



# **CODING THE MDS, H-Z**

**Presenter**

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# FOCUS 2022 CONFERENCE

The theme of the FOCUS 2022 Conference is, "**Teach, Learn, Collaborate.**" The conference will address a wide variety of health care related topics.

This year we have an excellent line up of presenters.

- November 16: Keynote, Jacob Weiss – Do Good and Juggle
- November 17: Keynote, Alonzo Kelly – Creating A Culture Where Everyone Feels They Belong
- November 17: Plenary, Steve Bench – Attracting Tomorrow's Talent with Today's Leaders



# OBJECTIVES

- Understand the coding requirements for sections H-Z of the MDS
- Review some common definitions in the RAI manual
- Access external resources provided by the RAI manual
- Identify what sections of the MDS are not required to be completed in Wisconsin



# TERMS

- ARD: Assessment reference date; the last day of the observation or look back period
- CAA: Care area assessment
- DCRA: Discharge return anticipated
- IPA: Interim payment assessment
- PPS: Prospective payment system
- OBRA: Omnibus Budget Reconciliation Act



# TERMS

- SCQA: Significant correction to prior quarterly
- Observation period: Time period over which the resident's condition or status is captured by the MDS
- SCSA: Significant change in status
- SCPA: Significant correction to prior comprehensive
- SNF: Skilled nursing facility



# REVIEW

## Last session

- How to code sections A-GG
- Interrupted stay and interruption window
- Items not required in Wisconsin
- Interviewing techniques
- Preadmission screen and resident review (PASRR)
- Key elements to section GG



# SECTION H

- **H0100** Appliances
  - Indwelling catheter, external catheter, ostomy, intermittent catheterization
- **H0200** Urinary toileting program
  - Toileting trial
- **H0300** Urinary continence



# SECTION H

- **H0400** Bowel continence
- **H0500** Bowel toileting program
  - Individualized care plan, communication with staff, and resident's response
- **H0600** Bowel patterns
  - Constipation
  - Fecal impaction



# SECTION I

<b>I0020. Indicate the resident's primary medical condition category</b> Complete only if A0310B = 01 or 08	
<b>Enter Code</b> <input type="text"/> <input type="text"/>	<b>Indicate the resident's primary medical condition category that best describes the primary reason for admission</b> <ul style="list-style-type: none"><li>01. <b>Stroke</b></li><li>02. <b>Non-Traumatic Brain Dysfunction</b></li><li>03. <b>Traumatic Brain Dysfunction</b></li><li>04. <b>Non-Traumatic Spinal Cord Dysfunction</b></li><li>05. <b>Traumatic Spinal Cord Dysfunction</b></li><li>06. <b>Progressive Neurological Conditions</b></li><li>07. <b>Other Neurological Conditions</b></li><li>08. <b>Amputation</b></li><li>09. <b>Hip and Knee Replacement</b></li><li>10. <b>Fractures and Other Multiple Trauma</b></li><li>11. <b>Other Orthopedic Conditions</b></li><li>12. <b>Debility, Cardiorespiratory Conditions</b></li><li>13. <b>Medically Complex Conditions</b></li></ul> <b>I0020B. ICD Code</b> <input type="text"/> <input type="text"/>



# SECTION I

## **I0100-I8000** Active diagnoses in the last seven days

- 60 day look back
- Active or inactive



# SECTION I

## Examples

- Inadequately controlled hypertension and will modify meds
- Pneumonia indicated by chest x-ray
- Fractured hip as indicated by radiological reports
- Intermittent claudication in conjunction with peripheral vascular disease
- Productive cough
- Medication that requires staff monitoring



# SECTION I

## **I2300** Urinary tract infection

- 30 days look back
- Evidence based criteria and physician documented





# SECTION I

## **I5100** Quadriplegia

- Paralysis of all four limbs, arms, and legs



# SECTION I

July 2022 new addition to manual

- Schizophrenia diagnosis
- Coding of I6000





## SECTION J

- **J0100** Pain management
- **J0200** Should pain assessment interview be conducted
- **J0300-J0600** Pain assessment interview



## SECTION J

- **J0700** Should staff assessment be conducted
  - Uncompleted interview (J0200-J0600)
- **J0800-J0850** Staff assessment for pain
  - Non-verbal sounds, vocal complaints of pain, facial expressions, protective body movements or postures
- **J1100** Shortness of breath
- **J1300** Current tobacco use



## SECTION J

- **J1400** Prognosis
- **J1550** Problem conditions
  - Fever, vomiting, dehydrated (two or more indicators), internal bleeding
- **J1700** Fall history on admission/entry or re-entry
- **J1800** Any falls since admission/entry or reentry or prior assessment
- **J1900** Number of falls since admission/entry or re-entry or prior assessment



## SECTION J

- **J2000** Prior surgery
- **J2100** Recent surgery requiring active SNF care
- **J2300-J5000** Surgical procedures



## SECTION J

- **Major joint replacement/spinal surgery**
  - J2300-J2420
  - Orthopedic surgery major joint
- **Other orthopedic surgery**
  - J2500-J2530
  - Orthopedic surgery
- **Neurological surgery/cardiopulmonary surgery, genitourinary surgery/other major surgery**
  - J2610-J2620, J2700-J2710, J2800-J2810, J2900-J2940
  - Non orthopedic surgery



## SECTION K

- **K0100** Swallowing disorder
- **K0200** Height and weight
- **K0300** Weight loss
  - 5% loss in 30 days, 10% loss in 180 days
  - Physician-prescribed weight-loss regimen



# SECTION K

<b>K0510. Nutritional Approaches</b>		
Check all of the following nutritional approaches that were performed during the last <b>7 days</b>		
<b>1. While NOT a Resident</b> Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . 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  <b>2. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	1. <b>While NOT a Resident</b>	2. <b>While a Resident</b>
	↓ Check all that apply ↓	
<b>A. Parenteral/IV feeding</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Feeding tube</b> - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Mechanically altered diet</b> - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		<input type="checkbox"/>
<b>D. Therapeutic diet</b> (e.g., low salt, diabetic, low cholesterol)		<input type="checkbox"/>
<b>Z. None of the above</b>	<input type="checkbox"/>	<input type="checkbox"/>



## SECTION K

### Yes – Parenteral/IV Feeding

- IV fluids or hyperalimentation, including total parenteral nutrition (TPN), administered continuously or intermittently
- IV fluids running at KVO (Keep Vein Open)
- IV fluids contained in IV Piggybacks
- Hypodermoclysis and subcutaneous ports in hydration therapy



## SECTION K

### No - Parenteral/IV Feeding

- IV Medications—**Code these when appropriate in 00100H, IV Medications.**
- IV fluids used to reconstitute and/or dilute medications for IV administration.
- IV fluids administered as a routine part of an operative or diagnostic procedure or recovery room stay.
- IV fluids administered solely as flushes.
- Parenteral/IV fluids administered in conjunction with chemotherapy or dialysis.



## SECTION K

- **K0510B** Feeding tube
- **K0510C** Mechanically altered diet





# SECTION K



**K0510D** Therapeutic diet



# SECTION K

*Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B.*

<b>K0710. Percent Intake by Artificial Route</b> - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B		
	<b>2. While a Resident</b>	<b>3. During Entire 7 Days</b>
<p><b>2. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></p> <p><b>3. During Entire 7 Days</b> Performed during the entire <i>last 7 days</i></p>	↓	↓
	<b>Enter Codes</b>	
<p><b>A. Proportion of total calories the resident received through parenteral or tube feeding</b></p> <p>1. 25% or less 2. 26-50% 3. 51% or more</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>B. Average fluid intake per day by IV or tube feeding</b></p> <p>1. 500 cc/day or less 2. 501 cc/day or more</p>	<input type="checkbox"/>	<input type="checkbox"/>



# SECTION L

## L0200 Dental

- A Broken or loosely fitting full or partial denture
- B No natural teeth or tooth fragments
- C Abnormal mouth tissue
- D Obvious or likely cavity or broken natural teeth
- E Inflamed or bleeding gums or loose natural teeth
- F Mouth or facial pain, discomfort or difficulty with chewing
- G Unable to examine
- Z None of the above were present



# SECTION M

<b>M0100. Determination of Pressure Ulcer/Injury Risk</b>	
↓ Check all that apply	
<input type="checkbox"/>	A. Resident has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device
<input type="checkbox"/>	B. Formal assessment instrument/tool (e.g., Braden, Norton, or other)
<input type="checkbox"/>	C. Clinical assessment
<input type="checkbox"/>	Z. None of the above



## SECTION M

### **M0150** Risk of pressure ulcers/injuries

- Based on item(s) reviewed for M0100
- Medical record reveals pressure ulcer/injury, scar, or a non-removable dressing or device, or is at risk for worsening or new pressure ulcer/injury
- Formal risk assessment
- Clinical assessment



## SECTION M

### **M0210** Unhealed pressure ulcers/injuries

- National pressure ulcer advisory panel (NPUAP) 2016 pressure injury staging system
- Code according to the instructions in the manual



## SECTION M

### Steps for assessment M0300

1. Review the medical record (skin care flow sheets, skin tracking forms)
2. Talk with direct care staff and the treatment nurse
3. Examine the resident
  1. Key areas for pressure
  2. Full body skin assessment
  3. Well lit room
4. Identify any known or likely unstageable pressure ulcers/injuries



# SECTION M

## Coding tips

- Ulcer/injury from a combination of factors that are primarily caused by pressure, code here
- Oral mucosal ulcers are coded in section L0200C
- Mucosal ulcers are not staged and should not be coded here
- Pressure ulcer surgically closed with a flap or graft, code as surgical wound
- Consider primary etiology when coding whether a resident with diabetes mellitus has an ulcer/injury caused by pressure or other factors

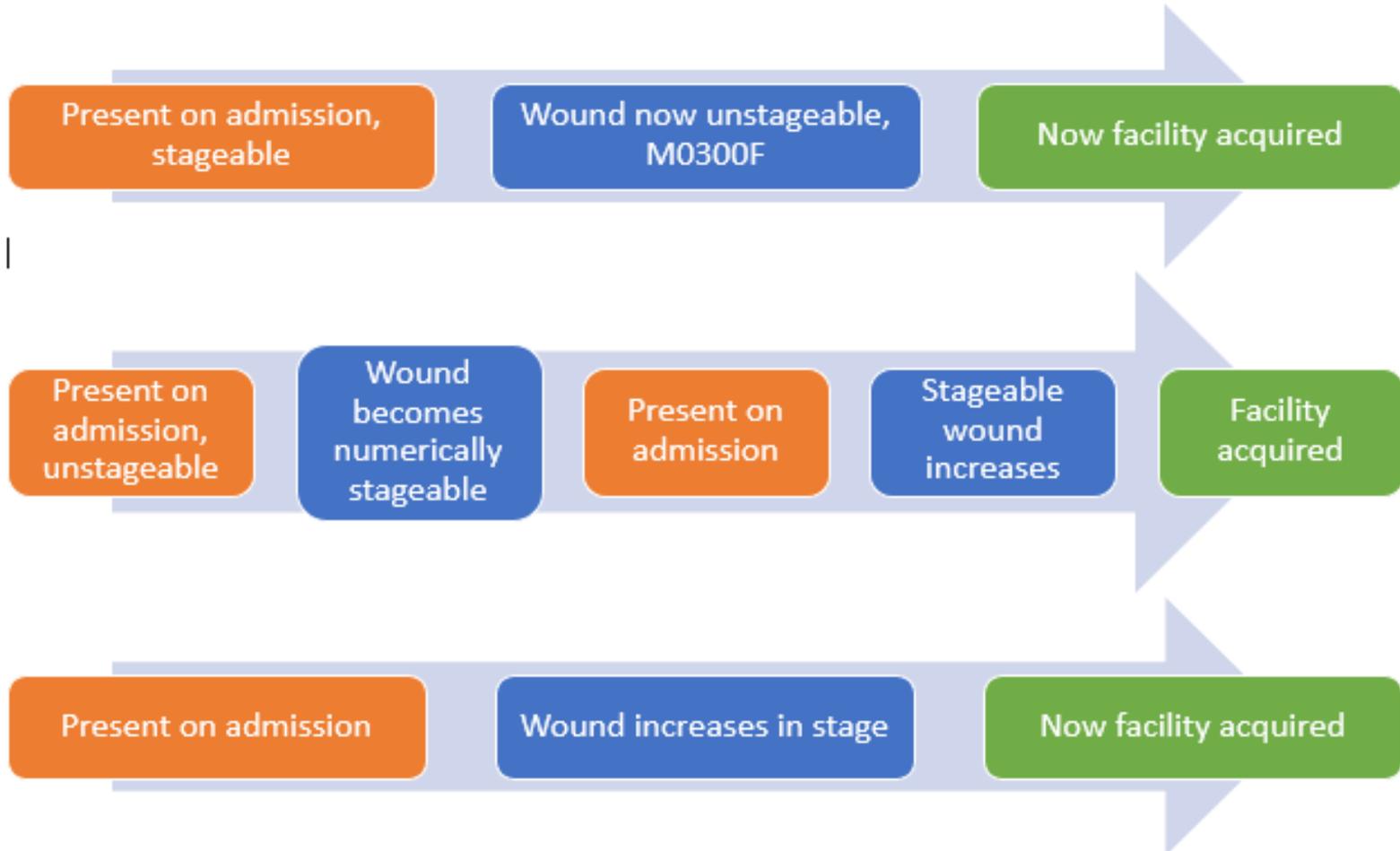


## SECTION M

- Understand that scab and eschar are two different things when coding
- If ulcer/injury healed during the look-back, do not code on the assessment
- Two separate wounds occur in the same area and are separated, count them as two separate ulcers/injuries
- Determine deepest anatomical stage when coding
- Do not reverse or backstage
- Determine if present on admission

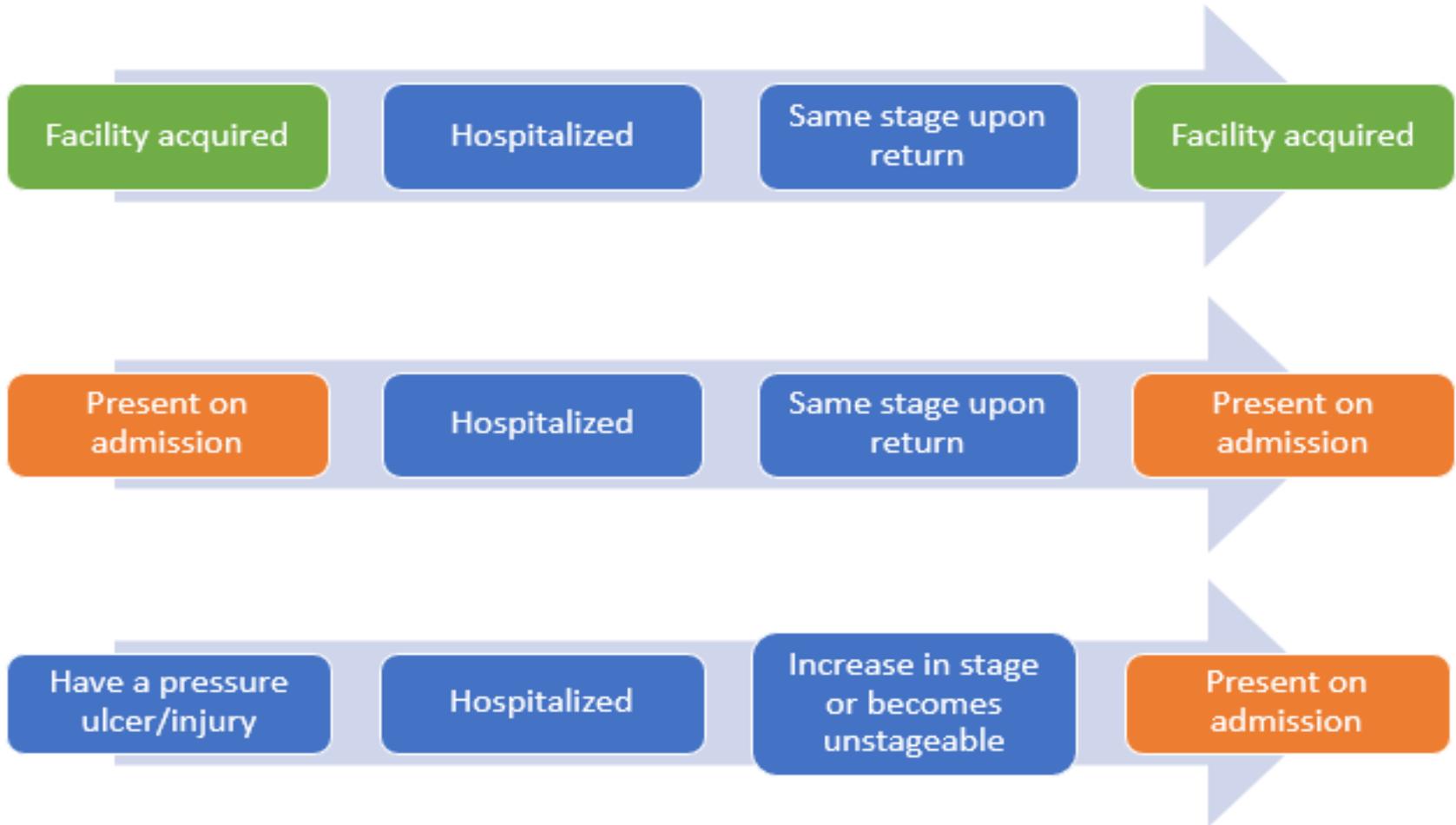


# SECTION M



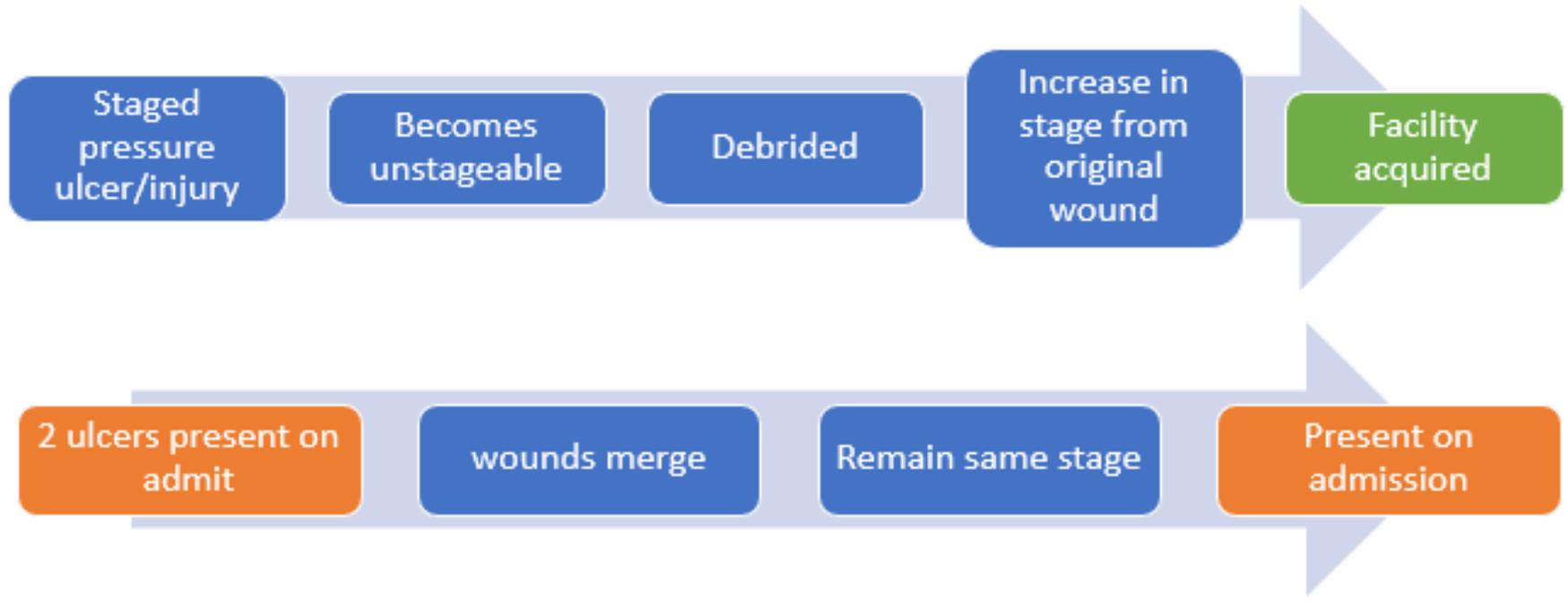


# SECTION M



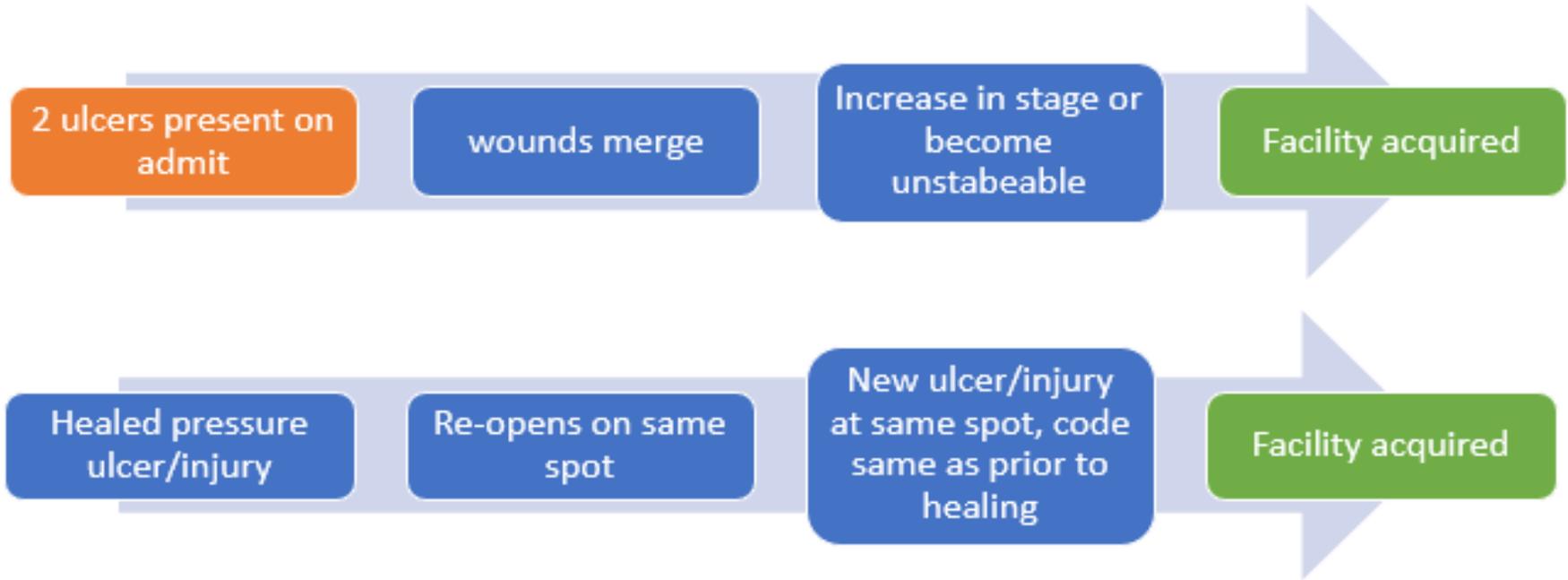


# SECTION M





# SECTION M



On admission – As close to the actual time of admission as possible



## SECTION M

### **M1030** Number of venous and arterial ulcers

#### Venous – Peripheral venous disease

- Proximal to the medial or lateral malleolus, above the inner or outer ankle, or on the lower calf area of the leg
- May or may not be painful, shallow with irregular wound edges, red granular wound bed, minimal to moderate amount of yellow fibrinous material, and moderate to large amounts of exudate
- May start with minor trauma, typically doesn't occur over bony prominence, and pressure forces play virtually no role in the development of the ulcer



## SECTION M

### Arterial – Peripheral arterial disease

- Tips and tops of toes, tops of the foot, or distal to the medial malleolus
- Painful, pale pink wound bed, necrotic tissue, minimal exudate, and minimal bleeding
- Trophic skin changes may also be present
- May start as minor trauma but not typically over a bony prominence
- Ischemia is the major etiology
- Lower extremity and foot pulses may be diminished or absent



# SECTION M

M1040. Other Ulcers, Wounds and Skin Problems	
↓ Check all that apply	
<b>Foot Problems</b>	
<input type="checkbox"/>	<b>A. Infection of the foot</b> (e.g., cellulitis, purulent drainage)
<input type="checkbox"/>	<b>B. Diabetic foot ulcer(s)</b>
<input type="checkbox"/>	<b>C. Other open lesion(s) on the foot</b>
<b>Other Problems</b>	
<input type="checkbox"/>	<b>D. Open lesion(s) other than ulcers, rashes, cuts</b> (e.g., cancer lesion)
<input type="checkbox"/>	<b>E. Surgical wound(s)</b>
<input type="checkbox"/>	<b>F. Burn(s)</b> (second or third degree)
<input type="checkbox"/>	<b>G. Skin tear(s)</b>
<input type="checkbox"/>	<b>H. Moisture Associated Skin Damage (MASD)</b> (e.g., incontinence-associated dermatitis [IAD], perspiration, drainage)
<b>None of the Above</b>	
<input type="checkbox"/>	<b>Z. None of the above</b> were present



# SECTION M

## M1200. Skin and Ulcer/Injury Treatments

↓ Check all that apply

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>A. Pressure reducing device for chair</b>  |
| <input type="checkbox"/> | <b>B. Pressure reducing device for bed</b>  |
| <input type="checkbox"/> | <b>C. Turning/repositioning program</b>   |
| <input type="checkbox"/> | <b>D. Nutrition or hydration intervention</b> to manage skin problems                                   |
| <input type="checkbox"/> | <b>E. Pressure ulcer/injury care</b>  |
| <input type="checkbox"/> | <b>F. Surgical wound care</b>   |
| <input type="checkbox"/> | <b>G. Application of nonsurgical dressings</b> (with or without topical medications) other than to feet |
| <input type="checkbox"/> | <b>H. Applications of ointments/medications</b> other than to feet                                      |
| <input type="checkbox"/> | <b>I. Application of dressings to feet</b> (with or without topical medications)                        |
| <input type="checkbox"/> | <b>Z. None of the above</b> were provided   |



# SECTION N

- **N0300 Injections**
  - Any type of medication, antigen, vaccine by injection
  - Subcutaneous, intramuscular, or intradermal
  - Insulin are coded here as well as N0350
- **N0350 Insulin**
  - A. Number of days during look-back that insulin injections were received
  - B. Number of days during look-back that the physician changed the insulin orders



# SECTION N

## **N0410** Medications received

- Antipsychotic
- Antianxiety
- Antidepressant
- Hypnotic
- Anticoagulant
- Antibiotic
- Diuretic
- Opioid





# SECTION N

## Coding tips

- Meds with more than one therapeutic category and/or pharmacological classification should be coded in all categories/classifications
- Include any route – PO, IM, IV, in any setting while a resident
- Code even if given only once during look-back



## SECTION N

- Count long-acting medications only if they are given during the look-back
- Transdermal patch - day(s) staff attaches patch would be coded
- OTC sleeping meds are not coded as hypnotics



# SECTION N

## Medline Plus

Trazodone is used to treat depression. Trazodone is in a class of medications called **serotonin modulators**. It works by increasing the amount of serotonin, a natural substance in the brain that helps maintain mental balance.

What type of medication is Trazodone when coding N0410?

C. Antidepressant



## SECTION N

Oxazepam is used to relieve anxiety, including anxiety caused by alcohol withdrawal (symptoms that may develop in people who stop drinking alcohol after drinking large amounts for a long time). Oxazepam is in a class of medications called **benzodiazepines**. It works by slowing activity in the brain to allow for relaxation.

What type of medication is Oxazepam when coding N0410?

B. Antianxiety



# SECTION N

N0450. Antipsychotic Medication Review	
Enter Code <input type="checkbox"/>	<p><b>A. Did the resident receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever is more recent?</b></p> <p>0. <b>No</b> - Antipsychotics were not received → Skip N0450B, N0450C, N0450D, and N0450E</p> <p>1. <b>Yes</b> - Antipsychotics were received on a routine basis only → Continue to N0450B, Has a GDR been attempted?</p> <p>2. <b>Yes</b> - Antipsychotics were received on a PRN basis only → Continue to N0450B, Has a GDR been attempted?</p> <p>3. <b>Yes</b> - Antipsychotics were received on a routine and PRN basis → Continue to N0450B, Has a GDR been attempted?</p>
Enter Code <input type="checkbox"/>	<p><b>B. Has a gradual dose reduction (GDR) been attempted?</b></p> <p>0. <b>No</b> → Skip to N0450D, Physician documented GDR as clinically contraindicated</p> <p>1. <b>Yes</b> → Continue to N0450C, Date of last attempted GDR</p>
	<p><b>C. Date of last attempted GDR:</b></p> <p> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                      Month Day Year                 </p>
Enter Code <input type="checkbox"/>	<p><b>D. Physician documented GDR as clinically contraindicated</b></p> <p>0. <b>No</b> - GDR has not been documented by a physician as clinically contraindicated → Skip N0450E Date physician documented GDR as clinically contraindicated</p> <p>1. <b>Yes</b> - GDR has been documented by a physician as clinically contraindicated → Continue to N0450E, Date physician documented GDR as clinically contraindicated</p>
	<p><b>E. Date physician documented GDR as clinically contraindicated:</b></p> <p> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                      Month Day Year                 </p>



## SECTION N

Gradual dose reduction (GDR) for antipsychotic meds

- Attempted within the first year
  - Two separate quarters (with at least one month between attempts) unless clinically contraindicated
- Annually thereafter unless clinically contraindicated
- See F758 in appendix PP of the State Operations Manual



# SECTION N

## **N2001** Drug regimen review

- Complete upon admission (start of PPS stay)
- Review of all medications a resident is currently using, and a review of the drug regimen to identify, and if possible, prevent potential clinically significant medication adverse consequences.
- Includes all medications, prescribed and over the counter (OTC), nutritional supplements, vitamins, and homeopathic and herbal products, administered by any route. It also includes total parenteral nutrition (TPN) and oxygen.



## SECTION N

Clinically significant medication issues may include, but are not limited to

- Medication prescribed despite documented medication allergy or prior adverse reaction.
- Excessive or inadequate dose.
- Adverse reactions to medication.
- Ineffective drug therapy.
- Drug interactions (serious drug-drug, drug-food, and drug-disease interactions).



## SECTION N

- Duplicate therapy (for example, generic-name and brand-name equivalent drugs are coprescribed).
- Wrong resident, drug, dose, route, and time errors.
- Medication dose, frequency, route, or duration not consistent with resident's condition, manufacturer's instructions, or applicable standards of practice.
- Use of a medication without evidence of adequate indication for use.



## SECTION N

- Presence of a medical condition that may warrant medication therapy (e.g., a resident with primary hypertension does not have an antihypertensive medication prescribed).
- Omissions (medications missing from a prescribed regimen).
- Nonadherence (purposeful or accidental).



# SECTION O

## **00100** Special treatments, procedures, and programs

- Resident performed themselves independently or after set-up by facility staff
- Do not code services that were provided solely in conjunction with a surgical procedure or diagnostic procedure
- While NOT a resident and while a resident
- During the last 14 days



## SECTION O

- **00100A** Chemotherapy
  - Any chemotherapy agent administered as an antineoplastic given by any route
- **00100B** Radiation
  - Intermittent radiation as well as radiation administered via radiation implant in this item
- **00100C** Oxygen therapy
  - Continuous or intermittent oxygen
  - Mask, cannula, etc.
  - Relieve hypoxia
  - Code oxygen used in BiPAP/CPAP



## SECTION O

- **00100D Suctioning**
  - Tracheal and/or nasopharyngeal
  - Do not code oral
- **00100E Tracheostomy care**
  - Cleansing of the trach and/or cannula
- **00100F Invasive mechanical ventilator**
  - Electrically or pneumatically powered closed system
  - Do not code when being used only as a substitute for BiPAP or CPAP



# SECTION O

## **00100G** Non-invasive mechanical ventilator

- CPAP or BiPAP
- Mask or another device
- Continuously or via electronic cycling





# SECTION O

## 00100H IV medications

- Drug or biological given by IV push, epidural pump, or drip through a central or peripheral port
- Epidural, intrathecal, and baclofen pumps
- Don't code flushes to keep an IV access port or IV fluids without medication
- Don't code subcutaneous pumps, fluids during dialysis or chemotherapy
- Don't code dextrose 50% and/or lactated ringers given IV
- [The Orange Book](#)
- [The National Drug Code Directory](#)



## SECTION O

- **00100I Transfusions**
  - Blood or any blood products
  - Don't include transfusions that were administered during dialysis or chemotherapy
- **00100J Dialysis**
  - Peritoneal or renal dialysis
  - Hemofiltration, slow continuous ultrafiltration, continuous arteriovenous hemofiltration, and continue ambulatory peritoneal dialysis
  - IV's, IV meds, and blood transfusions administered during dialysis



## SECTION O

- **00100K** Hospice care
- **00100M** Isolation for active infectious disease
  - Doesn't include standard precautions
  - Transmission based precautions and single room isolation
  - Active infection (symptomatic and/or have a positive test and are in the contagious stage)
  - Don't code if having a history of infectious disease (s/p MRSA, C-Diff no active symptoms)
  - [2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#)



## SECTION O

- **00250** Influenza vaccine
  - Season - October through May
- **00300** Pneumococcal vaccine
  - 65 years and older
  - [Up to date](#) means in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations



# SECTION O

## 00400 Therapies

- A. Speech-language pathology and audiology services
- B. Occupational therapy
- C. Physical therapy
- D. Respiratory therapy
- E. Psychological therapy
- F. Recreational therapy

\*Appendix A definitions of qualified personnel



# SECTION O

## Speech-Language Pathology, Audiology, Occupational and Physical Therapies

- **Individual therapy**
  - One therapist or assistant to one resident
- **Concurrent minutes**
  - Treatment of two residents at the same time (not performing same or similar activities) for Med Part A
  - Part B may not be treated concurrently



## SECTION O

- **Group minutes**
  - Part A treatment of two to six residents performing same or similar activities
  - Part B treatment of two patients (or more) at the same time
- **Co-treatment minutes**
  - Total minutes each discipline of therapy was administered to the resident in co-treatment sessions
- **Days**
  - Day is defined as skilled treatment for 15 minutes or more during the day
  - Individual plus concurrent plus group



## SECTION O

- **Therapy start date**
  - Most recent therapy regimen since most recent enter/reentry
  - Date initial therapy eval is conducted
  - If multiple therapies, code most recent therapy regimen
- **Therapy end date**
  - Most recent therapy regimen ended
  - Last date receiving skilled therapy
  - Dash if therapy is ongoing



## SECTION O

### Speech-Language Pathology, Occupational and Physical Therapies

- Include only skilled services that meet all the following:
  - Part A – ordered by a physician,
  - Part B – plan of care must be certified by a physician following the therapy eval,
  - Services must be directly and specifically related to an active written treatment plan approved by physician,
  - Services must match residents' abilities,



## SECTION O

- Expected that the resident's condition will improve or necessary for the establishment of a safe and effective maintenance program or must require skills of a qualified therapist,
- Services are to be specific and effective treatment; and,
- Services are reasonable and necessary.

Include services provided by qualified occupational/physical therapy assistant



# SECTION O

## Respiratory, Psychological, and Recreational Therapies

- **Total minutes**
  - Actual number of minutes therapy provided
- **Days**
  - Day is defined as treatment for 15 minutes or more during the day
- **00420 Distinct calendar days of therapy**
  - SLP and audiology, OT or PT



## SECTION O

### Respiratory therapy

- **Include minutes if**
  - Respiratory therapist or respiratory nurse perform
  - Eval/assessment, treatment administration and monitoring, and setup and removal of treatment equipment
- **Do not include if**
  - Resident self-administers neb treatment without supervision
  - Administration of metered-dose and/or dry powder inhalers



## SECTION O

### Respiratory, Psychological, and Recreational Therapies

- Record services when the following criteria are met:
  - Physician orders the therapy;
  - Physician's order includes a statement of frequency, duration, and scope of treatment;
  - Services must be directly and specifically related to an active written treatment plan that is based on an initial evaluation performed by qualified personnel;
  - Services are required and provided by qualified personnel;
  - Services must be reasonable and necessary for treatment of the resident's condition.



# SECTION O

## Minutes of therapy

- **Can be included**
  - Only therapies that occurred since admission/reentry to the facility and after the initial eval
  - Time spent on subsequent reevaluations conducted as part of the treatment process
  - Family education when resident is present
  - Only skilled therapy time
  - Time required to adjust equipment or otherwise prepare the treatment area



## SECTION O

### Cannot be included

- While inpatient at hospital or recuperative/rehab center, or other LTC facility, or a recipient of home care or community-based services
- Time spent on documentation or on initial eval
- Time spent investigating the refusal or trying to persuade the resident to participate in treatment

Do not round therapy minutes to the nearest fifth minute



# SECTION O

## Non-Skilled Services

- Not medically necessary
- Not counted in O0400
- Those services provided by therapy aides



# SECTION O

## **00425** Part A therapies

- Speech-language pathology and audiology services
- Occupational therapy
- Physical therapy
  - Complete only if a Part A PPS discharge
  - Look back is day one of the Part A stay A2400B and finishing on the last day of the Part A stay A2400C
  - The sums of individual, concurrent, and/or group minutes
  - Co-treatments
  - Days



# SECTION O

## **00430** Distinct calendar days of Part A therapy

- Speech-language pathology, audiology, occupational or physical therapy
- At least 15 minutes equals one day





# SECTION 0

## **00500** Restorative nursing programs

- Range of motion (ROM) passive
- ROM active
- Splint or brace assistance
- Bed mobility
- Transfer





# SECTION O

- Walking
- Dressing and/or grooming
- Eating and/or swallowing
- Amputation/prosthesis care
- Communication
  - Number of days each was performed
  - At least 15 minutes equals one day



## SECTION O

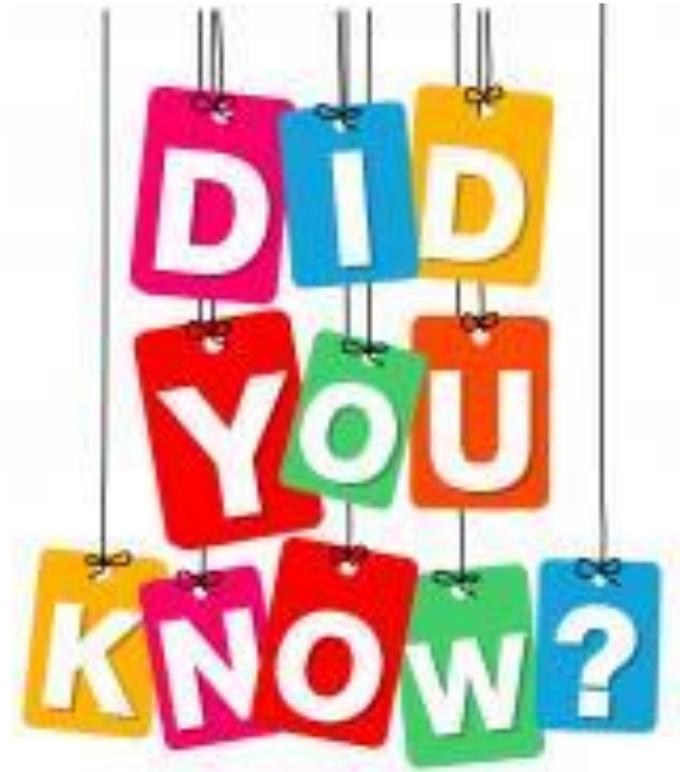
The following must be met to code O0500

- Measurable objective and interventions in the care plan
- Periodic evaluation of the care plan by licensed nurse
- Nursing assistants/aides to be trained in the techniques
- RN or LVN nurse must supervise the activities
- Less than five residents per supervising helper/caregiver



# SECTION O

- ~~00600~~ Physician examinations
- ~~00700~~ Physician orders





# SECTION P

## Physical restraints

- Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body (State Operations Manual, Appendix PP).



# SECTION P

## **P0100** Physical restraints

- Used in bed
  - Bed rail
  - Truck restraint
  - Limb restraint
  - Other
- Used in chair or out of bed
  - Trunk restraint
  - Limb restraint
  - Chair prevents rising
  - Other



# SECTION P

## **P0200 Alarms**

- Bed alarm
- Chair alarm
- Floor mat alarm
- Motion sensor alarm
- Wander/elopement alarm
- Other alarm
  - Not used, used less than daily, used daily



## SECTION Q

- **Q0100** Participation in assessment
- **Q0300** Resident's overall expectation
- **Q0400** Discharge plan
  - [Discharge checklist](#)
- **Q0490** Resident's preference to avoid being asked questions Q0500B
- **Q0500** Return to community
- **Q0550** Resident's preference to avoid being asked question Q0500B again
- **Q0600** Referral



## SECTION V

**V0100** Items from the most recent prior OBRA or PPS assessment

- A. Prior assessment federal OBRA reason for assessment
- B. Prior assessment PPS reason for assessment
- C. Prior assessment reference date (A2300)



## SECTION V

- D. Prior assessment brief interview for mental status (BIMS) score (C0500)
- E. Prior assessment resident mood interview (PHQ-9) score (D0300)
- F. Prior assessment staff assessment of resident PHQ-9-OV) score (D0600)



# SECTION V

## V0200. CAAs and Care Planning

1. Check column A if Care Area is triggered.
2. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan.
3. Indicate in the Location and Date of CAA Documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area.

### A. CAA Results

Care Area	A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA documentation
	↓ Check all that apply ↓		
01. Delirium	<input type="checkbox"/>	<input type="checkbox"/>	
02. Cognitive Loss/Dementia	<input type="checkbox"/>	<input type="checkbox"/>	
03. Visual Function	<input type="checkbox"/>	<input type="checkbox"/>	
04. Communication	<input type="checkbox"/>	<input type="checkbox"/>	
05. ADL Functional/Rehabilitation Potential	<input type="checkbox"/>	<input type="checkbox"/>	
06. Urinary Incontinence and Indwelling Catheter	<input type="checkbox"/>	<input type="checkbox"/>	



# SECTION V

07. Psychosocial Well-Being	<input type="checkbox"/>	<input type="checkbox"/>	
08. Mood State	<input type="checkbox"/>	<input type="checkbox"/>	
09. Behavioral Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	
10. Activities	<input type="checkbox"/>	<input type="checkbox"/>	
11. Falls	<input type="checkbox"/>	<input type="checkbox"/>	
12. Nutritional Status	<input type="checkbox"/>	<input type="checkbox"/>	
13. Feeding Tube	<input type="checkbox"/>	<input type="checkbox"/>	
14. Dehydration/Fluid Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
15. Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	
16. Pressure Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	
17. Psychotropic Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	
18. Physical Restraints	<input type="checkbox"/>	<input type="checkbox"/>	
19. Pain	<input type="checkbox"/>	<input type="checkbox"/>	
20. Return to Community Referral	<input type="checkbox"/>	<input type="checkbox"/>	



# SECTION V

## B. Signature of RN Coordinator for CAA Process and Date Signed

1. Signature

2. Date

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Day

Year

## C. Signature of Person Completing Care Plan Decision and Date Signed

1. Signature

2. Date

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Day

Year



# SECTION X

- **Modify**

- Transcription errors
- Data entry errors
- Software product errors
- Item coding errors, and/or
- Other error requiring modification
- A0050 is coded a (2)

- **Inactivate**

- Move a record in QIES from active to archive
- A0050 is coded as (3)



## SECTION X

- **X0150** Type of provider (A0200)
- **X0200** Name of resident (A0500)
- **X0300** Gender (A0800)
- **X0400** Birth date (A0900)
- **X0500** Social security number (A0600)
- ~~**X0570** Optional state assessment~~
- **X0600** Type of assessment (A0310A), (A0310B), (A0310F), (A0310H)



## SECTION X

- **X0700** Date
  - A. X0600F=99
  - B. X0600F=10, 11, or 12
  - C. X0600F =01
- **X0800** Correction number
- **X0900** Reasons for modification or
- **X1050** Reasons for inactivation
- **X1100** RN assessment coordinator attestation of completion





## SECTION Z

- **Z0100A** Medicare Part A billing
  - Five-digit billing code (First four positions represent the PDPM case mix version code and the fifth is an assessment type indicator)
- ~~**Z0200** State Medicaid billing~~
- ~~**Z0250** Alternate state Medicaid billing~~
- **Z0300** Insurance billing
- **Z0400** Signatures
- **Z0500** Signature of RN assessment coordinator



# SUMMARY

H-Z



# QUESTIONS?





# FOCUS CONFERENCE 2022

- November 16 and 17
- Jacob Weiss, Alonzo Kelly and Steve Bench
- For more information go to:  
<https://www.dhs.wisconsin.gov/regulations/training/focus-2022.htm>
- Registration:  
<https://www3.uwsp.edu/conted/Pages/focus.aspx>
- Kalahari Convention Center in Wisconsin Dells



# THANK YOU!

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608-266-1718



# MDS DHS WEBSITE

<http://www.dhs.wisconsin.gov/>

- Go to A-Z at the top of the page
- Go to M (minimum data set)

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