

PDPM basics:

Payment is based on Diagnoses / Conditions and a Functional Score from GG

a) Diagnoses are chosen by facility

Therapy will generally be using Treatment DX codes as Medical Dx as well as the Treatment DX so you do not need to wait for the facility to choose their primary DX code.

Diagnoses/Conditions that are important for ST to document if not in the medical chart already:

- Presence of: Aphasia; mechanically altered diet
- ICD 10 codes for: apraxia, Dysphagia, speech and language deficits

b) Function Score comes from GG and we will be providing that information still.

Most of the MDS requirements have been removed.

Only 2 mandatory:

Admission: completed Days 1-8 – which will set payment for entire stay. GG rules still apply.  
There is also a variable rate across the LOS built in to the system

- Non-therapy Ancillary component is multiplied by 3 for the first 3 days – boost to payment for those 3 days
- PT/OT component: After day 20, 2% reduction every 7 days

Discharge: Where all therapy minutes will be totaled. This is also where it will be calculated if you went over the combined 25% allotment for group and concurrent per discipline. GG rules still apply.

Optional MDS:

Interim Payment Assessment (IPA) – which is done to change the rate of pay based on changing status of the pt. They will only choose to do an IPA if it increases their pay. They will not be doing it if it decreases their pay.

Each facility will be monitoring changing conditions in the meetings. The only thing they need from us is to communicate any functional changes: especially with any of the interim GG areas: eating, oral hygiene, toilet hygiene, sit to lying, lying to sit, sit to stand, bed to chair transfer, toilet transfer, walking 50' w/ 2 turns, walking 150'. They will also need to know changes in diet, new dysphagia dx with ST. Based on the changing status of the pt, they will calculate if they want to do an IPA. If an IPA is indicated, they will tell us the ARD for that IPA and as with all ARDs there is a 7 day lookback and GG is to be done in the last 3 days of that lookback period. So we will have at least a 3 day minimum warning of when we need an interim GG.

Minutes do not matter anymore but OIG warned we should not be changing practice patterns

So scheduling minutes as we always did

Scheduling webinar as it is....

For Interrupted stay – Uncovered days are to be marked in projections as they always have

Insurance companies: All Medicare Replacement policies and Managed Care Policies are following PDPM.

Restorative: Some sites will be doing Restorative in conjunction with therapy. They are allowed to work on the same activities that therapy is doing but they have to have different goals. It will be the Restorative Nursing responsibility to review our notes in PCC to ensure they are working on different goals than us. So VITAL our evals are done in real time!!!!

MDS Documentation needs: In order to assist the MDS to accurately code ambulation status, they are asking that we document the location that we walk with the patient