

PDPM NON-THERAPY ANCILLARY

Every skilled Med-A patient will be categorized into one six NTA groups for PDPM that will be determined by the presence of 50 specific conditions, comorbidities and extensive services that are coded on the MDS in the following areas (with the exception of HIV/AIDS being coded on the SNF Claim):

Section I: Active Diagnoses	Section H: Bladder and Bowel	Section M: Skin Conditions
Section I8000. Additional active diagnoses	Section K: Swallowing/Nutritional Status	Section O: Special Treatments, Procedures, and Programs

Each condition/extensive service identified on the MDS or SNF claim, results in a point value ranging from 1 through 8. All of the points are added up for a total NTA comorbidity score, which will be assigned to one of six case mix groups:

NTA Comorbidity Score	NTA Case Mix Group	Case Mix Index
12+	NA	3.24
9-11	NB	2.53
6-8	NC	1.84
3-5	ND	1.33
1-2	NE	0.96
0	NF	0.72

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 NTA Component per diem rate for each patient.

NTA Variable Per-Diem Adjustment

CMS has indicated that NTA costs were found to be higher at the beginning of a stay and therefore the NTA component per diem rate will be reimbursed at three times the amount on days 1-3 of the SNF stay. Days 4 through 100 will be reimbursed at the full rate of reimbursement.

For a full list of conditions, co-morbidities and extensive services and their relative point values, refer to page 2 of this document, "NTA Simplified".