Chapter	Section	Page(s) in version 1.18.11	Change
6			Updated language throughout to be gender neutral.
6	6.6	6-12	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 PDPM cognitive level cannot be assigned and the resident will be classified as if the resident is cognitively intact.
6	6.6	6-13	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). It should be noted that, in the case of an IPA, the items used for calculation of the resident's PDPM functional score are the Interim Performance items (GG0XXXX5), rather than the Admission Performance items (GG0XXXX1). For example, rather than GG0130B1, which is used on the 5-Day to assess the resident's Oral Hygiene Admission Performance, the IPA uses item GG0130B5 in order to measure the resident's Oral Hygiene Interim Performance.
6	6.6	6-26	O01010E21b Tracheostomy Care While a Resident O01010F21b Invasive Mechanical Ventilator or Respirator While a Resident

Chapter	Section	Page(s) in version 1.18.11	Change
6	6.6	6-27	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 K05+20C23 (mechanically altered diet while a resident) is checked, then the resident has a mechanically altered diet.
6	6.6	6-29	2. 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 of the SNF using item K05+20A23. 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.

Chapter	Section	Page(s) in version 1.18.11		Change	
6	6.6	6-30	Parenteral IV Feeding: Level High	K054 <mark>2</mark> 0A2 <mark>3</mark> , K0710A2	7
			Special Treatments/ Programs: Intravenous Medication Postadmit Code	O01 <mark>0</mark> 10H2 <mark>1b</mark>	5
			Special Treatments/ Programs: Invasive Mechanical Ventilator or Respirator Post- admit Code	O01 <mark>0</mark> 10F2 <mark>1b</mark>	4
			Parenteral IV Feeding: Level Low	K05+ <mark>2</mark> 0A2 <mark>3</mark> , K0710A2, K0710B2	3
			Lung Transplant Status	I8000	3
			Special Treatments/ Programs: Transfusion Post- admit Code	O01 <mark>0</mark> 1012 <mark>1b</mark>	2

Chapter	Section	Page(s) in version 1.18.11	Change		
6	6.6	6-30	Special Treatments/ Programs: Tracheostomy Care Post-admit Code	O010 <mark>1</mark> 0E2 <mark>1b</mark>	1
			Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
			Special Treatments/ Programs: Isolation Post- admit Code	O010 <mark>1</mark> 0M2 <mark>1b</mark>	1
			Specified Hereditary Metabolic/ Immune Disorders	I8000	1
			Morbid Obesity Special Treatments/ Programs: Radiation Postadmit Code	001 0 10B21b	1
6	6.6	6-31	Special		
			Treatments/ Programs: Suctioning Post- admit Code	O01 <mark>01</mark> 0D2 <mark>1b</mark>	1

Chapter	Section	Page(s) in version 1.18.11		Change	
6	6.6	6-31	Nutritional Approaches While a Resident: Feeding Tube	(054 <mark>2</mark> 0B2 <mark>3</mark>	1
6	6.6	6-35	O01 <mark>0</mark> 10E2 <mark>1b</mark> O01 0 10F21b O01 0 10M21b	resident Invasive Ventile while a Isolation active in	ostomy care while a t e mechanical lator or respirator resident on or quarantine for infectious disease resident
6	6.6	6-36	J1550A, others	followir I2000 P J1550B K0300 V	veight loss (1 or 2) B+2 or K05+20B23
6	6.6	6-37	STEP #3 Evaluate for depression are used as a third-level category. Residents with are identified by the Patthe Staff Assessment of Instructions for complet Section D. Refer to Appto 9° or PHQ-9-OV° is answered. For the PHQ-D0150B2 is coded 2 or below, otherwise end the comprise the PHQ-2 to and Staff assessments, respectively.	a. Signs and sympton split for the Specich signs and sympton tient Mood Intervior Patient Mood (Photogram) and PHQ-2 to pendix E for cases a complete but all questions of the pendix E for cases a complete but all questions of the pendix E for cases a complete but all questions of the pendix E for cases a complete but all questions of the pendix E for cases are pend	ial Care High oms of depression ew (PHQ-2 to 9°) or HQ-9-OV°). 9° are in Chapter 3, in which the PHQ-2 questions are not 20150A2 or a the questions The following items

Chapter	Section	Page(s) in version 1.18.11			Change
6	6.6	6-37			
			Resident	Staff	Description
			D0 20 150A	D0500A	Little interest or pleasure in doing things
			D0 20 150B	D0500B	Feeling down, depressed, or hopeless
			D0 20 150C	D0500C	Trouble falling or staying asleep, or sleeping too much
			D0 20 150D	D0500D	Feeling tired or having little energy
			D0 20 150E	D0500E	Poor appetite or overeating
			D0 20 150F	D0500F	Feeling bad about yourself - or that you are a failure or have let yourself down or your family down
			D0 20 150G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
			D0 20 150H	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
			D0 20 150I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
			-	D0500J	Being short-tempered, easily annoyed
6	6.6	6-37	the resident in assessment at for PDPM cla	nterview at t item D060 assification) Total Seve	calculate a Total Severity Score for item D030160 and for the staff 00. The resident qualifies as depressed in either of the two following cases: erity Score is greater than or equal to

Chapter	Section	Page(s) in version 1.18.11	Cha	ange
6	6.6	6-39	I6300, O01010C21b	Respiratory failure and oxygen therapy while a resident
			K054 <mark>2</mark> 0B4 <mark>2</mark> or K054 <mark>2</mark> 0B2 <mark>3</mark>	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**
6	6.6	6-39	O01 <mark>0</mark> 10B2 <mark>1b</mark>	Radiation treatment while a resident
			O01 <mark>0</mark> 10J2 <mark>1b</mark>	Dialysis treatment while a resident
6	6.6	6-39	**Selected skin treatments: M1200A, B Pressure relieving chair and M1200C Turning/repositioning program M1200D Nutrition or hydration inter M1200E Pressure ulcer/injury care M1200G Application of nonsurgical M1200H Application of ointments/m#Count as one treatment even if both	ram vention dressings (not to feet) ledications (not to feet)

Chapter	Section	Page(s) in version 1.18.11	Change
6	6.6	6-40	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:

Chapter	Section	Page(s) in version 1.18.11			Change
6	6.6	6-40	D :1 4	C4 CC	D : /:
			Resident	Staff	Description
			D0 20 150A	D0500A	Little interest or pleasure in doing things
			D0 20 150B	D0500B	Feeling down, depressed, or hopeless
			D0 20 150C	D0500C	Trouble falling or staying asleep, or sleeping too much
			D0 20 150D	D0500D	Feeling tired or having little energy
			D0 20 150E	D0500E	Poor appetite or overeating
			D0 20 150F	D0500F	Feeling bad about yourself - or that you are a failure or have let yourself down or your family down
			D0 20 150G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
			D0 20 150H	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
			D0 20 150I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
			-	D0500J	Being short-tempered, easily annoyed
6	6.6	6-40	the resident is assessment at for PDPM cla	nterview at t item D060 assification	calculate a Total Severity Score for item D030160 and for the staff 00. The resident qualifies as depressed in either of the two following cases:
			The D0 30 160 10 but not 99		erity Score is greater than or equal to

Chapter	Section	Page(s) in version 1.18.11		Change
6	6.6	6-42	M1040D, E M1040F O01010A21b O01010C21b O01010H21b O01010121b	Open lesions (other than ulcers, rashes, and cuts) or surgical wounds with any selected skin treatments*-or surgical wounds Burns (second or third degree) Chemotherapy while a resident Oxygen Ttherapy while a resident IV Medications while a resident Transfusions while a resident
6	6.6	6-42	are used as a third-lecategory. Residents are identified by the the Staff Assessment Instructions for composition D. Refer to a to 9° or PHQ-9-OV answered. For the PID0150B2 is coded 2 below, otherwise end	ion. Signs and symptoms of depression evel split for the Special Care High with signs and symptoms of depression Patient Mood Interview (PHQ-2 to 9°) or t of Patient Mood (PHQ-9-OV°). pleting the PHQ-2 to 9° are in Chapter 3, Appendix E for cases in which the PHQ-2 is complete but all questions are not HQ-2 to 9°, if either D0150A2 or or 3, continue asking the questions d the PHQ interview. The following items to 9° and PHQ-9-OV° for the Patient ts, respectively:

Chapter	Section	Page(s) in version 1.18.11			Change
6	6.6	6-43		Q : 40	-
			Resident	Staff	Description
			D0 20 150A	D0500A	Little interest or pleasure in doing things
			D0 20 150B	D0500B	Feeling down, depressed, or hopeless
			D0 20 150C	D0500C	Trouble falling or staying asleep, or sleeping too much
			D0 20 150D	D0500D	Feeling tired or having little energy
			D0 20 150E	D0500E	Poor appetite or overeating
			D0 20 150F	D0500F	Feeling bad about yourself - or that you are a failure or have let yourself down or your family down
			D0 20 150G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
			D0 20 150H	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
			D0 20 150I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
			-	D0500J	Being short-tempered, easily annoyed

Chapter	Section	Page(s) in version 1.18.11	Change
6	6.6	6-43	These items are used to calculate a Total Severity Score for the resident interview at item D030160 and for the staff assessment at item D0600. A higher Total Severity Score is associated with more symptoms of depression. For the resident interview, a Total Severity Score of 99 indicates that the interview was not successful. The resident qualifies as depressed for PDPM classification in either of the two following cases: The D030160 Total Severity Score is greater than or equal to 10 but not 99,
6	6.7	6-50	Requirements and policies for SNF PPS are described in greater detail in Chapter 8 of the Medicare Benefit Policy Manual (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c08pdf.pdf). There are some situations that the SNF may encounter that may impact Medicare Part A SNF coverage for a resident, affect the PPS assessment schedule, or impact the reimbursement received by the SNF.
6	6.8	6-53	If the SNF fails to set the ARD of a PPS assessment prior to the end of the last day of the ARD window, and the resident is no longer a SNF Part A resident, and as a result a PPS assessment does not exist in the iQIES ASAP system for the payment period, the provider may not usually bill for days when an assessment does not exist in the iQIES ASAP system. When a PPS assessment does not exist in the iQIES ASAP system, there is not a HIPPS code the provider may bill. In order to bill for Medicare SNF Part A services, the provider must submit a valid PPS assessment that is accepted into the iQIES ASAP system. The provider must bill the HIPPS code that is verified by the system. If the resident was already discharged from Medicare Part A when this is discovered, a PPS assessment may not be performed. However, there are instances when the SNF may bill the default code when a PPS assessment does not exist in the iQIES ASAP system. These exceptions are: