemotherapy	O0100A2
Oxygen Therapy	O0100C2
IV Medications	O0100H2
Transfusions	O0100I2

*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)

CLINICALLY COMPLEX – STEP 2

Evaluate for depression. See Depression Guide: PHQ-9 (table) on previous page.

Patient Qualifies as Depressed? (Yes/No) _____

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

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

Nursing Component

PDPM Nursing RUG	Function Score	CMI
ES3	0-14	4.06
ES2	0-14	3.07
ES1	0-14	2.93
HDE2	0-5	2.40
HDE1	0-5	1.99
HBC2	6-14	2.24
HBC1	6-14	1.86
LDE2	0-5	2.08
LDE1	0-5	1.73
LBC2	6-14	1.72
LBC1	6-14	1.43
CDE2	0-5	1.87
CDE1	0-5	1.62
CBC2	6-14	1.55
CA2	15-16	1.09
CBC1	6-14	1.34
CA1	15-16	0.94
BAB2	11-16	1.04
BAB1	11-16	0.99
PDE2	0-5	1.57
PDE1	0-5	1.47
PBC2	6-14	1.22
PA2	15-16	0.71
PBC1	6-14	1.13
PA1	15-16	0.66

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BEHAVIORAL SYMPTOMS AND COGNITIVE PERFORMANCE

Classification in this category is based on the presence of certain behavioral symptoms or patient's cognitive performance.

BEHAVIORAL – STEP 1

Determine patient's PDPM Nursing Function Score. If patient'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.

BEHAVIORAL – STEP 2

If patient 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 patient's cognitive status based on patient 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

Summary Score: </= to 9, then classifies in the Behavioral Symptoms and Cognitive Performance category. **Skip to Step 5**.

Summary Score: > 9 but not 99, proceed to **STEP 4** to check behavioral symptoms.

Staff assessment for cognitive impairment: If Summary Score is 99 (patient interview not successful) or the Summary Score is blank (patient interview not attempted and skipped) or the Summary Score has a dash value (not assessed), proceed to **STEP 3**.

BEHAVIORAL – STEP 3

Determine patient's cognitive status based on the staff assessment rather than on patient interview. Check if **one** of the three following conditions exist:

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)
C1000	Severely impaired cognitive skills for daily decision making (C1000 = 3)
B0700, C0700, C1000	Two or more of the following impairment indicators are present:

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Check if **two** or more of the following 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

Behavioral Symptoms and Cognitive Performance: Patient meets one of the three above **Skip to** STEP 5**. If he/she does not meet any of the three conditions, proceed to** STEP 4**.**

STEP 4

Determine whether patient 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 patient presents with one of the symptoms above, then he/she classifies in Behavioral Symptoms and Cognitive Performance. Proceed to STEP 5**. If he/she does not present with behavioral symptoms, skip to 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 (*******Count as one service even if both provided*):

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

Restorative Nursing Count: _____

STEP 6

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

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

PDPM Nursing Classification: _____

REDUCED PHYSICAL FUNCTION

STEP 1
Patients 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 (*****Count as one service even if both provided*):

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

Restorative Nursing Count: _____

STEP 3
Select the PDPM Classification by using the PDPM Nursing Function Score and Restorative Nursing Count.

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

PDPM Nursing Classification: _____

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APPENDIX

Basic and Severe Count Calculation

Basic
Impairment
Count

- Cognitive Skills for Daily Decision Making
  (C1000 = 1 or 2)
- Makes Self Understood
  (B0700 = 1, 2 or 3)
- Resident has Memory Problem
  (C0700 = 1)
- Basic Impairment Count will be 0-3

Severe
Impairment
Count

- Cognitive Skills for Daily Decision Making
  (C1000 = 2)
- Makes Self Understood
  (B0700 = 2 or 3)
- Severe Impairment Count will be 0-2

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Resident

Comatose (B0100 = 1) and coded 01, 09, or 88 for GG0130A1 & C1, GG0170C1, D1, E1 & F1 → Severely Impaired

Severely Impaired Cognitive Skills for Daily Decision Making (C1000 = 3) → Severely Impaired

Basic Impairment Count
Severe Impairment Count

Basic Count = 2 or 3
Severe Count = 1 or 2 → Moderately Impaired

Basic Count = 1
Severe Count = 0-2 → Mildly Impaired

Basic Count = 2-3
Severe Count = 0 → Mildly Impaired

Basic Count = 0
Severe Count = 0 → Cognitively Intact