

# Integrated Coding and PDPM Case Study Coding Sheet

## MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING *Nursing Home PPS (NP) Item Set*

Section A		Identification Information	
<b>A0300. Optional State Assessment</b>			
Enter Code	<input type="checkbox"/>	<b>A. Is this assessment for state payment purposes only?</b> 0. No 1. Yes	
<b>A0310. Type of Assessment</b>			
Enter Code	<input type="text" value="9"/> <input type="text" value="9"/>	<b>A. Federal OBRA Reason for Assessment</b> 01. <b>Admission</b> assessment (required by day 14) 02. <b>Quarterly</b> review assessment 03. <b>Annual</b> assessment 04. <b>Significant change in status</b> assessment 05. <b>Significant correction</b> to prior <b>comprehensive</b> assessment 06. <b>Significant correction</b> to prior <b>quarterly</b> assessment 99. <b>None of the above</b>	
Enter Code	<input type="text"/> <input type="text"/>	<b>B. PPS Assessment</b> <b>PPS Scheduled Assessment for a Medicare Part A Stay</b> 01. <b>5-day</b> scheduled assessment <b>PPS Unscheduled Assessment for a Medicare Part A Stay</b> 08. <b>IPA</b> - Interim Payment Assessment <b>Not PPS Assessment</b> 99. <b>None of the above</b>	
Enter Code	<input type="checkbox"/>	<b>E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?</b> 0. No 1. Yes	
Enter Code	<input type="text" value="9"/> <input type="text" value="9"/>	<b>F. Entry/discharge reporting</b> 01. <b>Entry</b> tracking record 10. <b>Discharge</b> assessment- <b>return not anticipated</b> 11. <b>Discharge</b> assessment- <b>return anticipated</b> 12. <b>Death in facility</b> tracking record 99. <b>None of the above</b>	
Enter Code	<input type="text" value="A"/>	<b>G. Type of discharge</b> - Complete only if A0310F = 10 or 11 1. <b>Planned</b> 2. <b>Unplanned</b>	
Enter Code	<input type="checkbox"/>	<b>G1. Is this a SNF Part A Interrupted Stay?</b> 0. No 1. Yes	
Enter Code	<input type="text" value="0"/>	<b>H. Is this a SNF Part A PPS Discharge Assessment?</b> 0. No 1. Yes	
<b>A0410. Unit Certification or Licensure Designation</b>			
Enter Code	<input type="text" value="3"/>	1. <b>Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State</b> 2. <b>Unit is neither Medicare nor Medicaid certified but MDS data is required by the State</b> 3. <b>Unit is Medicare and/or Medicaid certified</b>	
<b>A0800. Gender</b>			
Enter Code	<input type="checkbox"/>	1. <b>Male</b> 2. <b>Female</b>	

# Integrated Coding and PDPM Case Study Coding Sheet

## A2400. Medicare Stay

Enter Code

### A. Has the resident had a Medicare-covered stay since the most recent entry?

0. **No** → Skip to B0100, Comatose  
1. **Yes** → Continue to A2400B, Start date of most recent Medicare stay

### B. Start date of most recent Medicare stay:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

### C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

## Section C

## Cognitive Patterns

### C0500. BIMS Summary Score

Enter Score

<input type="text"/>	<input type="text"/>
1	4

Add scores for questions C0200-C0400 and fill in total score (00-15)

Enter 99 if the resident was unable to complete the interview

## Section D

## Mood

### D0200. Resident Mood Interview (PHQ-9©)

Say to resident: **"Over the last 2 weeks, have you been bothered by any of the following problems?"**

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.

If yes in column 1, then ask the resident: **"About how often have you been bothered by this?"**

Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

#### 1. Symptom Presence

0. **No** (enter 0 in column 2)  
1. **Yes** (enter 0-3 in column 2)  
9. **No response** (leave column 2 blank)

#### 2. Symptom Frequency

0. **Never or 1 day**  
1. **2-6 days** (several days)  
2. **7-11 days** (half or more of the days)  
3. **12-14 days** (nearly every day)

1. Symptom Presence	2. Symptom Frequency
↓ Enter Scores in Boxes ↓	

#### D. Feeling tired or having little energy



#### E. Poor appetite or overeating



### D0300. Total Severity Score

Enter Score

<input type="text"/>	<input type="text"/>
0	2

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27.

Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).

# Integrated Coding and PDPM Case Study Coding Sheet

<b>Section GG</b>		<b>Functional Abilities and Goals - Admission (Start of SNF PPS Stay)</b>	
<b>GG0100. Prior Functioning: Everyday Activities.</b> Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury Complete only if A0310B = 01			
<b>Coding:</b> 3. <b>Independent</b> - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2. <b>Needed Some Help</b> - Resident needed partial assistance from another person to complete activities. 1. <b>Dependent</b> - A helper completed the activities for the resident. 8. <b>Unknown.</b> 9. <b>Not Applicable.</b>	↓	<b>Enter Codes in Boxes</b>	
	<input type="checkbox"/>	<b>A. Self-Care:</b> Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.	
	<input type="checkbox"/>	<b>B. Indoor Mobility (Ambulation):</b> Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.	
	<input type="checkbox"/>	<b>C. Stairs:</b> Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.	
	<input type="checkbox"/>	<b>D. Functional Cognition:</b> Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.	
<b>GG0110. Prior Device Use.</b> Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury Complete only if A0310B = 01			
↓ <b>Check all that apply</b>			
<input type="checkbox"/>	<b>A. Manual wheelchair</b>		
<input type="checkbox"/>	<b>B. Motorized wheelchair and/or scooter</b>		
<input type="checkbox"/>	<b>C. Mechanical lift</b>		
<input type="checkbox"/>	<b>D. Walker</b>		
<input type="checkbox"/>	<b>E. Orthotics/Prosthetics</b>		
<input type="checkbox"/>	<b>Z. None of the above</b>		

# Integrated Coding and PDPM Case Study Coding Sheet

Section GG		Functional Abilities and Goals - Admission (Start of SNF PPS Stay)
<b>GG0130. Self-Care</b> (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01		
<b>Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).</b>		
<b>Coding:</b> <b>Safety and Quality of Performance</b> - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> <ul style="list-style-type: none"> <li>06. <b>Independent</b> - Resident completes the activity by him/herself with no assistance from a helper.</li> <li>05. <b>Setup or clean-up assistance</b> - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.</li> <li>04. <b>Supervision or touching assistance</b> - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.</li> <li>03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</li> <li>02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</li> <li>01. <b>Dependent</b> - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.</li> </ul> <b>If activity was not attempted, code reason:</b> <ul style="list-style-type: none"> <li>07. <b>Resident refused</b></li> <li>09. <b>Not applicable</b> - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.</li> <li>10. <b>Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints)</li> <li>88. <b>Not attempted due to medical condition or safety concerns</b></li> </ul>		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
<input type="text"/>	<input type="text"/>	<b>B. Oral hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/>	<input type="text"/>	<b>C. Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>	<b>E. Shower/bathe self:</b> The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	<b>F. Upper body dressing:</b> The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/>	<input type="text"/>	<b>G. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	<b>H. Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.



# Integrated Coding and PDPM Case Study Coding Sheet

Section GG		Functional Abilities and Goals - Admission (Start of SNF PPS Stay)
<b>GG0170. Mobility</b> (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01		
<b>Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).</b>		
<b>Coding:</b> <b>Safety and Quality of Performance</b> - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> <ul style="list-style-type: none"> <li>06. <b>Independent</b> - Resident completes the activity by him/herself with no assistance from a helper.</li> <li>05. <b>Setup or clean-up assistance</b> - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.</li> <li>04. <b>Supervision or touching assistance</b> - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.</li> <li>03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</li> <li>02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</li> <li>01. <b>Dependent</b> - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.</li> </ul> <b>If activity was not attempted, code reason:</b> <ul style="list-style-type: none"> <li>07. <b>Resident refused</b></li> <li>09. <b>Not applicable</b> - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.</li> <li>10. <b>Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints)</li> <li>88. <b>Not attempted due to medical condition or safety concerns</b></li> </ul>		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
<input type="text"/>	<input type="text"/>	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	<b>C. Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
<input type="text"/>	<input type="text"/>	<b>D. Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/>	<input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	<b>G. Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="text"/>	<input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/>	<input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

# Integrated Coding and PDPM Case Study Coding Sheet

## Section GG Functional Abilities and Goals - Admission (Start of SNF PPS Stay)

**GG0170. Mobility** (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) - Continued  
Complete only if A0310B = 01

Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>L. Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
<input type="text"/>	<input type="text"/>	<b>M. 1 step (curb):</b> The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/>	<input type="text"/>	<b>N. 4 steps:</b> The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/>	<input type="text"/>	<b>O. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>P. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
<input type="text"/>	<input type="text"/>	<b>Q1. Does the resident use a wheelchair and/or scooter?</b> 0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	<b>RR1. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	<b>SS1. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized

## Section I Active Diagnoses

**I0020. Indicate the resident's primary medical condition category**  
Complete only if A0310B = 01 or 08

Enter Code	Indicate the resident's primary medical condition category that best describes the primary reason for admission
<input type="text"/>	01. Stroke 02. Non-Traumatic Brain Dysfunction 03. Traumatic Brain Dysfunction 04. Non-Traumatic Spinal Cord Dysfunction 05. Traumatic Spinal Cord Dysfunction 06. Progressive Neurological Conditions 07. Other Neurological Conditions 08. Amputation 09. Hip and Knee Replacement 10. Fractures and Other Multiple Trauma 11. Other Orthopedic Conditions 12. Debility, Cardiorespiratory Conditions 13. Medically Complex Conditions
	<b>I0020B. ICD Code</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             Z 4 7 - 1           </div>

# Integrated Coding and PDPM Case Study Coding Sheet

## Section I Active Diagnoses

### Active Diagnoses in the last 7 days - Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

<b>Musculoskeletal</b>									
<input type="checkbox"/>	<b>I3900. Hip Fracture</b> - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)								
<input type="checkbox"/>	<b>I4000. Other Fracture</b>								
<b>Other</b>									
<b>I8000. Additional active diagnoses</b>									
Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.									
A. Pressure ulcer of sacral region, stage 4 (coccyx)	<table border="1"> <tr> <td>L</td> <td>8</td> <td>9</td> <td>.</td> <td>1</td> <td>5</td> <td>4</td> <td></td> </tr> </table>	L	8	9	.	1	5	4	
L	8	9	.	1	5	4			

## Section J Health Conditions

### J2000. Prior Surgery - Complete only if A0310B = 01

Enter Code	Did the resident have major surgery during the <b>100 days prior to admission</b> ?
<input type="checkbox"/>	0. <b>No</b>
	1. <b>Yes</b>
	8. <b>Unknown</b>

### J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08

Enter Code	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?
<input type="checkbox"/>	0. <b>No</b>
	1. <b>Yes</b>
	8. <b>Unknown</b>

### Surgical Procedures - Complete only if J2100 = 1

↓	<b>Check all that apply</b>
<b>Major Joint Replacement</b>	
<input type="checkbox"/>	<b>J2300. Knee Replacement</b> - partial or total
<input type="checkbox"/>	<b>J2310. Hip Replacement</b> - partial or total
<input type="checkbox"/>	<b>J2320. Ankle Replacement</b> - partial or total
<input type="checkbox"/>	<b>J2330. Shoulder Replacement</b> - partial or total

## Section K Swallowing/Nutritional Status

### K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last 7 days

1. While NOT a Resident	1. While NOT a Resident	2. While a Resident
Performed <b>while NOT a resident</b> of this facility and within the <b>last 7 days</b> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank		
2. While a Resident	↓ Check all that apply ↓	
Performed <b>while a resident</b> of this facility and within the <b>last 7 days</b>		
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		<input checked="" type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)		<input checked="" type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>



# Integrated Coding and PDPM Case Study Coding Sheet

Section M		Skin Conditions	
<b>M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage</b>			
Enter Number	<input type="text" value="1"/>	<b>D. Stage 4:</b> Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling	
Enter Number	<input type="text" value="1"/>	<b>1. Number of Stage 4 pressure ulcers</b> - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device  <b>2. Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry</b> - enter how many were noted at the time of admission/entry or reentry	
<b>M1040. Other Ulcers, Wounds and Skin Problems</b>			
↓ Check all that apply			
<b>Foot Problems</b>			
<input type="checkbox"/>	<b>A. Infection of the foot</b> (e.g., cellulitis, purulent drainage)		
<input type="checkbox"/>	<b>B. Diabetic foot ulcer(s)</b>		
<input type="checkbox"/>	<b>C. Other open lesion(s) on the foot</b>		
<b>Other Problems</b>			
<input type="checkbox"/>	<b>D. Open lesion(s) other than ulcers, rashes, cuts</b> (e.g., cancer lesion)		
<input checked="" type="checkbox"/>	<b>E. Surgical wound(s)</b>		
<input type="checkbox"/>	<b>F. Burn(s)</b> (second or third degree)		
<input type="checkbox"/>	<b>G. Skin tear(s)</b>		
<input type="checkbox"/>	<b>H. Moisture Associated Skin Damage (MASD)</b> (e.g., incontinence-associated dermatitis [IAD], perspiration, drainage)		
<b>None of the Above</b>			
<input type="checkbox"/>	<b>Z. None of the above</b> were present		
<b>M1200. Skin and Ulcer/Injury Treatments</b>			
↓ Check all that apply			
<input type="checkbox"/>	<b>A. Pressure reducing device for chair</b>		
<input type="checkbox"/>	<b>B. Pressure reducing device for bed</b>		
<input checked="" type="checkbox"/>	<b>C. Turning/repositioning program</b>		
<input type="checkbox"/>	<b>D. Nutrition or hydration intervention</b> to manage skin problems		
<input checked="" type="checkbox"/>	<b>E. Pressure ulcer/injury care</b>		
<input checked="" type="checkbox"/>	<b>F. Surgical wound care</b>		
<input type="checkbox"/>	<b>G. Application of nonsurgical dressings</b> (with or without topical medications) other than to feet		
<input type="checkbox"/>	<b>H. Applications of ointments/medications</b> other than to feet		
<input type="checkbox"/>	<b>I. Application of dressings to feet</b> (with or without topical medications)		
<input type="checkbox"/>	<b>Z. None of the above</b> were provided		



# Integrated Coding and PDPM Case Study Coding Sheet

## MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING *Nursing Home Part A PPS Discharge (NPE) Item Set*

Section GG		Functional Abilities and Goals - Discharge (End of SNF PPS Stay)	
<b>GG0130. Self-Care</b> (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C) Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03			
<b>Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.</b>			
<b>Coding:</b> <b>Safety and Quality of Performance</b> - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> <ul style="list-style-type: none"> <li>06. <b>Independent</b> - Resident completes the activity by him/herself with no assistance from a helper.</li> <li>05. <b>Setup or clean-up assistance</b> - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.</li> <li>04. <b>Supervision or touching assistance</b> - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.</li> <li>03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</li> <li>02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</li> <li>01. <b>Dependent</b> - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.</li> </ul> <b>If activity was not attempted, code reason:</b> <ul style="list-style-type: none"> <li>07. <b>Resident refused</b></li> <li>09. <b>Not applicable</b> - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.</li> <li>10. <b>Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints)</li> <li>88. <b>Not attempted due to medical condition or safety concerns</b></li> </ul>			
<b>3.</b> <b>Discharge Performance</b> Enter Codes in Boxes ↓			
<input type="text"/> <input type="text"/>		<b>A. Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.	
<input type="text"/> <input type="text"/>		<b>B. Oral hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.	
<input type="text"/> <input type="text"/>		<b>C. Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.	
<input type="text"/> <input type="text"/>		<b>E. Shower/bathe self:</b> The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.	
<input type="text"/> <input type="text"/>		<b>F. Upper body dressing:</b> The ability to dress and undress above the waist; including fasteners, if applicable.	
<input type="text"/> <input type="text"/>		<b>G. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.	
<input type="text"/> <input type="text"/>		<b>H. Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.	

## Integrated Coding and PDPM Case Study Coding Sheet

Section GG		Functional Abilities and Goals - Discharge (End of SNF PPS Stay)
<b>GG0170. Mobility</b> (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C) Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03		
<b>Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.</b>		
<b>Coding:</b> <b>Safety and Quality of Performance</b> - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> <ul style="list-style-type: none"> <li>06. <b>Independent</b> - Resident completes the activity by him/herself with no assistance from a helper.</li> <li>05. <b>Setup or clean-up assistance</b> - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.</li> <li>04. <b>Supervision or touching assistance</b> - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.</li> <li>03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</li> <li>02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</li> <li>01. <b>Dependent</b> - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.</li> </ul> <b>If activity was not attempted, code reason:</b> <ul style="list-style-type: none"> <li>07. <b>Resident refused</b></li> <li>09. <b>Not applicable</b> - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.</li> <li>10. <b>Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints)</li> <li>88. <b>Not attempted due to medical condition or safety concerns</b></li> </ul>		
<b>3. Discharge Performance</b> Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
<input type="text"/>	<input type="text"/>	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	<b>C. Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
<input type="text"/>	<input type="text"/>	<b>D. Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/>	<input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	<b>G. Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="text"/>	<input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/>	<input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.



# Integrated Coding and PDPM Case Study Coding Sheet

Section O		Special Treatments, Procedures, and Programs	
<b>O0425. Part A Therapies</b>			
Complete only if A0310H = 1			
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Number of Days <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Number of Days <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Enter Number of Days <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>A. Speech-Language Pathology and Audiology Services</b> <ol style="list-style-type: none"> <li><b>Individual minutes</b> - record the total number of minutes this therapy was administered to the resident <b>individually</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> <li><b>Concurrent minutes</b> - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> <li><b>Group minutes</b> - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol> <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy</p> <ol style="list-style-type: none"> <li><b>Co-treatment minutes</b> - record the total number of minutes this therapy was administered to the resident in <b>co-treatment sessions</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> <li><b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>		
	<b>B. Occupational Therapy</b> <ol style="list-style-type: none"> <li><b>Individual minutes</b> - record the total number of minutes this therapy was administered to the resident <b>individually</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> <li><b>Concurrent minutes</b> - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> <li><b>Group minutes</b> - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol> <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0425C, Physical Therapy</p> <ol style="list-style-type: none"> <li><b>Co-treatment minutes</b> - record the total number of minutes this therapy was administered to the resident in <b>co-treatment sessions</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> <li><b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>		
	<b>C. Physical Therapy</b> <ol style="list-style-type: none"> <li><b>Individual minutes</b> - record the total number of minutes this therapy was administered to the resident <b>individually</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> <li><b>Concurrent minutes</b> - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> <li><b>Group minutes</b> - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol> <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0430, Distinct Calendar Days of Part A Therapy</p> <ol style="list-style-type: none"> <li><b>Co-treatment minutes</b> - record the total number of minutes this therapy was administered to the resident in <b>co-treatment sessions</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> <li><b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>		
	<b>O0430. Distinct Calendar Days of Part A Therapy</b>		
	Complete only if A0310H = 1		
	Enter Number of Days <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Record the number of <b>calendar days</b> that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident's most recent Medicare Part A stay (A2400B)	



### PDPM Calculation Worksheet Responses for Mrs. S

#### Calculation of PDPM Cognitive Level

Step 1. C0500. BIMS Summary Score \_\_\_\_\_

PDPM Cognitive Level \_\_\_\_\_

#### Calculation of PT Payment Component

Step 1. I0020B Diagnosis \_\_\_\_\_

Default Primary Diagnosis Clinical Category \_\_\_\_\_

Step 1A. Resident Eligible for Surgical Clinical Category and Received Major joint replacement or spinal surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

Step 1B. Resident Eligible for Surgical Clinical Category and Received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)? Yes \_\_\_\_\_ No \_\_\_\_\_

Step 1C. Resident Eligible for Surgical Clinical Category and Received Significant Non-Orthopedic Surgical Procedure? Yes \_\_\_\_\_ No \_\_\_\_\_

Step 1D. Finalized Primary Diagnosis Clinical Category \_\_\_\_\_

Step 2. PT Clinical Category \_\_\_\_\_

Step 3. Calculation of Function Score:

- Self-Care Admission Performance Function Score:
  - Eating \_\_\_\_\_ Oral Hygiene \_\_\_\_\_ Toileting Hygiene \_\_\_\_\_
- Mobility Admission Performance Function Score:
  - Bed Mobility: Sit to Lying \_\_\_\_\_ Lying to Sitting \_\_\_\_\_
  - Transfer: Sit to Stand \_\_\_\_\_ Chair/bed-to-chair transfer \_\_\_\_\_ Toilet transfer \_\_\_\_\_
  - Walking: Walk 50 feet with two turns \_\_\_\_\_ Walk 150 feet \_\_\_\_\_
- Average Bed Mobility \_\_\_\_\_ Average Transfer \_\_\_\_\_ Average Walking \_\_\_\_\_

PDPM PT Function Score \_\_\_\_\_

Step 4. PDPM PT Classification \_\_\_\_\_

### Calculation of OT Payment Component\*

**\*Note:** The steps for calculating the resident's PDPM classification for the OT component follow the same logic used for calculating the resident's PDPM classification for the PT component, described above. Therefore the PDPM OT Classification is the same as the PDPM PT Classification.

PDPM OT Case-Mix Classification \_\_\_\_\_

### Calculation of SLP Payment Component\*

**\*Note:** The primary diagnosis clinical category used for the SLP component is the same as the clinical category used for the PT and OT components.

Step 1. Primary Diagnosis Clinical Category \_\_\_\_\_

Step 2. SLP Clinical Category \_\_\_\_\_

Step 3. Presence of one or more SLP-related comorbidities? Yes \_\_\_\_\_ No \_\_\_\_\_

Step 4. Presence of cognitive impairment? Yes \_\_\_\_\_ No \_\_\_\_\_

Step 5. Number of conditions present (based on Steps 2, 3 and 4) \_\_\_\_\_

Step 6. Presence of Swallowing Disorder? Yes \_\_\_\_\_ No \_\_\_\_\_

Step 7. Presence of Mechanically Altered Diet? Yes \_\_\_\_\_ No \_\_\_\_\_

Step 8. Presence of Mechanically Altered Diet or Swallowing Disorder? (Neither/Either/Both) \_\_\_\_\_

Step 9: PDPM SLP Classification \_\_\_\_\_

### Calculation of NTA Payment Component

Step 1. Resident has HIV/AIDS? Yes \_\_\_\_\_ No \_\_\_\_\_

Presence of Parenteral/IV Feeding – High Intensity? Yes \_\_\_\_\_ No \_\_\_\_\_

Presence of Parenteral/IV Feeding – Low Intensity? Yes \_\_\_\_\_ No \_\_\_\_\_

NTA-related comorbidities (Table 16) \_\_\_\_\_

Step 2. NTA Score \_\_\_\_\_

Step 3. PDPM NTA Classification \_\_\_\_\_

### **Calculation of Nursing Component**

#### Step 1. Calculation of Function Score:

- Self-Care Admission Performance Function Score:
  - Eating \_\_\_\_\_ Toileting Hygiene \_\_\_\_\_
- Mobility Admission Performance Function Score:
  - Bed Mobility: Sit to Lying \_\_\_\_\_ Lying to Sitting \_\_\_\_\_
  - Transfer: Sit to Stand \_\_\_\_\_ Chair/bed-to-chair transfer \_\_\_\_\_ Toilet transfer \_\_\_\_\_
- Average Bed Mobility \_\_\_\_\_ Average Transfer \_\_\_\_\_

**PDPM Nursing Function Score** \_\_\_\_\_

**Step 2. Nursing Case-Mix Group** \_\_\_\_\_

**Step 3. Resident Qualifies as Depressed?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Step 4. PDPM Nursing Classification** \_\_\_\_\_

### **HIPPS Character 1: PT/OT Component**

**Clinical Category** \_\_\_\_\_

**Section GG Function Score** \_\_\_\_\_

**PT/OT Case-Mix Group** \_\_\_\_\_

**HIPPS Character 1** \_\_\_\_\_

### **HIPPS Character 2: SLP Component**

**Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment (None, Any one, Any two, All three)** \_\_\_\_\_

**Mechanically Altered Diet or Swallowing Disorder (Neither/Either/Both)** \_\_\_\_\_

**SLP Case-Mix Group** \_\_\_\_\_

**HIPPS Character 2** \_\_\_\_\_



### **HIPPS Character 3: Nursing Component**

RUG-IV Nursing RUG \_\_\_\_\_

Extensive Services \_\_\_\_\_

Clinical Conditions \_\_\_\_\_

Depression Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Restorative Services \_\_\_\_\_

GG-based FunctionScore \_\_\_\_\_

Nursing Case-Mix Group \_\_\_\_\_

**HIPPS Character 3** \_\_\_\_\_

### **HIPPS Character 4: NTA Component**

NTA Score Range \_\_\_\_\_

NTA Case-Mix Group \_\_\_\_\_

**HIPPS Character 4** \_\_\_\_\_

### **HIPPS Character 5: AI Code**

**HIPPS Character 5** \_\_\_\_\_

**FINAL HIPPS CODE FOR MRS. S** \_\_\_\_\_