



QRM PDPM Buzz-sheet

Patient -		PDPM HIPPS -	
Admission Date -		ARD - Skilling Entity - Hospital IV nutrition/fluids: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, enter IV dates - DC Plan -	
Qualifying Hosp. Dates -	Skill in Place? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Interrupted Stay? Yes <input type="checkbox"/> No <input type="checkbox"/>	MDS Assessment Type -		
Primary Reason for SNF I0020B -			
Recent Major Surgery J2100? Yes <input type="checkbox"/> Type of Surgery -	No <input type="checkbox"/>		
Clinical Category -			
PT/OT Functional Score GG Usual Performance (GG UP) -			
Nursing Functional Score GG Usual Performance (GG UP) -			
Mechanically Altered Diet? Yes <input type="checkbox"/> No <input type="checkbox"/>	2+ Restorative Programs started Day 1? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Section K Swallowing Disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supplemental O2 (PRN or continuous)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
BIMS Date -	BIMS Score -	Cognitive Impairment Level -	
PHQ-9 Date -	PHQ-9 Score -	Depression Criteria Met? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PT/OT Component			
<i>Items impacting CMG: Clinical Category & PT/OT Functional (GG UP) Score</i>			
<input type="checkbox"/>	Collapsed Clinical Category	PT/OT GG UP Score	PT/OT Case Mix Group
<input type="checkbox"/>	Major Joint Replacement or Spinal Surgery	0-5	TA
<input type="checkbox"/>	Major Joint Replacement or Spinal Surgery	6-9	TB
<input type="checkbox"/>	Major Joint Replacement or Spinal Surgery	10-23	TC
<input type="checkbox"/>	Major Joint Replacement or Spinal Surgery	24	TD
<input type="checkbox"/>	Other Orthopedic	0-5	TE
<input type="checkbox"/>	Other Orthopedic	6-9	TF
<input type="checkbox"/>	Other Orthopedic	10-23	TG
<input type="checkbox"/>	Other Orthopedic	24	TH
<input type="checkbox"/>	Medical Management	0-5	TI
<input type="checkbox"/>	Medical Management	6-9	TJ
<input type="checkbox"/>	Medical Management	10-23	TK
<input type="checkbox"/>	Medical Management	24	TL
<input type="checkbox"/>	Non-Orthopedic Surgery and Acute Neurologic	0-5	TM
<input type="checkbox"/>	Non-Orthopedic Surgery and Acute Neurologic	6-9	TN
<input type="checkbox"/>	Non-Orthopedic Surgery and Acute Neurologic	10-23	TO
<input type="checkbox"/>	Non-Orthopedic Surgery and Acute Neurologic	24	TP



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SLP Component				
<i>Items impacting CMG: Clinical Category if Acute Neurologic, BIMS, Diet, Section K, SLP Comorbidities</i>				
SLP Related Comorbidities – MDS Item		SLP Related Comorbidities – ICD-10 codes		
<input type="checkbox"/>	Aphasia I4300	<input type="checkbox"/>	Laryngeal Cancer I8000	
<input type="checkbox"/>	CVA, TIA, Stroke I4500	<input type="checkbox"/>	Apraxia I8000	
<input type="checkbox"/>	Hemiplegia or Hemiparesis I4900	<input type="checkbox"/>	Dysphagia I8000	
<input type="checkbox"/>	Traumatic Brain Injury I5500	<input type="checkbox"/>	ALS I8000	
<input type="checkbox"/>	Tracheostomy Care while a resident O0100E2	<input type="checkbox"/>	Oral Cancers I8000	
<input type="checkbox"/>	Vent or Respirator Care while a resident O0100F2	<input type="checkbox"/>	Speech & Language Deficits I8000	
I8000 ICD-10 SLP Diagnosis List		Qualifies for SLP Comorbidity?		Section K Swallowing Disorders
-		Yes <input type="checkbox"/> No <input type="checkbox"/>	Loss of liquids from mouth when eating or drinking	<input type="checkbox"/>
-		Yes <input type="checkbox"/> No <input type="checkbox"/>	Holding food in mouth/cheeks or residual food in mouth after meals	<input type="checkbox"/>
-		Yes <input type="checkbox"/> No <input type="checkbox"/>	Coughing or choking during meals or when swallowing medications	<input type="checkbox"/>
-		Yes <input type="checkbox"/> No <input type="checkbox"/>	Complaints of difficulty or pain with swallowing	<input type="checkbox"/>
-		Yes <input type="checkbox"/> No <input type="checkbox"/>	None of the above	<input type="checkbox"/>
<input type="checkbox"/> Clinical Category = Acute Neurologic <input type="checkbox"/> SLP-Related Comorbidity <input type="checkbox"/> Cognitive Impairment - BIMS < 13 - CPS > 0		<input type="checkbox"/> Mechanically Altered Diet <input type="checkbox"/> Section K Swallowing Disorder		SLP Case Mix Group
None None None		Neither Either Both		<input type="checkbox"/> SA <input type="checkbox"/> SB <input type="checkbox"/> SC
Any One Any One Any One		Neither Either Both		<input type="checkbox"/> SD <input type="checkbox"/> SE <input type="checkbox"/> SF
Any Two Any Two Any Two		Neither Either Both		<input type="checkbox"/> SG <input type="checkbox"/> SH <input type="checkbox"/> SI
Any Three Any Three Any Three		Neither Either Both		<input type="checkbox"/> SJ <input type="checkbox"/> SK <input type="checkbox"/> SL



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Nursing Component						
Items impacting CMG: extensive services, specialized services, IV's, co-morbidities and conditions, Nursing Functional (GG UP) Score, PHQ-9, BIMS, restorative therapies, respiratory therapy						
				CMG	HIPPS	
Extensive Services	Tracheostomy Care AND ventilator or respirator care while a resident Tracheostomy Care OR ventilator or respirator care While a resident Infection Isolation while a resident		Nursing Functional (GG UP) Score = 0-14	ES3	<input type="checkbox"/> A	
				ES2	<input type="checkbox"/> B	
				ES1	<input type="checkbox"/> C	
Special Care High	Comatose & dependent/activity did not occur Septicemia/Sepsis Diabetes with BOTH: Daily injections and Insulin order changes on 2+ days Quadriplegia & GG UP score ≤ 11 COPD AND SOB with lying flat Respiratory therapy x 7 days	Fever with one of the following: - Pneumonia - Vomiting - Weight loss - Feeding tube with intake requirement** Parenteral/IV feedings while a resident (K0510A1) or while not a resident (K0510A2)	GG UP 0-14	Depression Criteria		
			0-5	Yes	HDE2	<input type="checkbox"/> D
			0-5	No	HDE1	<input type="checkbox"/> E
			6-14	Yes	HBC2	<input type="checkbox"/> F
6-14	No	HBC1	<input type="checkbox"/> G			
Special Care Low	Cerebral Palsy GG UP score ≤ 11 Multiple Sclerosis & GG UP score ≤ 11 Parkinson's Disease & GG UP score ≤ 11 Respiratory failure and oxygen therapy while a resident Feeding tube average across 7day lookback** ≥ 51% of calories OR 26-50% calories + ≥501cc fluid Radiation therapy while a resident Dialysis while a resident	2+ Stage 2 pressure ulcers with 2+ skin treatments Any Stage 3 or 4 pressure ulcer OR unstageable with slough or eschar with 2+ skin treatments 2+ venous/arterial ulcer with 2+ skin treatments Stage 2 pressure ulcer x1 and venous/arterial x1 with 2+ skin treatments Foot infection, diabetic foot ulcer, or other open lesion of foot with dressings	GG UP 0-14	Depression Criteria		
			0-5	Yes	LDE2	<input type="checkbox"/> H
			0-5	No	LDE1	<input type="checkbox"/> I
			6-14	Yes	LBC2	<input type="checkbox"/> J
			6-14	No	LBC1	<input type="checkbox"/> K
Clinically Complex	Extensive services, Special care high or Special care low with GG UP score = 15-16 Pneumonia Hemiplegia/hemiparesis & GG UP ≤ 11 Surgical wounds or open lesion with treatments Burns While a resident: Chemotherapy, Oxygen Therapy, IV medications, Transfusions		GG UP 0-16	Depression Criteria		
			0-5	Yes	CDE2	<input type="checkbox"/> L
			0-5	No	CDE1	<input type="checkbox"/> M
			6-14	Yes	CBC2	<input type="checkbox"/> N
			15-16	Yes	CA2	<input type="checkbox"/> O
			6-14	No	CBC1	<input type="checkbox"/> P
15-16	NO	CA1	<input type="checkbox"/> Q			
Behavioral & Cog	Cognitive impairment (BIMS score ≤ 9 or CPS > 3) Hallucinations Delusions Physical behavior symptoms towards others Verbal behavior symptoms towards others Other behavioral symptoms no directed towards others Rejection of Care Wandering Restorative Nursing Services - see below Reduced Physical Function for RNP criteria		GG UP 11-16	Restorative Criteria		
			11-16	≥ 2 RNP	BAB2	<input type="checkbox"/> R
			11-16	0-1 RNP	BAB1	<input type="checkbox"/> S
Reduced Physical Function	Restorative Nursing Services administered x 15 minutes per RNP program for ≥ 6 days: - Urinary toileting program *and/or bowel toileting program - Passive *and/or Active range of motion - Splint or brace program - Bed mobility *and/or walking training - Transfer training - Dressing and/or grooming training - Eating and/or swallowing training - Amputation/prostheses care - Communication Training		GG UP 0-16	Restorative Criteria		
			0-5	≥ 2 RNP	PDE2	<input type="checkbox"/> T
			0-5	0-1 RNP	PDE1	<input type="checkbox"/> U
			6-14	≥ 2 RNP	PBC2	<input type="checkbox"/> V
			15-16	≥ 2 RNP	PA2	<input type="checkbox"/> W
			6-14	0-1 RNP	PBC1	<input type="checkbox"/> X
			15-16	0-1 RNP	PA1	<input type="checkbox"/> Y

*Count as 1 RNP if both are provided

Non-Therapy Ancillary Component & Checklist

Items impacting CMG: points collected for specialized services, clinical conditions & comorbidities, active qualifying diagnoses

Parenteral IV Feeding		Pts
<input type="checkbox"/>	Parenteral IV Feeding: Level High (K0510A2, K0710A2)	7
<input type="checkbox"/>	Parenteral IV feeding: Level Low (K0510A2, K0710A2, K0710B2)	3
Active Diagnosis		
<input type="checkbox"/>	Asthma, COPD, Chronic Lung Disease (e.g., chronic bronchitis, restrictive lung diseases such as asbestosis) (I6200)	2
<input type="checkbox"/>	Cardio-Respiratory Failure and Shock (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Chronic Myeloid Leukemia (I8000 – see Dx Mapping Tool)	2
<input type="checkbox"/>	Cirrhosis of Liver (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Complications of Specified Implanted Device or Graft (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Cystic Fibrosis (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Diabetes Mellitus (eg. diabetic retinopathy, nephropathy, and neuropathy) (I2900)	2
<input type="checkbox"/>	Diabetic Retinopathy - Proliferative and Vitreous Hemorrhage (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	End-Stage Liver Disease (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Endocarditis (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Epilepsy – Intractable (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Inflammatory Bowel Disease (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Immune Disorders (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Lung Transplant Status (I8000 – see Dx Mapping Tool)	3
<input type="checkbox"/>	Major Organ Transplant Status, Except Lung (I8000 – see Dx Mapping Tool)	2
<input type="checkbox"/>	Malnutrition (I5600)	1
<input type="checkbox"/>	Morbid Obesity (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Myelodysplastic Syndromes and Myelofibrosis (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Multi-Drug Resistant Organism (MDRO) (I1700)	1
<input type="checkbox"/>	Multiple Sclerosis (I5200)	2
<input type="checkbox"/>	Narcolepsy and Cataplexy (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Pancreatitis – Chronic (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Psoriatic Arthropathy and Systemic Sclerosis (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Pulmonary Fibrosis and Other Chronic Lung Disorders (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Respiratory Arrest (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies (I8000 – see Dx Mapping Tool)	1
Infection and Immune Disorders		
<input type="checkbox"/>	Aseptic Necrosis of Bone (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Bone/Joint/Muscle Infections/Necrosis – Except Aseptic Necrosis of Bone (I8000 – see Dx Mapping Tool)	2
<input type="checkbox"/>	Disorders of Immunity – Except: RxCC97: Immune Disorders (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	HIV/AIDS (SNF Claim)	8
<input type="checkbox"/>	Opportunistic Infections (I8000 – see Dx Mapping Tool)	2
<input type="checkbox"/>	Specified Hereditary Metabolic/Immune Disorders (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Wound Infection Code (I2500)	2
Skin and Wound		
<input type="checkbox"/>	Diabetic Foot Ulcer (M1040B)	1
<input type="checkbox"/>	Foot Infection, Open Lesion on Foot – Except Diabetic Foot Ulcer (M1040A, M1040C)	1
<input type="checkbox"/>	Severe Skin Burn or Condition (I8000 – see Dx Mapping Tool)	1
<input type="checkbox"/>	Unhealed Pressure Ulcer – Stage 4 (M0300D1)	1
Special Treatment or Program (Post Admission Only)		
<input type="checkbox"/>	Bladder and Bowel: Intermittent Catheterization (H0100D)	1
<input type="checkbox"/>	Bladder and Bowel: Ostomy including urostomy, ileostomy, and colostomy (H0100C)	1
<input type="checkbox"/>	Feeding Tube (K0510B2)	1
<input type="checkbox"/>	Intravenous Medication (O0100H2)	5
<input type="checkbox"/>	Isolation (O0100M2)	1
<input type="checkbox"/>	Radiation (O0100B2)	1
<input type="checkbox"/>	Transfusion (O0100I2)	2
Respiratory Treatments (Post Admission Only)		
<input type="checkbox"/>	Suctioning (O0100D2)	1
<input type="checkbox"/>	Tracheostomy Care (O0100E2)	1
<input type="checkbox"/>	Ventilator or Respirator (O0100F2)	4
NTA CMG Score Ranges: 12+Points=NA; 9-11 Points=NB; 6-8 Points=NC; 3-5 Points=ND; 1-2 Points=NE; 0 Points=NF		Total
		-