

Patient Driven Payment Model (PDPM) Grouper Tool Help Document

Disclaimer: This file was prepared as a service to the public and is not intended to grant rights or impose obligations. The information provided is only intended for use as a learning tool for calculating payments for care furnished under the proposed PDPM. It is not intended to take the place of any official CMS grouper software. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

The purpose of the grouper tool Excel file is to help users understand how certain items on the Minimum Data Set, Version 3.0 (MDS 3.0) and the proposed payment grouping parameters, which are part of the proposed PDPM, would be used to determine case-mix assignments that are part of the payment calculation under the Skilled Nursing Facility Prospective Payment System (SNF PPS). After the rulemaking process is complete, if CMS finalizes the implementation of the proposed PDPM for FY 2020, CMS would provide official grouper software.

For more information regarding the PDPM, please refer to the FY 2019 Skilled Nursing Facility Prospective Payment System proposed rule (CMS-1696-P) located at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/List-of-SNF-Federal-Regulations.html>. Additionally, on our program website, which may be accessed at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html>, we have provided a walkthrough of the PDPM classification methodology that was used to create this grouper tool.

The following steps explain how to navigate the PDPM grouper tool:

1. **Primary Diagnosis:** The user enters an ICD-10-CM code, which represents the resident's primary diagnosis. The user may also enter, in the row below the diagnosis code, the type of procedure received, if the resident had a surgical procedure during the immediately

preceding inpatient hospital stay that is related to the SNF care plan. The combination of the ICD-10-CM code and the type of inpatient surgery (where applicable) determines the assigned PDPM clinical category (Major Joint Replacement or Spinal Surgery, Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery), Non-Orthopedic Surgery, Acute Infections, Cardiovascular and Coagulations, Pulmonary, Non-Surgical Orthopedic/Musculoskeletal, Acute Neurologic, Cancer, Medical Management) for the resident's SNF stay. The clinical category explains the primary reason the individual is receiving SNF services. A crosswalk between the ICD-10-CM codes and ICD-10-PCS to the ten clinical groups can be found at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html>.

2. **Extensive Services:** Responses to certain MDS items are used to determine if the resident received certain services during the assessment lookback period. The user would check the appropriate check boxes which represent responses for the following MDS items: O0100E2 (Tracheostomy Care While a Resident), O0100F2 (Ventilator or Respirator While a Resident), and O0100M2 (Infection Isolation While a Resident).

3. **PDPM Function Score:** Responses to various MDS items are used to determine the resident's functional level. The user inputs in this section utilize drop down menus from which the user selects the appropriate responses to the following MDS items: GG0130A1 (Eating), GG0130B1 (Oral Hygiene), GG0130C1 (Toileting Hygiene), GG0170B1 (Sit to Lying), GG0170C1 (Lying to Sitting on Side of Bed), GG0170D1 (Sit to Stand), GG0170E1 (Chair/Bed-to-Chair), GG0170F1 (Toilet Transfer), GG0170J1 (Walk 50 Feet with Two Turns), and GG0170K1 (Walk 150 Feet).

4. **Cognitive Patterns:** Responses to various MDS items are used to determine the

presence and degree of any cognitive impairment for the resident. The user inputs in this section utilize a drop down menu from which the user selects the appropriate response to the following MDS item: C0500 (BIMS Score). If the staff assessment is used on the MDS to identify the presence and degree of a cognitive impairment, then the user would utilize the drop down menus in this section to select the appropriate response for the following MDS items: B0100 (Comatose), C1000 (Cognitive Skills for Daily Decision Making), B0700 (Makes Self Understood), C0700 (Short-term Memory OK).

5. **Swallowing Disorder:** Responses to various MDS items are used to identify a swallowing disorder. The user would check the appropriate boxes in this section to represent the appropriate responses to the following MDS items: K0100A (Loss of Liquids/Solids from Mouth When Eating or Drinking), K0100B (Holding Food in Mouth/Cheeks or Residual Food in Mouth After Meals), K0100C (Coughing or Choking During Meals or When Swallowing Medications), K0100D (Complaints of Difficulty or Pain With Swallowing), K0100Z (None of the Above).

6. **Nutritional Approaches:** Responses to various MDS items are used to determine if the resident is on a mechanically altered diet. The user input in this section utilizes a drop down list box from which the user selects the appropriate response to the following MDS item: K0510C2 (Mechanically Altered Diet While a Resident).

7. **SLP Comorbidity:** Responses to various MDS items are used to determine the presence of certain speech-language pathology related comorbidities. The user inputs in this section utilize check boxes for which the user selects the appropriate responses to the following MDS items: I4300 (Aphasia), I4500 (CVA, TIA, Stroke), I4900 (Hemiplegia or Hemiparesis), I5500 (Traumatic Brain Injury), O0100E2 (Tracheostomy Care While a Resident), O0100F2 (Ventilator or Respirator Care While a Resident). The user may also code certain ICD-10-CM

codes in item I8000 on the MDS, in case the resident has one of the following conditions: Laryngeal Cancer, Apraxia, Dysphagia, ALS, Oral Cancers, and/or Speech and Language Deficits. When any of these items is coded in item I8000, the user indicates the presence of the condition using the check boxes provided in this section of the grouper tool.

8. **NTA Comorbidity Score:** Responses to various MDS items are used to determine the resident's non-therapy ancillary (NTA) comorbidity score. The user inputs in this section utilize check boxes for which the user selects the appropriate responses for various MDS items and I8000 diagnoses. If the resident has the associated condition, then the user would check the box for that condition. These conditions are further discussed in the PDPM Classification walkthrough on the project website. Additionally, a crosswalk between each of the I8000-based comorbidities in this section and the ICD-10-CM codes which may be coded for that comorbidity is also provided on the project website. These files are available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/therapyresearch.html>.

9. **Resident Mood Interview (PHQ-9):** Responses to various MDS items are used to determine the presence of depression. The user input in this section utilizes a drop down menu from which the user selects the appropriate response to the following MDS item: D0300 (PHQ-9 Score).

10. **Nursing Category:** This section is used to determine the resident's nursing category. Under both the current SNF PPS payment model and the revised SNF PPS payment model (PDPM), there are six broad nursing categories into which a resident may be classified: Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavioral Symptoms & Cognitive Performance, and Reduced Physical Function. The user input in this section utilizes a drop down menu from which the user selects the appropriate nursing category

for that resident. The user's input in Step 2, Extensive Services, may affect the possible drop down values shown.

11. Restorative Nursing: Responses to various MDS items are used to determine the extent to which the resident received certain restorative nursing services. The user inputs in this section utilize check boxes for which the user selects the appropriate responses to the following MDS items: H0200C and/or H0500 (Urinary Toileting Program and/or Bowel Toileting Program), O0500A and/or B (Range of Motion (Passive) and/or Range of Motion (Active)), O0500C (Splint or Brace Assistance), O0500D and/or F (Bed Mobility and/or Walking Training), O0500E (Transfer Training), O0500G (Dressing and/or Grooming Training), O0500H (Eating and/or Swallowing Training), O0500I (Amputation/Prostheses Care), and O0500J (Communication Training).

12. Facility Location: Under the SNF PPS, the per diem rate is different for urban facilities, which are those facilities which reside within a Core-Based Statistical Area (CBSA), as compared to rural facilities. The user input in this section utilizes a drop down menu from which the user would select if the facility is an urban or rural facility.

The user inputs for these twelve sections of the grouper tool determine the resident's PDPM classification, as represented by the five character Health Insurance Prospective Payment System (HIPPS) code. The first four characters of the HIPPS code would be used to represent the case-mix groups to which a resident is assigned for each for the five case-mix adjusted components in the proposed PDPM. The fifth character would be used as an assessment indicator. On Medicare claims, these HIPPS codes correlate to the case-mix weights for the each of the five case-mix adjusted components. The Excel file displays the HIPPS code (in cell J34) that results from the user inputs to each of the sections identified above. The per diem payment

associated with the PDPM HIPPS code is displayed in cell J39 in the Excel file.

Users who have questions or need help using the Excel and .csv files should contact CMS by e-mailing SNFTherapyPayments@cms.hhs.gov. As a reminder, the proposed policies that are the basis for this grouper tool should be reviewed in the FY 2019 SNF PPS proposed rule (CMS-1696-P).