



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Quarterly MDS Forum

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General Updates



Health Inspection Rating Update

- As of July 2025
- Based on the two most recent recertification surveys
- Most recent standard survey is assigned a weighting factor of $\frac{3}{4}$ and second most recent is assigned $\frac{1}{4}$



Nursing Home Care Compare

- QSSAM-25-03-NH on September 10, 2025
- Care compare to reflect changes based on findings from payroll-based journal, schizophrenia coding audits, and special focus facility status with September 24, 2025, refresh.
- All other information on care compare will be based on July 30, 2025, data.



Nursing Home Care Compare

- QSO-25-20-NH Revised September 9, 2025
- Postpone the long stay antipsychotic measure on nursing home care compare till January 2026.



RAI MDS 3.0 Changes

**New changes to be implemented October 1, 2025,
set 1.20.1v3**

- A0800 - Gender
- A1250 - Transportation
- A2000 - Discharge date
- A2400 - Medicare stay
- B0100 - Comatose
- I7900 - Diagnoses
- 00400 - Therapies
- 00420 - Distinct calendar days



RAI MDS 3.0 Changes

- A0800 gender replaced with A0810 sex and X0300 replaced with X0310
- All items sets

A0810.	Sex
Enter Code <input type="text"/>	1. Male 2. Female

X0310.	Sex (A0810 on existing record to be modified/inactivated)
Enter Code <input type="text"/>	1. Male 2. Female



RAI MDS 3.0 Changes

A1250 Transportation

- Item removed from the following
 - Comprehensive
 - Quarterly
 - OBRA discharge
 - PPS discharge
 - PPS 5-day
 - SB PPS and SB PPS discharge



RAI MDS 3.0 Changes

A1255 Transportation

- Item added
 - Comprehensive
 - Quarterly

A1255. Transportation	
Complete only if A0310B = 01 and A2300 minus A1900 is less than 366 days	
Enter Code	In the past 12 months , has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
<input type="checkbox"/>	0. Yes
	1. No
	7. Resident declines to respond
	8. Resident unable to respond



RAI MDS 3.0 Changes

A1255 Transportation

- Item added
 - PPS 5-day
 - SB PPS

A1255. Transportation	
Complete only if A2300 minus A1900 is less than 366 days	
Enter Code	In the past 12 months , has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
<input type="text"/>	0. Yes
	1. No
	7. Resident declines to respond
	8. Resident unable to respond



RAI MDS 3.0 Changes

A2000
Discharge
date

Removed from
the Part A PPS
discharge

A2000. Discharge Date

Complete only if A0310F = 10, 11, or 12

- -
Month Day Year



RAI MDS 3.0 Changes

A2400 Medicare stay

- Revised skip pattern on the Part A PPS discharge

A2400. Medicare Stay

New

Enter Code

☐

A. Has the resident had a Medicare-covered stay since the most recent entry?

0. No → Skip to B0100, Comatose

1. Yes → Continue to A2400B, Start date of most recent Medicare stay

A2400. Medicare Stay

Old

Enter Code

☐

A. Has the resident had a Medicare-covered stay since the most recent entry?

0. No → Skip to B1300, Health Literacy

1. Yes → Continue to A2400B, Start date of most recent Medicare stay



RAI MDS 3.0 Changes

B0100 Comatose

- Added to PPS discharge

B0100. Comatose

Enter Code

☐

Persistent vegetative state/no discernible consciousness

0. **No** → Continue to B1300, Health Literacy
1. **Yes** → Skip to GG0130, Self-Care



RAI MDS 3.0 Changes

Section I Active Diagnoses

- Added I7900 none of the above
- Quarterly, OBRA discharge, PPS 5-day, SB PPS and SB PPS discharge

None of Above	
<input type="checkbox"/>	I7900. None of the above active diagnoses within the last 7 days



RAI MDS 3.0 Changes

Section J - Falls

DEFINITION

FALL

Unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat) *or the result of an overwhelming external force (e.g., a resident pushes another resident).*

DEFINITIONS

INJURY RELATED TO A FALL

Any documented injury that occurred as a result of, or was recognized within a short period of time (e.g., hours to a few days) after the fall and attributed to the fall.

INJURY (EXCEPT MAJOR)

Includes, *but is not limited to*, skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the resident to complain of pain.

MAJOR INJURY

Includes, *but is not limited to*, *traumatic* bone fractures, joint dislocations/*subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries, and crush injuries.*



RAI MDS 3.0 Changes

Differentiating from Traumatic vs. Pathological Fractures

7. Resident A, who has osteoporosis, falls, resulting in a right hip fracture. The Emergency Department physician confirms that the fracture is a result of the resident's bone disease and not a result of the fall.

Coding: J1800 would be **coded 1, yes** and J1900C would be **coded 0, none**.

Rationale: The physician determined that the fracture was a pathological fracture due to osteoporosis. Because the fracture was determined to be pathological, it is not coded as a fall with major injury.

8. Resident L, who has osteoporosis, falls, resulting in a right hip fracture. The physician in the acute care hospital confirms that the fracture is a result of the resident's fall and not the resident's history of osteoporosis.

Coding: J1800 would be **coded 1, yes** and J1900C would be **coded 1, one**.

Rationale: Because the physician determined that the fracture was a result of the fall, it is a traumatic fracture and, therefore, is a fall with major injury.



RAI MDS 3.0 Changes

Section O - Special Treatments, Procedures, and Programs

O0390. Therapy Services

Indicate therapies administered for at least 15 minutes a day on one or more days in the last 7 days



Check all that apply

☐

A. Speech-Language Pathology and Audiology Services

☐

B. Occupational Therapy

☐

C. Physical Therapy

☐

D. Respiratory Therapy

☐

E. Psychological Therapy

☐

Z. None of the above

New



RAI MDS 3.0 Changes

00400D2 respiratory therapy days will only be completed if 00390D is checked.

00400. Therapies

Complete only if 00390D is checked

Enter Number of Days

D. Respiratory Therapy

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days



RAI MDS 3.0 Changes

00390 Therapy services

- Item added
 - Comprehensive
 - Quarterly
 - PPS 5-day
 - SB PPS



RAI MDS 3.0 Changes

Section O - Special Treatments, Procedures, and Programs

O0400. Therapies

A. Speech-Language Pathology and Audiology Services

Enter Number of Minutes
[][][][]

Enter Number of Minutes
[][][][]

Enter Number of Minutes
[][][][]

Enter Number of Minutes
[][][][]

Enter Number of Days
[]

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days
2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently** with one other resident in the last 7 days
3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400A5, Therapy start date

- 3A. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment** sessions in the last 7 days
4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days
5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

[][] - [][] - [][][][]
Month Day Year

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

[][] - [][] - [][][][]
Month Day Year

Old



RAI MDS 3.0 Changes

Retired

- 00420 – Distinct calendar days of therapy
 - Comprehensive
 - Quarterly
 - PPS 5-day

00420. Distinct Calendar Days of Therapy

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 in the past 7 days.



Other Updates

As of October 1, 2025

- RAI manual v1.20.1
- ICD-10-CM codes
- Start of the data validation process
- Four value-based purchasing measures





ICD-10-CM



ICD-10-CM Guidelines

- [PDPM ICD-10 code mapping \(ZIP\)](#)
- [2026 Conversion Table \(ZIP\)](#)
- [2026 Addendum \(ZIP\)](#)
- [2026 Code Tables, Tabular and Index \(ZIP\)](#)
- [FY 2026 ICD-10-CM Coding Guidelines \(PDF\)](#)



Clinical Category Assignment

- 33 codes changed from clinical category of medical management to return to provider (not appropriate as primary diagnoses for a Med Part A SNF stay)
 - Type 1 DM (4 of them)
 - Hypoglycemia (10 of them)
 - Obesity (8 of them)
 - Several psychiatric disorders
- Serotonin syndrome moved from acute neurologic to medical management



Conversion Table

Current code assignment ▾	Effective ▾	Previous Code(s) Assignment
B88.01	2025	B88.0
B88.09	2025	B88.0
C50.A0	2025	C50.919, C50.929
C50.A1		C50.911, C50.921
C50.A2	2025	C50.912, C50.922
D71.1	2025	D71
D71.8	2025	D71
D71.9	2025	D71
E11.A	2025	E11.9
E72.530	2025	E72.53
E72.538	2025	E72.53
E72.539	2025	E72.53
E72.540	2025	R82.992
E72.541	2025	R82.992
E72.548	2025	R82.992
E72.549	2025	R82.992
E78.010	2025	E78.01
E78.011	2025	E78.01
E78.019	2025	E78.01
E83.820	2025	E83.89
E83.821	2025	E83.89
E83.822	2025	E83.89
E83.823	2025	E83.89
E83.824	2025	E83.89
E83.825	2025	E83.89
E88.10	2025	E88.1



Addenda

ICD-10-CM INDEX to DISEASES and INJURIES 2026 Addenda

No Change

A

No Change

Abnormal, abnormality, abnormalities - see also Anomaly

Add

- anti-cyclic citrullinated protein antibody and rheumatoid factor R76.81

Add

- anti-CCP (cyclic citrullinated protein) R76.81

No Change

- cytology

No Change

- - anus R85.619

No Change

- - - human papillomavirus (HPV) DNA test

Delete

- - - - low risk positive R85.82

Add

- - - - low risk positive R85.82

No Change

- immunological findings R89.4

No Change

- - in serum R76.9

Revise from

- - - specified NEC R76.8

Revise to

- - - specified NEC R76.89

No Change

- neonatal screening P09.9



Addenda

ICD-10-CM TABULAR LIST of DISEASES and INJURIES 2026 Addenda

No Change **Chapter 1**

No Change **Certain infectious and parasitic diseases (A00-B99)**

No Change **Viral hepatitis (B15-B19)**

No Change **B18 Chronic viral hepatitis**

Add **Use Additional code, if applicable, for ascites (R18.8)**

No Change **Pediculosis, acariasis and other infestations (B85-B89)**

No Change **B88 Other infestations**



Example

No Change

G35 Multiple sclerosis

Delete

Disseminated multiple sclerosis

Delete

Generalized multiple sclerosis

Delete

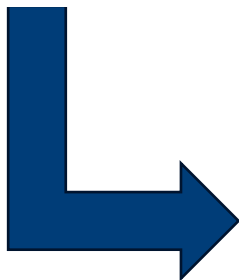
Multiple sclerosis NOS

Delete

Multiple sclerosis of brain stem

Delete

Multiple sclerosis of cord



Add

Add

Add

Add

Add

Add

Add

Add

Add

Add

Add

Add

G35.A Relapsing-remitting multiple sclerosis

Exclude1: demyelinating disease of central nervous system, unspecified (G37.9)

G35.B Primary progressive multiple sclerosis

G35.B0 Primary progressive multiple sclerosis, unspecified

G35.B1 Active primary progressive multiple sclerosis

Primary progressive multiple sclerosis with evidence of inflammatory disease activity

G35.B2 Non-active primary progressive multiple sclerosis

Primary progressive multiple sclerosis without evidence of inflammatory disease activity

G35.C Secondary progressive multiple sclerosis

G35.C0 Secondary progressive multiple sclerosis, unspecified

G35.C1 Active secondary progressive multiple sclerosis

Secondary progressive multiple sclerosis with evidence of inflammatory disease activity



ICD-10-CM Guidelines

- The Medicare Administrative Contractor (MAC) uses the codes to decide coverage
- Updated twice a year, April 1 and October 1
- Code to the highest level of specificity available
- Access electronically on CDC's National Center for Health Statistics (NCHS) website, the CMS ICD-10 website, or purchase a hardcopy book



Guidelines for Coding and Reporting

20. Chapter 20: External Causes of Morbidity (V00-Y99)

The external causes of morbidity codes should never be sequenced as the first-listed or principal diagnosis.

External cause codes are intended to provide data for injury research and evaluation of injury prevention strategies. These codes capture how the injury or health condition happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred the activity of the patient at the time of the event, and the person's status (e.g., civilian, military).

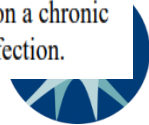
There is no national requirement for mandatory ICD-10-CM external cause code reporting. Unless a provider is subject to a state-based external cause code reporting mandate or these codes are required by a particular payer, reporting of ICD-10-CM codes in Chapter 20, External Causes of Morbidity, is not required. In the absence of a mandatory reporting requirement, providers are encouraged to voluntarily report external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies.

10. Chapter 10: Diseases of the Respiratory System (J00-J99), U07.0

a. Chronic Obstructive Pulmonary Disease [COPD] and Asthma

1) Acute exacerbation of chronic obstructive bronchitis and asthma

The codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation. An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.



ICD-10-CM Guidelines

Alphabetical Index

- External cause of injuries
- Diseases and injuries
- Table of neoplasms
- Table of drugs and chemicals

→ **Amputation** -see also **Absence**, by site, acquired

- neuroma (postoperative) (traumatic) -see Complications, amputation stump, neuroma
- stump (surgical)
 - - abnormal, painful, or with complication (late) -see Complications, amputation stump
 - - healed or old NOS Z89.9

Absence (of) (organ or part) (complete or partial)

→

- leg (acquired) (above knee) Z89.61-
- - below knee (acquired) Z89.51-
- - congenital -see Defect, reduction, lower limb



ICD-10-CM Guidelines

Tabular List

- All code categories are in alphabetical order, according to the first characters

Z89 Acquired absence of limb

Includes: amputation status
postprocedural loss of limb
post-traumatic loss of limb

Excludes1: acquired deformities of limbs (M20-M21)
congenital absence of limbs (Q71-Q73)

Z89.5 Acquired absence of leg below knee

→ Z89.51 Acquired absence of leg below knee

Z89.511 Acquired absence of right leg below knee

✦ Z89.512 Acquired absence of left leg below knee

Z89.519 Acquired absence of unspecified leg below knee



ICD-10-CM Guidelines

Be familiar with;

- Abbreviations, coding conventions, and punctuation
- Excludes 1 and excludes 2
- Alphabetic index versus tabular list



Abbreviations

- Alphabetic index

- NEC – not elsewhere classifiable
- NOS – not otherwise specified

A85 Other viral encephalitis, not elsewhere classified

Includes: specified viral encephalomyelitis NEC
specified viral meningoencephalitis NEC

- Tabular list

- NEC – not elsewhere classifiable
- NOS – not otherwise specified

A04.4 Other intestinal Escherichia coli infections
Escherichia coli enteritis NOS



Other

- And – interpret to mean “and” or “or” when used in a code title
- Includes notes – further define, clarify, or give examples of the content of a code category
- Inclusion terms – under certain codes to show conditions that might apply to the code

Tuberculosis (A15-A19)

Includes: infections due to *Mycobacterium tuberculosis* and *Mycobacterium bovis*



Punctuation

- Alphabetic index
 - [] Identify manifestation codes
 - () Enclose supplementary words that may be present or absent
- Tabular list
 - [] Enclose synonyms, alternative wording or explanatory phrases
 - () Enclose supplementary words that may be present or absent
 - : Incomplete term which needs one or more of the modifiers following the colon

A17.1 Meningeal tuberculoma

Tuberculoma of meninges (cerebral) (spinal)

B01 Varicella [chickenpox]



Punctuation

“,” Commas are used in the Alphabetic Index and have different meanings based on the context of the Index entry, including alternate verbiage, modifier (essential and nonessential), or alternative for “and/or”



See/See Also

- See – go to the main term referenced with the “see” note to locate the correct code
- See also – another main term may also be referenced that includes more info

Abdomen, abdominal -see also condition

- acute R10.0
- angina K55.1
- muscle deficiency syndrome Q79.4



Instructional Notes in the Tabular List

- Includes – further define or give examples of the content of the category
- Excludes notes
 - Excludes 1 – not coded here
 - Excludes 2 – not included here

I77.0 Arteriovenous fistula, acquired

Aneurysmal varix

Arteriovenous aneurysm, acquired

Excludes1: arteriovenous aneurysm NOS (Q27.3-)
presence of arteriovenous shunt (fistula) for dialysis (Z99.2)
traumatic - see injury of blood vessel by body region

Excludes2: cerebral (I67.1)
coronary (I25.4)



Instructional Notes in the Tabular List

- Etiology/manifestation convention – sequencing the underlying condition first, followed by the manifestation
- Code also – you may need two codes to fully describe a condition

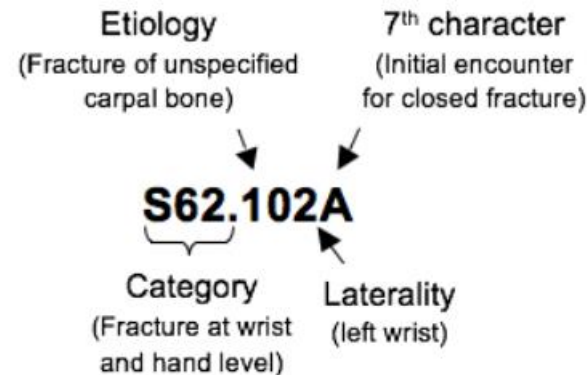
C25 Malignant neoplasm of pancreas

Code also if applicable exocrine pancreatic insufficiency (K86.81)

Use additional code to identify:
alcohol abuse and dependence (F10.-)



7th Character



- A initial encounter for closed fracture
- B initial encounter for open fracture
- D subsequent encounter for fracture with routine healing
- G subsequent encounter for fracture with delayed healing
- K subsequent encounter for fracture with nonunion
- P subsequent encounter for fracture with malunion
- S sequela



Reason for Admit

If the resident is being admitted for aftercare related to the amputation, utilize the aftercare code.

Aftercare -see also Care Z51.89

- following surgery (for) (on)

- - amputation Z47.81

Z47.8 Encounter for other orthopedic aftercare



Z47.81 Encounter for orthopedic aftercare following surgical amputation

Use additional code to identify the limb amputated (Z89.-)

Z47.82 Encounter for orthopedic aftercare following scoliosis surgery

Z47.89 Encounter for other orthopedic aftercare



ICD-10-CM Guidelines

Selecting the ICD-10-CM Code(s)

- Look up the term in the alphabetic index (starting point for all diagnoses other than cancer)
- Verify the code in the tabular list (used to determine the final code)



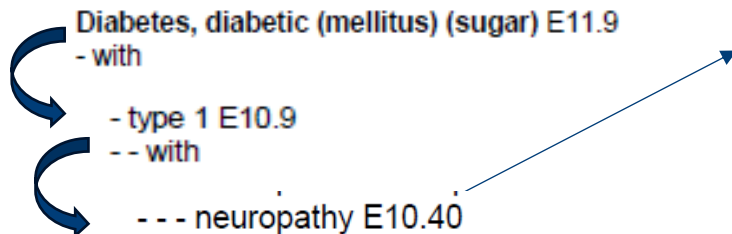
ICD-10-CM Guidelines

Practice -

Diagnosis – Type 1 Diabetes Mellitus with Diabetic Neuropathy

1. Alphabetic index

2. Tabular index



E10.4 Type 1 diabetes mellitus with neurological complications

E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified

E10.41 Type 1 diabetes mellitus with diabetic mononeuropathy

E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy
Type 1 diabetes mellitus with diabetic neuralgia

E10.43 Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
Type 1 diabetes mellitus with diabetic gastroparesis

E10.44 Type 1 diabetes mellitus with diabetic amyotrophy

E10.49 Type 1 diabetes mellitus with other diabetic neurological complication



ICD-10-CM Guidelines

E10 Type 1 diabetes mellitus

Includes: brittle diabetes (mellitus)
diabetes (mellitus) due to autoimmune process
diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction
idiopathic diabetes (mellitus)
juvenile onset diabetes (mellitus)
ketosis-prone diabetes (mellitus)

Excludes1: diabetes mellitus due to underlying condition (E08.-)
drug or chemical induced diabetes mellitus (E09.-)
gestational diabetes (O24.4-)
hyperglycemia NOS (R73.9)
neonatal diabetes mellitus (P70.2)
postpancreatectomy diabetes mellitus (E13.-)
postprocedural diabetes mellitus (E13.-)
secondary diabetes mellitus NEC (E13.-)
type 2 diabetes mellitus (E11.-)



ICD-10-CM Guidelines

Practice (external causes of injury index)

- Injury sustained from **falling out of a chair**, subsequent encounter

1. Alphabetic index

2. Tabular index (W07.XXXD)

Fall, falling (accidental) W19

- from, off, out of

- aircraft NEC (with accident to aircraft NEC) V97.0
- while boarding or alighting V97.1
- balcony W13.0
- bed W06
- boat, ship, watercraft NEC (with drowning or submersion) -see Drowning, due to, fall overboard
- with hitting bottom or object V94.0
- bridge W13.1
- building W13.9
- burning (uncontrolled fire) X00.3
- cavity W17.2
- chair W07

W07 Fall from chair

The appropriate 7th character is to be added to code W07

A - initial encounter

D - subsequent encounter

S - sequela



ICD-10-CM

- I0020 and I0020B – Primary diagnosis or what keeps the resident in the facility currently
 - Used to map to PT, OT, and SLP components of PDPM
 - Can change throughout the stay
- I8000 – SLP-related comorbidities and NTA component
 - Include I0020B code here
- Diagnosis(es) need to be active and come from the provider
 - Query the provider if in doubt!



ICD-10-CM Guidelines

Section I of the MDS

- Active diagnoses only
 - Utilize progress notes, most recent H&P, transfer documents, discharge summaries, diagnosis/problem list, nursing assessments, nursing care plans, medication sheets, doctor's orders, consults, official diagnostic reports or any other resources as available



ICD-10-CM Guidelines

Section I of the MDS

- Z codes may be used where a patient requires continued care for healing, recovery, or long-term consequences of a disease when initial treatment for that disease has already been performed





Questions and Answers



Contact Us

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



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<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

- [Care Compare NH Five-Star Quality Rating System](#)
- [Data Validation Process FAQ's](#)
- [RAI Manual and Data Sets](#)

