

PDPM SPEECH THERAPY

In PDPM, every Skilled Med-A patient will be assigned a ST Component whether or not they receive ST treatment. The ST Component of a patient's per diem rate will consist of these 5 factors:

None, Any 1, Any 2, or All 3 of the following:

- 1. Acute Neurological Condition** – from primary ICD-10 coded in I0020B, maps to Acute Neurologic Clinical Category
- 2. Speech Comorbidity** – One of the 12 ST related conditions from the table below.
- 3. Cognitive Impairment** – Score of 12 or less on the BIMS or if unable to complete the BIMS a score of 1 or more on the CPS

Presence of **Acute Neurological Condition**

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

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

I0020B. ICD Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Presence of **Speech Comorbidity**

MDS Item	Description
I4300	Aphasia
I4500	CVA, TIA, or Stroke
I4900	Hemiplegia or Hemiparesis
I5500	Traumatic Brain Injury
I8000	Laryngeal Cancer
I8000	Apraxia
I8000	Dysphagia
I8000	ALS
I8000	Oral Cancers
I8000	Speech and Language Deficits
O0100E2	Tracheostomy Care While a Resident
O0100F2	Ventilator or Respirator While a Resident

Score of 12 or less on BIMS, more than 1 on CPS

PDPM Cognitive Level	BIMS	CPS
Cognitively Intact	13-15	0
Mildly Impaired	8-12	1-2
Moderately Impaired	0-7	3-4
Severely Impaired	-	5-6

Neither, Either, or Both of the following:

- 4. Swallowing Disorder** – Signs and symptoms of a swallowing disorder checked on Section K0100.
- 5. Mechanically Altered Diet** – change in texture of food or liquids checked in Section K0510.

Signs/Symptoms of **Swallowing Disorder**

Section K	Swallowing/Nutritional Status
K0100. Swallowing Disorder	Signs and symptoms of possible swallowing disorder
	↓ Check all that apply
<input type="checkbox"/>	A. Loss of liquids/solids from mouth when eating or drinking
<input type="checkbox"/>	B. Holding food in mouth/cheeks or residual food in mouth after meals
<input type="checkbox"/>	C. Coughing or choking during meals or when swallowing medications
<input type="checkbox"/>	D. Complaints of difficulty or pain with swallowing
<input type="checkbox"/>	Z. None of the above

Mechanically Altered food or liquids

K0510. Nutritional Approaches
Check all of the following nutritional approaches that were performed during the last 7 days
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)

Speech Therapy Component **Case-Mix Groups and Case-Mix Index**

The Case Mix Index is a base number, think of it as a weighted score. This weighted score will then be multiplied by a set variable to determine the ST Component per diem rate for each patient.

Presence of Acute Neurologic Condition, Speech Comorbidity, Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	ST Case Mix Group	ST Case Mix Index
None	Neither	SA	0.68
	Either	SB	1.82
	Both	SC	2.67
Any one	Neither	SD	1.46
	Either	SE	2.34
	Both	SF	2.98
Any two	Neither	SG	2.04
	Either	SH	2.86
	Both	SI	3.53
All three	Neither	SJ	2.99
	Either	SK	3.70
	Both	SL	4.21