

PDPM Tips and Tools

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About the Presenter

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Objectives

- Review the importance of accurate MDS coding and documentation under PDPM
- Highlight some common MDS errors that are identified under audit and provide tips on what to look for
- Discuss the expansion of PDPM from Medicare Part A to many LTC Medicaid Assessments this year
- Review important reference tools to verify coding accuracy
- Relate how the use of a PDPM Rate Chart as a tool helps to identify coding opportunities and risks



Why the Need to Review PDPM Now?

PDPM started in October 2019 as the reimbursement model for Medicare Part A

There have been minimal changes to the model in the past six years; however, there are still many errors found on audit



The Drips Fill the Bucket in PDPM!

- There are about 157 entries in the MDS that directly effect the reimbursement for PDPM
- To have accurate coding, there must be:
 - Timely physician involvement
 - Documentation of intervention within the lookback period
 - Support of the RAI Manual
 - Support of the MBPM Chapter 8 for technical requirements
 - Understanding of coding requirements and opportunities



Common Errors for Technical Requirements

- Qualifying Hospital Stay is not met
 - Especially for patients with a psychiatric hospital admission
- Admission orders are not completed by the physician
 - Especially for re-admissions
- Certification and Re-certification elements missing or are not patient specific
- Skilled services are not monitored and may no longer be skilled

Common MDS Errors Section C and D

BIMS Section C is signed late after the ARD

- There is no copy of the interview in the record
- The BIMS score does not support the narrative
- The SLP evaluation is different from the BIMS Interview

The Mood Interview Section D is signed late after the ARD

- There is no copy of the interview in the record
- The Depression score does not support the narrative
- There are no interventions to support coding scores 10-12



Common MDS Errors Section GG



The use of an interdisciplinary tool is not being used



Scoring of “88”, “7” or “9” are used as “usual” even if there is documentation of the actual functional ability



The assessment period is not correct, especially for Interim Payment Assessments (IPA) or OBRA



The scoring of the interdisciplinary form does not clearly identify the assessment period

Common MDS Errors Section I

- Primary diagnosis I0020B
 - Must be the primary reason for the resident's skilled stay
 - The primary diagnosis for the SNF stay may differ from the primary diagnosis reported for the hospital stay that serves as the qualifying hospital stay necessary for SNF coverage
 - There may be instances where more than one diagnosis meets the criteria for the primary diagnosis
 - Ensure the primary diagnosis is representative of the primary reason why the resident requires skilled care in the SNF



Common MDS Errors Section I

I2100 Septicemia

I4500 CVA, TIA or
Stroke

I4900 Hemiplegia
or Hemiparesis

I5400 Seizure
Disorder or
Epilepsy

I5600 Malnutrition
or At Risk for
Malnutrition

I6200 Asthma,
COPD, or Chronic
Lung Disease

Morbid Obesity in
I8000

More Common MDS Errors Section I

- Section I8000 Coding and impact on NTA
 - NTA classification is determined by the presence of certain conditions or the use of certain extensive services that were found to be correlated with increases in NTA costs for SNF patients
 - Each code must be documented according to the coding instructions in the RAI User's Manual
 - An unspecified code may not represent a diagnosis that is accurate for the resident
 - Use the NTA Mapping tool to identify potential diagnoses then collaborate with the physician to select the appropriate and specific active diagnosis



More Common MDS Errors Sections J and K

SOB while lying flat J1100C

- Must be present during the lookback period
- An order to “elevate the HOB to prevent” will not count

Swallowing Section K100A-D

- Use SLP evaluation and notes
- Oral residue is not necessarily residual food in mouth
- Look for more than one instance

Mechanical Diet K0520C

- Verify the order is still active and present (re-admissions)

Parenteral Fluids K0520A

- Check hospital information supports coding and is in medical record
- Ensure ARD is set to allow capture



More Common MDS Errors Sections M and O

M1200A-I Skin and Ulcer Treatments

- Often documentation of two or more can support coding to change the nursing category

Section O Special Treatments

- Respiratory for 7 days
- Oxygen therapy documented within the lookback
- IV Medications
- Isolation-requires all 4 criteria to be met
- Restorative programs- 2 programs, 15 min each, 6 days



Common MDS Errors Section Z

- Signature is auto-populated



Tools to Verify PDPM Coding

CMS Websites

- PDPM Training Presentation
- Mapping Tools
- PDPM FAQ's

RAI Manual

Medicare Benefit Policy Manual

LWCI Rate Chart



PDPM CMS Website: PDPM Presentation Highlights

- Slide 25: SLP Comorbidities
- Slide 27: PDPM Cognitive Measure Classification Methodology
- Slides 35-39: NTA Component Listings
- Slide 73: Administrative Presumption Classifiers
- Slide 89: Nursing Payment Group to HIPPS Translation

Mapping Tools

- Mapping tool 2025

Name	Type	Compressed size
 PDPM-ICD10-Mappings-FY2025	Microsoft Excel Worksheet	2,354 KB
 PDPM-ICD10-Mappings-FY2025-Cl...	Microsoft Excel Comma S...	826 KB
 PDPM-ICD10-Mappings-FY2025-N...	Microsoft Excel Comma S...	30 KB

Table of Contents

ICD-10-CM to Clinical Category Mapping

[Clinical Category](#)

Mapping of the ICD-10-CM Codes Recorded in Item I0020B of the MDS Assessment to PDPM Clinical Categories

SLP Comorbidity to ICD-10-CM Mapping

[SLP_Comorbidity](#)

Mapping of Comorbidities Included in the PDPM SLP Component to ICD-10-CM Codes

NTA Comorbidity to ICD-10-CM Mapping

[NTA_Comorbidity](#)

Mapping of Comorbidities Included in the PDPM NTA Component to ICD-10-CM Codes



PDPM FAQ's

- Commonly Used Reference Example:

5.4 How is the patient classified under PDPM if neither the BIMS nor the CPS staff assessment is completed to determine cognitive level?

If neither the BIMS nor the staff assessment is completed, then a patient will be classified under PDPM as if the patient were “cognitively intact.” In other words, even if the patient has a cognitive impairment, without the BIMS or staff assessment completed, the cognitive impairment will not be considered as part of the patient’s PDPM classification. An IPA may be done to reclassify the patient in such scenarios to capture the cognitive impairment.



RAI Manual

- Check for examples
- Use Chapter 6 for Nursing Category Examples
- Use Chapter 2 for Assessment questions

**Best Rule of Thumb:
Go to the RAI Manual FIRST,
before you ask someone or guess!**

MBPM = Medicare Benefit Policy Manual



Chapter 8 for SNF
information



Chapter 15 for Therapy
Documentation



Use Control Find function
to search and closely read
the language

LWCI PDPM RATE CHART

- Internal tool developed to assist auditors

PT/OT Component		Function Score (Section GG)	PT/OT Case-Mix Group	PT CMI	PT Rural Rate	PT Urban Rate	OT CMI	OT Rural Rate
Clinical Category (16 Groups)								
Major Joint Replacement or Spinal Surgery	0-5	TA						
	6-9	TB						
	10-23	TC						
	24	TD						
Other Orthopedic	0-5	TE						
	6-9	TF						
	10-23	TG						
	24	TH						

Why Do you Need a PDPM Rate Chart?



A picture paints a thousand words



Helps a novice to learn how the components impact the payment



Allows one to easily see the impact of missed coding



Allows the team to learn what critical documentation must be in the medical record



Reinforces the need to document specifics

PT and OT Category

Clinical Category (16 Groups)	Function Score (Section GG)	PT/OT Case-Mix Group	PT CMI	PT Rural Rate	PT Urban Rate	OT CMI	OT Rural Rate	OT Urban Rate
Major Joint Replacement or Spinal Surgery	0-5	TA						
	6-9	TB						
	10-23	TC						
	24	TD						
Other Orthopedic	0-5	TE						
	6-9	TF						
	10-23	TG						
	24	TH						
Medical Management	0-5	TI						
	6-9	TJ						
	10-23	TK						
	24	TL						
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM						
	6-9	TN						
	10-23	TO						
	24	TP						

SLP Category

Presence of acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment (12 Groups)	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group	SLP CMI	SLP Rural Rate	SLP Urban Rate
None	Neither	SA			
None	Either	SB			
None	Both	SC			
Any One	Neither	SD			
Any One	Either	SE			
Any One	Both	SF			
Any Two	Neither	SG			
Any Two	Either	SH			
Any Two	Both	SI			
Any Three	Neither	SJ			

Nursing Category (1/2)

Nursing Component									
Extensive	Nursing Categories	Clinical Conditions	Depression	Number of RNP Services	Function Score Section GG	Nursing Case-Mix Group	Nursing CMI	Rural Rate	Urban Rate
ES3	ES3	Trach & Vent							
ES2	ES2	Trach or Vent							
ES1	ES1	Infection							
Special Care High	HE2/HD2	Serious medical conditions (comatose, septicemia, resp. therapy)							
	HE1/HD1	Serious medical conditions (comatose, septicemia, resp. therapy)							
	HC2/HB2	Serious medical conditions (comatose, septicemia, resp. therapy)							
	HC1/HB1	Serious medical conditions (comatose, septicemia, resp. therapy)							

Nursing Category (2/2)

Extensive	Nursing Categories	Clinical Conditions	Depression	Number of RNP Services	Function Score Section GG	Nursing Case-Mix Group	Nursing CMI	Rural Rate	Urban Rate
Clinically Complex	CE2/CD2	Conditions requiring complex medical care (pneumonia, surgical wounds, burns)							
	CE1/CD1	Conditions requiring complex medical care (pneumonia, surgical wounds, burns)							
	CC2/CB2	Conditions requiring complex medical care (pneumonia, surgical wounds, burns)							
	CA2	Conditions requiring complex medical care (pneumonia, surgical wounds, burns)							
	CC1/CB1	Conditions requiring complex medical care (pneumonia, surgical wounds, burns)							
	CA1	Conditions requiring complex medical care (pneumonia, surgical wounds, burns)							
Behavior/Cognitive	BB2/BA2	Behavioral or cognitive symptoms							
	BB1/BA1	Behavioral or cognitive symptoms							

NTA Category

NTA Component					
NTA NON- Therapy Ancillary (6 Groups)	NTA Score Range	NTA. Case- Mix	NTA CMI	NTA Rural Rate	NTA Urban Rate
	12+	NA			
	9-11	NB			
	6-8	NC			
	3-5	ND			
	1-2	NE			

Questions?

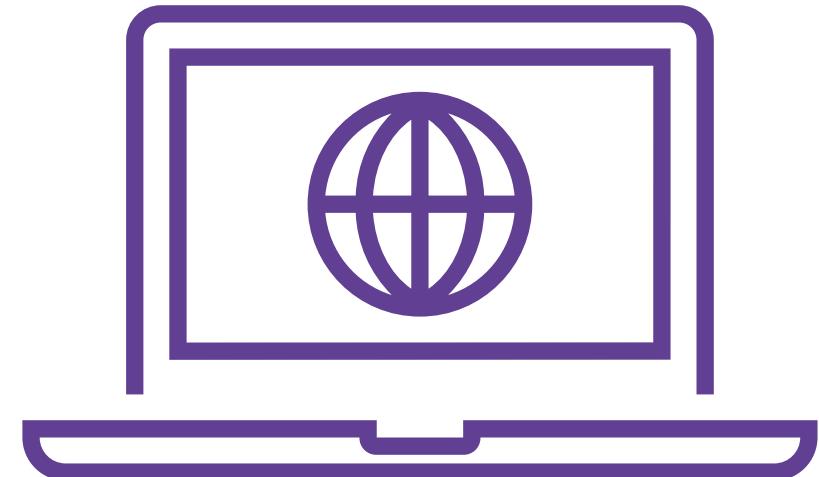
Email Khashagen@lw-consult.com

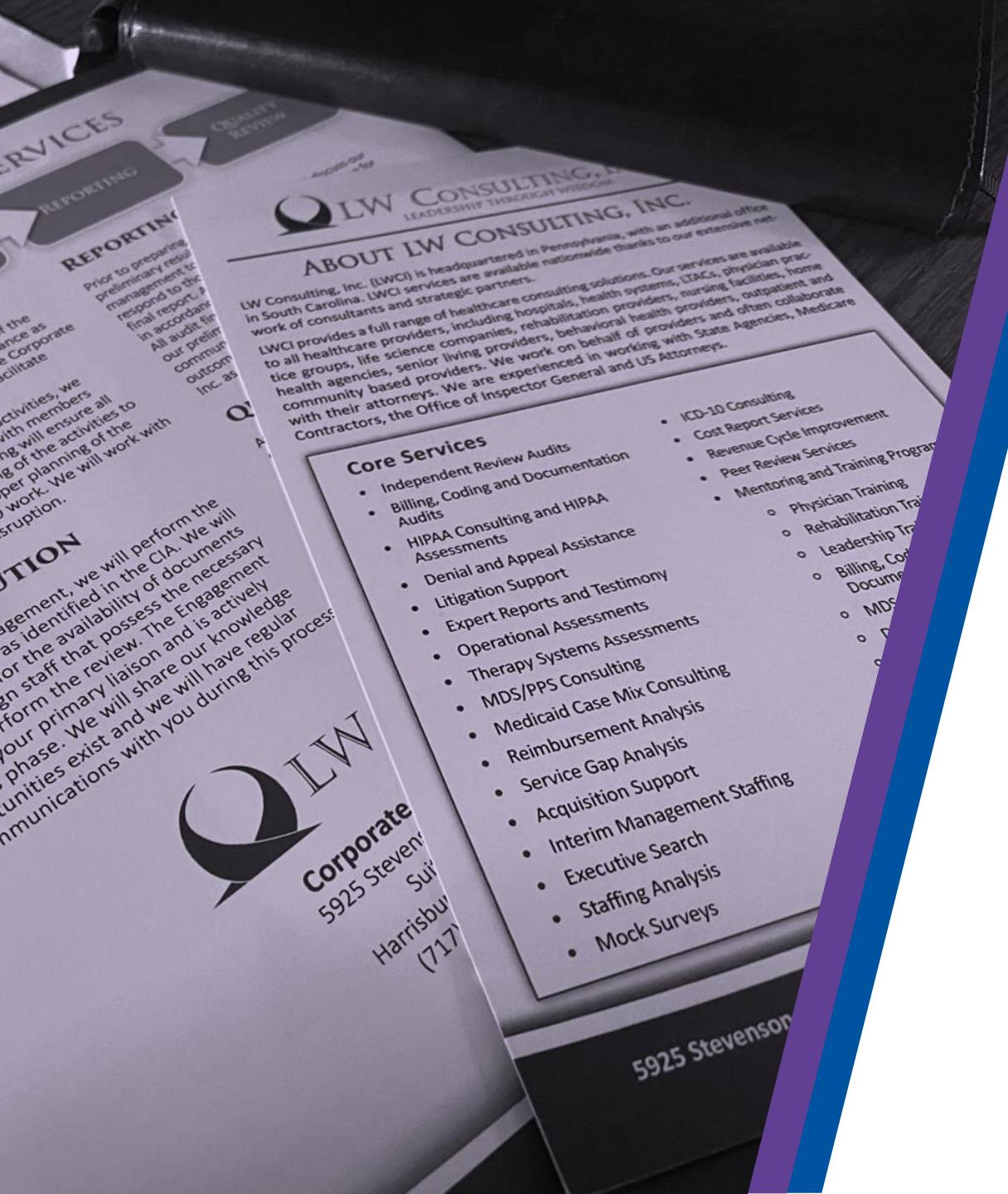


LWCI PDPM Rate Chart Order Information

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<https://store.lw-consult.com>





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