



**MYERS AND  
STAUFFER** LC  
CERTIFIED PUBLIC ACCOUNTANTS

# MYERS AND STAUFFER LC PRESENT OBRA/PDPM MDS ITEMS EFFECTIVE 10/1/2020



## ■ BACKGROUND

- **CMS has updated the Minimum Data Set Version 3.0 (MDS 3.0) item sets (version 1.17.2) and related technical data specifications.**
- **The changes will support the calculation of Patient Driven Payment Model (PDPM) payment codes on Omnibus Budget Reconciliation Act (OBRA) assessments when not combined with a 5-day Prospective Payment System (PPS) assessment.**
- **This change will allow State Medicaid Agencies (SMA) to collect PDPM payment codes and compare to Resource Utilization Group (RUG) III/IV and, thereby, inform their future payment model.**

## ■ MOVING FORWARD

- **Beginning October 1, 2020, States will have the option to require the completion and submission of specific MDS item set fields associated with PDPM on all OBRA nursing home comprehensive (NC) and quarterly (NQ) MDS assessment submissions.**
- **These additional fields are located in Sections GG, I and J.**
- **This is a necessary step for States to begin evaluating the PDPM classification system and its viability as an alternative for the Resource Utilization Group-III/IV classification system that is used today as the basis for the case mix reimbursement system.**
- **Additionally, this data will assist in future UPL calculations.**

# ■ ADDITIONAL OBRA ITEMS

MDS Item	Description	Required For PDPM Classification
GG0130A1	Eating	X
GG0130B1	Oral Hygiene	X
GG0130C1	Toileting Hygiene	X
GG0130E1	Shower/Bath Self	
GG0130F1	Upper Body Dressing	
GG0130G1	Lower Body Dressing	
GG0130H1	Putting On/Taking Off Footwear	
GG0170A1	Roll Left and Right	
GG0170B1	Sit to Lying	X
GG0170C1	Lying to Sitting on Side of Bed	X
GG0170D1	Sit to Stand	X
GG0170E1	Chair/Bed-to-Chair Transfer	X
GG0170F1	Toilet Transfer	X
GG0170G1	Car Transfer	
GG0170I1	Walk 10 Feet	X
GG0170J1	Walk 50 Feet With Two Turns	X
GG0170K1	Walk 150 Feet	X
GG0170L1	Walking 10 Feet on Uneven Surfaces	
GG0170M1	1 Step (Curb)	
GG0170N1	4 Steps	
GG0170O1	12 Steps	
GG0170P1	Picking Up Object	
GG0170Q1	Does the resident use a W/C and/or scooter?	
GG0170R1	Wheel 50 Feet With Two Turns	
GG0170S1	Wheel 150 Feet	
GG0170RR1/SS1	Indicate the type of W/C or scooter used.	
I0020 (1-13)	Indicate the resident's primary medical condition category.	X
J2100	Recent surgery requiring active SNF care.	X
I2300 through J5000	Surgical Procedures	X

# SECTION GG: FUNCTIONAL ABILITIES



## ■ SELF-CARE AND MOBILITY(3-DAY ASSESSMENT PERIOD) (GG0130 AND GG0170)

- ✓ **If the State requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days; complete only column 1.**
- ✓ **No goals need to be established on the stand-alone OBRA assessments.**
- ✓ **Section GG is not required on the stand-alone OBRA discharge assessment.**

## ■ SELF-CARE AND MOBILITY(3-DAY ASSESSMENT PERIOD) (GG0130 AND GG0170) CONT.

### **Performance Coding using 6-point scale:**

- **When coding the resident's usual performance and discharge goal(s), use the six-point scale, or use one of the four (activity was not attempted" codes to specify the reason why an activity was not attempted).**

## ■ SELF-CARE AND MOBILITY (3-DAY ASSESSMENT PERIOD) (GG0130 AND GG0170) CONT.

### **Steps for Assessment:**

- ✓ **Assess the resident's mobility performance during the three-day assessment period.**
- ✓ **Residents should be allowed to perform activities as independently as possible.**
- ✓ **A “helper” is defined as facility staff who are direct employees and facility-contracted employees.**
- ✓ **A “helper” does not include individuals hired, compensated or not, by individuals outside the facility's management and administration.**
- ✓ **Activities may be completed with or without assistive device(s).**

## ■ SELF-CARE AND MOBILITY(3-DAY ASSESSMENT PERIOD) (GG0130 AND GG0170) CONT.

### Coding Tips:

- ✓ Do not record the resident's best performance and do not record the resident's worst performance, but rather record the resident's usual performance during the assessment period.
- ✓ Do not record the staff's assessment of the resident's potential capability to perform the activity.
- ✓ If two or more helpers are required to assist the resident to complete the activity, code as 01, Dependent.



## ■ SELF-CARE AND MOBILITY(3-DAY ASSESSMENT PERIOD) (GG0130 AND GG0170) CONT.

### Coding Tips:

- ✓ **If the resident does not attempt the activity and a helper does not complete the activity for the resident during the entire assessment period, code the reason the activity was not attempted.**
- ✓ **To clarify your own understanding of the resident's performance of an activity, ask probing questions to staff about the resident, beginning with the general and proceeding to the more specific.**

## ■ EATING (GG0130A)—OBRA/PDPM

- **Definition of Eating:**

- ✓ **The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.**
- ✓ **Tube feedings and parenteral nutrition are not considered when coding this activity.**



## ■ ORAL HYGIENE (GG0130B)—OBRA/PDPM

- **Definition of Oral hygiene:**

- ✓ **The ability to use suitable items to clean teeth.**
  - **Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.**

## ■ TOILETING HYGIENE (GG0130C)—OBRA/PDPM

- **Definition of Toileting Hygiene:**

- ✓ **The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.**

# ■ SHOWER/BATHE SELF (GG0130E)--OBRA

- **Definition of Shower/bathe self:**
  - ✓ **The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.**



## ■ UPPER BODY DRESSING (GG0130F)--OBRA

- **Definition of Upper body dressing:**
  - ✓ **The ability to dress and undress above the waist; including fasteners, if applicable:**

## ■ LOWER BODY DRESSING (GG0130G)—OBRA

- **Definition of Lower body dressing:**
  - ✓ **The ability to dress and undress below the waist; including fasteners, does not include footwear:**

# ■ PUTTING ON/TAKING OFF FOOTWEAR (GG0130H)--OBRA

- **Definition of Putting on/taking off footwear:**
  - **The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.**

## ■ ROLL LEFT AND RIGHT (GG0170A)—OBRA

- **Definition of Roll left and right:**
  - **The ability to roll from lying on back to left and right side, and return to lying on back on the bed.**

## ■ SIT TO LYING (GG0170B)—OBRA/PDPM

- **Definition of Sit to lying:**
  - **The ability to move from sitting on side of bed to lying flat on the bed.**

## ■ LYING TO SITTING ON SIDE OF BED (GG0170C)—OBRA/PDPM

- **Definition of lying to sitting on side of bed:**
  - **The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.**

## ■ SIT TO STAND (GG0170D)—OBRA/PDPM

- **Definition of Sit to stand:**
  - ✓ **The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed:**
  - ✓ **If a mechanical lift is used and two helpers are needed, then code 01, Dependent.**

## ■ CHAIR/BED-TO-CHAIR TRANSFER (GG0170E)—OBRA/PDPM

- **Definition of Chair/bed to chair transfer:**

- ✓ **The ability to transfer to and from a bed to a chair (or wheelchair):**



## ■ TOILET TRANSFER (GG0170F)—OBRA/PDPM

- **Definition of Toilet transfer:**

- **The ability to get on and off a toilet or commode.**

## ■ CAR TRANSFER (GG0170G)--OBRA

- **Definition of Car transfer:**

- **The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or seat belt.**

## ■ WALK 10 FEET (GG0170I)—OBRA/PDPM

- **Definition of Walk 10 feet:**
  - ✓ **Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.**



■ WALK 50 FEET WITH 2 TURNS (GG0170J)—  
OBRA/PDPM

- **Definition of Walk 50 feet with two turns:**
  - **Once standing, the ability to walk at least 50 feet and make two turns.**

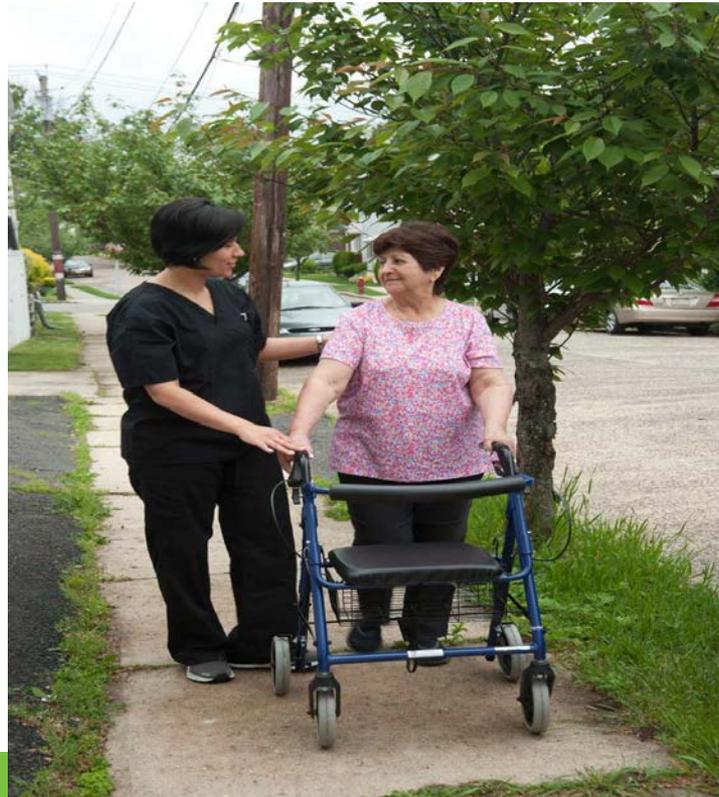
■ WALK 150 FEET WITH 2 TURNS  
(GG0170K)—OBRA/PDPM

- **Definition of Walk 150 feet:**
  - **Once standing, the ability to walk at least 150 feet in a corridor, or similar space.**



# ■ WALKING 10 FEET ON UNEVEN SURFACES (GG0170L)--OBRA

- **Definition of Walking 10 feet on uneven surfaces:**
  - ✓ **The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.**



## ■ 1 STEP (CURB) (GG0170M)--OBRA

- **Definition of 1 step (curb):** The ability to go up and down a curb and/or up and down one step.

## ■ 4 STEPS (GG0170N)—OBRA

- **Definition of 4 steps:**  
The ability to go up and down four steps with or without a rail.



- 12 STEPS (GG01700)--OBRA
  - **Definition of 12 steps:** The ability to go up and down 12 steps with or without a rail.
  
- PICKING UP OBJECT (GG0170P)--OBRA
  - **Definition of Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

# ■ DOES THE RESIDENT USE A WHEELCHAIR AND/OR SCOOTER? (GG0170Q1)--OBRA

- **If the resident uses a wheelchair for self-mobility and is not exclusively transported by others using a wheelchair, then code the gateway wheelchair item GG0170Q1;**



## ■ WHEEL 50 FEET WITH TWO TURNS (GG0170R)--OBRA

- **Definition of Wheel 50 feet with two turns:**

- ✓ **Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.**

- **WHEEL 150 FEET (GG0170S)—OBRA**

- Definition of Wheel 150 feet:**

- ✓ **Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in corridor or similar space.**

■ INDICATE THE TYPE OF WHEELCHAIR OR SCOOTER USED? (GG0170RR1&SS1)—  
OBRA

- **Manual**
- **Motorized**



# SECTION I: ACTIVE DIAGNOSIS



# ■ INDICATE THE RESIDENT'S PRIMARY MEDICAL CONDITION CATEGORY (I0020)—OBRA/PDPM

Complete only if A0310B=01 or if state requires with an OBRA assessment.

Section I	Active Diagnoses										
<b>I0020. Indicate the resident's primary medical condition category</b> Complete only if A0310B = 01 or if state requires completion with an OBRA assessment											
<p>Enter Code</p> <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<p><b>Indicate the resident's primary medical condition category that best describes the primary reason for admission</b></p> <ol 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></ol> <p><b>I0020B. ICD Code</b></p> <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>							
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## ■ INDICATE THE RESIDENT'S PRIMARY MEDICAL CONDITION CATEGORY (I0020)

- **Indicate the resident's primary medical condition category that best describes the primary reason for the stay.**
- **Complete only if PPS 5-day, IPA assessment or if state requires completion with an OBRA assessment.**
  - ✓ **Code the resident's primary medical condition.**
  - ✓ **This will be the most current medical condition and diagnosis and may not be the same as the reason for admission.**
  - ✓ **The primary diagnosis referenced should be the primary diagnosis at the time the assessment is being conducted.**
  - ✓ **Providers should base coding of item I0020 on the residents clinical condition during observation period.**

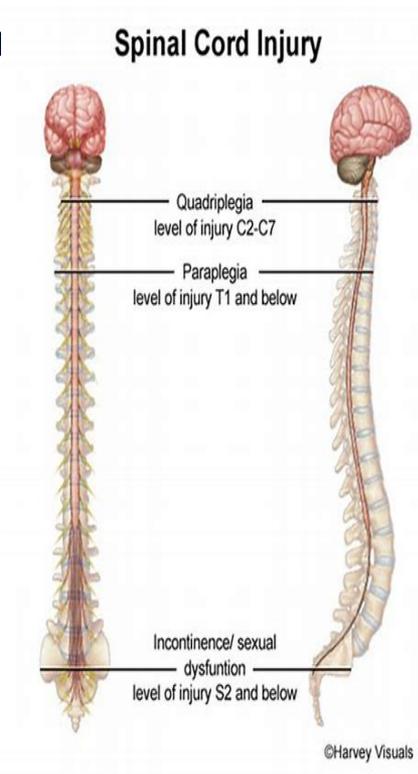
## ■ INDICATE THE RESIDENT'S PRIMARY MEDICAL CONDITION CATEGORY (I0020) CONT.

**Then proceed to I0020B and enter the ICD code for that condition, including the decimal.**

- ✓ **SNFs should not use acute diagnosis in I0020B.**
- ✓ **Sequelae and other such codes should be used instead.**
- ✓ **Include the primary medical condition coded in this item in Section I: Active Diagnosis in the last 7 days.**

# ■ PRIMARY MEDICAL CONDITION CATEGORY (I0020)

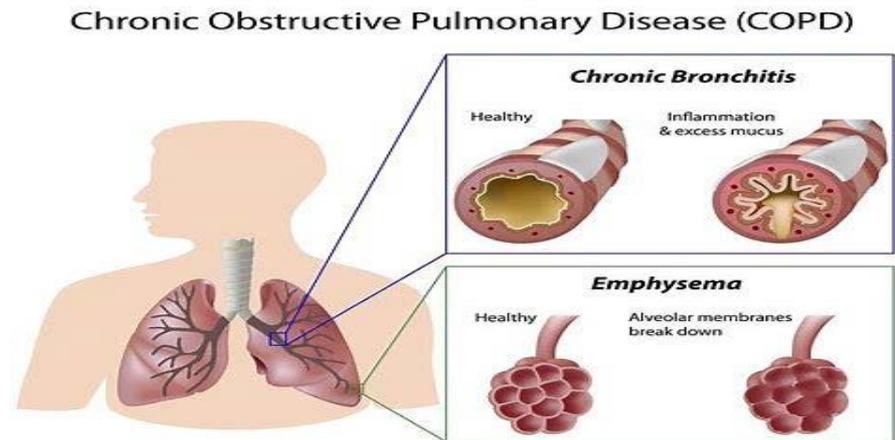
- **Code 01. Stroke**
- **Code 02. Non-Traumatic Brain Dysfunction**
- **Code 03. Traumatic Brain Dysfunction**
- **Code 04. Non-Traumatic Spinal Cord Dysfunction**
- **Code 05. Traumatic Spinal Cord Dysfunction**
- **Code 06. Progressive Neurological Conditions**
- **Code 07. Other Neurological Conditions**
- **Code 08. Amputation**
- **Code 09. Hip and Knee Replacement**
- **Code 10. Fractures and Other Multiple Trauma**



# ■ PRIMARY MEDICAL CONDITION CATEGORY (I0020)

- **Code 11. Other Orthopedic Conditions**
- **Code 12. Debility, Cardiorespiratory Conditions**
- **Code 13. Medically Complex Conditions**

## I0020B. ICD Code



## ■ ICD-10 CODE MAPPING

- ✓ **In the case of the OBRA assessments where the state has elected to calculate the PDPM, a valid ICD-10 code is expected in I0020B. CMS will provide a list of valid ICD-10 codes that may be appropriate for a non-skilled long stay resident (OBRA NC and NQ assessments) that are not in the original list for Medicare Part A stay residents that will be included in a secondary mapping table.**
- ✓ **As of 10/1/2020, these additional ICD-10 codes (“Return to Provider”) will be accepted in I0020B for the OBRA assessments when the state elects to calculate the PDPM on the OBRA NC and NQ. These Return to Provider codes will be mapped to a category of Medical Management.**

# SECTION J: HEALTH CONDITIONS



## ■ RECENT SURGERY REQUIRING ACTIVE SNF CARE (J2100)—OBRA/PDPM

- ✓ **Complete only if PPS 5-day, Interim Payment assessment or if state requires completion with an OBRA.**

**Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care?**



- ✓ **Generally, major surgery refers to a procedure that meets the following criteria:**
  - **Was a hospital inpatient for at least one day in the last 30 days prior to admission to the SNF, AND**
  - **Surgery carried some degree of risk to the resident's life or the potential for severe disability.**

# RECENT SURGERIES REQUIRING ACTIVE SNF CARE (J2300-J2599)—OBRA/PDPM

**Surgical Procedures – Complete only if J2100 = 1 Check all that apply:**

## Major Joint Replacements

J2300	Knee Replacement – partial or total
J2310	Hip Replacement – partial or total
J2320	Ankle Replacement – partial or total
J2330	Shoulder Replacement – partial or total



## Spinal Surgery

J2400	Spinal cord or major spinal nerves
J2410	Fusion of spinal bones
J2420	Lamina, discs, or facets
J2499	Spinal surgery - Other



## Other Orthopedic Surgery

J2500	Repair fractures of shoulder or arm
J2510	Repair fractures of the pelvis, hip, leg, knee, or ankle
J2520	Repair but not replace joints
J2530	Repair other bones
J2599	Orthopedic surgery- Other



# RECENT SURGERIES REQUIRING ACTIVE SNF CARE (J2600-J2899)—OBRA/PDPM

Surgical Procedures – Complete only if J2100 = 1 Check all that apply:

## Neurological Surgery

J2600	Brain, surrounding tissue, or blood vessels
J2610	Peripheral or autonomic nervous system (open or percutaneous)
J2620	Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices
J2699	Neurological surgery - Other



## Cardiopulmonary Surgery

J2700	Heart or major blood vessels – open or percutaneous procedures
J2710	Respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords – open or endoscopic
J2799	Cardiopulmonary surgery - Other



## Genitourinary Surgery

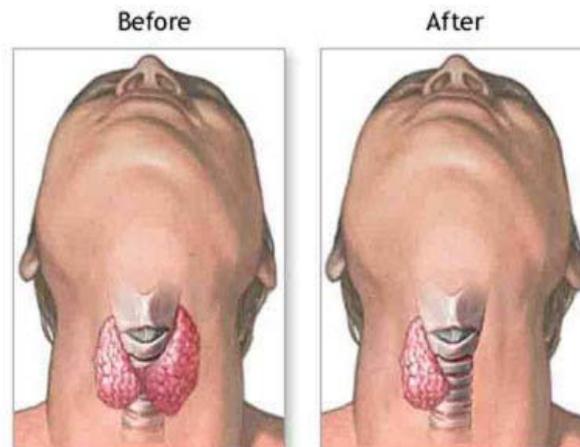
J2800	Male or female organs
J2810	Kidneys, ureters, adrenal glands, or bladder – open or laparoscopic
J2899	Other major genitourinary surgery

# RECENT SURGERIES REQUIRING ACTIVE SNF CARE (J2900-J5000)—OBRA/PDPM

Surgical Procedures – Complete only if J2100 = 1 Check all that apply:

## Major Surgery

J2900	Tendons, ligaments, or muscles
J2910	Gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas or spleen – open or laparoscopic
J2920	Endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus – open
J2930	The breast
J2940	Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant
J5000	Other major surgery not listed above



## ■ HIPPS CODE

- ✓ **The OBRA PDPM HIPPS is only 4 characters.**
- ✓ **The modifier/assessment indicator (the 5th character) will not be added to the stand-alone OBRA assessments.**
- ✓ **There will be no default code for Z0100. If a PDPM classification cannot be calculated it will be blank.**

## ■ MDS - DASHES

- ✓ A dash (-) indicates “No information.” CMS expects dash use to be a rare occurrence.

### **HOWEVER**

- ✓ When necessary, use of dashes on the stand-alone OBRA assessments will have no effect on the SNF-QRP Quality Measures and/or Annual Payment Update (APU).

## ■ MDS ACCURACY

- ✓ **It is a must that healthcare professionals performing an MDS assessment use their clinical judgement and consider all sources of information to ensure the assessment accurately reflects the state of the resident.**
- ✓ **Accurate coding for all items is crucial to maintain the integrity of the MDS.**

THANK YOU !

