

## MDS FAQs

### MDS coding isn't new, are the changes really that significant?

MDS will be much more important in driving reimbursement than under the current RUGS reimbursement system. Today (under RUGS) there are approximately 33 items on the MDS that potentially have some impact on your eventual payment. Under PDPM, there will be well over 100 MDS items that will be used to drive the final payment.

### Has PDPM affected how many assessments are necessary on the MDS?

Yes, it has. While we will need to have an enhanced focus on accuracy, we potentially could be doing **fewer** MDSs because CMS has reduced the process to include only **two** required assessments and one **optional** assessment.

### What is an optional assessment and why is it important?

The Interim Payment Assessment (or IPA) is considered an optional assessment. PDPM uses the five-day MDS assessment to classify residents into their payment groups for the entire stay unless there is a change in patient status. To allow changes to be captured, an IPA can be implemented.

### What is an ARD and what does it entail?

This definition will not change under PDPM. The Assessment Reference Date (or ARD) will still be designated as the date the provider completes the assessment.

### What sections are involved in assessing resident conditions and characteristics?

Keep in mind the following sections are loaded with areas that will require increased attention in order to accurately capture the resident's unique conditions and characteristics in the most accurate way so that the payment for services that are utilized is more likely to reflect what was delivered. The sections are as follows:

- Section B – Hearing, Speech and Vision
- Section C – Cognitive Patterns
- Section H – Bladder and Bowel
- Section I – Active Diagnoses
- Section GG – Functional Ability
- Section J – Health Conditions
- Section K – Swallowing / Nutritional Status
- Section M – Skin Conditions
- Section O – Special Treatments

**Questions about this information? Contact [PDPM@AegisTherapies.com](mailto:PDPM@AegisTherapies.com) or visit our Resource Center for more information at [AegisTherapies.com/Resources](https://www.aegistherapies.com/resources).**

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### How does PDPM use these sections of the MDS to calculate payment?

The various sections of the MDS are used to determine the case-mix index (or CMI) that is utilized as a multiplier of the base rates for all five of the key components of payment which are: PT, OT, SLP, Nursing and Non-Therapy Ancillary.

### What is Item I0020B?

This entry, also referred to as "I-20B," is a new item that will notify CMS as to the primary reason for the SNF stay. That is one of the key variables for the PT, OT, SLP and Nursing components when determining the daily per-diem payment.

### Can any other sections of the MDS help to indicate the primary reason for a SNF stay?

Yes. If appropriate, there will be the ability to further describe the primary reason for the SNF stay by entering recent surgical procedures in new items J2100 to J5000.

### Has the way that we track conditions and services also changed?

Definitely. Some items on the NTA for example are "conditions" such as HIV/AIDS and Major Organ Transplant, while other items are "services" such as IV Medications and Parenteral Feeding. These 50 conditions and services are drawn from **multiple** areas of the MDS. And you should note that some of those conditions and services have increased weight attached to them that further will increase the CMI.

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