



PDPM and the MDS – At a Glance

Under PDPM, SNF providers will continue to complete the Minimum Data Set (MDS) Resident Assessment Instrument to classify patients into payment categories. PDPM, with its focus on the patient, includes a number of different changes to the MDS assessment and processes as compared to the current RUG-IV model. PDPM also incorporates information from many more items from the MDS to classify patients and thus, to determine reimbursement.

These changes to the MDS were needed to capture more patient information. Some of the patient characteristics that will be captured on the new MDS include:

- **Section I:** SNF Primary Diagnosis – Providers will be required to enter an ICD-10 code to a new item on the MDS, item I0020B.
- **Section J:** Patient Surgical History – New items J2100 – J5000 will capture any major surgical procedures that occurred during the inpatient hospital stay that immediately preceded the SNF admission.
- **Section O:** Discharge Therapy Items – Using a lookback period of the entire PPS stay, providers will report the total amount of therapy minutes delivered, broken down by therapy mode and discipline.
- **Section GG:** Interim Performance – Section GG of the MDS will be used as the basis for patient functional assessments.

It's not only these new MDS items that are changing. Under PDPM, there will be well over 100 items on the MDS that will potentially have some impact on your payment.

Some of the other patient characteristics that may have a potential impact on payment include:

- Certain clinical conditions
- Functional performance as captured from Section GG
- Cognitive function as captured with the new PDPM Cognitive Score Classification Methodology
- Presence of depression
- Presence of an SLP related comorbidity
- Presence of a swallowing disorder or a mechanically-altered diet
- Special conditions and services that make up the Non-Therapy Ancillary (NTA) component

MDS accuracy in capturing each individual patient's unique needs and characteristics will be necessary to ensure appropriate reimbursement. And it will be important to track your patient's needs and characteristics not only at the initiation of care, but throughout the episode of care.

PDPM uses the 5-Day MDS assessment to classify patients into their payment groups for the entire stay unless there is a change in patient status. To allow patient changes to be captured, a new IPA assessment will be implemented. This optional assessment may be used when the patient's clinical condition has changed in some way. So, it will be important to have systems that track each patient's needs and characteristics throughout their SNF Part A stay to determine if an IPA may be warranted.

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