

Medicare Part A: Patient-Driven Payment Model (PDPM) Component Detail

from 2020 SNF PPS Proposed Rule (4/19/19)

PT / OT Case-Mix Classification Groups

Category	GG Function Score	Case-Mix Group	PT CMI	OT CMI	Weighted Average*		VPDA	
					CMI	Rank	PT / OT	
							Day	Factor
Major Joint Replacement or Spinal Surgery	0 - 5	TA	1.53	1.49	1.46	8		
	6 - 9	TB	1.7	1.63	1.61	3	1 - 20	1.00
	10 - 23	TC	1.88	1.69	1.73	1	21 - 27	0.98
	24	TD	1.92	1.53	1.67	2	28 - 34	0.96
Other Orthopedic	0 - 5	TE	1.42	1.41	1.37	11	35 - 41	0.94
	6 - 9	TF	1.61	1.60	1.55	5	42 - 48	0.92
	10 - 23	TG	1.67	1.64	1.60	4	49 - 55	0.90
	24	TH	1.16	1.15	1.12	13	56 - 62	0.88
Medical Management	0 - 5	TI	1.13	1.18	1.11	14	63 - 69	0.86
	6 - 9	TJ	1.42	1.45	1.38	10	70 - 76	0.84
	10 - 23	TK	1.52	1.54	1.48	7	77 - 83	0.82
	24	TL	1.09	1.11	1.06	15	84 - 90	0.80
Non-Orthopedic Surgery and Acute Neurologic	0 - 5	TM	1.27	1.30	1.24	12	91 - 97	0.78
	6 - 9	TN	1.48	1.5	1.44	9	98 - 100	0.76
	10 - 23	TO	1.55	1.55	1.50	6		
	24	TP	1.08	1.09	1.05	16		

* OT CMI adjusted to 93.08% to neutralize for PT/OT Base Rate difference (Urban)

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PT/OT Function Scoring Measures

Note: Scoring differs from QRP functional outcome measure

Section GG Items Included in PT & OT Functional Measure		
Section GG Item		Score
GG0130A1	Self-care: Eating	0 - 4
GG0130B1	Self-care: Oral Hygiene	0 - 4
GG0130C1	Self-care: Toileting Hygiene	0 - 4
GG0170B1	Mobility: Sit to lying	0 - 4 (average of 2 items)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0 - 4 (average of 3 items)
GG0170E1	Mobility: Chair / bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	
GG0170J1	Mobility: Walk 50 feet with 2 turns	0 - 4 (average of 2 items)
GG0170K1	Mobility: Walk 150 feet	

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

*Coded based on response to GG0170H1 (Does the resident walk?)

Modifications from Final Rule:

All missing values for GG items will receive zero points as a function score.

Incorporate a new response "10. Not attempted due to environmental limitations" = zero.

Adopt GG0170I1 (Walk 10 feet) for retired GG0170H1 (Does the resident walk).

Will use responses 07: "resident refused," 09: "not applicable," 10: "not attempted due to environmental limitations," or 88: "not attempted due to medical condition or safety concerns" from GG0170I1 to identify residents who cannot walk.

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SLP Case-Mix Classification Groups & Urban Weights

Acute Neuro, SLP-Comorbidity, or Cognitive Imp	Ave. Loss from Missing Any One	Mechanically Altered Diet or Swallowing Disorder	Ave. Loss from Missing Either	Case-Mix Group	CMI	Per Diem
None	-	Neither	\$21.96	SA	0.68	\$15.52
None	-	Either		SB	1.82	\$41.55
None	-	Both		SC	2.67	\$60.96
Any one	\$17.81	Neither	\$16.73	SD	1.46	\$33.33
Any one	\$13.87	Either		SE	2.34	\$55.42
Any one	\$7.07	Both		SF	2.98	\$68.03
Any two	\$13.24	Neither	\$16.28	SG	2.04	\$46.57
Any two	\$9.87	Either		SH	2.86	\$65.29
Any two	\$12.56	Both		SI	3.53	\$80.59
All three	\$21.69	Neither	\$13.40	SJ	2.99	\$68.26
All three	\$19.18	Either		SK	3.70	\$84.47
All three	\$15.52	Both		SL	4.21	\$96.11

SLP Related Comorbidities	
Aphasia	Laryngeal Cancer
CVA, TIA, or Stroke	Apraxia
Hemiplegia or Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy Care*	Oral Cancers
Vent or Respirator Care*	Speech & Lang Deficits

* while a resident

PDPM Cognitive Measure Classification Methodology		
Cognitive Level	BIMS Score	CPS Score
Cognitively Intact	13 - 15	0
Mildly Impaired	8 - 12	1 - 2
Moderately Impaired	0 - 7	3 - 4
Severely Impaired	-	5 - 6

In order to receive a PDPM classification, all required items must be completed. Either a BIMS score or CPS score is necessary to classify the patient under the SLP component.

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Nursing Case-Mix Classification Groups and CMI Weights

PDPM	GG Score	CMI	RUG-IV CMI (both if PDPM contracted)	
ES3	0 - 14	4.04	3.58	-
ES2	0 - 14	3.07	2.67	-
ES1	0 - 14	2.93	2.32	-
HDE2	0 - 5	2.4	2.22	2.04
HDE1	0 - 5	1.99	1.74	1.60
HBC2	6 - 14	2.24	1.89	1.86
HBC1	6 - 14	1.86	1.48	1.46
LDE2	0 - 5	2.08	1.96	1.86
LDE1	0 - 5	1.73	1.54	1.46
LBC2	6 - 14	1.72	1.56	1.45
LBC1	6 - 14	1.43	1.22	1.14
CDE2	0 - 5	1.87	1.68	1.56
CDE1	0 - 5	1.62	1.50	1.38
CBC2	6 - 14	1.55	1.29	1.15
CA2	15 - 16	1.09	0.88	-
CBC1	6 - 14	1.34	1.15	1.02
CA1	15 - 16	0.94	0.78	-
BAB2	11 - 16	1.04	0.97	0.70
BAB1	11 - 16	0.99	0.90	0.64
PDE2	0 - 5	1.57	1.50	1.38
PDE1	0 - 5	1.47	1.40	1.28
PBC2	6 - 14	1.22	1.10	0.84
PA2	15 - 16	0.71	0.59	-
PBC1	6 - 14	1.13	1.02	0.78
PA1	15 - 16	0.66	0.54	-

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Nursing ADL / Function Scoring Measures

Section GG Items Included in Nursing Functional Measure		
Section GG Item		Score
GG0130A1	Self-care: Eating	0 - 4
GG0130C1	Self-care: Toileting Hygiene	0 - 4
GG0170B1	Mobility: Sit to lying	0 - 4 (average of 2)
GG0170C1	Mobility: Lying to sitting on side of bed	
GG0170D1	Mobility: Sit to stand	0 - 4 (average of 3)
GG0170E1	Mobility: Chair / bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	

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

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Non-Therapy Ancillary Scoring / Groups

Condition / Service	MDS Item	Points
HIV / AIDS	No MDS Item; B20 coded on the UB-04	8
Parenteral IV Feeding: High (> 50% calories)	K0510A2, K0710A2	7
Intravenous Medication Post-admit Code	O0100H2	5
Ventilator or Respirator Post-admit Code	O0100F2	4
Parenteral IV Feeding: Low (26% - 50% calories; 501cc per day)	K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Transfusion Post-admit Code	O0100I2	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Dx: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Dx: 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 Dx: Diabetes Mellitus (DM) Code	I2900	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	M1040B	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Tracheostomy Care Post-admit Code	O0100E2	1
Active Dx: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Isolation Post-admit Code	O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Radiation Post-admit Code	O0100B2	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1

Condition / Service	MDS Item	Points
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Other Foot Skin Prob: Foot Inf. Code, Other Open Lesion, Except Diabetic Ft Ulcer 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	I8000	1
Aseptic Necrosis of Bone	I8000	1
Suctioning Post-admit Code	O0100D2	1
Cardio-Respiratory Failure and Shock	I8000	1
Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1
Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Nutritional Approaches While a Resident: Feeding Tube	K0510B2	1
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Active Dx: 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

Patient Driven Payment Model				
NTA Case-Mix Classification Groups			Urban, AWI = 1.0; per diem	
Range	Group	CMI	Days 1 - 3	Days 4 - 100
12 +	NA	3.24	\$781.97	\$260.66
9 - 11	NB	2.53	\$610.62	\$203.54
6 - 8	NC	1.84	\$444.08	\$148.03
3 - 5	ND	1.33	\$321.00	\$107.00
1 - 2	NE	0.96	\$231.70	\$77.23
0	NF	0.72	\$173.77	\$57.92

For conditions and services where source is indicated as MDS I8000, PDPM NTA Comorbidity Mapping (which accompanied the FY 2019 SNF PPS proposed rule) provides a crosswalk between the listed condition and the ICD-10-CM codes which may be coded to qualify that condition to serve as part of the resident's NTA classification. I8000 is an open-ended item in the MDS where the provider can fill in additional active Dx that are not explicitly on the MDS for the resident in the form of ICD-10 codes.

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MDS Schedule, Variable Per Diem Adjustment & Base Rates

PDPM Assessment Schedule		
Medicare MDS Type	Assessment Reference Date	Effective Payment
Initial Patient Assessment	Days 1 - 8	All covered days until Part A discharge (unless IPA is completed)
Interim Payment Assessment (IPA)	OPTIONAL: No later than 14 days after qualifying change is identified	IPA ARD through Part A discharge (unless another IPA is completed)
PPS Discharge Assessment	End Data of Most Recent Medicare Stay (A2400C) or End Date	N/A

Interrupted Stay Policy
<p>If patient discharged from a SNF and readmitted to same SNF no more than 3 consecutive calendar days after discharge, subsequent stay is continuation of the previous stay:</p> <p><i>Assessment schedule continues from the point just prior to discharge</i></p> <p><i>VPDA schedule continues from the point just prior to discharge</i></p>
<p>If patient discharged from SNF & readmitted > 3 consecutive calendar days after discharge, or admitted to a different SNF, then the subsequent stay is considered a new stay:</p> <p><i>Assessment schedule and variable per diem schedule reset to day 1</i></p>
<p>Patient need not physically leave facility:</p> <p><i>May remain in SNF but discharged from a Medicare Part A</i></p>

PT / OT	
Day	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

NTA VPDA	
Day	Factor
1 - 3	3.00
4 - 100	1.00

2020 PDPM Base Rate		
Component	Urban	Rural
PT	\$61.16	\$69.72
OT	\$56.93	\$64.03
SLP	\$22.83	\$28.76
Nursing	\$106.64	\$101.88
NTA	\$80.45	\$76.86
Non-Case Mix	\$95.48	\$97.25
TOTAL	\$423.49	\$438.50

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HIPPS Coding Guide for Composite Score Billing

PDPM HIPPS CHARACTER CODES ORDER						
Order	1	2	3	4	5	
Component	PT/OT	SLP	Nursing	NTA	AI	
Code						Code Assessment Type
A	TA	SA	ES3	NA	0	IPA
B	TB	SB	ES2	NB	1	PPS 5-Day
C	TC	SC	ES1	NC	6	OBRA (non-PPS)
D	TD	SD	HDE2	ND	ZZZZZ	PDPM Default
E	TE	SE	HDE1	NE		
F	TF	SF	HBC2	NF		
G	TG	SG	HBC1			
H	TH	SH	LDE2			
I	TI	SI	LDE1			
J	TJ	SJ	LBC2			
K	TK	SK	LBC1			
L	TL	SL	CDE2			
M	TM		CDE1			
N	TN		CBC2			
O	TO		CA2			
P	TP		CBC1			
Q			CA1			
R			BAB2			
S			BAB1			
T			PDE2			
U			PDE1			
V			PBC2			
W			PA2			
X			PBC1			
Y			PA1			