



COLORADO

Health Facilities & Emergency Medical Services Division

Department of Public Health & Environment

Colorado MDS Updates and New PDPM MDS Items

CMS has updated the Minimum Data Set Version 3.0 (MDS 3.0) item sets (version 1.17.2) and related technical data specifications. These changes will support the calculation of PDPM payment codes on OBRA assessments when not combined with the 5-day SNF PPS assessment, specifically the OBRA comprehensive (NC) and OBRA quarterly (NQ) assessment item sets, which was not possible with item set version 1.17.1.

The Colorado Department of Healthcare Policy and Financing (HCPF) currently uses the RUG-III coding methodology for Medicaid reimbursement. CMS requires migration gradually to the PDPM payment methodology over the next few years. There will be a stakeholder process for an eventual transition from RUG-III to PDPM. HCPF will be studying the impact of making this shift in the near future. Please be sure that your MDS 3.0 software vendor is aware of this. All parties wish to be sure that existing care will not be compromised and that reimbursement will continue to support quality of care.

Beginning October 1, 2020, Colorado will 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. Section GG data will be used by HCPF for data analysis and have no impact on Medicaid rates. These additional fields are located in Sections GG, I and J are listed below. See RAI Manual, chapter 6, pages 6-11 to 6-49 for “PDPM Calculation Worksheet for SNFs”.

MDS Items – New on OBRA (stand-alone)	MDS Items – New on OBRA (stand-alone)
GG0130A1. Eating	GG0170H1. Walk 10 feet
GG0130B1. Oral Hygiene	GG0170J1. Walking – Walking 50 ft. with two turns
GG0130C1. Toilet Hygiene	GG0170K1. Walking – Walking 150 ft.
GG0130E1. Shower/bath self	GG0170L1. Walking 10 feet on uneven surfaces
GG0130F1. Upper body dressing	GG0170M1. 1 step (curb)
GG0130G1. Lower body dressing	GG0170N1. 4 steps
GG0130H1. Putting on/taking off footwear	GG0170O1. 12 steps
GG0170A1. Roll left and right	GG0170P1. Picking up object
GG0170B1. Bed Mobility – Sitting to Lying	GG0170Q1. Use a w/c and/or scooter
GG0170C1. Bed Mobility – Lying to Sitting on Side of Bed	GG0170R1. Wheel 50 feet with two turns
GG0170D1. Transfers – Sit to Stand	GG0170RR1. Indicate the type of w/c and/or scooter
GG0170E1. Transfers – Chair/Bed to Chair Transfer	GG0170S1. Wheel 150 feet
GG0170F1. Transfers – Toilet Transfer	GG0170SS1. Indicate the type of w/c and/or scooter
GG0170G1. Car transfer	

Other PDPM Sections New on OBRA
I0020. Active Diagnosis
I0020.B ICD Code
I8000. Additional active diagnoses
J2100. Recent Surgery Requiring Active SNF Care
J2300 through J5000 - (If J2100 = Yes)

Coding Tips

Coding Tips for GG0130.Self-Care and GG0170. Mobility for the Stand-Alone NC and NQ Assessments

- The OBRA Assessment Period for stand-alone NC and NQ 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 included in the OBRA discharge assessment.

Coding Tips for I0020.Indicate the Resident's Primary Medical Condition Category for the Stand-Alone NC and NQ Assessments

- Code the resident's primary medical condition. Just as on the Interim Payment Assessment (IPA), this will be the most current medical condition and diagnosis and thus may not be the same as the reason for admission.
- As the MDS provides contemporaneous snapshots of a resident's condition, the primary diagnosis referenced should be the primary diagnosis at the time the assessment is being conducted.
- 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
 - OBRA (NC and NQ) assessments for non-skilled long stay residents may have different ICD-10 codes that are appropriate for these residents. Check with your software vendor to make sure they have the newly released list of these non-rehab codes.
 - As of 10/01/2020, these additional ICD-10 codes ("Return to Provider") will be accepted in I0020B for the OBRA NC and NQ stand-alone assessments. These Return to Provider codes will now be categorized as "Medical Management" for Long-Stay OBRA-only assessments. *They are still not accepted for Medicare Part A PDPM residents.

Coding Tips for J2100.I Recent Surgery Requiring Active SNF Care for the Stand-Alone NC and NQ Assessments

- J2100.Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?
- Code 0, No o Code 1, Yes o Code 8, Unknown
- CMS expects that for the majority of long-stay residents this item will be coded "0. No." Thus, items J2300-J500 will be skipped.
- The same logic used in coding this item for SNF PPS assessments should be applied for the Medicaid population when item J2100 on OBRA assessments for Medicaid PDPM purposes.
- 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.

Dashes

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).

Coding Tips for S2500A and B. Local Contact Agency Referral Decision

- These new Section S questions request additional information on Local Contact Agency referral decisions. Specifically, when the answer to Q0600 was “0. No – referral not needed” or “1. No – referral is or may be needed” additional information is requested.
- Code 0, Local Contact Agency is Unknown 1, Active Discharge in Process 2, Legal Reason 3, Clinical Reasons 4, Behavioral Reasons 5, Other.
- If Code 5 was selected, S2500B allows additional space for an alternative explanation up to 30 characters.