



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Quarterly MDS Forum

Heather Newton

RAI/MDS Education Coordinator

June 2025



Hello
Summer!



Agenda

Guest – Doug Englebert,
R.Ph, MBA

- Psychotropic drug consents
- Schizophrenia



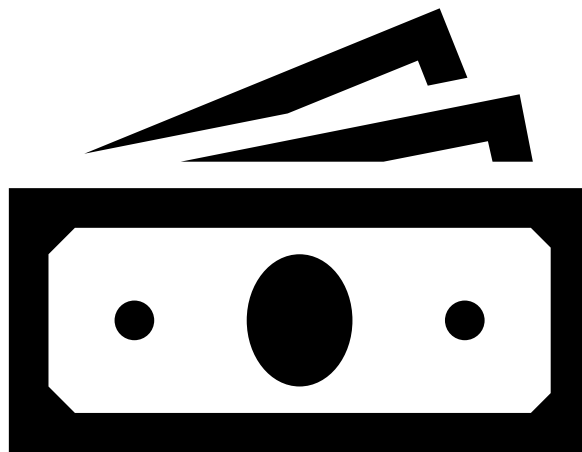


Medicaid Billing Overview



Medicaid Reimbursement

(CMN DC Nursing * Nursing CMI)
+ (CMN DC Other * NTA CMI)
+ Property Allowance
+ Property Tax Allowance
+ Incentives
+ Support Services Allowance



Medicaid Reimbursement

- Direct care nursing services includes:
 - Wages, fringe benefits, and purchased services expenses for RN, NP, LPN, CNA, FA
- Direct care other supplies and services includes:
 - Ward clerks, non-billable physician time, radiology, pharmacy, PT/OT/speech, dental




Medicaid Reimbursement

	Rate Type	Revenue Code	Condition Code	Rate Amount	CMN DC	CMN DC	Support Services	Property	Property Tax	Incentives	County	Effective Date	End Date
					Nursing	Other	Allowance	Allowance	Allowance		Add-on		
1.	HIPPS	22		0	90.42	17.37	132.29	29.04	0	12.13	0	10/01/2023	06/30/2024
2.	HIPPS	22		0	140.17	17.37	86.8	9.06	0	12.86	0	10/01/2023	06/30/2024
3.	HIPPS	22		0	129.18	17.37	157.73	9.08	0	10.85	0	10/01/2023	06/30/2024

Nursing home rates



Medicaid Reimbursement



Wisconsin Department of Health
Department of Health Services
SNF PDPM Pricing Calculator

Note: The Case Mix Index (CMI) pricing parameters in this spreadsheet match those implemented in the Medicaid claims processing system effective January 1, 2022.

Indicates data to be input by the user

Indicates payment policy parameters set by Medicaid

Information	Data	Comments or Formula
PROVIDER PAYMENT COMPONENTS		
CMN DC Nursing	\$90.42	
CMN DC Other	\$17.37	
Property Allowance	\$29.04	
Property Tax Allowance	\$0.00	
Incentives	\$12.13	
Support Services Allowance	\$132.29	
HIPPS CODE INFORMATION		
Character 1: PT/OT Payment Group	K [TK - PT/OT CASE MIX GROUP]	
Character 2: SLP Payment Group	H [SH - SLP CASE MIX GROUP]	
Character 3: Nursing Payment Group	B [ES2 - NURSING CASE MIX GROUP]	
Character 4: NTA Payment Group	D [ND - NTA CASE MIX GROUP]	
Character 5: Assessment Indicator	6 [OBRA ASSESSMENT]	
Full HIPPS Code	KHBD6	
Nursing CMI	2.9	Case Mix Index corresponding to Nursing Payment Group
NTA CMI	1.26	Case Mix Index corresponding to NTA (Non-Therapy Ancillary) Group
ACUITY-SPECIFIC NON-DEVELOPMENTALLY DISABLED RATE		
Daily Rate	\$457.56	(CMN DC Nursing * Nursing CMI) + (CMN DC Other * NTA CMI) + Property Allowance + Property Tax Allowance + Incentives + Support Services Allowance

HIPPS Pricing Calculator



Medicaid Reimbursement - NTA



Non-Therapy Ancillary (NTA)



HIV/AIDS recorded on SNF claim (B20)



Parenteral/IV feeding

High intensity K0520A3, K0710A2 (7 points)

Low intensity K0520A3, K0710A2, K0710B2 (3 points)



Any of the following coded on the MDS:



Medicaid Reimbursement - NTA

Condition/Extensive Service	MDS Item	Points
HIV/AIDS	N/A (SNF claim)	8
Parenteral IV Feeding: Level High	K0520A3, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0110H1b	5
Special Treatments/Programs: Invasive Mechanical Ventilator or Respirator Post-admit Code	O0110F1b	4
Parenteral IV Feeding: Level Low	K0520A3, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	O0110I1b	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Diagnoses: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2

Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	O0110E1b	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Special Treatments/Programs: Isolation Post-admit Code	O0110M1b	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Special Treatments/Programs: Radiation Post-admit Code	O0110B1b	1
Stage 4 Unhealed Pressure Ulcer Currently Present ¹	M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1



Medicaid Reimbursement - NTA

Condition/Extensive Service	MDS Item	Points
Other Foot Skin Problems: Foot Infection Code, Diabetic Foot Ulcer Code, Other Open Lesion on Foot Code	M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	H0100D	1
Inflammatory Bowel Disease	I1300	1
Aseptic Necrosis of Bone	I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	O0110D1b	1
Cardio-Respiratory Failure and Shock	I8000	1
Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1

Diabetic Retinopathy - Except: Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Nutritional Approaches While a Resident: Feeding Tube	K0520B3	1
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Active Diagnoses: Malnutrition Code	I5600	1
Disorders of Immunity - Except: RxCC97: Immune Disorders	I8000	1
Cirrhosis of Liver	I8000	1
Bladder and Bowel Appliances: Ostomy	H0100C	1
Respiratory Arrest	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1



Medicaid Reimbursement - NTA

18000 Pulmonary
fibrosis and other
chronic lung
disorders (1 point)

ICD-10-CM Code	ICD-10-CM Code Description
B44.81	Allergic bronchopulmonary aspergillosis
J47.0	Bronchiectasis with acute lower respiratory infection
J47.1	Bronchiectasis with (acute) exacerbation
J47.9	Bronchiectasis, uncomplicated
J70.0	Acute pulmonary manifestations due to radiation
J70.1	Chronic and other pulmonary manifestations due to radiation
J70.2	Acute drug-induced interstitial lung disorders
J70.3	Chronic drug-induced interstitial lung disorders
J70.4	Drug-induced interstitial lung disorders, unspecified
J70.5	Respiratory conditions due to smoke inhalation
J70.8	Respiratory conditions due to other specified external agents
J70.9	Respiratory conditions due to unspecified external agent
J84.01	Alveolar proteinosis
J84.02	Pulmonary alveolar microlithiasis
J84.03	Idiopathic pulmonary hemosiderosis
J84.09	Other alveolar and parieto-alveolar conditions
J84.10	Pulmonary fibrosis, unspecified
J84.111	Idiopathic interstitial pneumonia, not otherwise specified
J84.112	Idiopathic pulmonary fibrosis
J84.113	Idiopathic non-specific interstitial pneumonitis
J84.114	Acute interstitial pneumonitis
J84.115	Respiratory bronchiolitis interstitial lung disease
J84.116	Cryptogenic organizing pneumonia
J84.117	Desquamative interstitial pneumonia
J84.170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
J84.2	Lymphoid interstitial pneumonia
J84.81	Lymphangioleiomyomatosis



Medicaid Reimbursement - NTA

I8000 Lung Transplant Status (3 points)

J4A.0	Restrictive allograft syndrome
J4A.8	Other chronic lung allograft dysfunction
J4A.9	Chronic lung allograft dysfunction, unspecified
T86.30	Unspecified complication of heart-lung transplant
T86.31	Heart-lung transplant rejection
T86.32	Heart-lung transplant failure
T86.33	Heart-lung transplant infection
T86.39	Other complications of heart-lung transplant
T86.810	Lung transplant rejection
T86.811	Lung transplant failure
T86.812	Lung transplant infection
T86.818	Other complications of lung transplant
T86.819	Unspecified complication of lung transplant
Z48.24	Encounter for aftercare following lung transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status



Medicaid Reimbursement - NTA

Table 4. Fourth Character: NTA Component

NTA Score Range	NTA Case-Mix Group	AMT_CMI	HIPPS Character
12+	NA	3.06	A
9-11	NB	2.39	B
6-8	NC	1.74	C
3-5	ND	1.26	D
1-2	NE	0.91	E
0	NF	0.68	F



**No variable per diem (VPD) for NTA component



Medicaid Reimbursement - NTA

Information	Data
PROVIDER PAYMENT COMPONENTS	
CMN DC Nursing	\$92.10
CMN DC Other	\$16.46
Property Allowance	\$10.99
Property Tax Allowance	\$2.77
Incentives	\$13.93
Support Services Allowance	\$89.65
HIPPS CODE INFORMATION	
Character 1: PT/OT Payment Group	K [TK - PT/OT CASE MIX GROUP]
Character 2: SLP Payment Group	H [SH - SLP CASE MIX GROUP]
Character 3: Nursing Payment Group	B [ES2 - NURSING CASE MIX GROUP]
Character 4: NTA Payment Group	A [NA - NTA CASE MIX GROUP]
Character 5: Assessment Indicator	6 [OBRA ASSESSMENT]
Full HIPPS Code	KHBA6
Nursing CMI	2.9
NTA CMI	3.06
ACUITY-SPECIFIC NON-DEVELOPMENTALLY DISABLED RATE	

Daily Rate \$434.80

Information	Data
PROVIDER PAYMENT COMPONENTS	
CMN DC Nursing	\$92.10
CMN DC Other	\$16.46
Property Allowance	\$10.99
Property Tax Allowance	\$2.77
Incentives	\$13.93
Support Services Allowance	\$89.65
HIPPS CODE INFORMATION	
Character 1: PT/OT Payment Group	K [TK - PT/OT CASE MIX GROUP]
Character 2: SLP Payment Group	H [SH - SLP CASE MIX GROUP]
Character 3: Nursing Payment Group	B [ES2 - NURSING CASE MIX GROUP]
Character 4: NTA Payment Group	F [NF - NTA CASE MIX GROUP]
Character 5: Assessment Indicator	6 [OBRA ASSESSMENT]
Full HIPPS Code	KHBF6
Nursing CMI	2.9
NTA CMI	0.68
ACUITY-SPECIFIC NON-DEVELOPMENTALLY DISABLED RATE	

Daily Rate \$395.62



Medicaid Reimbursement - Nursing

Function Score

(0-16)

- GG0130A1
- GG0130C1
- GG0170B1
- GG0170C1
- GG0170E1
- GG0170F1

Extensive Services

Tracheostomy care,
ventilator/respirator,
isolation/quarantine

Special Care High

Function score, comatose,
septicemia,
diabetes/insulin,
COPD/SOB, quadriplegia,
fever/pneumonia/vomiting/
weight loss/feeding tube,
parenteral/IV feedings, RT,
depressed



Medicaid Reimbursement - Nursing

Special Care Low

- Function score, CP, MS, Parkinson's, respiratory failure/O2, feeding tube, PI, venous/arterial ulcers, foot infection, radiation, dialysis, depressed

Clinically Complex

- Pneumonia, hemiplegia/hemiparesis, function score, open lesions/surgical wounds, burns, chemo, O2, IV medications, transfusions, depressed



Medicaid Reimbursement - Nursing

Behavioral Symptoms and Cognitive Performance

Function score, BIMS, coma, cognitive impairment, hallucinations, delusions, behaviors, rejection of care, wandering, restorative nursing

Reduced Physical Function

Restorative nursing, function score



Medicaid Reimbursement - Nursing

Category	Depressed	Nursing Rehab	Function GG Score	Nursing Category
Extensive Services	NA	NA	0-14	ES3
Extensive Services	NA	NA	0-14	ES2
Extensive Services	NA	NA	0-14	ES1
Special Care High	Yes	NA	0-5	HDE2
Special Care High	No	NA	0-5	HDE1
Special Care High	Yes	NA	6-14	HBC2
Special Care High	No	NA	6-14	HBC1
Special Care Low	Yes	NA	0-5	LDE2
Special Care Low	No	NA	0-5	LDE1
Special Care Low	Yes	NA	6-14	LBC2
Special Care Low	No	NA	6-14	LBC1

Clinically Complex	Yes	NA	0-5	CDE2
Clinically Complex	No	NA	0-5	CDE1
Clinically Complex	Yes	NA	6-14	CBC2
Clinically Complex	Yes	NA	15-16	CA2
Clinically Complex	No	NA	6-14	CBC1
Clinically Complex	No	NA	15-16	CA1
Behavior Sx Cognition	NA	2+	11-16	BAB2
Behavior Sx Cognition	NA	0-1	11-16	BAB1



Medicaid Reimbursement - Nursing

Reduced Physical Function	NA	2+	0-5	PDE2
Reduced Physical Function	NA	0-1	0-5	PDE1
Reduced Physical Function	NA	2+	6-14	PBC2
Reduced Physical Function	NA	2+	15-16	PA2
Reduced Physical Function	NA	0-1	6-14	PBC1
Reduced Physical Function	NA	0-1	15-16	PA1

A	ES3 - NURSING CA	3.84
B	ES2 - NURSING CA	2.90
C	ES1 - NURSING CA	2.77
D	HDE2 - NURSING C	2.27
E	HDE1 - NURSING C	1.88
F	HBC2 - NURSING C	2.12
G	HBC1 - NURSING C	1.76
H	LDE2 - NURSING C	1.97
I	LDE1 - NURSING C	1.64
J	LBC2 - NURSING C	1.63
K	LBC1 - NURSING C	1.35
L	CDE2 - NURSING C	1.77
M	CDE1 - NURSING C	1.53
N	CBC2 - NURSING C	1.47
O	CA2 - NURSING CA	1.03
P	CBC1 - NURSING C	1.27
Q	CA1 - NURSING CA	0.89
R	BAB2 - NURSING C	0.98
S	BAB1 - NURSING C	0.94
T	PDE2 - NURSING C	1.48
U	PDE1 - NURSING C	1.39
V	PBC2 - NURSING C	1.15
W	PA2 - NURSING CA	0.67
X	PBC1 - NURSING C	1.07
Y	PA1 - NURSING CA	0.62
Z	DEFAULT CODE - S	0.62



Medicaid Reimbursement - NTA

Information	Data
PROVIDER PAYMENT COMPONENTS	
CMN DC Nursing	\$92.10
CMN DC Other	\$16.46
Property Allowance	\$10.99
Property Tax Allowance	\$2.77
Incentives	\$13.93
Support Services Allowance	\$89.65
HIPPS CODE INFORMATION	
Character 1: PT/OT Payment Group	K [TK - PT/OT CASE MIX GROUP]
Character 2: SLP Payment Group	H [SH - SLP CASE MIX GROUP]
Character 3: Nursing Payment Group	A [ES3 - NURSING CASE MIX GROUP]
Character 4: NTA Payment Group	F [NF - NTA CASE MIX GROUP]
Character 5: Assessment Indicator	6 [OBRA ASSESSMENT]
Full HIPPS Code	KHAF6
Nursing CMI	3.84
NTA CMI	0.68
ACUITY-SPECIFIC NON-DEVELOPMENTALLY DISABLED RATE	

Information	Data
PROVIDER PAYMENT COMPONENTS	
CMN DC Nursing	\$92.10
CMN DC Other	\$16.46
Property Allowance	\$10.99
Property Tax Allowance	\$2.77
Incentives	\$13.93
Support Services Allowance	\$89.65
HIPPS CODE INFORMATION	
Character 1: PT/OT Payment Group	K [TK - PT/OT CASE MIX GROUP]
Character 2: SLP Payment Group	H [SH - SLP CASE MIX GROUP]
Character 3: Nursing Payment Group	Y [PA1 - NURSING CASE MIX GROUP]
Character 4: NTA Payment Group	F [NF - NTA CASE MIX GROUP]
Character 5: Assessment Indicator	6 [OBRA ASSESSMENT]
Full HIPPS Code	KHYF6
Nursing CMI	0.62
NTA CMI	0.68
ACUITY-SPECIFIC NON-DEVELOPMENTALLY DISABLED RATE	

Daily Rate

\$482.20

Daily Rate

\$185.63





CMS-802

Resident Matrix



CMS-802 Roster/Resident Matrix

Date of Admission if Admitted within the Past 30 Days
Alzheimer's / Dementia
MD, ID or RC & No PASRR Level II
Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), Respiratory (RESP)
Pressure Ulcer(s) (highest stage I, II, III, IV, U, S) not present on admission
Excessive Weight Loss Without Prescribed Weight Loss Program
Tube Feeding: Enteral (E) or Parenteral (P)
Dehydration
Physical Restraints
Fall (F), Fall with Injury (FI), Fall w/Major Injury (FMI)
Indwelling Catheter
Dialysis: Peritoneal (P), Hemo (H), in facility (F) or offsite (O)
Hospice
End of Life Care / Comfort Care / Palliative Care
Tracheostomy
Ventilator
Transmission-Based Precautions
Intravenous therapy
Infections (M, WI, P, TB, VH, C, UTI, SEP, SCA, GI, COVID, O - describe)
PTSD/Trauma



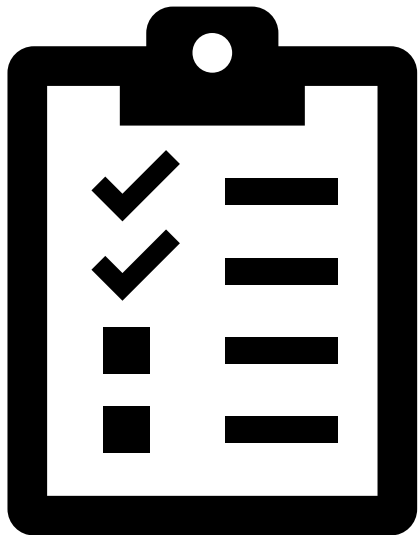
CMS-802 Roster/Resident Matrix

Tips and tricks

- Only as current as the last minimum data set (MDS) if running from vendor software.
- Information is to be verified by staff member knowledgeable about the resident.
- Information must be reflective of all residents as of the day of the survey.
- Provided to surveyors within four hours of entrance.



CMS-802 Roster/Resident Matrix



Alzheimer's/Dementia

- Diagnosis(es) coded in I4200 and I4800
- Physician documented in the last 60 days and is an active diagnosis(es)
- Prescribed an antipsychotic in N0415A



CMS-802 Roster/Resident Matrix

MD, ID, or RC and No PASARR Level II

- Diagnosis(es) coded in I5700-I6100
- A1500 coded as “0” no
- Vendor software probably won’t indicate on CMS-802 the resident doesn’t have a PASRR level II



CMS-802 Roster/Resident Matrix

Medications (Insulin, Anticoagulant, Antibiotic, Diuretic, Opioid, Hypnotic, Antianxiety, Antipsychotic, Antidepressant, Respiratory)

- Active diagnosis(es)
- Order for medication by pharmacological classification
- Monitoring in place



CMS-802 Roster/Resident Matrix

- Antipsychotic
 - Gradual dose reduction attempted
 - Dementia/Alzheimer diagnosis
 - New diagnosis
- Anticoagulant
 - Internal bleeding, bruising, other issues
- Antibiotic
 - Length of time receiving
 - Issues



CMS-802 Roster/Resident Matrix

Pressure Ulcer(s) (any stage)

- Not present on admission (facility acquired)
- Pressure ulcer/injury stage I, II, III, IV, unstageable, and deep tissue injury
- Unavoidable vs avoidable
- Risk/skin assessment performed
- Interventions implemented prior to development
- Rejection of care
- Pressure ulcer/injury that became infected



CMS-802 Roster/Resident Matrix

Pressure Ulcer(s) (any stage)

- Treatment
- Dressing, drainage, redness, swelling, pain
- Pressure relieving devices used and used correctly
- Positioned off pressure injury
- Access to sink to wash hands
- Staff wash before treatment



CMS-802 Roster/Resident Matrix

Excessive Weight Loss without Prescribed Weight Loss Program

- Unintended weight loss >5% within the past 30 days or >10% within the past 180 days
- K0300 coded as “2” not on physician prescribed weight loss regimen
- Is the resident still experiencing weight loss
- Excludes hospice/end of life residents



CMS-802 Roster/Resident Matrix

Tube Feeding: Enteral or Parenteral

- Coded in K0520A or B
- Receiving enough intake (coded in K0710)
- Weight loss/gain
- Dehydration
- Reason for feeding
- Head of bed elevated when infusing, feeding properly labeled, amount left seem reasonable, site clean and free of infection



CMS-802 Roster/Resident Matrix

Dehydration

- Less than 1,500 ml fluids daily
- Clinical signs of dehydration J1550C
- Constipation H0600
- Increase in falls
- Swallowing disorder K0100
- Assistance provided with meals/fluids



CMS-802 Roster/Resident Matrix

Physical Restraints

- Consider the definition in the RAI/Appendix PP
- Wander guards, locked/secured units/buildings aren't included
- Is the restraint effecting the resident in any way
- How is it benefitting the resident
- Physician order alone is not enough



CMS-802 Roster/Resident Matrix

Fall, Fall with Injury, Fall with Major Injury

- Consider the definition of a fall in the RAI/Appendix PP
- Section J1800, J1900
- What happened
- Interventions
- Prevention devices in use and functional
- Appropriate foot covering



CMS-802 Roster/Resident Matrix

Indwelling Catheter

- Include suprapubic and nephrostomy tube H0100A
- Infection
- Why, how long, problems, pain
- Secured, free of kinks, unobstructed
- Drainage bag below bladder, off floor, how emptied



CMS-802 Roster/Resident Matrix

Dialysis Peritoneal, Hemodialysis, in Facility or Offsite

- Section 00110J1, J2, J3
- Where and how often, offsite transportation
- Who administers if in facility
- Access site location, how often monitored, arm used for B/P, bleeding
- Infections
- Problems before, during or after dialysis
- Weights, VS, meals, medications, fluid and dietary restrictions
- Communication between dialysis center and facility



CMS-802 Roster/Resident Matrix

Hospice

- Significant change in condition assessment completed starting, stopping, or changing hospice services
- Section 00110K1b
- Must be licensed by the state as a hospice provider and/or certified under the Medicare program
- How long, how often does hospice staff come, type of care provided, involved in care planning, who coordinates care with hospice
- Comfortable, agitated, respiratory distress, pain, privacy for visits



CMS-802 Roster/Resident Matrix

End of Life Care/Comfort Care/Palliative Care

- Section J1400
- Medical record has physician statement that life expectancy is less than 6 months or terminal illness



CMS-802 Roster/Resident Matrix

Tracheostomy

- Competent staff to perform skill
- On facility assessment
- Section 00110E1
- Includes laryngectomy tube care
- Site clean



CMS-802 Roster/Resident Matrix

Ventilator (or Respirator)

- Competent staff to perform skill
- On facility assessment
- Section 00110F1
- Signs of anxiety, distress, labored breathing
- Head of bed elevated, suction equipment immediately accessible, staff responding to alarm sounds



CMS-802 Roster/Resident Matrix

Transmission-Based Precautions

- Over and above standard precautions
- Contact, droplet, and/or airborne
- Do not include enhanced barrier precautions or a history of
- Appropriate PPE supplies outside the room and signage
- PPE readily accessible in resident areas
- Changes in mood since on isolation
- Staff and visitors wearing gowns, gloves, and/or masks when entering room



CMS-802 Roster/Resident Matrix

Intravenous Therapy

- Received through central line, peripherally inserted central catheter, or other intravenous catheter
- Rehydration, medication, nutritional, blood
- Section 0011001, O2, O3, O4, 00110H1, H2, H3, H4, H10, 00110I1, 00110A1, A2, A10, K0520A
- Do not include arteriovenous (AV) fistula



CMS-802 Roster/Resident Matrix

Infections (MDRO, Pneumonia, TB, Viral Hepatitis, C-diff, Wound, UTI, Sepsis, Scabies, Gastroenteritis, SARS-CoV-2 (suspected/confirmed), Eye, Foot, Surgical)

- Sections I1700-I2500, M1040A
- Precautions
- Access to soap and assistance to wash hands
- Medical devices



CMS-802 Roster/Resident Matrix

PTSD/Trauma

- Evaluate trauma informed care
- Section I6100
- Medications
- Behavior monitoring
- PASRR level II



Question/Answer

Q – What is the lookback for capturing malnutrition in I5600 for 1 point in the NTA component?

A – To be captured as a point, it needs to have the physician diagnosis in the last 60 days and active during the 7-day look back.



Contact Us

Heather Newton – Education Coordinator



920-360-6102



dhsdqamdsoasis@dhs.wisconsin.gov



<https://www.dhs.wisconsin.gov/regulations/nh/rai-mds.htm>



Contact Us

Emily Virnig – Automation Coordinator



608-266-1718



dhsdqamdsoasis@dhs.wisconsin.gov



<https://www.dhs.wisconsin.gov/regulations/nh/rai-mds.htm>





Thank you!

Protecting and promoting the
health and safety of the people
of Wisconsin



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Resources

- [Resources for SNF Billing](#)
- [FY 2025 PDPM ICD-10 Mapping](#)
- [PDPM Worksheet](#)
- [CMS-802](#)
- [Informed Consent for Psychotropic Medications](#)

