

**Track Changes  
from Appendix A v1.16  
to Appendix A v1.17.1**

Chapter	Section	Page	Change
App. A	—	A-1	<p>Activities of Daily Living ADLs</p> <p>Activities of daily living are those needed for self-care: and include activities such as bathing, dressing, grooming, oral care, mobility (e.g., ambulation), toileting, eating, and transferring, and communicating. Select self-care and mobility items from Section GG are utilized to classify a resident into the PT, OT, and nursing components for PDPM. <del>The late-loss ADLs (eating, toileting, bed mobility, and transferring) are used to classify a patient into a RUG-IV group.</del></p>
App. A	—	A-8	<p>Health Insurance Prospective Payment System HIPPS</p> <p>Billing codes used when submitting claims to the MACs (previously FIs) for Medicare payment. Codes comprise the <del>RUG category</del> PDPM group calculated by the assessment followed by an indicator to indicate which assessment was completed.</p>
App. A	—	A-4–A-10	Page length changed due to revised content.
App. A	—	A-10	<p><b>Interrupted Stay</b> Interrupted Stay is a Medicare Part A SNF stay in which a resident is discharged from SNF care (i.e., the resident is discharged from a Medicare Part A-covered stay) and subsequently resumes SNF care in the <b>same</b> SNF for a Medicare Part A-covered stay during the interruption window.</p>

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Chapter	Section	Page	Change
App. A	—	A-10	<p><b>Interruption Window</b> The interruption window is a 3-day period, starting with the calendar day of discharge and including the 2 immediately following calendar days. In other words, if a resident in a Medicare Part A SNF stay is discharged from Part A, the resident must resume Part A services, or return to the <b>same</b> SNF (if physically discharged) to resume Part A services, by 11:59 p.m. at the end of the third calendar day after their Part A-covered stay ended. The interruption window begins with the first non-covered day following a Part A-covered stay and ends at 11:59 p.m. on the third consecutive non-covered day following a Part A-covered SNF stay. If these conditions are met, the subsequent stay is considered a continuation of the previous Medicare Part A-covered stay for the purposes of both the variable per diem schedule and PPS assessment completion.</p>
App. A	—	A-15	<p><b>Patient Driven Payment Model PDPM</b></p> <p>The Patient Driven Payment Model (PDPM) is a new case-mix classification system for classifying skilled nursing facility (SNF) residents in a Medicare Part A covered stay into payment groups under the SNF Prospective Payment System. Effective beginning October 1, 2019, PDPM will replace the current case-mix classification system, the Resource Utilization Group, Version IV (RUG-IV).</p>

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Chapter	Section	Page	Change
App. A	—	A-18	<b>Resource Utilization Group, Version IV RUG-IV</b>  A category-based classification system in which nursing facility residents classify into one of 66, <del>or 57</del> , or 47 RUG-IV groups. Residents in each group utilize similar quantities and patterns of resources. Assignment of a resident to a RUG-IV group is based on certain item responses on the MDS 3.0. Some states utilize the RUG-IV system for Medicaid payment in nursing facilities. Medicare Part A uses the 66-group classification.
App. A	—	A-23– A-25	Page length changed due to revised content.
App. A	—	A-24	<b>IPA</b> Interim Payment Assessment
App. A	—	A-24	<b>NTA</b> Non-Therapy Ancillary
App. A	—	A-24	<b>OSA</b> Optional State Assessment
App. A	—	A-25	<b>PDPM</b> Patient Driven Payment Model
App. A	—	A-25	<b>PHQ-9-OV<sup>®</sup></b> PHQ-9 <sup>®</sup> Observational Version
App. A	—	A-25	<b>SNF QRP</b> Skilled Nursing Facility Quality Reporting Program
App. A	—	A-25	<b>SSN</b> Social Security Number
App. A	—	A-25	<b>TPN</b> Total Parenteral Nutrition