

The Importance Of Accurate MDS Diagnosis Coding

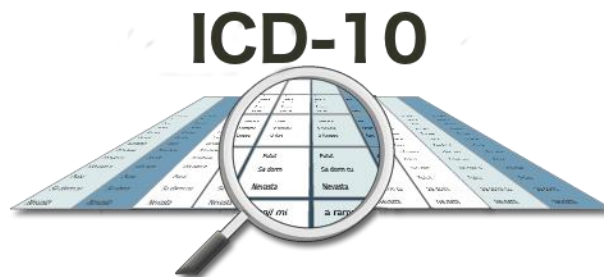
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Updates

- No October 1, 2021 RAI Changes
- Quality Measure Updates
- Baseline review Updates



Diagnosis in the RAI Manual: Section I



I20B

- Indicate the resident's primary medical condition category that best describes the primary reason for the Medicare Part A stay; then proceed to I0020B and enter the International Classification of Diseases (ICD) code for that condition, including the decimal.
- While certain conditions described below represent acute diagnoses, SNFs should not use acute diagnosis codes in I0020B. Sequelae and other such codes should be used instead.

Active Diagnosis: I0100-I8000

There are two look-back periods for this section:

- Diagnosis identification (Step 1) is a 60-day look-back period.
- Diagnosis status: Active or Inactive (Step 2) is a 7-day look-back period (except for Item I2300 UTI, which does not use the active 7-day look-back period).

60-Day Look-back

- **Identify diagnoses:** The disease conditions in this section require a physician-documented diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the **last 60 days**.
- Medical record sources for physician diagnoses include progress notes, the most recent history and physical, transfer documents, discharge summaries, diagnosis/problem list, and other resources as available. If a diagnosis/problem list is used, only diagnoses confirmed by the physician should be entered.

7-Day Look-back

- **Determine whether diagnoses are active:** Once a diagnosis is identified, it must be determined if the diagnosis is **active**.
- **Active diagnoses:** Have a **direct relationship** to the resident's current functional, cognitive, or mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.
 - Do not include conditions that have been resolved,
 - Do not affect the resident's current status, or
 - Do not drive the resident's plan of care during the 7-day look-back period
- Check the following information sources in the medical record for the last 7 days to identify "active" diagnoses: transfer documents, physician progress notes, recent history and physical, recent discharge summaries, nursing assessments, nursing care plans, medication sheets, doctor's orders, consults and official diagnostic reports, and other sources as available.

I2300 Urinary Tract Infection (UTI)

- The UTI has a look-back period of 30 days for active disease instead of 7 days.**
 - Code only if both of the following are met in the last 30 days:**
 1. It was determined that the resident had a UTI using evidence-based criteria such as McGeer, NHSN, or Loeb in the last 30 days,
- AND**
2. A physician documented UTI diagnosis in the last 30 days.

Section I

- Check off each active disease. Check all that apply.
- If a disease or condition is **not** specifically listed, enter the diagnosis and ICD code in item I8000, Additional active diagnosis.
- Computer specifications are written such that the ICD code should be automatically justified. The important element is to ensure that the ICD code's decimal point is in its own box and should be right justified (aligned with the right margin so that any unused boxes and on the left.)
- If an individual is receiving aftercare following a hospitalization, a Z code may be assigned. When Z codes are used, another diagnosis for the related primary medical condition should be checked in items I0100–I7900 or entered in I8000.

Active Diagnosis I0100-I8000

CMS's RAI Version 3.0 Manual

CH 3: MDS Items [I]

I: Active Diagnoses in the Last 7 Days

Active Diagnoses in the last 7 days - Check all that apply	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
Cancer	
<input type="checkbox"/>	I0100. Cancer (with or without metastasis)
Heart/Circulation	
<input type="checkbox"/>	I0200. Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
<input type="checkbox"/>	I0300. Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias)
<input type="checkbox"/>	I0400. Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))
<input type="checkbox"/>	I0500. Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE)
<input type="checkbox"/>	I0600. Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)
<input type="checkbox"/>	I0700. Hypertension
<input type="checkbox"/>	I0800. Orthostatic Hypotension
<input type="checkbox"/>	I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
Gastrointestinal	
<input type="checkbox"/>	I1100. Cirrhosis
<input type="checkbox"/>	I1200. Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g., esophageal, gastric, and peptic ulcers)
<input type="checkbox"/>	I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease
Genitourinary	
<input type="checkbox"/>	I1400. Benign Prostatic Hyperplasia (BPH)
<input type="checkbox"/>	I1500. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)
<input type="checkbox"/>	I1550. Neurogenic Bladder
<input type="checkbox"/>	I1650. Obstructive Uropathy
Infections	
<input type="checkbox"/>	I1700. Multidrug-Resistant Organism (MDRO)
<input type="checkbox"/>	I2000. Pneumonia
<input type="checkbox"/>	I2100. Septicemia
<input type="checkbox"/>	I2200. Tuberculosis
<input type="checkbox"/>	I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)
<input type="checkbox"/>	I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)
<input type="checkbox"/>	I2500. Wound Infection (other than foot)

Active Diagnosis I0100-I8000

<input type="checkbox"/>	Metabolic
<input type="checkbox"/>	I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)
<input type="checkbox"/>	I3100. Hyponatremia
<input type="checkbox"/>	I3200. Hyperkalemia
<input type="checkbox"/>	I3300. Hyperlipidemia (e.g., hypercholesterolemia)
<input type="checkbox"/>	I3400. Thyroid Disorder (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)
	Musculoskeletal
<input type="checkbox"/>	I3700. Arthritis (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))
<input type="checkbox"/>	I3800. Osteoporosis
<input type="checkbox"/>	I3900. Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)
<input type="checkbox"/>	I4000. Other Fracture
	Neurological
<input type="checkbox"/>	I4200. Alzheimer's Disease
<input type="checkbox"/>	I4300. Aphasia
<input type="checkbox"/>	I4400. Cerebral Palsy
<input type="checkbox"/>	I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke
<input type="checkbox"/>	I4800. Non-Alzheimer's Dementia (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)
Neurological Diagnoses continued on next page	

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

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More-From the RAI Manual

- The few items that do not allow dash values include identification items in Section A [e.g., Legal Name of Resident (Item A0500), Assessment Reference Date (Item A2300), Type of Assessment (Item A0310), and Gender (Item A0800)] and **ICD diagnosis codes (Item I8000)**. All items for which a dash is not an acceptable value can be found on the CMS MDS 3.0 Technical Information web page at the following link: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html>.

Diagnosis in the Medicaid RUG System

Medicaid RUGS Calculations

- Pneumonia I2000 _____
- Septicemia I2100 _____
- Diabetes mellitus I2900 _____
- Aphasia I4300 _____
- Cerebral palsy I4400 _____
- Hemiplegia/Hemiparesis I4900 _____
- Quadriplegia I5100 _____
- Multiple sclerosis I5200 _____

Special Care

STEP FOUR: SPECIAL CARE

1. Does the resident meet one of the following criteria?

Qualified for Extensive Services with ADL <7

(# NOTE: See below)

Cerebral palsy (ADL >=10)

I4400

Quadriplegia (ADL >=10)

I5100

Multiple sclerosis (ADL >=10)

I5200

Ulcers 2 or more sites

M0300A, B1, C1, D1,
F1, M1030 AND

2 or more treatments: M1200A or B, C, D, E, G, H
Pressure ulcer

M0300C1, D1, or F1 >0
AND

2 or more treatments: M1200A or B, C, D, E, G, H
Radiation treatment

O0100B1, 2

Respiratory therapy

O0400D2 (7)

OR

2. Does the resident meet one of the following criteria for
Fever, Feeding tube or Open lesions/Surgical wounds?

+ Fever +

J1550A AND

Pneumonia

I2000

OR

Vomiting

J1550B

OR

Dehydration

J1550C

OR

Weight loss

K0300

OR

Feeding tube *

K0510B1, 2

* (K0710A3 must = 51% or more OR K0710A3 =
26 – 50% AND K0710B3 >= 501cc)

+ Feeding tube + *

K0510B1, 2

AND

Aphasia

I4300

* (K0710A3 must = 51% or more OR K0710A3 =
26 – 50% AND K0710B3 >= 501cc)

+ Open lesions + M1040D

OR

+ Surgical wounds + M1040E

AND

Surgical wound care

M1200F

OR

Dressings (not to feet)

M1200G

OR

Ointments (not to feet)

M1200H

Clinically Complex

STEP FIVE: CLINICALLY COMPLEX

1. Does the resident meet one of the following criteria?

Qualified for Special Care with ADL <7

Pneumonia	I2000
Septicemia	I2100
Hemiplegia (ADL >=10)	I4900
Dehydration	J1550C
Internal bleeding	J1550D

Feeding tube *	K0510B1, 2
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* (K0710A3 must = 51% or more OR K0710A3 = 26 – 50%
AND K0710B3 >= 501cc)

Burns	M1040F
Chemotherapy	O0100A1, 2
Oxygen therapy	O0100C1, 2
Transfusions	O0100I1, 2
Dialysis	O0100J1, 2

OR

2. The resident meets one of the following criteria for Coma, Diabetes, Foot infection or Physician visits/order changes:

+ <u>Coma</u> +	B0100	AND
Bed mobility self-perf.	G0110A1 (4 or 8) AND	
Transfer self-perf.	G0110B1 (4 or 8) AND	
Eating self-perf.	G0110H1 (4 or 8) AND	
Toilet use self-perf.	G0110I1 (4 or 8)	

+ <u>Diabetes</u> +	I2900	AND
Injections	N0300 (7)	AND
Physician Orders	O0700 (2 or more)	

+ <u>Foot infection</u> + M1040A	OR	
+ <u>Open lesions</u> + M1040B or C		AND
Foot dressings	M1200I	

+ <u>Physician Examinations</u> + O0600	AND
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+ <u>Physician Orders</u> + O0700	
Examinations >= 1 day and Orders >= 4 days	OR
Examinations >= 2 days and Orders >= 2 days	

Diagnosis in Medicare Payment Methodology

Medicare PPS/PDPM

- **STEP #1**
- Determine the resident's primary diagnosis clinical category using the ICD-10-CM code recorded in MDS item I0020B.
- To do so, refer to the PDPM Clinical Categories to ICD-10 Diagnosis Codes mapping (available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPDS/PDPM.html), which maps a resident's primary diagnosis as recorded in MDS item I0020B to the 10 PDPM primary diagnosis clinical categories.

PDPM: PT and OT Component

PDPM Payment Component: PT and OT

- Determine the resident's primary diagnosis clinical category using the ICD-10-CM code recorded in MDS item I0020B. To do so, refer to the PDPM Clinical Categories to ICD-10 Diagnosis Codes mapping (available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html), which maps a resident's primary diagnosis as recorded in MDS item I0020B to the 10 PDPM primary diagnosis clinical categories.
- Some ICD-10-CM codes can map to a different clinical category from the default depending on a resident's prior inpatient procedure history. For these codes, a resident may be categorized into a surgical clinical category if the resident received a surgical procedure during the prior inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by item J2100

Medicare PPS/PDPM-SLP

SLP-Related Comorbidities MDS Item Descriptions:

- I4300 Aphasia
- I4500 CVA, TIA, or Stroke
- I4900 Hemiplegia or Hemiparesis
- I5500 Traumatic Brain Injury
- I8000 Laryngeal Cancer
- I8000 Apraxia
- I8000 Dysphagia
- I8000 ALS
- I8000 Oral Cancers
- I8000 Speech and Language Deficits

Medicare PPS/PDPM - NTA

- Determine whether the resident has HIV/AIDS. HIV/AIDS is not reported on the MDS but is recorded on the SNF claim (ICD-10-CM code B20).

Medicare PPS/PDPM-NTA

• Lung Transplant Status	I8000	3
• Major Organ Transplant, Except Lung	I8000	2
• Multiple Sclerosis	I5200	2
• Opportunistic Infections	I8000	2
• Asthma COPD Chronic Lung Disease	I6200	2
• Aseptic Necrosis of Bone	I8000	2
• Chronic Myeloid Leukemia	I8000	2
• Wound Infection	I2500	2
• Diabetes Mellitus (DM)	I2900	2
• Endocarditis	I8000	1
• Immune Disorders	I8000	1
• End-Stage Liver Disease	I8000	1
• Narcolepsy and Cataplexy	I8000	1
• Cystic Fibrosis	I8000	1
• Multi-Drug Resistant Organism (MDRO)	I1700	1
• Spec. Hereditary Metabolic/Immune Disorders	I8000	1
• Morbid Obesity	I8000	1
• Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
• Chronic Pancreatitis	I8000	1

Medicare PPS/PDPM- Nursing

CATEGORY: SPECIAL CARE HIGH

The classification groups in this category are based on certain resident conditions or services.
Use the following instructions:

STEP #1

Determine whether the resident is coded for **one** of the following conditions or services:

B0100, Section GG items	Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
I2100	Septicemia
I2900, N0350A, B	Diabetes with both of the following: Insulin injections (N0350A) for all 7 days Insulin order changes on 2 or more days (N0350B)
I5100, Nursing Function Score	Quadriplegia with Nursing Function Score ≤ 11
I6200, J1100C	Chronic obstructive pulmonary disease and shortness of breath when lying flat
J1550A, others	Fever and one of the following: I2000 Pneumonia J1550B Vomiting K0300 Weight loss (1 or 2) K0510B1 or K0510B2 Feeding tube*
K0510A1 or K0510A2	Parenteral/IV feedings
O0400D2	Respiratory therapy for all 7 days

Medicare PPS/PDPM- Nursing

CATEGORY: SPECIAL CARE LOW

The classification groups in this category are based on certain resident conditions or services.
Use the following instructions:

STEP #1

Determine whether the resident is coded for one of the following conditions or services:

I4400, Nursing Function Score	Cerebral palsy, with Nursing Function Score ≤ 11
I5200, Nursing Function Score	Multiple sclerosis, with Nursing Function Score ≤ 11
I5300, Nursing Function Score	Parkinson's disease, with Nursing Function Score ≤ 11
I6300, O0100C2	Respiratory failure and oxygen therapy while a resident
K0510B1 or K0510B2	Feeding tube*
M0300B1	Two or more stage 2 pressure ulcers with two or more selected skin treatments**
M0300C1, D1, F1	Any stage 3 or 4 pressure ulcer with two or more selected skin treatments**
M1030	Two or more venous/arterial ulcers with two or more selected skin treatments**
M0300B1, M1030	1 stage 2 pressure ulcer and 1 venous/arterial ulcer with 2 or more selected skin treatments**
M1040A, B, C; M1200I	Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet
O0100B2	Radiation treatment while a resident
O0100J2	Dialysis treatment while a resident

*Tube feeding classification requirements:

Medicare PPS/PDPM-Nursing

CATEGORY: CLINICALLY COMPLEX

The classification groups in this category are based on certain resident conditions or services.
Use the following instructions:

STEP #1

Determine whether the resident is coded for **one** of the following conditions or services:

Table 19: Clinically Complex Conditions or Services

MDS Item	Condition or Service
I2000	Pneumonia
I4900, Nursing Function Score	Hemiplegia/hemiparesis with Nursing Function Score ≤ 11
M1040D, E	Open lesions (other than ulcers, rashes, and cuts) with any selected skin treatment* or surgical wounds
M1040F	Burns
O0100A2	Chemotherapy while a resident
O0100C2	Oxygen Therapy while a resident
O0100H2	IV Medications while a resident
O0100I2	Transfusions while a resident

*Selected Skin Treatments: M1200F Surgical wound care, M1200G Application of nonsurgical dressing (other than to feet), M1200H Application of ointments/medications (other than to feet)

Diagnosis in MDS 3.0

Quality Measures

MDS 3.0 Quality Measures

Percent of Residents Who Newly Received an Antipsychotic Medication (SS)¹³ (CMS ID: N011.02) (NQF: None)

Measure Description
This measure reports the percentage of short-stay residents who are receiving an antipsychotic medication during the target period but not on their initial assessment.
Measure Specifications
Numerator Short-stay residents for whom one or more assessments in a look-back scan (<i>not including</i> the initial assessment) indicates that antipsychotic medication was received: <ol style="list-style-type: none">1. N0410A = [1, 2, 3, 4, 5, 6, 7]. Note that residents are excluded from this measure if their initial assessment indicates antipsychotic medication use or if antipsychotic medication use is unknown on the initial assessment (see exclusion #3, below).
Denominator All short-stay residents who do not have exclusions and who meet all of the following conditions: <ol style="list-style-type: none">1. The resident has a target assessment, <i>and</i>2. The resident has an initial assessment, <i>and</i>3. The target assessment is not the same as the initial assessment.
Exclusions <ol style="list-style-type: none">1. The following is true for <i>all</i> assessments in the look-back scan (excluding the initial assessment):<ol style="list-style-type: none">1.1. For assessments with target dates on or after 04/01/2012: (N0410A = [-]).2. <i>Any</i> of the following related conditions are present on <i>any</i> assessment in a look-back scan:<ol style="list-style-type: none">2.1. Schizophrenia (I6000 = [1]).2.2. Tourette's syndrome (I5350 = [1]).2.3. Huntington's disease (I5250 = [1]).

¹³ This measure is used in the Five-Star Quality Rating System

MDS 3.0 Quality Measures

Percent of Residents Who Made Improvements in Function (SS)¹⁴

(CMS ID: N037.03) (NQF: None)

Measure Description

This measure reports the percentage of short-stay residents who were discharged from the nursing home that gained more independence in transfer, locomotion, and walking during their episodes of care.

Covariates Continued

- 4.1 Covariate = 0 if LFADL = (middle tercile¹² or highest tercile) or if any (G0110A1, G0110B1, G0110E1, G0110G1, G0110H1, G0110I1, G0110J1) = [-]
- Covariate = 1 if LFADL = lowest tercile
- 4.2 Covariate = 0 if (lowest tercile or highest tercile)
- Covariate = 1 if LFADL = middle tercile (reference)
- 4.3 Covariate = 0 if (lowest tercile or middle tercile)
- Covariate = 1 if LFADL = highest tercile
- 5. Heart failure
- 5.1 Covariate = 1 if (J0600 = [1])
- Covariate = 0 if (J0600 = [0, -])
- 6. CVA, TIA, or Stroke
- 6.1 Covariate = 1 if (J4500 = [1])
- Covariate = 0 if (J4500 = [0, -])
- 7. Hip Fracture
- 7.1 Covariate = 1 if (J3900 = [1])
- Covariate = 0 if (J3900 = [0, -])
- 8. Other Fracture
- 8.1 Covariate = 1 if (J4000 = [1])
- Covariate = 0 if (J4000 = [0, -])

MDS 3.0 Quality Measures

Percent of High-Risk Residents With Pressure Ulcers (LS)¹⁷ (CMS ID: N015.03) (NQF: 0679)

Measure Description
This measure captures the percentage of long-stay, high-risk residents with Stage II-IV or unstageable pressure ulcers
Measure Specifications
<p>Numerator</p> <p>All long-stay residents with a selected target assessment that meet the following condition:</p> <ol style="list-style-type: none"> 1. Stage II-IV or unstageable pressure ulcers are present, as indicated by <i>any</i> of the following six conditions: <ol style="list-style-type: none"> 1.1. (M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) <i>or</i> 1.2. (M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) <i>or</i> 1.3. (M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) <i>or</i> 1.4. (M0300E1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) <i>or</i> 1.5. (M0300F1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) <i>or</i> 1.6. (M0300G1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]). <p>Denominator</p> <p>All long-stay residents with a selected target assessment who meet the definition of high risk, except those with exclusions. Residents are defined as high-risk if they meet <i>one or more</i> of the following three criteria on the target assessment:</p> <ol style="list-style-type: none"> 1. Impaired bed mobility or transfer indicated, by <i>either or both</i> of the following: <ol style="list-style-type: none"> 1.1. Bed mobility, self-performance (G0110A1 = [3, 4, 7, 8]). 1.2. Transfer, self-performance (G0110B1 = [3, 4, 7, 8]). 2. Comatose (B0100 = [1]). 3. Malnutrition or at risk of malnutrition (I5600 = [1]) (checked).

¹⁷ This measure is used in the Five-Star Quality Rating System.

MDS 3.0 Quality Measures

Percent of Residents with a Urinary Tract Infection (LS)¹⁸

(CMS ID: N024.02) (NQF: 0684)

Measure Description
The measure reports the percentage of long stay residents who have a urinary tract infection.
Measure Specifications
<i>Numerator</i> Long-stay residents with a selected target assessment that indicates urinary tract infection within the last 30 days (I2300 = [1]).
<i>Denominator</i> All long-stay residents with a selected target assessment, except those with exclusions.
<i>Exclusions</i> <ol style="list-style-type: none">1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-Day assessment (A0310B = [01]).2. Urinary tract infection value is missing (I2300 = [-]).
Covariates
Not applicable.

MDS 3.0 Quality Measures

Table 2-24
Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (LS)¹⁹
(CMS ID: N026.03) (NQF #0686)

Measure Description
This measure reports the percentage of residents who have had an indwelling catheter in the last 7 days.
Measure Specifications
<p><i>Numerator</i></p> <p>Long-stay residents with a selected target assessment that indicates the use of indwelling catheters (H0100A = [1]).</p> <p><i>Denominator</i></p> <p>All long-stay residents with a selected target assessment, except those with exclusions.</p> <p><i>Exclusions</i></p> <ol style="list-style-type: none"> 1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-Day assessment (A0310B = [01]). 2. Target assessment indicates that indwelling catheter status is missing (H0100A = [-]). 3. Target assessment indicates neurogenic bladder (I1550 = [1]) or neurogenic bladder status is missing (I1550 = [-]). 4. Target assessment indicates obstructive uropathy (I1650 = [1]) or obstructive uropathy status is missing (I1650 = [-]).
Covariates
<ol style="list-style-type: none"> 1. Frequent bowel incontinence on prior assessment (H0400 = [2, 3]). <ol style="list-style-type: none"> 1.1. Covariate = [1] if (H0400 = [2, 3]). 1.2. Covariate = [0] if (H0400 = [0, 1, 9, -]). 2. Pressure ulcers at stages II, III, or IV on prior assessment: <ol style="list-style-type: none"> 2.1. Covariate = [1] if any of the following are true: <ol style="list-style-type: none"> 2.1.1. (M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9]), or 2.1.2. (M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, 9]), or 2.1.3. (M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9]). 2.2. Covariate = [0] if the following is true:

MDS 3.0 Quality Measures

Percent of Residents Who Received an Antipsychotic Medication (LS)²¹ (CMS ID: N031.03) (NQF: None)

Measure Description
This measure reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period.
Measure Specifications
<p>Numerator</p> <p>Long-stay residents with a selected target assessment where the following condition is true: antipsychotic medications received. This condition is defined as follows:</p> <ol style="list-style-type: none"> For assessments with target dates on or after 04/01/2012: (N0410A = [1, 2, 3, 4, 5, 6, 7]). <p>Denominator</p> <p>Long-stay nursing home residents with a selected target assessment except those with exclusions.</p> <p>Exclusions</p> <ol style="list-style-type: none"> The resident did not qualify for the numerator and any of the following is true: <ol style="list-style-type: none"> For assessments with target dates on or after 04/01/2012: (N0410A = [-]). Any of the following related conditions are present on the target assessment (unless otherwise indicated): <ol style="list-style-type: none"> Schizophrenia (I6000 = [1]). Tourette's syndrome (I5350 = [1]). Tourette's syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available. Huntington's disease (I5250 = [1]).
Covariates
Not applicable.

MDS 3.0 Quality Measures

Prevalence of Antianxiety/Hypnotic Use (LS)²³ (CMS ID: N033.02) (NQF#: None)

Measure Description
This measure reports the percentage of long-stay residents who are receiving antianxiety medications or hypnotics but do not have evidence of psychotic or related conditions in the target period.
Measure Specifications
<p>Numerator</p> <p>Long-stay residents with a selected target assessment where <i>any</i> of the following conditions are true:</p> <ol style="list-style-type: none"> For assessments with target dates on or after 04/01/2012: <ol style="list-style-type: none"> Antianxiety medications received (N0410B = [1, 2, 3, 4, 5, 6, 7]), <i>or</i> Hypnotic medications received (N0410D = [1, 2, 3, 4, 5, 6, 7]). <p>Denominator</p> <p>All long-stay residents with a selected target assessment, except those with exclusions.</p> <p>Exclusions</p> <ol style="list-style-type: none"> The resident did not qualify for the numerator and <i>any</i> of the following is true: <ol style="list-style-type: none"> For assessments with target date on or after 04/01/2012: N0410B = [-] or N0410D = [-]. Any of the following related conditions are present on the target assessment (unless otherwise indicated): <ol style="list-style-type: none"> Schizophrenia (I6000 = [1]). Psychotic disorder (I5950 = [1]). Manic depression (bipolar disease) (I5900 = [1]). Tourette's syndrome (I5350 = [1]). Tourette's syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available. Huntington's disease (I5250 = [1]). Hallucinations (E0100A = [1]).
<ol style="list-style-type: none"> Delusions (E0100B = [1]). Anxiety disorder (I5700 = [1]). Post-traumatic stress disorder (I6100 = [1]). Post-traumatic stress disorder (I6100 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.

Diagnosis in SNF-QRP

SNF-QRP Measures

Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)

AND

Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) (CMS ID: S002.02)

Covariates	
1.	Indicator of requiring limited or more assistance in bed mobility self-performance on the PPS 5-Day assessment: Covariate = [1] if (G0110A1 = [2, 3, 4, 7, 8]) Covariate = [0] if (G0110A1 = [0, 1, -])
2.	Indicator of bowel incontinence at least occasionally on the PPS 5-Day assessment: Covariate = [1] if (H0400 = [1, 2, 3]) Covariate = [0] if (H0400 = [0, 9, -])
3.	Have diabetes or peripheral vascular disease or peripheral arterial disease on the PPS 5-Day assessment: Covariate = [1] if one or both of the following are true: 3.1. (I0900 = [1] (checked)) 3.2. (I2900 = [1] (checked)) Covariate = [0] if [(I0900 = [0, -] (unchecked/unknown)) AND (I2900 = [0, -] (unchecked/unknown))]

SNF-QRP Measures

- **SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (NQF #2635) (CMS ID: S024.02)a Measure Description**
- **SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (NQF #2636) (CMS ID: S025.02)a**
- **SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (NQF #2633) (CMS ID: S022.02)a**
- **SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (NQF #2634) (CMS ID: S023.02)a Measure Description**

Exclusion Factors for above Measures

2. The resident has the following medical conditions at the time of admission (i.e., on the 5-Day PPS assessment):
 5. Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain.
 6. The medical conditions are identified by: B0100 (Comatose) = 1 and ICD-10 codes (see Appendix A, [Table A-4](#) and [Table A-5](#)).

SNF Functional Outcome Measures: Table 4

Table A-4
Primary Medical Condition Category (I0020B) and Active Diagnosis in the Last 7 days
(I8000A through I8000J) – ICD-10-CM Codes

Primary Medical Condition Category (Item I0020B and I8000A through I8000J)	ICD-10-CM Codes			
Severe brain damage	G93.9, G97.82			
Complete tetraplegia	G82.51, G82.53, S14.111A, S14.111D, S14.111S, S14.112A, S14.112D, S14.112S,	S14.113A, S14.113D, S14.113S, S14.114A, S14.114D, S14.114S, S14.115A, S14.115D,	S14.115S, S14.116A, S14.116D, S14.116S, S14.117A, S14.117D, S14.117S,	S14.118A, S14.118D, S14.118S, S14.119A, S14.119D, S14.119S
Locked-in state	G83.5			
Severe anoxic brain damage, edema or compression	G93.1, G93.5, G93.6			

SNF-QRP: APU Table

MDS Data Elements Used for FY 2022 SNF QRP APU Determination	
MDS Section & Number	Data Element Label/Description
H0400	Bowel continence
I0900	Peripheral vascular disease (PVD) or peripheral arterial disease (PAD)
I2900	Diabetes mellitus (DM)
I0200+	Should Pain Assessment Interview be Conducted?

Resources

- MDS Diagnosis Coding Instructions and Medicare PDPM- [Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual | CMS](#)
- Medicaid RUGS- <https://nfrp.panfsubmit.com/>
- MDS 3.0 Quality Measures- [Quality Measures | CMS](#)
- SNF-QRP Measures- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>

Other Uses of MDS Diagnosis

Analysis and Research

State and Federal agencies can use MDS data to use many different ways:

- Diagnosis that relate to Avoidable Hospitalizations
- Healthcare costs by diagnosis
- Medication costs by diagnosis
- Diagnosis vs. Demographics (i.e. Discharge status)

Questions

Questions can be submitted to qa-mds@pa.gov and will be answered in the next RAI Spotlight.

The next teleconference will be held January 13, 2022.

