This post will explore how the Functional Scores for Payment Driven Payment Model (PDPM) will be calculated for Therapy. Just as a refresher, PDPM uses a combination of 6 components to determine payment. Five of these of these are case-mix adjusted, including the Physical Therapy (PT) and Occupational Therapy (OT) components.

The Function Score for both PT and OT is obtained based upon ten indicators under section GG of the Minimum Data Set (MDS), which the Centers for Medicare and Medicaid Services (CMS) have found to be predictive of the therapy costs per day. The SNF PDPM Technical Report contains specific information on the analyses and construction for the Functional Score. Section GG of the MDS is not anticipated to change prior to the October 1, 2019 implementation date, so now is an excellent opportunity to evaluate and enhance coding skill and accuracy before that time.

PT and OT Functional Scoring

Section GG Items:			Scoring
GG0130A1	Self-Care:	Eating	0-4
GG0130B1	Self-Care:	Oral Hygiene	0-4
GG0130C1	Self-Care:	Toilet Hygiene	0-4
GG0170B1	Mobility:	Sit to lying	0-4
GG0170C1		Lying to sitting on side of bed	Average of 2 Items
GG0170D1	Mobility:	Sit to stand	0-4
GG0170E1		Chair/bed to chair transfer	Average of 3 Items
GG0170F1		Toilet transfer	
GG0170J1	Mobility:	Walk 50 feet w/ 2 turns	0-4
GG0170K1		Walk 150 feet	Average of 2 Items

As you can see from the chart above, the two bed mobility items are averaged to obtain one score. Likewise, the three transfer-related areas are averaged for a single score. The score for walking is the average of the two walking based items. Once all six areas have been scored, the value for each item is added, with the total sum representing the final Functional Score. Under this algorithm, the maximum score is 24 (Independent), and the minimum score of 0 represents complete dependence. The RAI Manual contains multiple scenarios and clarifications to assist the interdisciplinary team to code each MDS item appropriately based upon the resident's usual performance on days 1 through 3 of their SNF stay.

Once the Functional Score has been obtained, this is used in conjunction with the clinical reason for SNF stay (MDS item I0020B) to assign the resident into a Collapsed PT and OT clinical category. We will delve more into how that classification occurs in the next posting.

PDPM will be implemented on October 1, 2019 and it is vital that your facility begin taking steps to prepare for this vast change in reimbursement systems. RehabVisions has resources to compare to the current PPS reimbursement system to the proposed PDPM and we are available to assist our facilities to determine the financial impact that PDPM may have your facility, based upon your individual resident population.

Our skilled nursing facility division has expertise in geriatric rehab and SNF operations. We are your partners, collaborating to help you stand out as providers of choice in your communities. Be sure to watch for our next post, as we countdown to PDPM together.

This post is based upon details currently available from CMS at the time of publication.
Please refer to the CMS PDPM page for more information.