Step By Step Guide to

Assigning A Classification

For PDPM

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Introduction

The following manual is a step by step walk through to manually determine the appropriate classification based on the information from an MDS 3.0 assessment.

The facility must provide the classification notice to the resident or the resident's representative within three business days. This is required by North Dakota Century Code 50-24.4-01.1(4).

The MDS assessment data is used to calculate the resident's state adjusted Patient Driven Payment Model (PDPM) classification necessary for payment.

The North Dakota Case Mix System considers three components of a federal classification system known as the Patient Driven Payment Model (PDPM): the Speech Language Pathology (SLP) component, the Nursing component, and the Non-Therapy Ancillaries (NTA) component. Each component generates its own case mix letter value that affects classifications.

Some residents require total assistance with their activities of daily living (ADLs) and have complex nursing care needs. Other residents may require less assistance with ADLs but may require rehabilitation or restorative nursing services. The recognition of these differences is the premise of a case-mix system. Reimbursement levels differ based on the resource needs of the residents. Residents with heavy care needs require more staff resources and payment levels should be higher than for those residents with less intensive care needs. In a case-mix adjusted payment system, the amount of reimbursement to the nursing home is based on the resource intensity of the resident as measured by items on the Minimum Data Set (MDS). Case-mix reimbursement has become a widely adopted method for financing nursing home care. The case-mix approach serves as the basis for the PDPM for nursing facilities in North Dakota (ND PDPM).

There are two basic approaches used in a classification system. One is index maximizing in which the classification with the highest rate is used. The other is hierarchical. In this approach, you start at the top, work down and the classification is the first group for which the resident qualifies. ND PDPM uses the hierarchical approach for classification.

This manual is effective January 1, 2026.

Sections

Calculation of PDPM Cognitive Level

The PDPM cognitive level is utilized in the SLP payment component of PDPM. One of four PDPM cognitive performance levels is assigned based on the Brief Interview for Mental Status (BIMS) or the Staff Assessment for Mental Status for the PDPM cognitive level. If neither the BIMS nor the staff assessment for the PDPM cognitive level is complete, then the resident will be classified as if the resident is cognitively intact.

STEP #1

Determine the resident's BIMS Summary Score on the MDS 3.0 based on the resident interview. Instructions for completing the BIMS are in Chapter 3, Section C. The BIMS involves the following items:

C0200 Repetition of three words
C0300 Temporal orientation
C0400 Recall

Item C0500 provides a BIMS Summary Score that ranges from 00 to 15. If the resident interview is not successful, then the BIMS Summary Score will equal 99.

Calculate the resident's PDPM cognitive level using the following mapping:

Table 1: Calculation of PDPM Level from BIMS

PDPM Cognitive Level	BIMS Score
Cognitively Intact	13-15
Mildly Impaired	8-12
Moderately Impaired	0-7
Severely Impaired	-

PDPM Cognitive Level:_____

If the resident's Summary Score is 99 (resident interview not successful) or the Summary Score is blank (resident interview not attempted and skipped) or the Summary Score has a dash value (not assessed), then proceed to Step #2 to use the Staff Assessment for Mental Status for the PDPM cognitive level.

STEP #2

If the resident's Summary Score is 99 or the Summary Score is blank or has a dash value, then determine the resident's cognitive status based on the Staff Assessment for Mental Status for the PDPM cognitive level using the following steps:

A) The resident classifies as severely impaired if one of the following conditions exists:
   a. Comatose (B0100 = 1) and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88).
   b. Severely impaired cognitive skills for daily decision making (C1000 = 3).

B) If the resident is not severely impaired based on Step A, then determine the resident's Basic Impairment Count and Severe Impairment Count.

   For each of the conditions below that applies, add one to the Basic Impairment Count.
   a. In Cognitive Skills for Daily Decision Making, the resident has modified independence or is moderately impaired (C1000 = 1 or 2).
   b. In Makes Self Understood, the resident is usually understood, sometimes understood, or rarely/never understood (B0700 = 1, 2, or 3).
   c. Based on the Staff Assessment for Mental Status, the resident has a memory problem (C0700 = 1).

   Sum a., b., and c. to get the Basic Impairment Count:_____

   For each of the conditions below that applies, add one to the Severe Impairment Count
   a. In Cognitive Skills for Daily Decision Making, the resident is moderately impaired (C1000 = 2).
   b. In Makes Self Understood, the resident is sometimes understood or rarely/never understood (B0700 = 2 or 3).

   Sum a. and b. to get the Severe Impairment Count:_____

C) The resident classifies as moderately impaired if the Severe Impairment Count is 1 or 2 and the Basic Impairment Count is 2 or 3.

D) The resident classifies as mildly impaired if the Basic Impairment Count is 1 and the Severe Impairment Count is 0, 1, or 2, or if the Basic Impairment Count is 2 or 3 and the Severe Impairment Count is 0.

E) The resident classifies as cognitively intact if both the Severe Impairment Count and Basic Impairment Count are 0.

PDPM Cognitive Level:_____

PDPM Component: SLP

STEP #1

Determine the resident's primary diagnosis clinical category using the ICD-10-CM code recorded in MDS item I0020B. To do so, refer to the PDPM Clinical Categories to ICD-10 Diagnosis Codes mapping (available at www.cms.gov/Medicare/Medicare-Fee-for-Service- Payment/SNFPPS/PDPM.html), which maps a resident's primary diagnosis as recorded in MDS item I0020B to the 10 PDPM primary diagnosis clinical categories. The default clinical category may be 'Return to Provider'. In that case, the resident cannot be assigned to the Acute Neurologic' clinical category.

I0020B diagnosis:_____

Default primary diagnosis clinical category: _____

Some ICD-10-CM codes can map to a different clinical category from the default depending on a resident's prior inpatient procedure history. For these codes, a resident may be categorized into a surgical clinical category if the resident received a surgical procedure during the prior inpatient stay that relates to the primary reason SNF stay as indicated by item J2100. If the PDPM clinical category mapping indicates that the resident's primary diagnosis code is eligible for one of the two orthopedic surgery categories (major joint replacement or spinal surgery, and orthopedic surgery (except major joint replacement or spinal surgery)), then proceed to Step 1A; if eligible for the non-orthopedic surgery category, then proceed to Step 1C. Otherwise, proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1A

Determine whether the resident received a major joint replacement or spinal surgery during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2300, J2310, J2320, J2330, J2400, J2410, or J2420 was performed during the prior inpatient stay, then the resident is categorized into the major joint replacement or spinal surgery clinical category. If none of these procedures was performed, the resident did not receive major joint replacement or spinal surgery during the prior inpatient stay for purposes of determining the PDPM clinical category.

Resident Eligible for Surgical Clinical Category and Received Major Joint Replacement or Spinal Surgery? (Yes/No) ____

If the resident received Major Joint Replacement or Spinal Surgery, then the primary diagnosis clinical category is Major Joint Replacement or Spinal Surgery. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment. Otherwise, proceed to Step 1B.

STEP #1B

Determine whether the resident received orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2500, J2510, J2520, or J2530 was performed during the prior inpatient stay, then the resident is categorized into the Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) clinical category. If none of these procedures was performed, the resident did not receive orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay for purposes of determining the PDPM clinical category.

Resident Eligible for Surgical Clinical Category and Received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)? (Yes/No) ____

If the resident received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery), then the primary diagnosis clinical category is Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery). Otherwise, the resident stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1C

Determine whether the resident received a significant non-orthopedic surgical procedure during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2600, J2610, J2620, J2700, J2710, J2800, J2810, J2900, J2910, J2920, J2930, or J2940 was performed during the prior inpatient stay, then the resident is categorized into the non-orthopedic surgery clinical category. If none of these procedures was performed, the resident did not receive a significant non-orthopedic surgical procedure during the prior inpatient stay for purposes of determining the PDPM clinical category.

Resident Eligible for Surgical Clinical Category and Received Significant Non-Orthopedic Surgical Procedure? (Yes/No) ___

If the resident received a significant Non-Orthopedic Surgical Procedure, then the primary diagnosis clinical category is Non-Orthopedic Surgery. Otherwise, the resident stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1D

To finalize the primary diagnosis clinical category assignment, if the resident is not eligible for a different clinical category from the default, then select the default clinical category assigned to the primary diagnosis as recorded in MDS item I0020B in Step 1. If the resident is eligible for a different clinical category from the default, select the eligible surgical clinical category as determined in Steps 1A, 1B, or 1C.

Primary diagnosis clinical category: _____

STEP #2

Next, determine the resident's SLP clinical category based on the mapping shown below.

Table 2: SLP Clinical Category

Primary Diagnosis Clinical Category	SLP Clinical Category
Major Joint Replacement or Spinal Surgery	Non-Neurologic
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Non-Neurologic
Non-Orthopedic Surgery	Non-Neurologic
Acute Infections	Non-Neurologic
Cardiovascular and Coagulations	Non-Neurologic
Pulmonary	Non-Neurologic
Non-Surgical Orthopedic/Musculoskeletal	Non-Neurologic
Acute Neurologic	Acute Neurologic
Cancer	Non-Neurologic
Medical Management	Non-Neurologic

SLP Clinical Category: _____

STEP #3

Determine whether the resident has one or more SLP-related comorbidities. To do so, examine the services and conditions in the table below. If any of these items is indicated as present, the resident has an SLP-related comorbidity. For conditions and services that are recorded in item I8000 of the MDS, check if the corresponding ICD-10-CM codes are coded in item I8000 using the mapping available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html.

Table 3: SLP-Related Comorbidities

MDS Item	Description
I4300	Aphasia
I4500	CVA, TIA, or Stroke
I4900	Hemiplegia or Hemiparesis
I5500	Traumatic Brain Injury
I8000	Laryngeal Cancer
I8000	Apraxia
I8000	Dysphagia
I8000	ALS
I8000	Oral Cancers
I8000	Speech and Language Deficits
O0110E1b	Tracheostomy Care While a Resident
O0110F1b	Invasive Mechanical Ventilator or Respirator While a Resident

Presence of one or more SLP-related comorbidities? (Yes/No) ____

STEP #4

Determine whether the resident has a cognitive impairment. Calculate the resident's PDPM cognitive level, as described previously. If the PDPM cognitive level is cognitively intact, then the resident does not have a cognitive impairment. Otherwise, if the resident is assessed as mildly, moderately, or severely impaired, then the resident classifies as cognitively impaired.

Presence of Cognitive Impairment? (Yes/No) _____

STEP #5

Determine how many of the following conditions are present:

a. Based on Step 2, the resident is classified in the Acute Neurologic clinical category.
b. Based on Step 3, the resident has one or more SLP-related comorbidities.
c. Based on Step 4, the resident has a cognitive impairment.

Number of conditions present: _____

STEP #6

Determine whether the resident has a swallowing disorder using item K0100. If any of the conditions indicated in items K0100A through K0100D is present, then the resident has a swallowing disorder. If none of these conditions is present, the resident does not have a swallowing disorder for purposes of this calculation.

Presence of Swallowing Disorder? (Yes/No) _____

STEP #7

Determine whether the resident has a mechanically altered diet. If K0520C3 (mechanically altered diet while a resident) is checked, then the resident has a mechanically altered diet.

Presence of Mechanically Altered Diet? (Yes/No) _____

STEP #8

Determine how many of the following conditions are present based on Steps 6 and 7:

a. The resident has neither a swallowing disorder nor a mechanically altered diet.
b. The resident has either a swallowing disorder or a mechanically altered diet.
c. The resident has both a swallowing disorder and a mechanically altered diet.

Presence of Mechanically Altered Diet or Swallowing Disorder? (Neither/Either/Both): _____

STEP #9

Determine the resident's SLP group using the responses from Steps 1-8 and the table below.

Table 4: SLP Case-Mix Groups

Presence of Acute Neurologic Condition, SLP- Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Group	ND PDPM Letter	Case Mix Index
None	Neither	SA	A	0.64
None	Either	SB	B	1.72
None	Both	SC	C	2.52
Any one	Neither	SD	D	1.38
Any one	Either	SE	E	2.21
Any one	Both	SF	F	2.82
Any two	Neither	SG	G	1.93
Any two	Either	SH	H	2.70
Any two	Both	SI	I	3.34
All three	Neither	SJ	J	2.83
All three	Either	SK	K	3.50
All three	Both	SL	L	3.98
		Default	Z	0.64

ND PDPM SLP Letter: _____

PDPM Component: Nursing

STEP #1

Calculate the resident's Function Score for Nursing. Use the following table to determine the Function Score for Eating Performance (GG0130A1 or GG0130A5), Toileting Hygiene Performance (GG0130C1 or GG0130C5), Sit to Lying Performance (GG0170B1 or GG0170B5), Lying to Sitting on Side of Bed Performance (GG0170C1 or GG0170C5), Sit to Stand Performance (GG0170D1 or GG0170D5), Chair/Bed-to-Chair Transfer Performance (GG0170E1 or GG0170E5), and Toilet Transfer Performance (GG0170F1 or GG0170F5).

Table 5: Function Score for Nursing

Performance (Column 1) =	Function Score =
05, 06	4
04	3
03	2
02	1
01, 07, 09, 10, 88, missing	0

Enter the Function Score for each item:

Eating

Eating Function Score: _____

Toileting Hygiene

Toileting Hygiene Function Score: _____

Bed Mobility

Sit to Lying Function Score: _____

Lying to Sitting on Side of Bed Function Score: _____

Transfer

Sit to Stand Function Score: _____

Chair/Bed-to-Chair Function Score: _____

Toilet Transfer Function Score: _____

Next, calculate the average score for the two bed mobility items and the three transfer items as follows: Average the scores for Sit to Lying and Lying to Sitting on Side of Bed.[1] Average the scores for Sit to Stand, Chair/Bed-to-Chair and Toilet Transfer.[2] Enter the average bed mobility and transfer scores below.

Average Bed Mobility Function Score: _____

Average Transfer Function Score: ____

Calculate the sum of the following scores: Eating Function Score, Toileting Hygiene Function Score, Average Bed Mobility Score, and Average Transfer Score. Finally, round this sum to the nearest integer. This is the **PDPM Function Score for nursing payment**. The PDPM Function Score for nursing payment ranges from 0 through 16.

PDPM Nursing Function Score: _____

STEP #2

Determine the resident's nursing case-mix group using the hierarchical classification below. Nursing classification under PDPM employs the hierarchical classification method. Hierarchical classification is used in some payment systems, in staffing analysis, and in many research projects. In the hierarchical approach, start at the top and work down through the PDPM nursing classification model steps discussed below; the assigned classification is the first group for which the resident qualifies. In other words, start with the Extensive Services groups at the top of the PDPM nursing classification model. Then go down through the groups in hierarchical order: Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavioral Symptoms and Cognitive Performance, and Reduced Physical Function. When you find the first of the 25 individual PDPM nursing groups for which the resident qualifies, assign that group as the PDPM nursing classification component.

[1] Calculate the sum of the Function Scores for Sit to Lying and Lying to Sitting on Side of Bed. Divide this sum by 2. This is the Average Bed Mobility Function Score.

[2] Calculate the sum of the Function Scores for Sit to Stand, Chair/Bed-to-Chair, and Toilet Transfer. Divide by 3 This is the Average Transfer Function Score.

Category: Extensive Services

The classification groups in this category are based on various services provided. Use the following instructions to begin the calculation:

STEP #1

Determine whether the resident is coded for **one** of the following treatments or services:

O0110E1b	Tracheostomy care while a resident
O0110F1b	Invasive mechanical ventilator or respirator while a resident

If the resident does not receive one of these treatments or services, skip to the Special Care High Category now.

STEP #2

If at least **one** of these treatments or services is coded and the resident has a total PDPM Nursing Function Score of 14 or less, they classify in the Extensive Services category. **Move to Step #3. If the resident's PDPM Nursing Function Score is 15 or 16, they classify as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

STEP #3

The resident classifies in the Extensive Services category according to the following chart:

Extensive Service Conditions	PDPM Nursing Classification	ND PDPM Letter	Case Mix Index
Tracheostomy care* **and** ventilator/respirator*	ES3	A	3.84
Tracheostomy care* **or** ventilator/respirator*	ES2	B	2.90

*while a resident

ND PDPM Nursing Letter: _____

If the resident does not classify in the Extensive Services Category, proceed to the Special Care High Category.

Category: Special Care High

The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

STEP #1

Determine whether the resident is coded for **one** of the following conditions or services:

B0100, Section GG items	Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
I2100	Septicemia
I2900, N0350A, B	Diabetes with **both** of the following: Insulin injections (N0350A) for all 7 days Insulin order changes on 2 or more days (N0350B)
I5100, Nursing Function Score	Quadriplegia with Nursing Function Score <= 11
I6200, J1100C	Chronic obstructive pulmonary disease **and** shortness of breath when lying flat
J1550A, others	Fever and one of the following: I2000 Pneumonia J1550B Vomiting K0300 Weight loss (1 or 2) K0520B3 Feeding tube*
K0520A3, S6000	Parenteral/IV feedings while a resident administered in and by the nursing facility
O0400D2	Respiratory therapy for all 7 days

*Tube feeding classification requirements:
(1) K0710A3 is 51% or more of total calories OR
(2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.

If the resident does not have one of these conditions, skip to the Special Care Low Category now.

STEP #2

If at least **one** of the special care conditions above is coded and the resident has a total PDPM Nursing Function Score of 14 or less, they classify as Special Care High. **Move to Step #3. If the resident's PDPM Nursing Function Score is 15 or 16, they classify as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

STEP #3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care High category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9©) or the Staff Assessment of Patient Mood (PHQ-9-OV©). Instructions for completing the PHQ-2 to 9© are in Chapter 3, Section D. Refer to Appendix E for cases in which the PHQ-2 to 9© or PHQ-9-OV© is complete but all questions are not answered. For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. The following items comprise the PHQ-2 to 9© and PHQ-9-OV© for the Patient and Staff assessments, respectively:

Resident	Staff	Description
D0150A	D0500A	Little interest or pleasure in doing things
D0150B	D0500B	Feeling down, depressed, or hopeless
D0150C	D0500C	Trouble falling or staying asleep, *or* sleeping too much
D0150D	D0500D	Feeling tired or having little energy
D0150E	D0500E	Poor appetite or overeating
D0150F	D0500F	Feeling bad about yourself - or that you are a failure or have let yourself down or your family down
D0150G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
D0150H	D0500H	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
D0150I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at item D0160 and for the staff assessment at item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0160 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed Yes _____ No ____

STEP #4

Select the Special Care High classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:

Nursing Function Score	Depressed?	PDPM Nursing Classification	ND PDPM Letter	Case Mix Index
0-5	Yes	HDE2	D	2.27
0-5	No	HDE1	E	1.88
6-14	Yes	HBC2	F	2.12
6-14	No	HBC1	G	1.76

ND PDPM Nursing Letter: _____

Category: Special Care Low

The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

STEP #1

Determine whether the resident is coded for **one** of the following conditions or services:

I4400, Nursing Function Score	Cerebral palsy, with Nursing Function Score <=11
I5200, Nursing Function Score	Multiple sclerosis, with Nursing Function Score <=11
I5300, Nursing Function Score	Parkinson's disease, with Nursing Function Score <=11
I6300, O0110C1b, S6010	Respiratory failure and oxygen therapy while a resident in the nursing facility
K0520B3	Feeding tube*
M0300B1	Two or more stage 2 pressure ulcers with two or more selected skin treatments**
M0300C1, D1, F1	Any stage 3 or 4 pressure ulcer or any unstageable pressure ulcer due to slough and/or eschar with two or more selected skin treatments**
M1030	Two or more venous/arterial ulcers with two or more selected skin treatments**
M0300B1, M1030	1 stage 2 pressure ulcer and 1 venous/arterial ulcer with 2 or more selected skin treatments**
M1040A, B, C; M1200I	Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet
O0110B1b	Radiation treatment while a resident
O0110J1b	Dialysis treatment while a resident

*Tube feeding classification requirements:
(1) K0710A3 is 51% or more of total calories OR
(2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.

**Selected skin treatments:
M1200A, B Pressure relieving chair and/or bed
M1200C Turning/repositioning program
M1200D Nutrition or hydration intervention
M1200E Pressure ulcer/injury care
M1200G Application of nonsurgical dressings (not to feet)
M1200H Application of ointments/medications (not to feet)
#Count as one treatment even if both provided

If the resident does not have one of these conditions, skip to the Clinically Complex Category now.

STEP #2

If at least **one** of the special care conditions above is coded and the resident has a total PDPM Nursing Function Score of 14 or less, they classify as Special Care Low. **Move to Step #3. If the resident's PDPM Nursing Function Score is 15 or 16, they classify as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

STEP #3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care Low category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9©) or the Staff Assessment of Patient Mood (PHQ-9-OV©). Instructions for completing the PHQ-2 to 9© are in Chapter 3, Section D. Refer to Appendix E for cases in which the PHQ-2 to 9© or PHQ-9-OV© is complete but all questions are not answered. For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. The following items comprise the PHQ-2 to 9© and PHQ-9-OV© for the Patient and Staff assessments, respectively:

Resident	Staff	Description
D0150A	D0500A	Little interest or pleasure in doing things
D0150B	D0500B	Feeling down, depressed, or hopeless
D0150C	D0500C	Trouble falling or staying asleep, or sleeping too much
D0150D	D0500D	Feeling tired or having little energy
D0150E	D0500E	Poor appetite or overeating
D0150F	D0500F	Feeling bad about yourself - or that you are a failure or have let yourself down or your family down
D0150G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
D0150H	D0500H	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
D0150I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at item D0160 and for the staff assessment at item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0160 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed Yes _____ No ____

STEP #4

Select the Special Care Low classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:

Nursing Function Score	Depressed?	PDPM Nursing Classification	ND PDPM Letter	Case Mix Index
0-5	Yes	LDE2	H	1.97
0-5	No	LDE1	I	1.64
6-14	Yes	LBC2	J	1.63
6-14	No	LBC1	K	1.35

ND PDPM Nursing Letter: _____

Category: Clinically Complex

The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

STEP #1

Determine whether the resident is coded for **one** of the following conditions or services:

Table 6: Clinically Complex Conditions or Services

MDS Item	Condition or Service
I2000	Pneumonia
I4900, Nursing Function Score	Hemiplegia/hemiparesis with Nursing Function Score <= 11
M1040D, E	Open lesions (other than ulcers, rashes, and cuts) or surgical wounds with any selected skin treatments*
M1040F	Burns (second or third degree)
O0110A1b	Chemotherapy while a resident
O0110C1b	Oxygen therapy while a resident
O0110H1b, S6005	IV Medications while a resident, instilled and administered exclusively by the nursing facility
O0110I1b	Transfusions while a resident

*Selected Skin Treatments: M1200F Surgical wound care, M1200G Application of nonsurgical dressing (other than to feet), M1200H Application of ointments/medications (other than to feet)

If the resident does not have one of these conditions, skip to the Behavioral Symptoms and Cognitive Performance Category now.

STEP #2

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Clinically Complex category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9©) or the Staff Assessment of Patient Mood (PHQ-9-OV©). Instructions for completing the PHQ-2 to 9© are in Chapter 3, section D. Refer to Appendix E for cases in which the PHQ-2 to 9© or PHQ-9-OV© is complete but all questions are not answered. For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. The following items comprise the PHQ-2 to 9© and PHQ-9-OV© for the Patient and Staff assessments, respectively:

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D0150B	D0500B	Feeling down, depressed, or hopeless
D0150C	D0500C	Trouble falling or staying asleep, or sleeping too much
D0150D	D0500D	Feeling tired or having little energy
D0150E	D0500E	Poor appetite or overeating
D0150F	D0500F	Feeling bad about yourself - or that you are a failure or have let yourself down or your family down
D0150G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television

D0150H	D0500H	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
D0150I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at item D0160 and for the staff assessment at item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0160 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed Yes _____ No ____

STEP #3

Select the Clinically Complex classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:

Nursing Function Score	Depressed?	PDPM Nursing Classification	ND PDPM Letter	Case Mix Index
0-5	Yes	CDE2	L	1.77
0-5	No	CDE1	M	1.53
6-14	Yes	CBC2	N	1.47
15-16	Yes	CA2	O	1.03
6-14	No	CBC1	P	1.27
15-16	No	CA1	Q	0.89

ND PDPM Nursing Letter: _____

Category: Behavioral Symptoms And Cognitive Performance

Classification in this category is based on the presence of certain behavioral symptoms or the resident's cognitive performance. Use the following instructions:

STEP #1

Determine the resident's PDPM Nursing Function Score. If the resident's PDPM Nursing Function Score is 11 or greater, go to Step #2.

If the PDPM Nursing Function Score is less than 11, skip to the Reduced Physical Function Category now.

STEP #2

If the resident interview using the Brief Interview for Mental Status (BIMS) was not conducted (indicated by a value of "0" for item C0100), skip the remainder of this step and proceed to Step #3 to check staff assessment for cognitive impairment.

Determine the resident's cognitive status based on resident interview using the BIMS. Instructions for completing the BIMS are in Chapter 3, Section C. The BIMS items involve the following:

C0200	Repetition of three words
C0300	Temporal orientation
C0400	Recall

Item C0500 provides a BIMS Summary Score for these items and indicates the resident's cognitive performance, with a score of 15 indicating the best cognitive performance and 0 indicating the worst performance. If the resident interview is not successful, then the BIMS Summary Score will equal 99.

If the resident's Summary Score is less than or equal to 9, they classify in the Behavioral Symptoms and Cognitive Performance category. Skip to Step #5.

If the resident's Summary Score is greater than 9 but not 99, proceed to Step #4 to check behavioral symptoms.

If the resident's Summary Score is 99 (resident interview not successful) or the Summary Score is blank (resident interview not attempted and skipped) or the Summary Score has a dash value (not assessed), proceed to Step #3 to check staff assessment for cognitive impairment.

STEP #3

Determine the resident's cognitive status based on the staff assessment rather than on resident interview.

Check if **one** of the three following conditions exists:

1.	B0100	Coma (B0100 = 1) and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
2.	C1000	Severely impaired cognitive skills for daily decision making (C1000 = 3)
3.	B0700, C0700, C1000	Two or more of the following impairment indicators are present: B0700 > 0 Usually, sometimes, or rarely/never understood C0700 = 1 Short-term memory problem C1000 > 0 Impaired cognitive skills for daily decision making **and** One or more of the following severe impairment indicators are present: B0700 >= 2 Sometimes or rarely/never makes self understood C1000 >= 2 Moderately or severely impaired cognitive skills for daily decision making

If the resident meets one of the three above conditions, then they classify in Behavioral Symptoms and Cognitive Performance. Skip to Step #5. If they do not meet any of the three conditions, proceed to Step #4.

STEP #4

Determine whether the resident presents with **one** of the following behavioral symptoms:

E0100A	Hallucinations
E0100B	Delusions
E0200A	Physical behavioral symptoms directed toward others (2 or 3)
E0200B	Verbal behavioral symptoms directed toward others (2 or 3)
E0200C	Other behavioral symptoms not directed toward others (2 or 3)
E0800	Rejection of care (2 or 3)
E0900	Wandering (2 or 3)

If the resident presents with one of the symptoms above, then they classify in Behavioral Symptoms and Cognitive Performance. Proceed to Step #5. If they do not present with behavioral symptoms, skip to the Reduced Physical Function Category.

STEP #5

Determine Restorative Nursing Count

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

H0200C, H0500**	Urinary toileting program and/or bowel toileting program
O0500A, B**	Passive and/or active range of motion
O0500C	Splint or brace assistance
O0500D, 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
O0500J	Communication training

**Count as one service even if both provided

Restorative Nursing Count: _____

STEP #6

Select the final PDPM Classification by using the total PDPM Nursing Function Score and the Restorative Nursing Count.

Nursing Function Score	Restorative Nursing Count	PDPM Nursing Classification	ND PDPM Letter	Case Mix Index
11-16	2 or more	BAB2	R	0.98
11-16	0 or 1	BAB1	S	0.94

ND PDPM Nursing Letter: _____

Category: Reduced Physical Function

STEP #1

Residents who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the Behavioral Symptoms and Cognitive Performance category but have a PDPM Nursing Function Score less than 11, are placed in this category.

STEP #2

Determine Restorative Nursing Count

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

H0200C, H0500**	Urinary toileting program and/or bowel toileting program
O0500A, B**	Passive and/or active range of motion
O0500C	Splint or brace assistance
O0500D, 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
O0500J	Communication training

**Count as one service even if both provided

Restorative Nursing Count: _____

STEP #3

Select the PDPM Classification by using the PDPM Nursing Function Score and the Restorative Nursing Count.

Nursing Function Score	Restorative Nursing Count	PDPM Nursing Classification	ND PDPM Letter	Case Mix Index
0-5	2 or more	PDE2	T	1.48
0-5	0 or 1	PDE1	U	1.39
6-14	2 or more	PBC2	V	1.15
15-16	2 or more	PA2	W	0.67
6-14	0 or 1	PBC1	X	1.07
15-16	0 or 1	PA1	Y	0.62
		Default	Z	0.62

ND PDPM Nursing Letter: _____

PDPM Component: NTA

STEP #1

Determine whether resident has one or more Non-Therapy Ancillary related comorbidities.

1. Determine whether the resident meets the criteria for the comorbidity: "Parenteral/IV Feeding – High Intensity" or the comorbidity: "Parenteral/IV Feeding – Low Intensity." To do so, first determine if the resident received parenteral/IV feeding during the last 7 days while a resident using item K0520A3 and S6000. If the resident did not receive parenteral/IV feeding during the last 7 days while a resident, then the resident does not meet the criteria for Parenteral/IV Feeding – High Intensity or Parenteral/IV Feeding – Low Intensity.

   If the resident did receive parenteral/IV feeding during the last 7 days while a resident provided and administered in and by the nursing facility, then use item K0710A to determine if the proportion of total calories the resident received through parenteral or tube feeding was 51% or more while a resident (K0710A2 = 3). If K0710A2 = 3, then the resident meets the criteria for Parenteral/IV Feeding – High Intensity. If the proportion of total calories the resident received through parenteral or tube feeding was 26- 50% (K0710A2 = 2) and average fluid intake per day by IV or tube feeding was 501 cc per day or more while a resident (K0710B2 = 2), then the resident qualifies for Parenteral/IV Feeding – Low Intensity.

   Presence of Parenteral/IV Feeding – High Intensity? (Yes/No)_____

   Presence of Parenteral/IV Feeding – Low Intensity? (Yes/No)_____

2. Determine whether the resident has any additional NTA-related comorbidities. To do this, examine the conditions and services in the table below. For conditions and services that are recorded in item I8000 of the MDS, check if the corresponding ICD-10-CM codes are coded in item I8000 using the mapping available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html.

Table 7: NTA Comorbidity Score Calculation

Condition/Extensive Service	MDS Item	Points
HIV/AIDS	N/A	0
Parenteral IV Feeding: Level High provided and administered in and by the nursing facility	K0520A3, S6000, K0710A2	7
Special Treatments/Programs: Intravenous Medication While a Resident, instilled and administered exclusively by the nursing facility	O0110H1b, S6005	5
Special Treatments/Programs: Invasive Mechanical Ventilator or Respirator While a Resident	O0110F1b	4
Parenteral IV Feeding: Level Low provided and administered in and by the nursing facility	K0520A3, S6000, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Special Treatments/Programs: Transfusion While a Resident	O0110I1b	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Diagnoses: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Special Treatments/Programs: Tracheostomy Care While a Resident	O0110E1b	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Special Treatments/Programs: Isolation While a Resident	O0110M1b	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Special Treatments/Programs: Radiation While a Resident	O0110B1b	1
Stage 4 Unhealed Pressure Ulcer Currently Present [1]	M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1

Condition/Extensive Service	MDS Item	Points
Other Foot Skin Problems: Foot Infection Code, Diabetic Foot Ulcer Code, Other Open Lesion on Foot Code	M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	H0100D	1
Inflammatory Bowel Disease	I1300	1
Aseptic Necrosis of Bone	I8000	1
Special Treatments/Programs: Suctioning While a Resident	O0110D1b	1
Cardio-Respiratory Failure and Shock	I8000	1
Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1
Diabetic Retinopathy - Except: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Nutritional Approaches While a Resident: Feeding Tube	K0520B3	1
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Active Diagnoses: Malnutrition Code	I5600	1
Disorders of Immunity - Except: Immune Disorders	I8000	1
Cirrhosis of Liver	I8000	1
Bladder and Bowel Appliances: Ostomy	H0100C	1
Respiratory Arrest	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1

[1] If the number of Stage 4 Unhealed Pressure Ulcers is recorded as greater than 0, it will add one point to the NTA comorbidity score calculation. Only the presence, not the count, of Stage 4 Unhealed Pressure Ulcers affects the PDPM NTA comorbidity score calculation.

STEP #2

Calculate the resident's total NTA score using the table above. To calculate the total NTA score, sum the points corresponding to each condition or service present. If none of these conditions or services is present, the resident's score is 0.

NTA Score: ____

STEP #3

Determine the resident's NTA group using the table below.

Table 8: NTA Case-Mix Groups

NTA Score Range	NTA Group	ND PDPM Letter	Case Mix Index
12+	NA	A	3.06
9-11	NB	B	2.39
6-8	NC	C	1.74
3-5	ND	D	1.26
1-2	NE	E	0.91
0	NF	F	0.68
	Default	Z	0.68

ND PDPM NTA Letter: _____

Resident Classification

The PDPM classification is a three-letter code. There are 1,801 resident classifications.

A Daily Rate Lookup tool is available on the website below to determine the ND PDPM classification, case mix index (CMI), and daily rate based on the three PDPM classification letter.

The ND PDPM classification weight is a blended weight. The Speech Language Pathology (SLP) component is 20%, Nursing component is 60%, and the Nontherapy Ancillary (NTA) component is 20%.

Long Term Care Providers

To determine the ND PDPM classification and case mix index:

STEP #1

Enter the values from the previous pages on the lines below.

ND PDPM SLP Letter: _____ (page 10) (1st value)

ND PDPM Nursing Letter: _____ (page 13, 16, 19, 21, 24 or 25) (2nd value)

ND PDPM NTA Letter: _____ (page 29) (3rd value)

ND PDPM Classification*: _____

* if any value is Z, then the classification is ZZZ

Enter the CMI values for the letters above on the lines below:

ND PDPM SLP CMI: _____

ND PDPM Nursing CMI: _____

ND PDPM NTA CMI: _____

STEP #2

Calculate the CMI for the PDPM classification:

(ND PDPM SLP CMI * 0.20) + (ND PDPM Nursing CMI * 0.60) + (ND PDPM NTA CMI * 0.20)

= PDPM Classification CMI

Example 1:

ND PDPM Classification is DXF
SLP – D CMI is 1.38
Nursing – PBC1, X CMI is 1.07
NTA – F CMI 0.68
(1.38 * 0.20) + (1.07 * 0.60) + (0.68 * 0.20) = 1.05

Example 2:

ND PDPM Classification is DRE
SLP –D CMI is 1.38
Nursing – BAB2, R CMI is 0.98
NTA –E CMI 0.91
(1.38 * 0.20) + (0.98 * 0.60) + (0.91 * 0.20) = 1.05