

KAHCF Annual Meeting

What Are You Missing? Common Missed Coding Opportunities in Capturing Reimbursement

Janine Lehman, RN, RAC-CT, CLNC
Director of Legal Nurse Consulting

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Janine Lehman, RN, RAC-CT, CLNC Director of Legal Nurse Consulting

Janine is a Registered Nurse with over 30 years experience in long term care, working in all nursing capacities from Nursing Assistant and Charge Nurse, to MDS Coordinator, Staff Development Coordinator, ADON and DON. She is MDS Certified through AAPACN and is a Certified Legal Nurse Consultant. Her background includes serving as a Corporate Nurse Consultant, and the Director of Clinical Services for a multi-facility, multi-level of care organization.

She has extensive experience in the RAI process, clinical documentation, legal nurse consulting, restorative nursing programs, fall management, QAPI, and infection control, and has provided training on these topics for State and National organizations.

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Objectives

1. Participants will identify the components of PDPM that impact reimbursement.
2. Participants will identify common areas of missed reimbursement opportunity and how to avoid them.
3. Participants will be able to identify interdisciplinary assessment strategies to maximize timely data gathering and communication of MDS information.

PDPM – What Could Go Wrong?!!!

- “The logic of the model itself promotes inaccuracy. For example, the facility is required to report the “primary” diagnosis with an ICD-10-CM code, but since many of the diagnoses that might truly be driving the need for the SNF admission will cause the claim to be returned to provider, the facility is forced to pick something else to get the claim through. The model also contains multiple pathways to enhanced reimbursement that are frankly at odds with coding rules and norms...”
- Gallagher, Chris RAC Monitor

Where Should You Focus?

- Section A – ARD
- Section C – BIMS
- Section D – Mood
- Section GG – Functional Abilities
- Section I – Diagnosis
- Section J – Health Conditions
- Section K – Swallowing/Nutritional Status
- Section M – Skin Conditions
- Section O – Special Treatments, Procedures, and Programs

Section A – ARD

A2300. Assessment Reference Date

Observation end date:

- -

Month

Day

Year

- ARD range of Days 1-8 of the SNF Part A skilled stay.
- No longer based on therapy minutes, Day 8 may not be best.
- Setting too late – may miss capturing hospital treatments (i.e. IV fluids, parenteral feeding – SCH).

Section C – BIMS

Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words
 Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words."
 Enter Code: Number of words repeated after first attempt
 0 None
 1 One
 2 Two
 3 Three
 After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

C0300. Temporal Orientation (orientation to year, month, and day)
 Ask resident: "Please tell me what year it is right now."
 Enter Code: A. Able to report correct year
 0 Missed by > 5 years or no answer
 1 Missed by 2-5 years
 2 Missed by 1 year
 3 Correct
 Ask resident: "What month are we in right now?"
 Enter Code: B. Able to report correct month
 0 Missed by > 1 month or no answer
 1 Missed by 6 days to 1 month
 2 Accurate within 5 days
 Ask resident: "What day of the week is today?"
 Enter Code: C. Able to report correct day of the week
 0 Incorrect or no answer
 1 Correct

C0400. Recall
 Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"
 If unable to remember a word, give cue (something to wear, a color, a piece of furniture) for that word.
 Enter Code: A. Able to recall "sock"
 0 No - could not recall
 1 Yes, after cueing ("something to wear")
 2 Yes, no cue required
 Enter Code: B. Able to recall "blue"
 0 No - could not recall
 1 Yes, after cueing ("color")
 2 Yes, no cue required
 Enter Code: C. Able to recall "bed"
 0 No - could not recall
 1 Yes, after cueing ("a piece of furniture")
 2 Yes, no cue required

C0500. BIMS Summary Score
 Add scores for questions C0200-C0400 and fill in total score (00-15)
 Enter 99 if the resident was unable to complete the interview

- Cannot capture this for cognitive impairment if not conducted during the lookback period.
- Cannot do the staff assessment for Cognition if interview should have been done (Exception – Unexpected Discharge for skilled resident).
- If conducted on Day 1 and ARD is set on Day 8, BIMS not done within the required timeframe.
- Medicaid Case Mix – BIMS interview completion must be dated on the MDS as completed during the lookback or not validated. Not accepting supporting forms.

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Section C – BIMS Potential Impact

- BIMS score 12 or lower captures Cognitive Impairment for the SLP category.
- 3 criteria (*with swallowing s/sx and mech. altered diet):
 - Acute Neurologic Condition
 - SLP related Comorbidity
 - **Cognitive Impairment**
- CMI ranging from 3.98 (\$108.85) for all three (with both *) to 0.64 (\$17.50) with none (and neither *).

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Speech Therapy Component Calculation

Identify if Primary is Acute Neurologic, then add comorbidities and cognition; then diet and swallowing						
SLP Component						
Presence of Acute Neurologic Condition (as coded on O0209), SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet /Swallowing Disorder	SLP Case Mix Group	CMI	Urban	Rural	
None	Neither	SA	0.64	\$17.50	\$22.05	
	Either	SB	1.72	\$47.04	\$59.27	
Any one	Both	SC	2.52	\$68.92	\$86.84	
	Neither	SD	1.38	\$37.74	\$47.55	
	Either	SE	2.21	\$60.44	\$76.16	
	Both	SF	2.82	\$77.13	\$97.18	
Any two	Neither	SG	1.93	\$52.79	\$66.51	
	Either	SH	2.70	\$73.85	\$93.04	
	Both	SI	3.34	\$91.35	\$115.10	
All three	Neither	SJ	2.83	\$77.40	\$97.52	
	Either	SK	3.50	\$95.73	\$120.61	
	Both	SL	3.98	\$108.85	\$137.15	

Qualifying Acute Neurologic Conditions can be found at: [SNF PDPM ICD-10 Mapping](#)

Cognitive Impairment*		
PDPM	BIMS	Staff
1 - Cognitively Intact	13-15	0
2 - Mildly Impaired	8-12	1-2
3 - Moderately Impaired	0-7	3-4
4 - Severely Impaired		5-6

*Note: Residents are classified as cognitively impaired when they are assessed to be mildly, moderately, or severely impaired

Comorbidities Included in SLP Component			
Condition	ICD10	Condition	MDS Item
ALS	G12.21	Aphasia	I4300
	I69.090		
	I69.190		
	I69.290		
	I69.390		
	I69.890		
	I69.990		
Apraxia		CVA, TIA, Stroke	I4500
	I69.091		
	I69.191		
	I69.291		
	I69.391		
	I69.891		
	I69.991		
Dysphagia		Hemiplegia Hemiparesis	I4900
Laryngeal Cancer	C32.-	Traumatic Brain Injury	I5500
Oral Cancers	C00.- C05.- C06.- C07.- C08.- C09.- C10.- C14.- C15.- C22.-	Tracheostomy Care While a Resident	O0110E2
Speech and Language Deficits	I69.92-	Ventilator/Respirator While a Resident	O0110F2

Calculation Worksheet (pg 14-18) [All User's Manual](#)

See Proactive Handouts
PDPM Classification Guide FY2025



Section D – Mood

Section D - Mood

D0100. Should Resident Mood Interview be Conducted? *(Attempt to conduct interview with all residents)*

0. No resident is unresponsive/unconscious → Skip to and complete D0500, D0600, Staff Assessment of Resident Mood (PHQ-9-0V)
1. Yes → Continue to D0150, Resident Mood Interview (PHQ-2 to 9C)

D0150. Resident Mood Interview (PHQ-2 to 9C)

Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "About how often have you been bothered by this?"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

	1. Symptom Presence	2. Symptom Frequency
1. Symptom Presence	0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 2. No response (leave column 2 blank)	0. Never or 1 day 1. 1-4 days (several days) 2. 5-7 days (half or more of the days) 3. 8-14 days (nearly every day)
A. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>
<i>If both D0150A1 and D0150B1 are coded 0, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.</i>		
C. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>
D. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>
E. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>
H. 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	<input type="checkbox"/>	<input type="checkbox"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>

D0160. Total Severity Score

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27.
Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).

- Cannot capture this for depression if not conducted during the lookback period.
- Cannot do the Staff Assessment if interview should have been completed.
- Medicaid Case Mix – Mood interview must be dated on the MDS as completed during the lookback or not validated. Not accepting supporting forms.



Section D – Mood Potential Impact

- PHQ-9 or PHQ-9-OV with score of 10 or higher
- Impacts 3 Nursing Categories
 - Special Care High (CMI range 1.76 - \$224.72 without, to 2.27 - \$289.83 with)
 - Special Care Low (CMI range 1.35 - \$172.37 without, to 1.97 - \$251.53 with)
 - Clinically Complex (CMI range 0.89 - \$113.64 without, to 1.77 \$225.99 with)

Nursing Component					Nursing Classification				
PDPM Nursing Group	Function Score	CMI	Urban	Rural	Nursing Category	Conditions/Services	Conditions/Services Present	Section GG-Based Function Score	PDPM RUG
ES3	0-14	3.84	\$490.29	\$468.44	Extensive Services	Tracheostomy Care and Ventilator/Respirator	Yes	0-14	ES3
ES2	0-14	2.90	\$370.27	\$353.77		Tracheostomy Care or Ventilator/Respirator	Yes	0-14	ES2
ES1	0-14	2.77	\$353.67	\$337.91		Infection Isolation	Yes	0-14	ES1
HDE2	0-5	2.27	\$289.83	\$276.92	Special Care High	Depressed	Yes	0-5	HDE2
HDE1	0-5	1.88	\$240.04	\$229.34		Depressed	No	0-5	HDE1
HBC2	6-14	2.12	\$270.68	\$258.62		Depressed	Yes	6-14	HBC2
HBC1	6-14	1.76	\$224.72	\$214.70		Depressed	No	6-14	HBC1
LDE2	0-5	1.97	\$251.53	\$240.32	Special Care Low	Depressed	Yes	0-5	LDE2
LDE1	0-5	1.64	\$209.40	\$200.06		Depressed	No	0-5	LDE1
LBC2	6-14	1.63	\$208.12	\$198.84		Depressed	Yes	6-14	LBC2
LBC1	6-14	1.35	\$172.37	\$164.69		Depressed	No	6-14	LBC1
CDE2	0-5	1.77	\$225.99	\$215.92	Clinically Complex	Depressed	Yes	0-5	CDE2
CDE1	0-5	1.53	\$195.35	\$186.64		Depressed	No	0-5	CDE1
CBC2	6-14	1.47	\$187.69	\$179.33		Depressed	Yes	6-14	CBC2
CA2	15-16	1.03	\$131.51	\$125.65		Depressed	Yes	15-16	CA2
CBC1	6-14	1.27	\$162.15	\$154.93		Depressed	No	6-14	CBC1
CA1	15-16	0.89	\$113.64	\$108.57		Depressed	No	15-16	CA1
BAB2	11-16	0.98	\$125.13	\$119.55	Behavioral Cognitive Symptoms	Restorative Nursing Services	2 or More	11-16	BAB2
BAB1	11-16	0.94	\$120.02	\$114.67		Restorative Nursing Services	0-1	11-16	BAB1
PDE2	0-5	1.48	\$188.97	\$180.57	Reduced Physical Function	Restorative Nursing Services	2 or More	0-5	PDE2
PDE1	0-5	1.39	\$177.48	\$169.57		Restorative Nursing Services	0-1	0-5	PDE1
PBC2	6-14	1.15	\$146.83	\$140.29		Restorative Nursing Services	2 or More	6-14	PBC2
PA2	15-16	0.67	\$85.55	\$81.73		Restorative Nursing Services	2 or More	15-16	PA2
PBC1	6-14	1.07	\$136.63	\$130.63		Restorative Nursing	0-1	6-14	PBC1

See Proactive Handouts
PDPM Classification Guide FY2025

Section GG – Functional Abilities

Section GG - Functional Abilities - Admission

GG0130. Self-Care (Assessment period is the first 3 days of the stay)
 Complete column 1 when A0310A = 01 or when A0310B = 01.
 When A0310B = 01, the stay begins on A2400G. When A0310B = 99, the stay begins on A1600.
 Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason.

Codes:
Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.
 Activities may be completed with or without assistive devices:
 03. Independent - Resident completes the activity by themselves with no assistance from a helper.
 02. Setup or clean-up assistance - Helper sets up or cleans up, resident completes activity. Helper assists only prior to or following the activity.
 04. Supervision or teaching assistance - Helper provides verbal cues and/or teaching/demonstrating and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
 01. Partial/minimal assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
 02. Substantial/minimal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

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

1. Admission Performance

Enter Codes in Boxes

<input type="checkbox"/>	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
<input type="checkbox"/>	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="checkbox"/>	C. Toileting hygiene: The ability to maintain personal hygiene, adjust clothes before and after voiding or having a bowel movement, if managing an ostomy, include wiping the opening but not managing equipment.
<input type="checkbox"/>	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring into/out of tub/shower.
<input type="checkbox"/>	F. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable.
<input type="checkbox"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners, does not include footwear.
<input type="checkbox"/>	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility, including fasteners, if applicable.
<input type="checkbox"/>	I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/scrubbing face and hands (excludes baths, showers, and oral hygiene).

Section GG - Functional Abilities - Admission

GG0170. Mobility (Assessment period is the first 3 days of the stay)
 Complete column 1 when A0310A = 01 or when A0310B = 01.
 When A0310B = 01, the stay begins on A2400G. When A0310B = 99, the stay begins on A1600.
 Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason.

1. Admission Performance

Enter Codes in Boxes

<input type="checkbox"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
<input type="checkbox"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="checkbox"/>	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support.
<input type="checkbox"/>	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="checkbox"/>	E. Chairbed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="checkbox"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="checkbox"/>	FF. Tub/shower transfer: The ability to get in and out of a tub/shower.
<input type="checkbox"/>	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="checkbox"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (cub).
<input type="checkbox"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="checkbox"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.



Section GG – Lookback periods

OBRA Admission	Medicare (5-day) Admission	OBRA/ Interim	PPS Discharge (NPE)	OBRA Discharge
First 3 calendar days of the stay based on the date of entry/reentry as coded in A1600	First 3 calendar days of the Medicare stay based on Medicare start day as coded in A2400B	ARD (A2300) and the 2 previous calendar days.	Last 3 days of the Medicare Part A stay. A2400C and the 2 previous calendar days. Applies BOTH to a standalone and when combined with an OBRA discharge	Last 3 days of the stay. OBRA discharge date (A2000) and the 2 previous calendar days Applies when completing a standalone OBRA discharge



Section GG – Functional Abilities

PT/OT Section GG (10 items 0-24)

Nursing Section GG (7 items 0-16)

Section GG Items Included in PT /OT Functional Measures	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 (avg of 2 bed mobility items)
GG0170C1 – Mobility: Lying to sitting on side of bed	
GG0170D1 – Mobility: Sit to stand	0-4 (avg of 3 transfer items)
GG0170E1 – Mobility: Chair/bed-to-chair transfer	
GG0170F1 – Mobility: Toilet transfer	
GG0170J1 – Mobility: Walk 50 feet- 2 turns	0-4 (avg of 2 walking items)
GG0170K1 – Mobility: Walk 150 feet	

Scoring Response for GG	
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, Res. Cannot Walk	0

MDS Section GG Items	Score	
GG0130A1	Self Care: Eating	0-4
GG0130C1	Self care: Toilet Hygiene	0-4
GG0170B1 GG0170C1	Mobility: Sit to Lying; Lying to sitting on Side of Bed	0-4 (avg of 2 items)
GG0170D1 GG0170E1 GG0170F1	Mobility: Sit to Stand; Chair/bed-to-chair transfer; Toilet Transfer	0-4 (avg of 3 items)



PDPM Function Score: Section GG-Based Function Score (Select Appropriate Performance Level for Each Item)								
Function	Eating	Toilet Hygiene	Bed Mobility		Transfers			
			Sitting to Lying	Lying to Sitting on Side of Bed	Sit to Stand	Chair/Bed to Chair Transfer	Toilet Transfer	
MDS Field	GG0130A1	GG0130C1	GG0170B1	GG0170C1	GG0170D1	GG0170E1	GG0170F1	
MDS Field Value	PDPM Functional Score Points (circle 1)	PDPM Functional Score Points (circle 1)	PDPM Functional Score Points (circle 1)	PDPM Functional Score Points (circle 1)	PDPM Functional Score Points (circle 1)	PDPM Functional Score Points (circle 1)	PDPM Functional Score Points (circle 1)	
05, 06	4	4	4	4	4	4	4	
04	3	3	3	3	3	3	3	
03	2	2	2	2	2	2	2	
02	1	1	1	1	1	1	1	
01, 07, 09, 10, 88, missing	0	0	0	0	0	0	0	
Nursing Functional Score (Sum= Eating + Toileting + Ave Bed Mobility + Ave Transfers):			Average of Circled (don't round) _____		Average of Circled (don't round) _____			
			Oral Hygiene		Walking			
			Walking 50 ft with two turns		Walking 150 ft			
			GG0130B1	GG0170J1	GG0170K1			
			4	4	4			
			3	3	3			
			2	2	2			
			1	1	1			
			0	0	0			
			Score Average of Circled (don't round)					
			Sum of all scores = PDPM Functional Score for PT/OT:					
Section GG Items Scoring Response		Functional Score						
05, 06		Set-Up Assistance, Independent						4
04		Supervision or Touching Assistance						3
03		Partial / Moderate Assistance (less than half)						2
02		Substantial/Maximum Assistance (more than half)						1
01, 07, 09, 10, 88, missing		Dependent, Refused, N/A, Not Attempted						0

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PDPM Classification Guide FY2025



Section GG – Functional Abilities

- Staff documenting must understand “usual” performance and “helper”.
- Staff documenting must understand the components of each GG item (e.g., eating: not enteral feeding; lying to sitting on side of bed: without back support)
- Some GG items averaged for the score.
- Must be completed during the specified lookback.
- Kentucky Medicaid Case Mix: Must have documented evidence of IDT “collaboration”.

Section I – Diagnosis

Section I - Active Diagnoses

Active Diagnoses in the last 7 days - Check all that apply
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

Cancer

I0100. Cancer (with or without metastasis)

Heart/Circulation

I0200. Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)

I0300. Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias)

I0400. Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))

I0500. Deep Venous Thrombosis (DVT), Pulmonary Embolism (PE), or Pulmonary Thrombo-Embolism (PTE)

I0600. Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)

I0700. Hypertension

I0800. Orthostatic Hypotension

I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)

Gastrointestinal

I1100. Cirrhosis

I1200. Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g., esophageal, gastric, and peptic ulcers)

I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease

Genitourinary

I1400. Benign Prostatic Hyperplasia (BPH)

I1500. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)

I1550. Neurogenic Bladder

I1600. Obstructive Uropathy

Infections

I1700. Multidrug-Resistant Organism (MDRO)

I2000. Pneumonia

I2100. Septicemia

I2200. Tuberculosis

I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)

I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)

I2500. Wound Infection (other than foot)

I8000. Additional active diagnosis

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

A.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
J.	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Impact of I: Diagnosis on PDPM

- Diagnoses coded on the MDS must be supported by documentation in the medical record.
 - 1. Documented by MD/APRN or equiv. in the last 60 days
- 2. Documentation supports active in the last 7 days
 - Progress notes
 - Most recent H&P, Disch. Summary, Transfer notes
 - Recent exacerbation as indicated by:
 - Positive study, test, or procedure
 - Presence of abnormal s/sx attributable to ongoing or decompensated disease
 - Ongoing therapy with meds or other interventions to manage the condition that requires monitoring

Impact of I: Diagnosis on PDPM

- Primary Diagnosis
 - PT and OT components (Major joint replacement, Medical Management)
 - Acute Neurologic for SLP (ALS, CVA, Dysphagia [169 codes only])
- Additional Diagnosis
 - SLP component (Swallowing Disorder: Dysphagia)
 - Nursing component (COPD, CP, Parkinson's, Pneumonia, Hemiplegia)
 - NTA (MS, COPD, DM, Morbid Obesity, Inflammatory Bowel Disease)
- Documentation must support what is coded in Section I (i.e., documented by MD/APRN in last 60 days and proof Dx. are active in the last 7 days).

Section I - Diagnosis

- Assign primary Dx. that affects all disciplines if possible (IDT decision?).

Section I - Active Diagnoses

10020. Indicate the resident's primary medical condition category

Complete only if A0310B = 01 or if state requires completion with an OBRA assessment

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

- Enter Code
- | | |
|--------------------------|--|
| <input type="checkbox"/> | 01. Stroke |
| <input type="checkbox"/> | 02. Non-Traumatic Brain Dysfunction |
| <input type="checkbox"/> | 03. Traumatic Brain Dysfunction |
| <input type="checkbox"/> | 04. Non-Traumatic Spinal Cord Dysfunction |
| <input type="checkbox"/> | 05. Traumatic Spinal Cord Dysfunction |
| <input type="checkbox"/> | 06. Progressive Neurological Conditions |
| <input type="checkbox"/> | 07. Other Neurological Conditions |
| <input type="checkbox"/> | 08. Amputation |
| <input type="checkbox"/> | 09. Hip and Knee Replacement |
| <input type="checkbox"/> | 10. Fractures and Other Multiple Trauma |
| <input type="checkbox"/> | 11. Other Orthopedic Conditions |
| <input type="checkbox"/> | 12. Disability, Cardiorespiratory Conditions |
| <input type="checkbox"/> | 13. Medically Complex Conditions |

10020B. ICD Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- Understand the use of "Sequelae" and "Aftercare" diagnoses.

- For NTA points, some Dx. only need to be checked in the I0100 to 17900 checklist, some must be entered in I8000 by ICD-10 codes.

- More than 1/2 of the NTA are captured in I8000.
 - DM2, E11.9 in I8000 but must check 12900 for NTA
 - Respiratory Failure, I6300 on the checklist for SCL, must have support for one of the resp. fail. Dx in the NTA mapping tool.
 - Morbid Obesity, 18000
 - Malnutrition, I5600



Non-Therapy Ancillary Case Mix Calculation (by category)

Condition/Extensive Services	MDS Item	Points
Bowel & Bladder		
Ostomy including urostomy, ileostomy, & colostomy	H0100C	1
Intermittent Catheterization	H0100D	1
Cancer		
Chronic Myeloid Leukemia	I8000	2
Myelodysplastic Syndrome & Myelofibrosis	I8000	1
Radiation Post Admit	O011081B	1
Cardiac/Respiratory		
Asthma, COPD, Chronic Lung Disease	I6200	2
Cardio-Respiratory Failure and Shock	I8000	1
Cystic Fibrosis	I8000	1
Endocarditis	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1
Respiratory Arrest	I8000	1
Suctioning Post Admit	O0110D1B	1
Tracheostomy Post Admit	O0110E1B	1
Ventilator/Respirator Post Admit	O0110F1B	4
Gastrointestinal		
Cirrhosis of Liver	I8000	1
End Stage Liver Disease	I8000	1
Inflammatory Bowel Disease	I1300	1
Immune Disorders		
HIV/AIDS	SNF Claim ICD10 B20	8
Immune Disorders	I8000	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, Inflammatory Spondylopathies	I8000	1
Active Diagnosis: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Opportunistic Infections	I8000	2

Condition/Extensive Services	MDS Item	Points
Medications		
Intravenous Medication Post Admit	O0110H1B	5
Metabolic		
Diabetes Mellitus	I2900	2
Chronic Pancreatitis	I8000	1
Neurological		
Multiple Sclerosis	I5200	2
Narcolepsy and Cataplexy	I8000	1
Nutritional		
Feeding Tube (while a resident)	K0510B3	1
Malnutrition (Risk for)	I5600	1
Morbid Obesity	I8000	1
Parenteral IV feeding: Level High	K0520A3 K0710A2/B2	7
Parenteral IV feeding: Level Low	K0520A3 K0710A2 K0710B2	3
Ophthalmic		
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Diabetic Retinopathy - Except: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Seizure Disorders		
Epilepsy- Intractable	I8000	1
Surgical/Transplants		
Complications of Specified Implanted Device or Graft	I8000	1
Lung Transplant Status	I8000	9
Major Organ Transplant Status, Except Lung	I8000	2
Wounds, Skin		
Diabetic Foot Ulcer	M1040B	1
Foot Infection/Other open lesions on Foot	M1040A, M1040C	1
Severe Skin Burn or Condition	I8000	1
Stage 4 Unhealed Pressure Ulcer	M0300D1	1
Wound infection code	I2500	1
TOTAL POINTS:		

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DPM Classification Guide FY2025

NTA Component				
NTA Comorbidity Score	NTA Case Mix Group	Case	Unkwn	Point
12+	NA	3.05	\$294.77	\$281.61
9-11	NB	2.39	\$230.23	\$219.95
6-8	NC	1.74	\$167.61	\$160.13
3-5	ND	1.26	\$121.38	\$115.96
1-3	NE	0.91	\$87.66	\$83.75
0	NF	0.68	\$65.50	\$62.58

*Multiple by 3 for first 3 days



Section J – Health Conditions

J1100: Shortness of Breath (dyspnea)

J1100. Shortness of Breath (dyspnea)	
<input type="checkbox"/>	Check all that apply
<input type="checkbox"/>	A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)
<input type="checkbox"/>	B. Shortness of breath or trouble breathing when sitting at rest
<input type="checkbox"/>	C. Shortness of breath or trouble breathing when lying flat
<input type="checkbox"/>	Z. None of the above

- COPD must have shortness of breath when lying flat coded and supported in documentation. (SCH)
 - Can be coded for shortness of breath when lying flat or avoids lying flat d/t shortness of breath.
 - During the 7 day lookback
 - Progress notes, MAR/TAR, Resp. Flow sheet

Section J – Health Conditions

J1550: Problem Conditions

J1550. Problem Conditions	
<input type="checkbox"/>	Check all that apply
<input type="checkbox"/>	A. Fever
<input type="checkbox"/>	B. Vomiting
<input type="checkbox"/>	C. Dehydrated
<input type="checkbox"/>	D. Internal bleeding
<input type="checkbox"/>	Z. None of the above

- Fever with one of the following (SCH):
 - Pneumonia
 - Vomiting
 - Weight Loss
 - Feeding tube with requirements
- Fever is a temperature 2.4 degrees F higher than baseline. The resident's baseline temp. should be established prior to the ARD (must have a policy for establishing).
- A temperature of 100.4 degrees F on admission (i.e., prior to the establishment of the baseline temperature).

Nursing Component					Nursing Classification				
PDPM Nursing Group	Function Score	CMI	Urban	Rural	Nursing Category	Conditions/Services	Conditions/Services Present	Section GG-Based Function Score	PDPM RUG
ES3	0-14	3.84	\$490.29	\$468.44	Extensive Services	Tracheostomy Care and Ventilator/Respirator	Yes	0-14	ES3
ES2	0-14	2.90	\$370.27	\$353.77		Tracheostomy Care or Ventilator/Respirator	Yes	0-14	ES2
ES1	0-14	2.77	\$353.67	\$337.91	Special Care High	Infection Isolation	Yes	0-14	ES1
HDE2	0-5	2.27	\$289.83	\$276.92		Depressed	Yes	0-5	HDE2
HDE1	0-5	1.88	\$240.04	\$223.34		Depressed	No	0-5	HDE1
HBC2	6-14	2.12	\$270.68	\$258.62		Depressed	Yes	6-14	HBC2
HBC1	6-14	1.76	\$224.72	\$214.70	Special Care Low	Depressed	No	6-14	HBC1
LDE2	0-5	1.97	\$251.53	\$240.32		Depressed	Yes	0-5	LDE2
LDE1	0-5	1.64	\$209.40	\$200.06		Depressed	No	0-5	LDE1
LBC2	6-14	1.63	\$208.12	\$198.84		Depressed	Yes	6-14	LBC2
LBC1	6-14	1.35	\$172.37	\$164.69	Clinically Complex	Depressed	No	6-14	LBC1
CDE2	0-5	1.77	\$225.99	\$215.92		Depressed	Yes	0-5	CDE2
CDE1	0-5	1.53	\$195.35	\$186.64		Depressed	No	0-5	CDE1
CB2	6-14	1.47	\$187.69	\$179.33		Depressed	Yes	6-14	CB2
CA2	15-16	1.03	\$131.51	\$125.65	Behavioral Cognitive Symptoms	Depressed	Yes	15-16	CA2
CB1	6-14	1.27	\$162.15	\$154.93		Depressed	No	6-14	CB1
CA1	15-16	0.89	\$113.64	\$108.57		Depressed	No	15-16	CA1
BAB2	11-16	0.98	\$125.13	\$119.55		Restorative Nursing Services	2 or More	11-16	BAB2
BAB1	11-16	0.94	\$120.02	\$114.67	Reduced Physical Function	Restorative Nursing Services	0-1	11-16	BAB1
PDE2	0-5	1.48	\$188.97	\$180.57		Restorative Nursing Services	2 or More	0-5	PDE2
PDE1	0-5	1.39	\$177.48	\$169.57		Restorative Nursing Services	0-1	0-5	PDE1
PBC2	6-14	1.15	\$146.83	\$140.29		Restorative Nursing Services	2 or More	6-14	PBC2
PA2	15-16	0.67	\$85.55	\$81.73	Reduced Physical Function	Restorative Nursing Services	2 or More	15-16	PA2
PBC1	6-14	1.07	\$136.62	\$130.53		Restorative Nursing Services	0-1	6-14	PBC1
PA1	15-16	0.62	\$79.16	\$75.63		Restorative Nursing Services	0-1	15-16	PA1

Special Care High DEPRESSION CRITERIA is met if Total Criteria score >=10	Comatose, Septicemia, Diabetes w/ daily injections and 2 or order change, Quadriplegia GG Score <=11, COPD/SOB when lying flat, Fever with pneumonia, or vomiting, or weight loss, or feeding tube; Parenteral/IV feedings; Respiratory therapy for >7 days
Special Care Low DEPRESSION CRITERIA is met if Total Criteria score >=10	CP GG Score <=11, MG GG Score <=11, Parkinson's disease GG Score <=11, Resp failure and O2 therapy while a resident, Feeding tube (calories >=51% or calories >= 20-50% and fluid >= 501 cc), 2+ Stage 2 pressure ulcers with 2+ ulcer treatments*, Stage III/IV pressure ulcers with 2+ ulcer treatments**, 2+ venous/arterial ulcer (1) with 2+ ulcer treatments*, Stage 2 pressure ulcers (1) and venous/arterial ulcer (1) with 2+ ulcer treatments*, Foot infection/diabetic foot ulcer/open lesions of foot with treatment, Radiation therapy while a resident, Dizziness while a resident
Clinically Complex DEPRESSION CRITERIA is met if Total Criteria score >=10	Pneumonia, Hemiplegia with GG score <=11, Surgical wounds or open lesions with treatment**, Burns, Chemotherapy while a resident, Oxygen therapy while a resident, IV medications while a resident, Transfusions while a resident
Behavioral Cognitive Symptoms	Cognitive impairment, BIMS score <=9 or CFS >=3, Hallucinations, Delusions, Physical behavioral symptoms toward others, Verbal behavioral symptoms toward others, Other behavioral symptoms not directed towards others, rejection of care, Wandering, Restorative nursing services
Reduced Physical Function	Restorative nursing services: Urinary and/or bowel training program, PRCM/AROMA, amputation/prosthesis training, dressing or grooming training, eating or swallowing training, transfer training, splint or brace assistance, Bed mobility and/or walking training, Communication training

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 PDPM Classification Guide FY2025

Section K – Swallowing/Nutritional Status

Section K - Swallowing/Nutritional Status

K0100. Swallowing Disorder
 Signs and symptoms of possible swallowing disorder

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

- Only needs to occur once in the lookback to be coded.
- Can be observed with med pass, snacks etc.
- Must be captured/documented to code on the MDS.
- Cannot code if not observed at least once during the lookback.

Section K – Swallowing/Nutritional Status

- BIMS score 12 or lower captures Cognitive Impairment for the SLP category.
- 3 criteria (*with swallowing s/sx and mech. altered diet):
 - Acute Neurologic Condition
 - SLP related Comorbidity
 - Cognitive Impairment
- CMI ranging from 3.98 (\$108.85) for all three (with both *) to 0.64 (\$17.50) with none (and neither *).



Speech Therapy Component Calculation

Identify if Primary is Acute Neurologic, then add comorbidities and cognition; then diet and swallowing

Presence of Acute Neurologic Condition (as coded on ICD10), SLP Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet /Swallowing Disorder	SLP Component			
		SLP Case Mix Group	CMI	Urban	Rural
None	Neither	SA	0.64	\$17.50	\$22.05
	Either	SB	1.72	\$47.04	\$59.27
Any one	Both	SC	2.52	\$68.92	\$86.84
	Neither	SD	1.38	\$37.74	\$47.55
Any two	Either	SE	2.21	\$60.44	\$76.16
	Both	SF	2.82	\$77.13	\$97.18
All three	Neither	SG	1.93	\$52.79	\$66.51
	Either	SH	2.70	\$73.85	\$93.04
All three	Both	SI	3.34	\$91.35	\$115.10
	Neither	SJ	2.83	\$77.40	\$97.52
All three	Either	SK	3.50	\$95.73	\$120.61
	Both	SL	3.98	\$108.85	\$137.15

Qualifying Acute Neurologic Conditions can be found at: [SNF PDPM ICD-10 Mapping](#)

Cognitive Impairment*		
PDPM	BIMS	Staff
1 - Cognitively Intact	13-15	0
2 - Mildly Impaired	8-12	1-2
3 - Moderately Impaired	0-7	3-4
4 - Severely Impaired		5-6

*Note: Residents are classified as cognitively impaired when they are assessed to be mildly, moderately, or severely impaired

Comorbidities Included in SLP Component			
Condition	ICD10	Condition	MDS Item
ALS	G12.21	Aphasia	I4300
Apraxia	I69.090	CVA, TIA, Stroke	I4500
	I69.190		
	I69.290		
	I69.390		
	I69.890		
Dysphagia	I69.091	Hemiplegia Hemiparesis	I4900
	I69.191		
	I69.391		
	I69.891		
Laryngeal Cancer	C32.-	Traumatic Brain Injury	I5500
	C00.- C05.- C01		
Oral Cancers	C00.- C05.- C01	Tracheostomy Care While a Resident	O0110E2
	C06.-		
	C02.-		
	C08.-		
	C03.-		
	C14.- C04.- C09.-		
Speech and Language Deficits	I69.92-	Ventilator/Respirator While a Resident	O0110F2

[Calculation Worksheet \(pg 14-18\)](#) [PAL User's Manual](#)

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Section K – Swallowing/Nutritional Status

K0520. Nutritional Approaches

Check all of the following nutritional approaches that apply

- On Admission**
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
- While Not a Resident**
Performed while **NOT** a resident of this facility and within the **last 7 days**
Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.
- While a Resident**
Performed while a resident of this facility and within the **last 7 days**
- At Discharge**
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
	↓ Check all that apply ↓			
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Parenteral/IV feeding while a resident or while not a resident the 7 day lookback is counted (watch the ARD for this).
- Dietary usually codes this section – make sure they get hospital documentation for.
- Make sure % by artificial route and average fluid intake sections also completed.
- Financial impact: HBC1 (\$224.72) → PBC1 (\$136.62) = \$88.10

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Nursing Component		Nursing Classification							
PDPM Nursing Group	Function Score	CMI	Urban	Rural	Nursing Category	Conditions/Services	Conditions/Services Present	Section GG-Based Function Score	PDPM RUG
ES3	0-14	3.84	\$490.29	\$468.44	Extensive Services	Tracheostomy Care and Ventilator/Respirator	Yes	0-14	ES3
ES2	0-14	2.90	\$370.27	\$353.77		Tracheostomy Care or Ventilator/Respirator	Yes	0-14	ES2
ES1	0-14	2.77	\$353.67	\$337.91	Special Care High	Infection Isolation	Yes	0-14	ES1
HDE2	0-5	2.27	\$289.83	\$276.92		Depressed	No	0-5	HDE2
HDE1	0-5	1.88	\$240.04	\$229.34	Special Care Low	Depressed	Yes	6-14	HDE1
HBC2	6-14	2.12	\$270.68	\$258.62		Depressed	No	6-14	HBC2
HBC1	6-14	1.76	\$224.72	\$214.70	Clinically Complex	Depressed	Yes	6-14	HBC1
LDE2	0-5	1.97	\$251.53	\$240.32		Depressed	Yes	0-5	LDE2
LDE1	0-5	1.64	\$209.40	\$200.06	Behavioral Cognitive Symptoms	Depressed	No	0-5	LDE1
LBQ2	6-14	1.63	\$208.12	\$199.84		Depressed	Yes	6-14	LBQ2
LBQ1	6-14	1.35	\$172.37	\$164.60	Reduced Physical Function	Depressed	No	6-14	LBQ1
CDE2	0-5	1.77	\$225.99	\$215.92		Depressed	Yes	0-5	CDE2
CDE1	0-5	1.53	\$195.35	\$186.64	Behavioral Cognitive Symptoms	Depressed	No	0-5	CDE1
CBQ2	6-14	1.47	\$187.69	\$179.33		Depressed	Yes	6-14	CBQ2
CA2	15-16	1.03	\$131.51	\$125.65	Reduced Physical Function	Depressed	Yes	15-16	CA2
CBQ1	6-14	1.27	\$162.15	\$154.93		Depressed	No	6-14	CBQ1
CA1	15-16	0.89	\$113.64	\$108.57	Reduced Physical Function	Depressed	No	15-16	CA1
BAR2	11-16	0.98	\$125.13	\$119.55		Restorative Nursing Services	2 or More	11-16	BAR2
BAB1	11-16	0.94	\$120.02	\$114.67	Reduced Physical Function	Restorative Nursing Services	0-1	11-16	BAB1
PDE2	0-5	1.48	\$188.97	\$180.57		Restorative Nursing Services	2 or More	0-5	PDE2
PDE1	0-5	1.39	\$177.48	\$169.57	Reduced Physical Function	Restorative Nursing Services	0-1	0-5	PDE1
PBC2	6-14	1.15	\$146.83	\$140.29		Restorative Nursing Services	2 or More	6-14	PBC2
PA2	15-16	0.67	\$85.55	\$81.73	Reduced Physical Function	Restorative Nursing Services	2 or More	15-16	PA2
PBC1	6-14	1.07	\$136.62	\$130.53		Restorative Nursing Services	0-1	6-14	PBC1
PA1	15-16	0.62	\$79.16	\$75.63	Restorative Nursing Services	0-1	15-16	PA1	

Special Care High DEPRESSION CRITERIA is met if Total Criteria score >=10	Comatose, Septicemia, Diabetes w/ daily injections and 2 order change, Quadriplegia GG Score <=11, COPD/SOB when lying flat, Fever with pneumonia, or vomiting, or weight loss, or feeding tube; Parenteral/IV feedings, Respiratory therapy for 7 days
Special Care Low DEPRESSION CRITERIA is met if Total Criteria score >=10	CP GG Score <=11, MG GG Score <=11, Parkinson's disease, GG Score <=11, Resp failure and O2 therapy while a resident, Feeding tube (calories >=15% or calories >= 20-50% and fluid >= 500 cc), 2+ Stage 2 pressure ulcers with 2+ ulcer treatments*, Stage 1/IV pressure ulcers with 2+ ulcer treatments**, 2+ venous/arterial ulcers with 2+ ulcer treatment, Stage 2 pressure ulcers (1) and venous/arterial ulcer (1) with 2+ ulcer treatments*, Foot infection/diabetic foot ulcer/open lesions of foot with treatment, Radiation therapy while a resident, Dialysis while a resident
Clinically Complex DEPRESSION CRITERIA is met if Total Criteria score >=10	Pneumonia, Hemiplegia with GG score <=11, Surgical wounds or open lesions with treatment**, Burns, Chemotherapy while a resident, Oxygen therapy while a resident, IV medications while a resident, Transfusions while a resident
Behavioral Cognitive Symptoms	Cognitive impairment: BIMS score <=9 or CFS >=3, Hallucinations, Delusions, Physical/behavioral symptoms toward others, Verbal behavioral symptoms toward others, Other behavioral symptoms not directed towards others, Rejection of care, Wandering, Restorative nursing services
Reduced Physical Function	Restorative nursing services: Urinary and/or bowel training program, PROM/AROMA, Amputation/prosthesis training, Dressing or grooming training, Eating or swallowing training, Transfer training, Splint or brace assistance, Bed mobility and/or walking training, Communication training

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PDPM Classification Guide FY2025

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Section K – Swallowing/Nutritional Status

- Parenteral/IV feeding must have documentation to support for nutrition or hydration purposes.
 - IV fluids or hyperalimentation (including TPN) continuously or intermittently
 - IV fluids at KVO
 - IV fluids contained in IV piggybacks, hypodermoclysis, and subcutaneous ports in hydration therapy
 - IV fluids if needed to prevent dehydration with supporting documentation

Section K – Swallowing/Nutritional Status

- NTA component active if parenteral/IV feeding or feeding tube is coded in “while a resident” column.
- Points assigned based on high intensity or low intensity.
 - High Intensity: Proportion of total calories through parenteral or tube feeding was $\geq 51\%$ while a resident (K0710A2 = 3, NTA points = 7)
 - Low Intensity: Proportion of total calories through parenteral or tube feeding was 26 – 50% and average fluid intake per day by IV or tube feeding was ≥ 501 cc per day while a resident. (K0710A2 = 2 and K0710B2 = 2, NTA points = 3)
- Documentation must support % calories and average fluid volume received.

Section M – Skin Conditions

M0210. Unhealed Pressure Ulcers/Injuries

- Enter Code Does this resident have one or more unhealed pressure ulcers/injuries?
0. No → Skip to M1030, Number of Venous and Arterial Ulcers
 1. Yes → Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching, in dark skin tones only it may appear with persistent blue or purple hues

Enter Number

1. Number of Stage 1 pressure injuries

Enter Number

B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister

Enter Number

1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3
2. Number of Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

Enter Number

C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling

Enter Number

1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4
2. Number of Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

Enter Number

D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling

Enter Number

1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device
2. Number of Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

Enter Number

- Need accurate staging/documentation during the lookback.
- Impacts SCL and CC categories.

Section M – Skin Conditions

*Selected skin treatments:

- M1200 A or B – Pressure relieving device to chair and/or bed
- M1200C – Turning/repositioning program
- M1200D – Nutrition or hydration intervention
- M1200E – Pressure ulcer care
- M1200G – Application of dressing (other than to feet)
- M1200H – Application of ointments/medications (other than to feet)

*Selected skin treatments:

- M1200F – Surgical wound care
- M1200G – Application of dressing (other than to feet)
- M1200H – Application of ointments/medications (other than to feet)

- Must have documentation to support the skin/wound treatments from the specific list based on the type of wound.

SCL – List 2

- Two or more stage 2 pressure ulcers with two or more selected skin treatments²
- Any stage 3 or 4 pressure ulcer with two or more selected skin treatments²
- One stage 2 pressure ulcer and one venous/arterial ulcer with two or more selected skin treatments²

CC – List 3

- Open lesions (other than ulcers, rashes, and cuts) with any selected skin treatment² or surgical wounds

Section O – Special Treatments, Procedures, Programs

Section O - Special Treatments, Procedures, and Programs

O010. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed

	a. On Admission	b. While a Resident	c. At Discharge
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B			
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C			
	Check all that apply		
Cancer Treatments			
A1. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments			
C1. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3. As needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			
H1. IV Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Only “while a resident” is counted (lookback 14 days).
- Chemotherapy/Cancer treatments (CC): can be in facility or outpatient, does not include Megace for appetite.
- Oxygen: with Respiratory Failure Dx (SCL) or by itself (CC).
- Tracheostomy: cleansing of the stoma and/or canula (**ES).
- IV meds: any drug or biological given by intravenous push, epidural pump, or drip through a central or peripheral port in this item. Epidural, intrathecal, and baclofen pumps may be coded here. Do not include IV medications of any kind that were administered during dialysis or chemotherapy (CC)



Nursing Component		Nursing Classification				Section GG- Based Function Score	PDM RUG		
PDPM Nursing Group	Function Score	CMI	Urban	Rural	Nursing Category			Conditions/Services	Conditions/Services Present
ES3	0-14	3.84	\$490.29	\$468.44	Extensive Services	Tracheostomy Care and Ventilator/Respirator	Yes	0-14	ES3
ES2	0-14	2.90	\$370.27	\$353.77		Tracheostomy Care or Ventilator/Respirator	Yes	0-14	ES2
ES1	0-14	2.77	\$353.67	\$337.91	Special Care High	Infection Isolation	Yes	0-14	ES1
HDE2	0-5	2.27	\$289.83	\$276.92		Depressed	No	0-5	HDE2
HDE1	0-5	1.88	\$240.04	\$229.34	Special Care Low	Depressed	Yes	6-14	HDE1
HBC2	6-14	2.12	\$270.68	\$258.62		Depressed	No	6-14	HBC2
HBC1	6-14	1.76	\$224.72	\$214.70	Clinically Complex	Depressed	Yes	6-14	HBC1
LDE2	0-5	1.97	\$251.53	\$240.32		Depressed	Yes	0-5	LDE2
LDE1	0-5	1.64	\$209.40	\$200.06	Behavioral Cognitive Symptoms	Depressed	No	0-5	LDE1
LBC2	6-14	1.63	\$208.12	\$199.84		Depressed	Yes	6-14	LBC2
LBC1	6-14	1.35	\$172.37	\$164.60	Reduced Physical Function	Depressed	No	6-14	LBC1
CDE2	0-5	1.77	\$225.99	\$215.92		Depressed	Yes	0-5	CDE2
CDE1	0-5	1.53	\$195.35	\$186.64	Behavioral Cognitive Symptoms	Depressed	No	0-5	CDE1
CB2	6-14	1.47	\$187.69	\$179.33		Depressed	Yes	6-14	CB2
CA2	15-16	1.03	\$131.51	\$125.65	Reduced Physical Function	Depressed	Yes	15-16	CA2
CB1	6-14	1.27	\$162.15	\$154.93		Depressed	No	6-14	CB1
CA1	15-16	0.89	\$113.64	\$108.57	Behavioral Cognitive Symptoms	Depressed	No	15-16	CA1
BAR2	11-16	0.98	\$129.13	\$119.55		Restorative Nursing Services	2 or More	11-16	BAR2
BAB1	11-16	0.94	\$120.02	\$114.67	Reduced Physical Function	Restorative Nursing Services	0-1	11-16	BAB1
PDE2	0-5	1.48	\$188.97	\$180.57		Restorative Nursing Services	2 or More	0-5	PDE2
PDE1	0-5	1.39	\$177.48	\$169.57	Reduced Physical Function	Restorative Nursing Services	0-1	0-5	PDE1
PBC2	6-14	1.15	\$146.83	\$140.29		Restorative Nursing Services	2 or More	6-14	PBC2
PA2	15-16	0.67	\$85.55	\$81.73	Reduced Physical Function	Restorative Nursing Services	2 or More	15-16	PA2
PBC1	6-14	1.07	\$136.62	\$130.53		Restorative Nursing Services	0-1	6-14	PBC1
PA1	15-16	0.62	\$79.16	\$75.63	Restorative Nursing Services	0-1	15-16	PA1	

See Proactive Handouts
PDPM Classification Guide FY2025

Special Care High DEPRESSION CRITERIA B met if Total Criteria score >=10	Comatose, Septicemia, Diabetes w/ daily injections and 2 order change, Quadriplegia GG Score <=11, COPD/SOB when lying flat, Fever with pneumonia, or vomiting, or weight loss, or feeding tube; Parenteral/IV feedings, Respiratory therapy for 7 days
Special Care Low DEPRESSION CRITERIA B met if Total Criteria score >=10	CP GG Score <=11, MG GG Score <=11, Parkinson's disease, GG Score <=11, Resp failure and O2 therapy while a resident, Feeding tube (calories >=15% or calories > 20-50% and fluid > 200 cc), >= Stage 2 pressure ulcers with >= ulcer treatment*, Stage III/IV pressure ulcers with >= ulcer treatment**, >= venous/arterial ulcers with >= ulcer treatment, Stage 2 pressure ulcers (1) and venous/arterial ulcer (1) with >= ulcer treatments*, Foot infection/diabetic foot ulcer/open lesions of foot with treatment, Radiation therapy while a resident, Dialysis while a resident
Clinically Complex DEPRESSION CRITERIA B met if Total Criteria score >=10	Pneumonia, Hemiplegia with GG score <=11, Surgical wounds or open lesions with treatment**, Burns, Chemotherapy while a resident, Oxygen therapy while a resident, IV medications while a resident, Transfusions while a resident
Behavioral Cognitive Symptoms	Cognitive impairment, BIMS score <=9 or CFS >=3, Hallucinations, Delusions, Physical behavioral symptoms toward others, Verbal behavioral symptoms toward others, Other behavioral symptoms not directed towards others, Rejection of care, Wandering, Restorative nursing services
Reduced Physical Function	Restorative nursing services: Urinary and/or bowel training program, PROM/ARCA, Amputation/prosthesis training, Dressing or grooming training, Eating or swallowing training, Transfer training, Splint or brace assistance, Bed mobility and/or walking training, Communication training



Tips and Strategies

- Face-to-face interactions are vital to MDS accuracy. Section GG is very complex. So, if you are using POC documentation entered by CNAs or nurses to help code section GG, you need to supplement that documentation by interviewing them to look for missed information on the resident's usual performance. Then review with the IDT to "collaborate" on the final coding.
- MDS and the IDT should make observations on the floor as much as possible and scan the entire record to look for any missed information.
- Pre-admission/Admission meetings by the IDT should discuss observation and chart review findings – different disciplines might observe something others do not.

Tips and Strategies

- MDS and the IDT need to look at all MDSs and the supporting documentation in the medical record just like an auditor. "Would this MDS pass an audit?" "Does the documentation support the coding?" You and your team should be concerned about MDS accuracy for reimbursement, but also for reporting compliance and accuracy in the SNF VBP and the SNF QRP."
- Consider an outside person for auditing. Trade audits with other team members, bring in a sister facility or corporate/contracted consultant for routine audits.

Tips and Strategies

- “Scrubber”/decision support software may provide MDS with a crucial starting point for additional review. They can help identify and target potential errors and opportunities that need additional investigation and assessment so that you can increase assessment accuracy.
- No software can catch everything, and is not a substitute for the MDS Coordinator’s clinical judgement or expertise.

Tips and Strategies

- Each IDT member has their area of expertise: Admissions/medical records staff person does the ICD-10-CM coding and understands the ICD-10-CM coding guidelines that need to be followed. Direct care staff are making the observations of s/sx related to those diagnoses that support existing diagnoses or that may indicate additional diagnoses may need to be queried from the MD/APRN. MDS pulls all of this information together for coding and leads the IDT meetings for collaboration.
- The Triple check process is essential but will only be of benefit if done comprehensively and before it is too late to make any needed corrections.

Resources

- Gallagher, Chris, 2022, July 27. PDPM: Why the Rise in Inaccurate Payments? RAC Monitor. <https://racmonitor.medlearn.com/pdpm-why-the-rise-in-inaccurate-payments/>
- CMS RAI Manual. <https://www.cms.gov/files/document/finalmids-30-rai-manual-v1191october2024.pdf>
- Benbow, Rosanna, 2024, April 24. Top MDS Coding Misses and What It's Costing Your Facility. info@proactivemedicalreview.com

Questions?

Thank you!

Janine Lehman, RN, RAC-CT, CLNC
Director of Legal Nurse Consulting