First Look at MDS 3.0 Version 1.17

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General Notes

Please enter your questions into the Question box in the control panel on the right side of your screen. I'll answer a few questions at the end, time permitting, then provide all Q&As in a document to be posted at: https://briggshealthcare.blog/category/webinars/

On slides with 2 text boxes as this slide is, the left text box shows the current MDS item; the right text box shows the updated item for v1.17

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Agenda

-

version of the MDS 3.0 Item Set that will be used effective October 1, 2019
  - What's changed from the current version
  - What's new in the DRAFT version
  - What's happening in A0310B

- MDS items that relate to PDPM reimbursement

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Goals

- See what the DRAFT item set looks like
- Begin education & preparations for the significant changes coming October 1st
- Anticipate release of the DRAFT RAI User's Manual
- Provide resources to utilize for education and websites to follow for updates as we move from DRAFT to FINAL

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Each year on October 1st, CMS makes changes to the MDS Item Set

Some of the changes are for:

- ✓ Clarification
- ✓ IMPACT Act of 2014
- ✓ SNF Quality Reporting Program
- ✓ Requirements of Participation (RoPs)

Version 1.17 is seeing changes this year because of PDPM, IMPACT Act and SNF QRP

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Importance of the MDS Item Set

- PDPM reimbursement is established ***solely*** from the MDS Item Set (*special 18% add-on to the nursing component of PDPM payment with entry of ICD-10-CM code B20 [AIDS] on the claim if your state does not allow you to code AIDS in Section I*); State-specific Medicaid case mix also based on MDS Item Set
- SNF QRPs and QMs (with exception of claims-based measures)
- Survey
- Nursing Home Compare

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Item Set Changes

- Eight OMRA Item Subset Codes (ISCs) have been removed: NS, NSD, NO, NOD, SS, SSD, SO, and SOD

- Two new ISCs have been added: the Interim Payment Assessment (IPA) and the Optional State Assessment (OSA)

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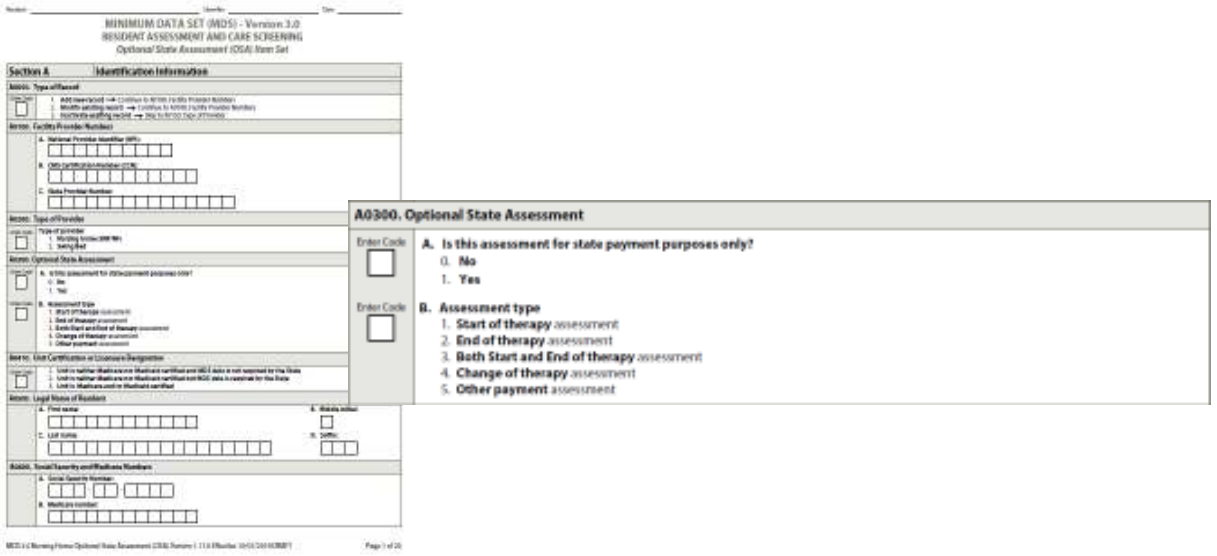
New Item – A0300

Optional State Assessment

A0300. Optional State Assessment Complete only if A0200 = 1	
Enter Code ☐	**A. Is this assessment for state payment purposes only?** 0. **No** 1. **Yes**



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Revised Items - A0310B, C, D

Type of Assessment - PPS

B. PPS Assessment

PPS Scheduled Assessments for a Medicare Part A Stay

- 01. 5-day scheduled assessment
- 02. 14-day scheduled assessment
- 03. 30-day scheduled assessment
- 04. 60-day scheduled assessment
- 05. 90-day scheduled assessment

PPS Unscheduled Assessments for a Medicare Part A Stay

- 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment)

Not PPS Assessment

- 99. None of the above

A0310 continued on next page

C. PPS Other Medicare Required Assessment – OMRA

- 0. No
- 1. Start of therapy assessment
- 2. End of therapy assessment
- 3. Both Start and End of therapy assessment
- 4. Change of therapy assessment

D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2

- 0. No
- 1. Yes

B. PPS Assessment

PPS Scheduled Assessment for a Medicare Part A Stay

- 01. 5-day scheduled assessment

PPS Unscheduled Assessment for a Medicare Part A Stay

- 08. IPA - Interim Payment Assessment

Not PPS Assessment

- 99. None of the above

NEW

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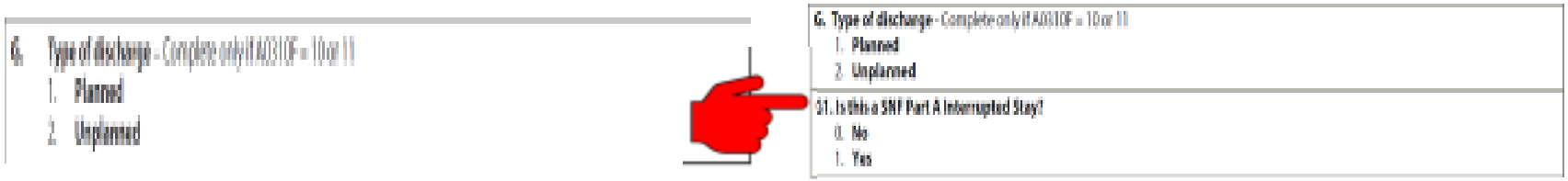
New Item – A0310G1

Type of Assessment – Interrupted Stay



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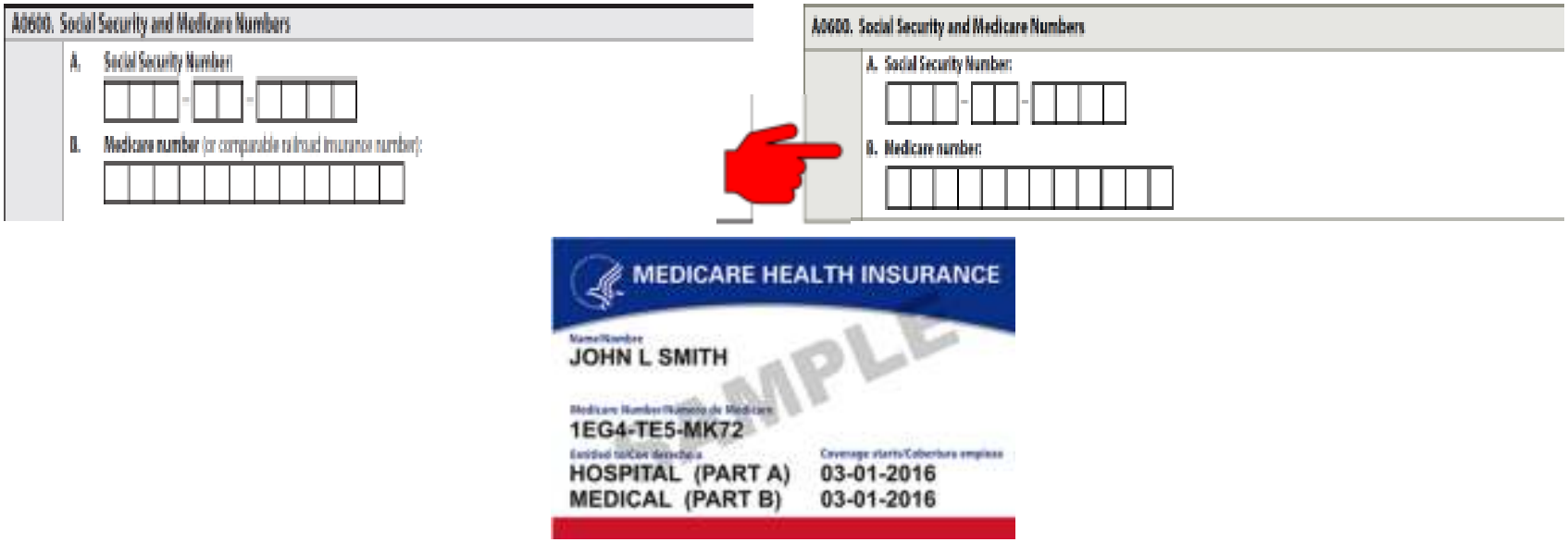
Revised A0600B

Medicare Number



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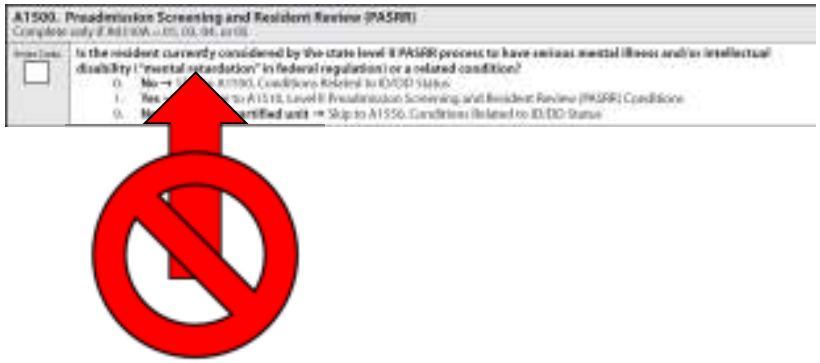
Revised Item - A1500

Preadmission Screening & Resident Review (PASRR)



A1500. Preadmission Screening and Resident Review (PASRR)
Complete only if A0310A = 01, 03, 04, or 05

Enter Code ☐

Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition?

0. **No** → Skip to A1550, Conditions Related to ID/DD Status
1. **Yes** → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions
9. **Not a Medicaid-certified unit** → Skip to A1550, Conditions Related to ID/DD Status

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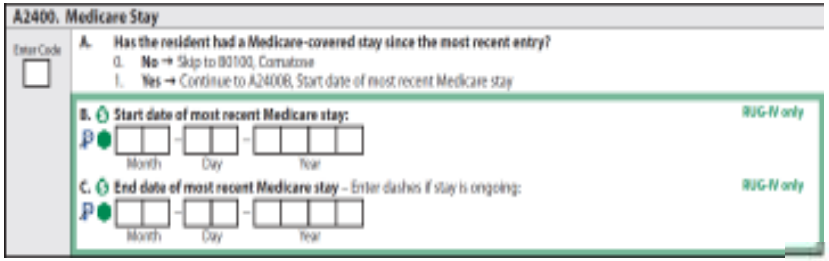
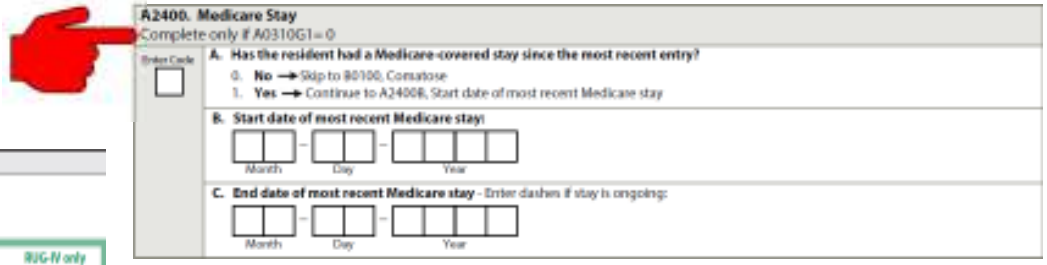
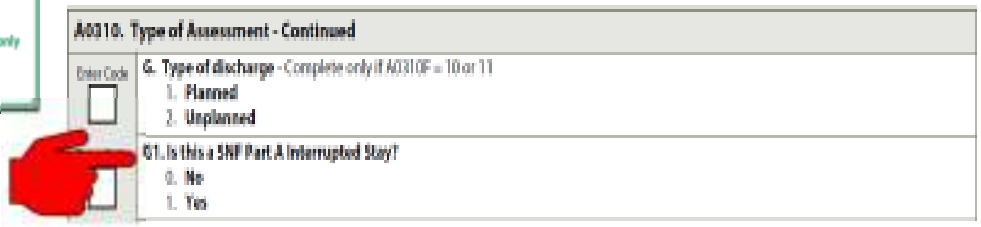
Revised Item - A2400

Medicare Stay







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Items Removed from v1.17

Safety Notification

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Revised Item – E0900

Wandering – Presence & Frequency

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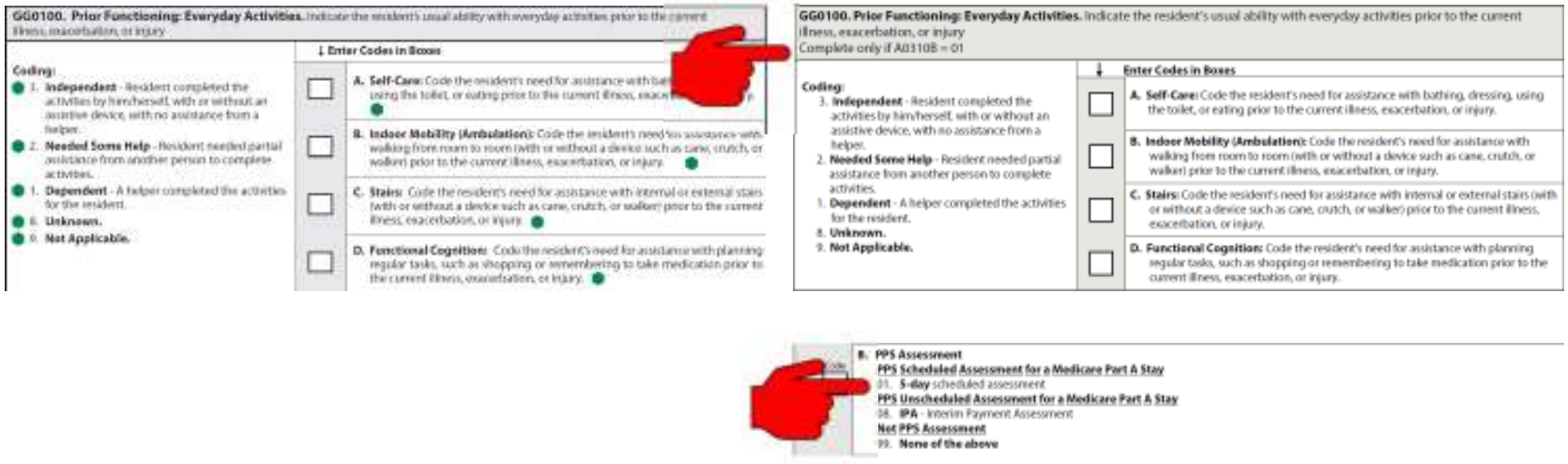
Revised Item - GG0100

Prior Functioning: Everyday Activities



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Revised Item - GG0110

Prior Device Use

GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury

↓ Check all that apply

- A. Manual wheelchair
- B. Motorized wheelchair and/or scooter
- C. Mechanical lift
- D. Walker
- E. Orthotics/Prosthetics
- Z. None of the above

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New Column for GG - IPA

Section GG	Functional Abilities and Goals - Interim Payment Assessment
GG0130. Self-Care (Assessment period is the last 3 days)	
Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.	
Coding: **Safety** and **Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. *Activities may be completed with or without assistive devices.* 06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper. 05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. **If activity was not attempted, code reason:** 07. **Resident refused** 09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints) 88. **Not attempted due to medical condition or safety concerns**	
5. Interim Performance **Enter Codes in Boxes** ↓	
☐☐	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
☐☐	**B. Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
☐☐	**C. Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

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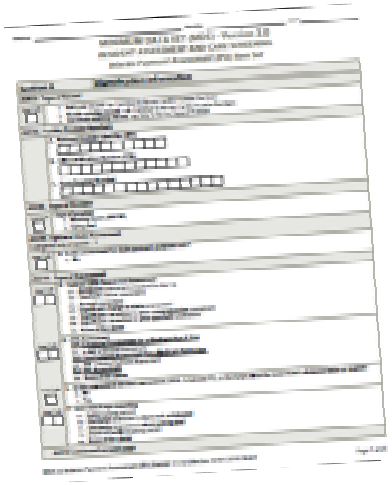
New Column for GG - IPA



Section GG | **Functional Abilities and Goals** - Interim Payment Assessment

GG0170. Mobility (Assessment period is the last 3 days)

Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

Coding:

Safety and **Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

5. Interim Performance Enter Codes in Boxes ↓	
☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	**C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
☐☐	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
☐☐	**E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
☐☐	**F. Toilet transfer:** The ability to get on and off a toilet or commode.
☐☐	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If interim performance is coded 07, 09, 10, or 88 → Skip to H0100, Appliances
☐☐	**J. Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
☐☐	**K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.

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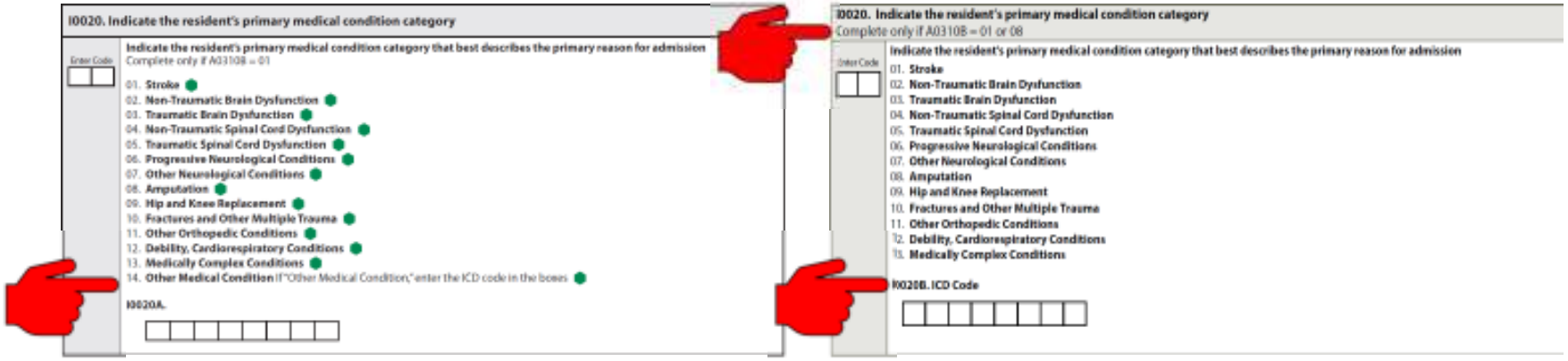
Revised & Added Items - I0020

Active Dx – Primary Medical Condition Category



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Item Added to NQ, NP & SP – I1300

	Gastrointestinal
☐	**I1100. Cirrhosis**
☐	**I1200. Gastroesophageal Reflux Disease (GERD) or Ulcer** (e.g., esophageal, gastric, and peptic ulcers)
☐	**I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease**

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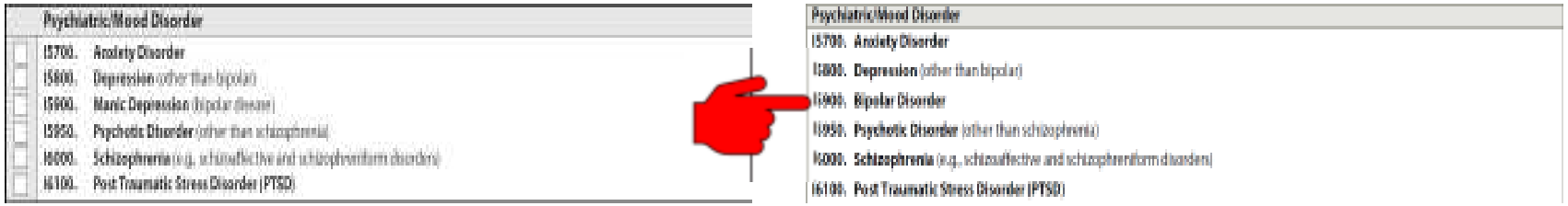
Revised Item - I5900

Bipolar Disorder



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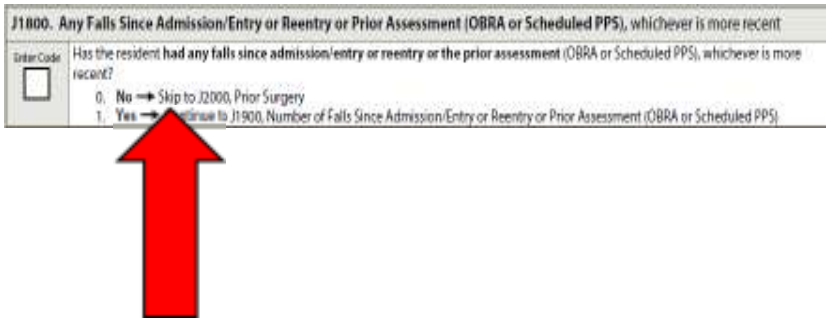
Revised Item – J1800

Any Falls Since Admission/Entry…



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New Item – J2100

Recent Surgery Requiring Active SNF Care

J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08	
Enter Code ☐	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0. **No** 1. **Yes** 8. **Unknown**

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New Items When J2100 = 1

Health Conditions – Surgical Procedures

Section J	Health Conditions
Surgical Procedures - Complete only if J2100 = 1	
↓ **Check all that apply**	
	Major Joint Replacement
☐	**J2300. Knee Replacement** - partial or total
☐	**J2310. Hip Replacement** - partial or total
☐	**J2320. Ankle Replacement** - partial or total
☐	**J2330. Shoulder Replacement** - partial or total
	Spinal Surgery
☐	**J2400. Involving the spinal cord or major spinal nerves**
☐	**J2410. Involving fusion of spinal bones**
☐	**J2420. Involving lamina, discs, or facets**
☐	**J2499. Other major spinal surgery**
	Other Orthopedic Surgery
☐	**J2500. Repair fractures of the shoulder** (including clavicle and scapula) **or arm** (but not hand)
☐	**J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle** (not foot)
☐	**J2520. Repair but not replace joints**
☐	**J2530. Repair other bones** (such as hand, foot, jaw)
☐	**J2599. Other major orthopedic surgery**

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And…

	Neurological Surgery
☐	**J2600. Involving the brain, surrounding tissue or blood vessels** (excludes skull and skin but includes cranial nerves)
☐	**J2610. Involving the peripheral or autonomic nervous system** - open or percutaneous
☐	**J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices**
☐	**J2699. Other major neurological surgery**
	Cardiopulmonary Surgery
☐	**J2700. Involving the heart or major blood vessels** - open or percutaneous procedures
☐	**J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords** - open or endoscopic
☐	**J2799. Other major cardiopulmonary surgery**
	Genitourinary Surgery
☐	**J2800. Involving male or female organs** (such as prostate, testes, ovaries, uterus, vagina, external genitalia)
☐	**J2810. Involving the kidneys, ureters, adrenal glands, or bladder** - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)
☐	**J2899. Other major genitourinary surgery**
	Other Major Surgery
☐	**J2900. Involving tendons, ligaments, or muscles**
☐	**J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen** - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)
☐	**J2920. Involving the endocrine organs** (such as thyroid, parathyroid), **neck, lymph nodes, or thymus** - open
☐	**J2930. Involving the breast**
☐	**J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant**
☐	**J5000. Other major surgery not listed above**

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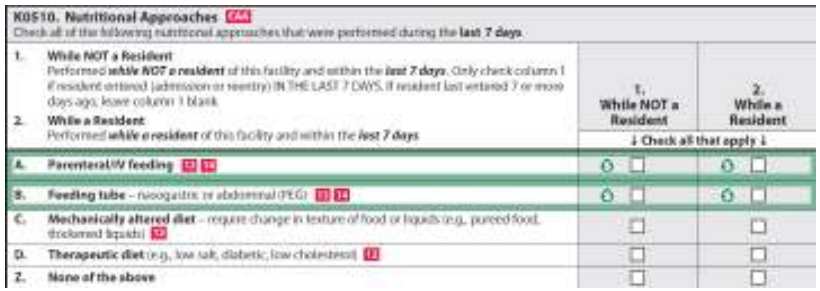
Revised Item - K0510

Nutritional Approaches

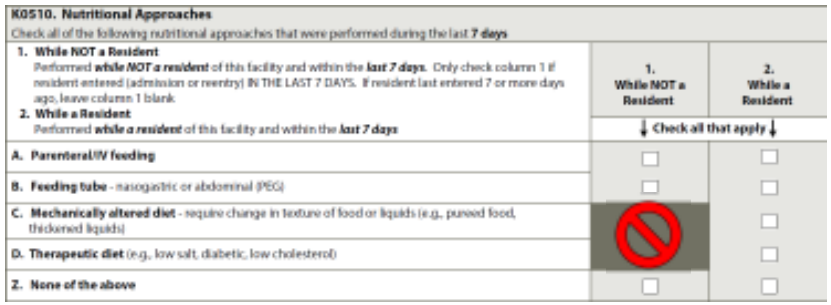


K0510. Nutritional Approaches FA6

Check all of the following nutritional approaches that were performed during the **last 7 days**

1. **While NOT a Resident**
   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank
2. **While a Resident**
   Performed ***while a resident*** of this facility and within the ***last 7 days***

		1. While NOT a Resident	2. While a Resident
		↓ Check all that apply ↓	
A.	**Parenteral/IV feeding**	☐	☐
B.	**Feeding tube** – nasogastric or abdominal (PEG)	☐	☐
C.	**Mechanically altered diet** – require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	☐
D.	**Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐	☐
Z.	**None of the above**	☐	☐



K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last **7 days**

1. **While NOT a Resident**
   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank
2. **While a Resident**
   Performed ***while a resident*** of this facility and within the ***last 7 days***

		1. While NOT a Resident	2. While a Resident
		↓ Check all that apply ↓	
A.	**Parenteral/IV feeding**	☐	☐
B.	**Feeding tube** - nasogastric or abdominal (PEG)	☐	☐
C.	**Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		☐
D.	**Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)		☐
Z.	**None of the above**	☐	☐

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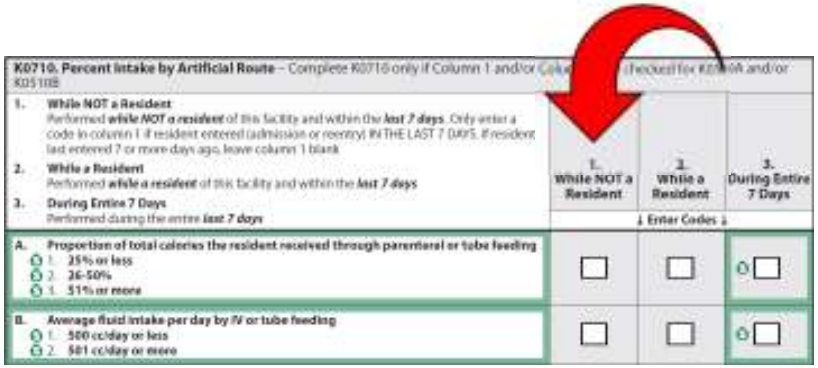
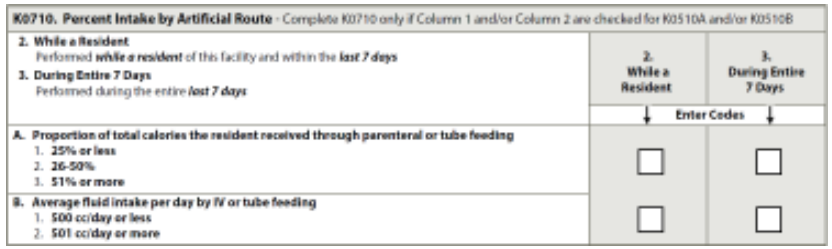
Revised Item - K0710

Percent Intake by Artificial Route



K0710. Percent Intake by Artificial Route – Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B

	1. While NOT a Resident	2. While a Resident	3. During Entire 7 Days
1. **While NOT a Resident** Performed **while NOT a resident** of this facility and within the **last 7 days**. Only enter a code in column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank 2. **While a Resident** Performed **while a resident** of this facility and within the **last 7 days** 3. **During Entire 7 Days** Performed during the entire **last 7 days**		↓ Enter Codes ↓	
A. **Proportion of total calories the resident received through parenteral or tube feeding** 0 1. 25% or less 0 2. 26-50% 0 1. 51% or more	☐	☐	0 ☐
B. **Average fluid intake per day by IV or tube feeding** 0 1. 500 cc/day or less 0 2. 501 cc/day or more	☐	☐	0 ☐



K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B

	2. While a Resident	3. During Entire 7 Days
2. **While a Resident** Performed **while a resident** of this facility and within the **last 7 days** 3. **During Entire 7 Days** Performed during the entire **last 7 days**	↓ Enter Codes ↓	
A. **Proportion of total calories the resident received through parenteral or tube feeding** 1. 25% or less 2. 26-50% 1. 51% or more	☐	☐
B. **Average fluid intake per day by IV or tube feeding** 1. 500 cc/day or less 2. 501 cc/day or more	☐	☐

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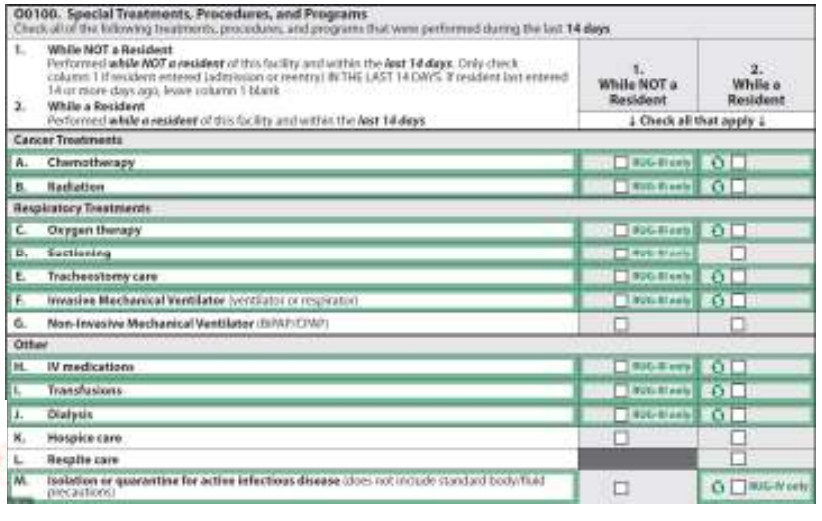
Item Removed from O0100

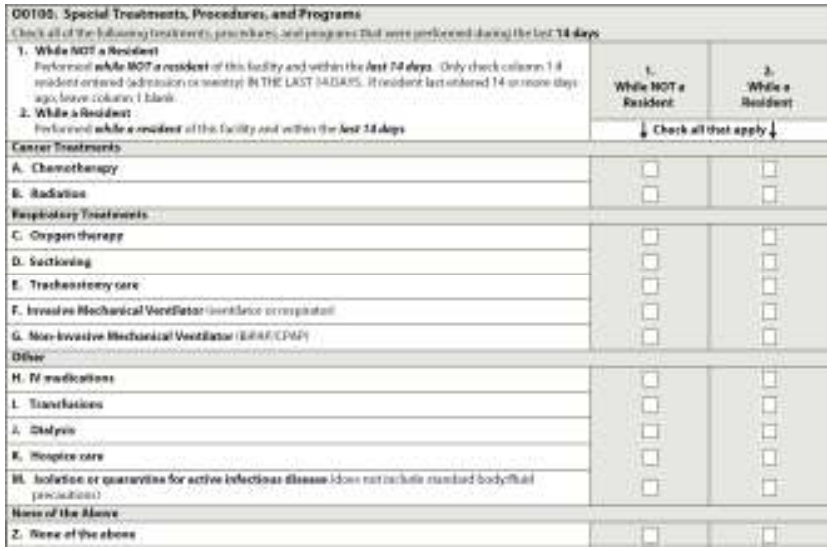
Respite Care



O0100. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed during the last **14 days**

	1. While NOT a Resident	2. While a Resident
1. **While NOT a Resident** Performed **while NOT a resident** of this facility and within the **last 14 days**. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank 2. **While a Resident** Performed **while a resident** of this facility and within the **last 14 days**	↓ Check all that apply ↓	
Cancer Treatments		
A. Chemotherapy	☐	☐
B. Radiation	☐	☐
Respiratory Treatments		
C. Oxygen therapy	☐	☐
D. Suctioning	☐	☐
E. Tracheostomy care	☐	☐
F. Invasive Mechanical Ventilator (ventilator or respirator)	☐	☐
G. Non-invasive Mechanical Ventilator (BiPAP/CPAP)	☐	☐
Other		
H. IV medications	☐	☐
I. Transfusions	☐	☐
J. Dialysis	☐	☐
K. Hospice care	☐	☐
L. Respite care		☐
M. **Isolation or quarantine for active infectious disease** (does not include standard bodyfluid precautions)	☐	☐



O0100. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed during the last **14 days**

	1. While NOT a Resident	2. While a Resident
1. **While NOT a Resident** Performed **while NOT a resident** of this facility and within the **last 14 days**. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank 2. **While a Resident** Performed **while a resident** of this facility and within the **last 14 days**	↓ Check all that apply ↓	
Cancer Treatments		
A. Chemotherapy	☐	☐
B. Radiation	☐	☐
Respiratory Treatments		
C. Oxygen therapy	☐	☐
D. Suctioning	☐	☐
E. Tracheostomy care	☐	☐
F. Invasive Mechanical Ventilator (ventilator or respirator)	☐	☐
G. Non-invasive Mechanical Ventilator (BiPAP/CPAP)	☐	☐
Other		
H. IV medications	☐	☐
I. Transfusions	☐	☐
J. Dialysis	☐	☐
K. Hospice care	☐	☐
M. **Isolation or quarantine for active infectious disease** (does not include standard bodyfluid precautions)	☐	☐
None of the Above		
Z. None of the above	☐	☐

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New Items – O0425

Part A Therapies

NEW

O0425. Part A Therapies
Complete only if A0310H = 1

A. Speech-Language Pathology and Audiology Services

Enter Number of Minutes
1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes
2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes
3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy

Enter Number of Minutes
4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Days
5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

B. Occupational Therapy

Enter Number of Minutes
1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes
2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes
3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0425C, Physical Therapy

Enter Number of Minutes
4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Days
5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

C. Physical Therapy

Enter Number of Minutes
1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes
2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Minutes
3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0430, Distinct Calendar Days of Part A Therapy

Enter Number of Minutes
4. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Number of Days
5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

Enter Code
H. Is this a SNF Part A PPS Discharge Assessment?
0. No
1. Yes

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New Item – O0430

Distinct Calendar Days of Part A Therapy

O0430. Distinct Calendar Days of Part A Therapy Complete only if A0310H = 1	
Enter Number of Days ☐☐☐	Record the number of **calendar days** that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident's most recent Medicare Part A stay (A2400B)

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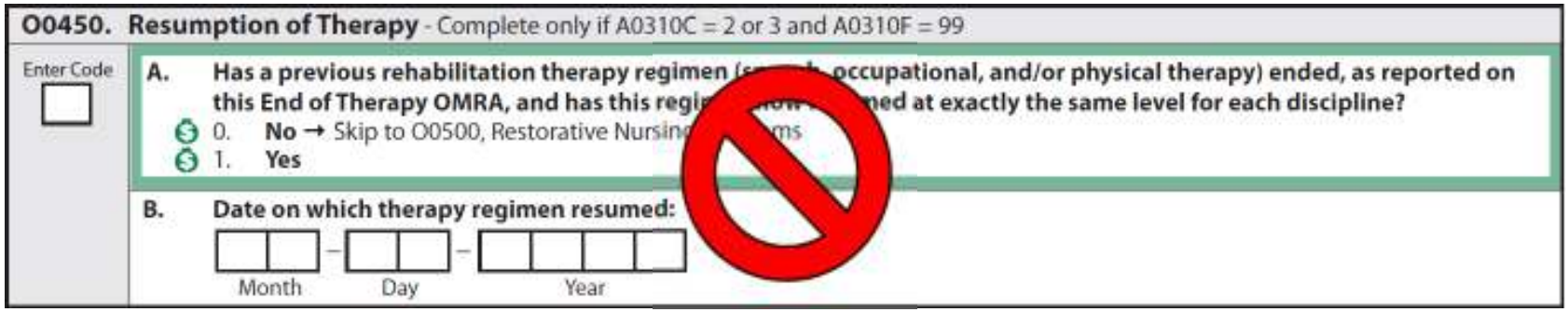
Item Removed – O0450

Resumption of Therapy



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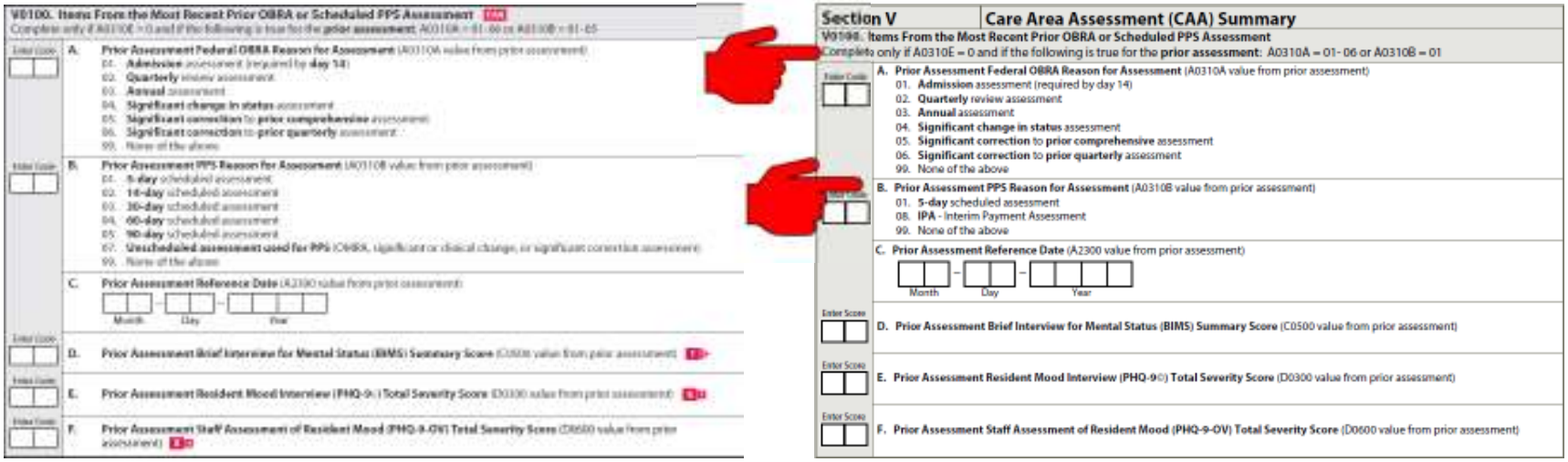
Removed Items - V0100

Items from Most Recent OBRA or Scheduled PPS Assessment



V0100. Items From the Most Recent Prior OBRA or Scheduled PPS Assessment

Complete only if A0310E = 0 and if the following is true for the **prior assessment**: A0310A = 01-06 or A0310B = 01

A. **Prior Assessment Federal OBRA Reason for Assessment** (A0310A value from prior assessment)
01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. None of the above

B. **Prior Assessment PPS Reason for Assessment** (A0310B value from prior assessment)
01. **5-day** scheduled assessment
08. **IPA** - Interim Payment Assessment
99. None of the above

C. **Prior Assessment Reference Date** (A2300 value from prior assessment)
Month – Day – Year

D. **Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score** (C0500 value from prior assessment)

E. **Prior Assessment Resident Mood Interview (PHQ-9©) Total Severity Score** (D0300 value from prior assessment)

F. **Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV) Total Severity Score** (D0600 value from prior assessment)

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Revised X0600B

Correction Request – Type of Assessment: PPS

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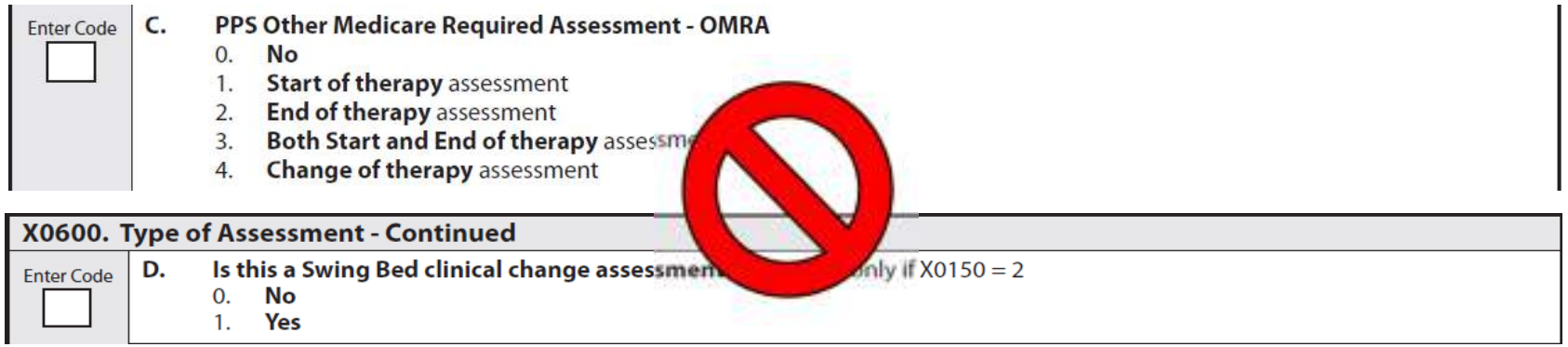
Items Removed – X0600C & D

Correction Request – Type of Assessment



Enter Code ☐

C. PPS Other Medicare Required Assessment - OMRA

0. **No**
1. **Start of therapy** assessment
2. **End of therapy** assessment
3. **Both Start and End of therapy** assessm
4. **Change of therapy** assessment

X0600. Type of Assessment - Continued

Enter Code ☐

D. Is this a Swing Bed clinical change assessmen nly if X0150 = 2

0. **No**
1. **Yes**

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Item Removed – X0900

Reasons for Modification

X0900. Reasons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)

Check all that apply

- A. Transcription error
- B. Data entry error
- C. Software product error
- D. Item coding error
- Z. Other error requiring modification
  If "Other" checked, please specify:

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Item Removed – Section Z

Assessment Administration

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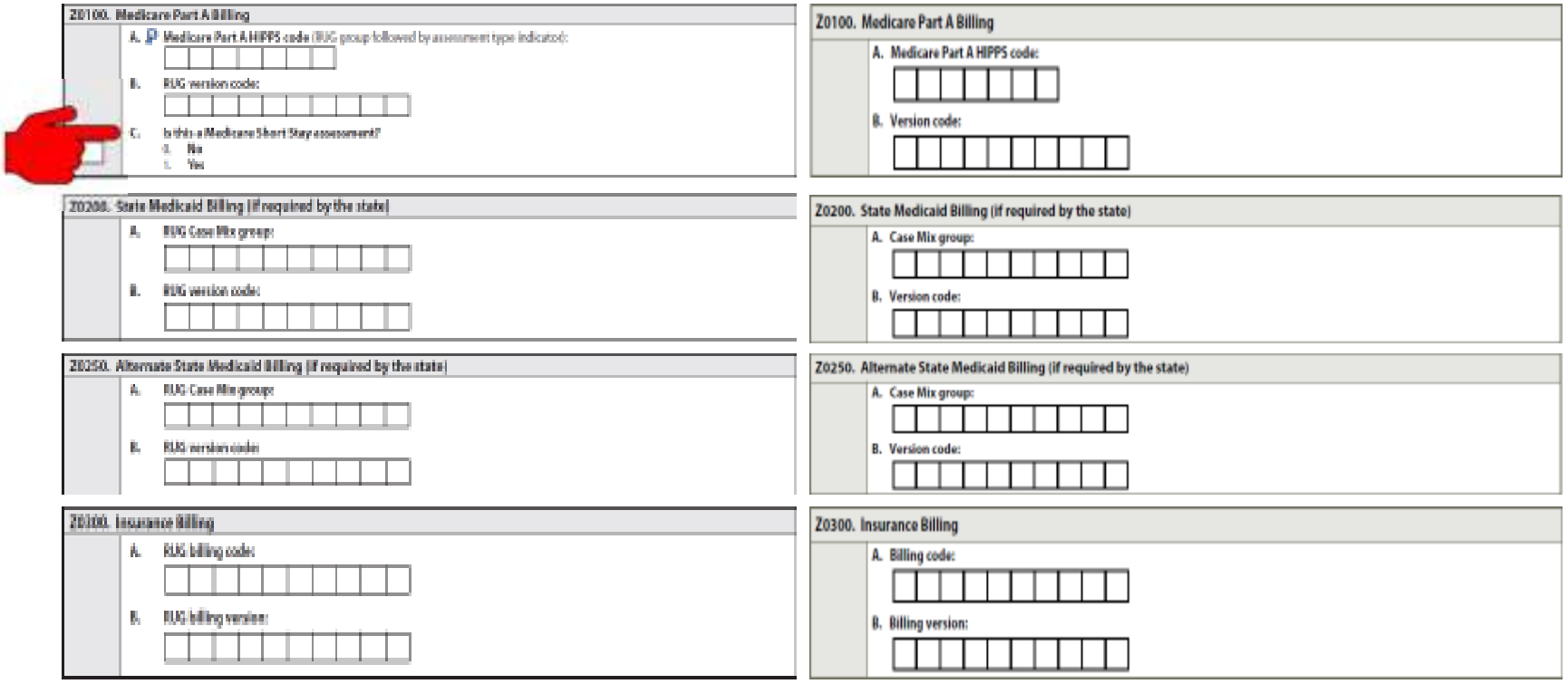
Revised/Removed Items – Section Z

Assessment Administration



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Nutritional Status – Revised CAT Trigger

v1.16.1 CAT Triggers	V1.17 CAT Triggers	Changed Trigger
J1550C = 1 Dehydration selected as a problem health condition	J1550C = 1 Dehydration selected as a problem health condition	
BMI < 18.5000 or BMI > 24.9000	**BMI < 18.5000 or BMI > 24.9000**	
K0300 = 1 or 2 Weight loss	**K0300 = 1 or 2** Weight loss	
K0310 = 1 or 2 Weight gain	**K0310 = 1 or 2** Weight gain	
K0510A1 or K510A2 = 1 Parenteral/IV while NOT a resident	**K0510A1 or K510A2 = 1** Parenteral/IV while NOT a resident	
K0510C1 or K0510C2 = 1 Mechanically altered diet while NOT a resident	**K0510C2 = 1** Mechanically altered diet while a resident	✓
K0510D1 or K0510D2 = 1 Therapeutic diet while NOT a resident	**K0510D = 1** Therapeutic diet while a resident	✓
M0300B1 > 0 and ≤ 9 or **M0300C1 > 0 and ≤ 9** or **M0300D1 > 0 and ≤ 9** or **M0300E1 > 0 and ≤ 9** or **M0300F1 > 0 and ≤ 9** or **M0300G1 > 0 and ≤ 9** One or more unhealed pressure ulcer(s) at Stage 2 or higher or one or more that are unstageable	**M0300B1 > 0 and ≤ 9** or **M0300C1 > 0 and ≤ 9** or **M0300D1 > 0 and ≤ 9** or **M0300E1 > 0 and ≤ 9** or **M0300F1 > 0 and ≤ 9** or **M0300G1 > 0 and ≤ 9** One or more unhealed pressure ulcer(s) at Stage 2 or higher or one or more that are unstageable	

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Did You Know?

- 74,000+ ICD-10-CM codes mapped in MDS software to calculate therapy payment components (RTP codes cannot map to PDPM)

- 28,000 configurations of PDPM payment based on MDS item coding

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Now What Do I Do??

- Share the presentation & handouts with all staff on your team.
- Watch for the May release of the RAI User's Manual for October 1, 2019. Remember you *MUST* use the 10/1/2018 RAI Manual through September 30th.
- Review the new and updated items guidance in the 10/1/2019 RAI User's Manual. Involve your team!

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And???

- Start attending PDPM education sessions – include all team members that will be involved in the MDS coding as well as reimbursement specialists. There are lots of them out there so participate in more than one. This is a process that will take several learning opportunities to fully grasp what PDPM is then refreshers to reinforce. CMS will be doing more trainings as well.
- Remember: Heir & a spare for both MDS and reimbursement activities/processes.
- Use the resources provided on the next 3 slides. Use the MDS Items used in PDPM handout as a reference.

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Resources

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html

"CMS expects to post the RAI Manual in early May, 2019"

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More Resources

- www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Spotlights-and-Announcements.html
- https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html
- https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/MLN_CalL_PDPM_Presentation_508.pdf

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Additional Resources

- https://www.simpleltc.com/webinar-team-approach-pdpm-registration/
- https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_Fact_Sheet_InterruptedStay_Final_v3_508.pdf
- https://www.briggshealthcare.com/19-ICD-10-Expert-for-SNF-IRF-LTCH-eBook-OPTUM360
- https://www.briggshealthcare.com/19-ICD-10-CM-Code-Book-PMIC
- https://www.briggshealthcare.com/ICD-Expert-for-Post-Acute-Care-On-Line-1-Year-Subscription-Optum360
- https://www.briggshealthcare.com/MDS-3.0-PremiumPlusOne-Package

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Handout – MDS Items & PDPM

MDS 3.0 Items v1.17 Used for PDPM Calculation

Mary Madison, RN, RAC-CT, CDP Clinical Consultant – Briggs Healthcare®

MDS Item	Description	Primary Diagnosis Clinical Category	PDPM Function Score	Extensive Services	Special Care High	Special Care Low	Clinically Complex	Cognitive Patterns Behavioral	Swallow Disorder	Nutritional Approaches	SLP/SLP Comorbidity	NTA Comorbidity Score	PHQ-9	Restorative Nursing	PT-OT	Nsg	Ped Physical Function
B0100	Comatose				X			X									
B0700	Makes Self Understood							X									
C0200	Repetition of 3 Words							X									
C0300	Temporal Orientation							X									
C0400	Recall							X									
C0500	BIMS score							X									
C0700	Short-term Memory OK							X									
C1000	Cognitive Skills for Daily decision Making							X									
D0300	PHQ-9 Score												X			X	
E0100A	Hallucinations							X									
E0100B	Delusions							X									
E0200A	Physical Symptoms Directed Toward Others							X									
E0200B	Verbal Behavioral Symptoms Directed Toward Others							X									
E0200C	Other Behavioral Symptoms Directed Toward Others							X									
E0800	Rejection of Care							X									
E0900	Wandering							X									
GG0130A1	Eating		X		X										X		
GG0130B1	Oral Hygiene		X												X		
GG0130C1	Toileting Hygiene		X		X										X	X	
GG0170B1	Sit to Lying		X		X										X	X	
GG0170C1	Lying to Sitting on Side of Bed		X		X										X	X	
GG0170D1	Sit to Stand		X		X										X	X	
GG0170E1	Chair/Bed-to-Chair				X										X	X	
GG0170F1	Toilet Transfer		X		X										X	X	
GG0170J1	Walk 30' w/2 Turns		X												X		
GG0170K1	Walk 150'		X												X		
H0100C	Ostomy											X					
H0100D	Intermittent Catheterization											X					
H0200C	Urinary Toileting Program													X			X
H0500	Bowel Toileting Program													X			X
I0020	Primary Medical Condition	X															
I0020B	ICD Code	X									X				X		
I1700	MDRO											X					
I2000	Pneumonia				X		X										
I2100	Septicemia				X												
I2500	Wound Infection											X					

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MDS Items: Depression Splits

MDS 3.0 Items v1.17 Used to Calculate Depression Third Level Splits

Resident Mood Interview	Staff Assessment	Description	Special Care High	Special Care Low	Clinically Complex
D0200A	D0500A	Little interest or pleasure in doing things	X	X	X
D0200B	D0500B	Feeling down, depressed or hopeless	X	X	X
D0200C	D0500C	Trouble falling or staying asleep, sleeping too much	X	X	X
D0200D	D0500D	Feeling tired or having little energy	X	X	X
D0200E	D0500E	Poor appetite or overeating	X	X	X
D0200F	D0500F	Feeling bad about yourself or that you are a failure or have let yourself or your family down	X	X	X
D0200G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television	X	X	X
D0200H	D0500H	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	X	X	X
D0200I	D0500I	Thoughts that you would be better off dead or of hurting yourself in some way	X	X	X
--	D0500J	Being short-tempered, easily annoyed	X	X	X

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Mary Madison is a registered nurse with 45+ years of experience in the healthcare field; 40 years in the long-term care industry. Mary has held positions of Director of Nursing in a 330-bed SNF, DON in two 60-bed SNFs, Reviewer with Telligen (Iowa QIO), Director of Continuing Education, Manager of Clinical Software Support, Clinical Software Implementer and Clinical Educator. Mary is a Certified Resident Assessment Coordinator (AANAC) and a Certified Dementia Practitioner (NCCDP). Mary has conducted numerous MDS trainings and other LTC educational sessions across the country in the past 2+ decades. She joined Briggs Healthcare® as their LTC/Senior Care Clinical Consultant in July 2014.

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