

Fact Sheet: MDS Changes

Last Revised: 2-14-19

Background

Consistent with section 1888(e)(6)(B) of the Social Security Act, to classify patients under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS), SNF providers complete the Minimum Data Set, Version 3 (MDS 3.0) Resident Assessment Instrument. As occurs under the RUG-IV payment system, MDS assessments are used to classify patients into payment categories under the Patient Driven Payment Model (PDPM). PDPM includes a number of different changes to the MDS assessment and processes from RUG-IV.

These changes fall into the following categories:

- Streamlined assessment policy
- New MDS Item Sets
- New MDS Items

Streamlined Assessment Policy

Under RUG IV, SNFs are required to complete scheduled assessments on or around Days 5, 14, 30, 60, and 90 of a patient's Part A SNF stay and unscheduled assessments that may be triggered by different events during a patient's stay, such as when a SNF patient starts therapy, ends therapy, or when there is a change in the volume of therapy received by the patient or in the patient's status.

The assessment schedule used under RUG-IV may be found in the table below.

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RUG-IV Assessment Schedule

Medicare MDS assessment schedule type	Assessment reference date	Assessment reference date grace days	Applicable standard Medicare payment days
5-day	Days 1-5	6-8	1 through 14
14-day	Days 13-14	15-18	15 through 30
30-day	Days 27-29	30-33	31 through 60
60-day	Days 57-59	60-63	61 through 90
90-day	Days 87-89	90-93	91 through 100
Start of Therapy OMRA	5-7 days after the start of therapy		Date of the first day of therapy through the end of the standard payment period.
End of Therapy OMRA	1-3 days after all therapy has ended		First non-therapy day through the end of the standard payment period.
Change of Therapy OMRA	Day 7 (last day) of the COT observation period		The first day of the COT observation period until end of standard payment period, or until interrupted by the next COT-OMRA assessment or scheduled or unscheduled PPS Assessment.
Significant Change in Status Assessment	No later than 14 days after significant change identified		ARD of Assessment through the end of the standard payment period.

Under PDPM (effective October 1, 2019), there are 3 SNF PPS assessments: the 5-day Assessment, the Interim Payment Assessment (IPA) and the PPS Discharge Assessment. The 5-day assessment and the PPS Discharge Assessment are required. The IPA is optional and will be completed when providers determine that the patient has undergone a clinical change that would require a new PPS assessment.

The schedule of PPS assessments under PDPM may be found in the table below.

PDPM Assessment Schedule

Medicare MDS assessment schedule type	Assessment reference date	Applicable standard Medicare payment days
5-day PPS Assessment	Days 1-8	All covered Part A days until Part A discharge (unless an IPA is completed).
Interim Payment Assessment (IPA)	The date the facility chooses to complete the IPA relative to the triggering event that causes the facility to choose to complete the IPA.	ARD of the assessment through Part A discharge (unless another IPA assessment is completed).
PPS Discharge Assessment	PPS Discharge: Equal to the End Date of the Most Recent Medicare Stay (A2400C) or End Date	N/A.

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For late assessments under PDPM, similar to under RUG-IV, the provider will bill the default HIPPS code for the number of days out of compliance and then the 5-day assessment HIPPS code for the remainder of the stay, unless an IPA is completed. One caveat is that the default billing will be assessed prior to the 5-day assessment HIPPS code, in terms of counting days for the variable per diem. For example, if a 5-day assessment is two days late, then Days 1 and 2 of the stay, with regard to the variable per diem adjustment, will be calculated using the default HIPPS code and then the 5-day assessment HIPPS code will control payment beginning on Day 3 of the variable per diem schedule.

New MDS Item Sets: IPA and OSA

There are two new item sets that have been created as a result of PDPM.

First, the IPA has its own IPA item set. This item set contains merely payment items and demographic items, as necessary to attain a billing code under PDPM. Because the IPA is completely optional, there will be no late assessment penalties for that assessment.

Second, for states that rely on the RUG_III or RUG-IV assessment schedule for calculating case mix group for NF patients, CMS has created the optional state assessment (OSA) so that Medicaid payments are not adversely impacted when PDPM is implemented as of October 1, 2019. States will have the ability to determine the policy associated with this assessment to meet your Medicaid payment needs.

New MDS Item: Section I: SNF Primary Diagnosis

To capture the patient's primary diagnosis, which is used to classify the patient into a PDPM clinical category, CMS added Item I0020B, which allows providers to report, using an ICD-10-CM code, the patient's primary SNF diagnosis. The item will ask "What is the main reason this person is being admitted to the SNF?" Item I0020B will be coded when Item I0020 is coded as any response 1 – 13. Item I0020A (under RUG IV) is being retired on the MDS 3.0. Only I0020 and I0020B will be used.

New MDS Items: Section J: Patient Surgical History

In order to capture surgical information which may be relevant to classifying the patient into a PDPM clinical category, CMS is adding new items in Section J of the MDS. These items are Items J2100 – J5000. These items are used to capture any major surgical procedures that

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occurred during the inpatient hospital stay that immediately preceded the SNF admission, i.e., the qualifying hospital stay. These items will be used, in conjunction with the diagnosis code captured in I0020B, to classify patients into the PT and OT case-mix classification groups for PDPM. Similar to the active diagnoses captured in Section I, these Section J items will be in the form of check-boxes.

Item	Surgical Procedure Category
J2100	Recent Surgery Requiring Active SNF Care
J2300	Knee Replacement - partial or total
J2310	Hip Replacement - partial or total
J2320	Ankle Replacement - partial or total
J2330	Shoulder Replacement - partial or total
J2400	Spinal surgery - spinal cord or major spinal nerves
J2410	Spinal surgery - fusion of spinal bones
J2420	Spinal surgery - lamina, discs, or facets
J2499	Spinal surgery - other
J2500	Ortho surgery - repair fractures of shoulder or arm
J2510	Ortho surgery - repair fractures of pelvis, hip, leg, knee, or ankle
J2520	Ortho surgery - repair but not replace joints
J2530	Ortho surgery - repair other bones
J2599	Ortho surgery - other
J2600	Neuro surgery - brain, surrounding tissue or blood vessels
J2610	Neuro surgery - peripheral and autonomic nervous system - open and percutaneous
J2620	Neuro surgery - insertion or removal of spinal and brain neurostimulators, electrodes, catheters, and CSF drainage devices
J2699	Neuro surgery - Other
J2700	Cardiopulmonary surgery - heart or major blood vessels - open and percutaneous procedures
J2710	Cardiopulmonary surgery - respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords – open and endoscopic
J2799	Cardiopulmonary surgery - Other
J2800	Genitourinary surgery - male or female organs
J2810	Genitourinary surgery - the kidneys, ureter, adrenals, and bladder—open, laparoscopic
J2899	Other major genitourinary surgery
J2900	Major surgery - tendons, ligament, or muscles
J2910	Major surgery - the GI tract and abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, spleen—open or laparoscopic
J2920	Major surgery - endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, and thymus—open
J2930	Major surgery - the breast

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Item	Surgical Procedure Category
J2940	Major surgery - repair of deep ulcers, internal brachytherapy, bone marrow, or stem cell harvest or transplant
J5000	Major surgery - Other not listed above

The PDPM Classification Walkthrough, available on the PDPM website (at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/SNF_PDPM_Classification_Walkthrough_20181116.pdf), outlines the impact of Section J coding on the patient's clinical category. The specific procedure code is not necessary for patient classification.

New MDS Items: Section O: Discharge Therapy Items

In order to capture therapy delivery information over the course of a patient's entire Part A stay, as it relates to the concurrent and group therapy limit under PDPM, CMS added Items 0425A1 – O0425C5 which will be added to Section O of the MDS. Using a lookback period of the entire PPS stay, providers will report, by each discipline and mode of therapy, the amount of therapy (in minutes) received by the patient. If the total amount of Group/Concurrent minutes, combined, comprises more than 25 percent of the total amount of therapy for that discipline, a warning message will be issued on the final validation report.

New MDS Item: Section GG: Interim Performance

PDPM advances CMS' goal of using standardized assessment items across payment settings, by using items in Section GG of the MDS as the basis for patient functional assessments.

On the IPA, GG items will be derived from a new column "5", which will capture the interim performance of the patient. The look-back for this new column will be a three day window preceding and up to the ARD of the IPA.

Existing MDS Items Added to PPS Item Sets

There are several existing MDS items that are being added to PPS item set as part of PDPM implementation.

There will be several existing MDS Items added to the Swing Bed PPS Assessment. These items are: K0100: Swallowing Disorder, I4300: Active Diagnosis: Aphasia, and O0100D2: Special Treatments, Procedures and Programs: Suctioning, While a Resident. Until now, these items have not been part of the Swing Bed PPS Assessment form because they have not been used for

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payment. However, each of these items will now be used to classify swing bed residents under PDPM.

Additionally, Item I1300: Ulcerative Colitis or Crohn's Disease or Inflammatory Bowel Disease is being added to the NP, SP, and IPA item sets, in order to capture this diagnosis for the NTA comorbidity score.