

MDS Item Matrix for OCT 2024 - DRAFT

Item Matrix v1.19.1 v1 (CY2024)		Nursing Home Subsets					Swing Bed Subsets		Shared NH/SB Subsets			D/C Items (A0310F = 10 or 11 only)		Program and Policy Use							
MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT / ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	Administrative (Tech Need / Edits / Processing)	iQIES Standardized	GRP Standardized (A0310B = 01 and/or A0310H = 1)	GRP Quality Measures (Includes risk adjustment)	Care Area Triggers	NH/QI Quality Measures	PDPM	DC Planning / PASRR
A0050	Type of Record	x	x	x	x	x	x	x	x	x			x								
A0100A	Facility National Provider Identifier (NPI)	x	x	x	x	x	x	x	x	x			x	x							
A0100B	Facility CMS Certification Number (CCN)	x	x	x	x	x	x	x	x	x			x	x							
A0100C	State provider number	x	x	x	x	x	x	x	x	x			x	x							
A0200	Type of provider	x	x	x	x	x	x	x	x	x			x	x		x		x			
A0310A	Type of assessment: OBRA	x	x	x	x	x	x	x	x	x			x			x	x	x	x		
A0310B	Type of assessment: PPS	x	x	x	x	x	x	x	x	x			x			x		x	x		
A0310E	First assessment since most recent entry	x	x	x	x	x	x	x	x	x			x			x		x			
A0310F	Entry/discharge reporting	x	x	x	x	x	x	x	x	x			x			x		x			
A0310G	Planned/unplanned discharge	x	x	x	x	x	x	x	x	x			x			x					
A0310G1	Interrupted Stay	x	x	x	x		x	x					x			x		x	+		
A0310H	SNF Part A PPS Discharge	x	x	x	x	x	x	x		x			x			x					
A0410	Unit Certification or Licensure Designation	x	x	x	x	x	x	x	x	x			x								
A0500A	Resident first name	x	x	x	x	x	x	x	x	x			x	x							
A0500B	Resident middle initial	x	x	x	x	x	x	x	x	x			x	x							
A0500C	Resident last name	x	x	x	x	x	x	x	x	x			x	x							
A0500D	Resident name suffix	x	x	x	x	x	x	x	x	x			x	x							
A0600A	Social Security Number	x	x	x	x	x	x	x	x	x			x	x							
A0600B	Medicare number	x	x	x	x	x	x	x	x	x			x	x							
A0700	Medicaid number	x	x	x	x	x	x	x	x	x			x	x							
A0800	Gender	x	x	x	x	x	x	x	x	x			x	x					x		
A0900	Birthdate	x	x	x	x	x	x	x	x	x			x	x	x	x		x			
A1005A	Ethnicity: No, not of Hispanic, Latino/a, or Spanish origin	x	x	x	x	x	x	x	x	x					x						
A1005B	Ethnicity: Yes, Mexican, Mexican American, Chicano/a	x	x	x	x	x	x	x	x	x					x						
A1005C	Ethnicity: Yes, Puerto Rican	x	x	x	x	x	x	x	x	x					x						
A1005D	Ethnicity: Yes, Cuban	x	x	x	x	x	x	x	x	x					x						
A1005E	Ethnicity: Yes, another Hispanic, Latino, or Spanish origin	x	x	x	x	x	x	x	x	x					x						
A1005X	Ethnicity: Resident unable to respond	x	x	x	x	x	x	x	x	x					x						
A1005Y	Ethnicity: Resident declines to respond	x	x	x	x	x	x	x	x	x					x						
A1010A	Race: White	x	x	x	x	x	x	x	x	x					x						
A1010B	Race: Black or African American	x	x	x	x	x	x	x	x	x					x						

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A1010C	Race: American Indian or Alaska Native	x	x	x	x	x	x	x	x	x						x					
A1010D	Race: Asian Indian	x	x	x	x	x	x	x	x	x						x					
A1010E	Race: Chinese	x	x	x	x	x	x	x	x	x						x					
A1010F	Race: Filipino	x	x	x	x	x	x	x	x	x						x					
A1010G	Race: Japanese	x	x	x	x	x	x	x	x	x						x					
A1010H	Race: Korean	x	x	x	x	x	x	x	x	x						x					
A1010I	Race: Vietnamese	x	x	x	x	x	x	x	x	x						x					
A1010J	Race: Other Asian	x	x	x	x	x	x	x	x	x						x					
A1010K	Race: Native Hawaiian	x	x	x	x	x	x	x	x	x						x					
A1010L	Race: Guamanian or Chamorro	x	x	x	x	x	x	x	x	x						x					
A1010M	Race: Samoan	x	x	x	x	x	x	x	x	x						x					
A1010N	Race: Other Pacific Islander	x	x	x	x	x	x	x	x	x						x					
A1010X	Resident unable to respond	x	x	x	x	x	x	x	x	x						x					
A1010Y	Resident declines to respond	x	x	x	x	x	x	x	x	x						x					
A1010Z	None of the above	x	x	x	x	x	x	x	x	x				+		x					
A1110A	Language: What is your preferred language?	x	x	x	x		x		x							x					
A1110B	Language: Need or want an interpreter?	x	x	x	x		x		x							x					
A1200	Marital status	x	x	x	x	x	x	x	x	x											
A1250A	Transportation (from NACHC®) : Yes, kept from med appts.	x	x	x	x	x	x	x				x				x					
A1250B	Transportation (from NACHC®): Yes, kept from non-med appts.	x	x	x	x	x	x	x				x				x					
A1250C	Transportation (from NACHC®): No	x	x	x	x	x	x	x				x				x					
A1250X	Transportation (from NACHC®): Resident unable to respond	x	x	x	x	x	x	x				x				x					
A1250Y	Transportation (from NACHC®): Resident declines to respond	x	x	x	x	x	x	x				x				x					
A1300A	Medical record number	x	x	x	x	x	x	x	x	x											
A1300B	Room number	x	x	x	x	x	x	x	x	x											
A1300C	Name by which resident prefers to be addressed	x	x	x	x	x	x	x	x	x											
A1300D	Lifetime occupation(s)	x	x	x	x	x	x	x	x	x											
A1500	Resident evaluated by PASRR	x																			x

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A1510A	Level II PASRR conditions: Serious Mental Illness	x																			x
A1510B	Level II PASRR conditions: Intellectual Disability	x																			x
A1510C	Level II PASRR conditions: Other related conditions	x																			x
A1550A	ID/DD status: Down syndrome	x																			x
A1550B	ID/DD status: Autism	x																			x
A1550C	ID/DD status: Epilepsy	x																			x
A1550D	ID/DD status: other organic ID/DD condition	x																			x
A1550E	ID/DD status: ID/DD with no organic condition	x																			x
A1550Z	ID/DD status: none of the above	x												+							x
A1600	Entry date (date of admission/reentry in facility)	x	x	x	x	x	x	x		x				x			x		x		
A1700	Type of entry	x	x	x	x	x	x	x		x				x					x		
A1805	Entered From	x	x	x	x	x	x	x		x				x					x		
A1900	Admission date	x	x	x	x	x	x	x		x				x			x		x		
A2000	Discharge date	x	x	x	x	x	x	x		x	x	x	x	x			x		x		
A2105	Discharge Status	x	x	x	x		x	x		x		x	x	x			x		x		
A2121	Provision of Current Reconciled Medication List (To Provider)	x	x	x	x	x	x	x				x	x				x				
A2122A	Route of Current Reconciled Medication List Transmission: EHR to provider	x	x	x	x	x	x	x				x	x				x				
A2122B	Route of Current Reconciled Medication List Transmission: HIEO to provider	x	x	x	x	x	x	x				x	x				x				
A2122C	Route of Current Reconciled Medication List Transmission: Verbal to provider	x	x	x	x	x	x	x				x	x				x				
A2122D	Route of Current Reconciled Medication List Transmission: Paper-based to provider	x	x	x	x	x	x	x				x	x				x				
A2122E	Route of Current Reconciled Medication List Transmission: Other Methods to provider	x	x	x	x	x	x	x				x	x				x				

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A2123	Provision of Current Reconciled Medication List (To Resident)	x	x	x	x		x	x				x	x				x				
A2124A	Route of Current Reconciled Medication List Transmission: EHR to res/fam/caregiver	x	x	x	x		x	x				x	x				x				
A2124B	Route of Current Reconciled Medication List Transmission: HIEO to res/fam/caregiver	x	x	x	x		x	x				x	x				x				
A2124C	Route of Current Reconciled Medication List Transmission: Verbal to res/fam/caregiver	x	x	x	x		x	x				x	x				x				
A2124D	Route of Current Reconciled Medication List Transmission: Paper-based to res/fam/caregiver	x	x	x	x		x	x				x	x				x				
A2124E	Route of Current Reconciled Medication List Transmission: Other Methods to res/fam/caregiver	x	x	x	x		x	x				x	x				x				
A2200	Previous assessment reference date for significant correction	x	x											x							
A2300	Assessment reference date	x	x	x	x	x	x	x	x					x			x		x	x	
A2400A	Has resident had Medicare-covered stay	x	x	x	x	x	x	x	x	x				x			x		x		
A2400B	Start date of most recent Medicare stay	x	x	x	x	x	x	x	x	x				x			x		x		
A2400C	End date of most recent Medicare stay	x	x	x	x	x	x	x	x	x				x			x		x		
B0100	Comatose	x	x	x	x		x	x	x			x	x				x		x	x	
B0200	Hearing	x	x		x		x								x			x			
B0300	Hearing aid	x	x		x		x														
B0600	Speech clarity	x	x		x		x														
B0700	Makes self understood	x	x		x		x		x								x	x	x	x	
B0800	Ability to understand others	x	x		x		x										x	x	x		
B1000	Vision	x	x		x		x								x			x	x		
B1200	Corrective lenses	x	x		x		x														
B1300	Health Literacy	x	x	x	x	x	x	x				x			x						
C0100	BIMS: should resident interview be conducted	x	x	x	x	x	x	x	x			x				x					+

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C0200	BIMS res interview: repetition of three words	x	x	x	x	x	x	x	x			x				x					+
C0300A	BIMS res interview: able to report correct year	x	x	x	x	x	x	x	x			x				x					+
C0300B	BIMS res interview: able to report correct month	x	x	x	x	x	x	x	x			x				x					+
C0300C	BIMS res interview: able report correct day of week	x	x	x	x	x	x	x	x			x				x					+
C0400A	BIMS res interview: able to recall "sock"	x	x	x	x	x	x	x	x			x				x					+
C0400B	BIMS res interview: able to recall "blue"	x	x	x	x	x	x	x	x			x				x					+
C0400C	BIMS res interview: able to recall "bed"	x	x	x	x	x	x	x	x			x				x					+
C0500	BIMS res interview: summary score	x	x	x	x	x	x	x	x			x				x	x	x	x	x	
C0600	Staff assessment mental status: conduct assessment	x	x	x	x		x	x	x			x									+
C0700	Staff assessment mental status: short-term memory OK	x	x	x	x		x	x	x			x	x					x	x	x	
C0800	Staff assessment mental status: long-term memory OK	x	x		x		x					x	x					x			+
C0900A	Staff assessment mental status: recall current season	x	x		x		x					x	x				x		x		+
C0900B	Staff assessment mental status: recall location of room	x	x		x		x					x	x				x		x		+
C0900C	Staff assessment mental status: recall staff names/faces	x	x		x		x					x	x				x		x		+
C0900D	Staff assessment mental status: recall in nursing home	x	x		x		x					x	x				x		x		+
C0900Z	Staff assessment mental status: none of above recalled	x	x		x		x					x	x	+			x		x		+
C1000	Cognitive skills for daily decision making	x	x	x	x		x	x	x			x	x	x				x	x	x	
C1310A	Acute Onset Mental Status Change	x	x	x	x	x	x	x				x	x			x		x			
C1310B	Signs of delirium: inattention	x	x	x	x	x	x	x				x	x			x		x			
C1310C	Signs of delirium: disorganized thinking	x	x	x	x	x	x	x				x	x			x		x			
C1310D	Signs of delirium: altered level of consciousness	x	x	x	x	x	x	x				x	x			x		x			
D0100	PHQ: should resident mood interview be conducted	x	x	x	x	x	x	x	x			x				x					+

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D0150A1	PHQ res: little interest or pleasure - presence	x	x	x	x	x	x	x	x			x				x		x			+	
D0150A2	PHQ res: little interest or pleasure - frequency	x	x	x	x	x	x	x	x			x				x			x		+	
D0150B1	PHQ res: feeling down, depressed - presence	x	x	x	x	x	x	x	x			x				x					+	
D0150B2	PHQ res: feeling down, depressed - frequency	x	x	x	x	x	x	x	x			x				x			x		+	
D0150C1	PHQ res: trouble with sleep - presence	x	x	x	x	x	x	x	x			x				x					+	
D0150C2	PHQ res: trouble with sleep - frequency	x	x	x	x	x	x	x	x			x				x					+	
D0150D1	PHQ res: feeling tired/little energy - presence	x	x	x	x	x	x	x	x			x				x					+	
D0150D2	PHQ res: feeling tired/little energy - frequency	x	x	x	x	x	x	x	x			x				x					+	
D0150E1	PHQ res: poor appetite or overeating - presence	x	x	x	x	x	x	x	x			x				x					+	
D0150E2	PHQ res: poor appetite or overeating - frequency	x	x	x	x	x	x	x	x			x				x					+	
D0150F1	PHQ res: feeling bad about self - presence	x	x	x	x	x	x	x	x			x				x					+	
D0150F2	PHQ res: feeling bad about self - frequency	x	x	x	x	x	x	x	x			x				x					+	
D0150G1	PHQ res: trouble concentrating - presence	x	x	x	x	x	x	x	x			x				x					+	
D0150G2	PHQ res: trouble concentrating - frequency	x	x	x	x	x	x	x	x			x				x					+	
D0150H1	PHQ res: slow, fidgety, restless - presence	x	x	x	x	x	x	x	x			x				x					+	
D0150H2	PHQ res: slow, fidgety, restless - frequency	x	x	x	x	x	x	x	x			x				x					+	
D0150I1	PHQ res: thoughts better off dead - presence	x	x	x	x	x	x	x	x			x				x		x			+	
D0150I2	PHQ res: thoughts better off dead - frequency	x	x	x	x	x	x	x	x			x				x					+	
D0160	PHQ res: total mood severity score	x	x	x	x	x	x	x	x			x				x		x	x	x	x	

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D0500A1	PHQ staff: little interest or pleasure - presence	x	x	x	x		x	x	x			x						x		+	
D0500A2	PHQ staff: little interest or pleasure - frequency	x	x	x	x		x	x	x			x							x	+	
D0500B1	PHQ staff: feeling down, depressed - presence	x	x	x	x		x	x	x			x								+	
D0500B2	PHQ staff: feeling down, depressed - frequency	x	x	x	x		x	x	x			x							x	+	
D0500C1	PHQ staff: trouble with sleep - presence	x	x	x	x		x	x	x			x								+	
D0500C2	PHQ staff: trouble with sleep - frequency	x	x	x	x		x	x	x			x								+	
D0500D1	PHQ staff: feeling tired/little energy - presence	x	x	x	x		x	x	x			x								+	
D0500D2	PHQ staff: feeling tired/little energy - frequency	x	x	x	x		x	x	x			x								+	
D0500E1	PHQ staff: poor appetite or overeating - presence	x	x	x	x		x	x	x			x								+	
D0500E2	PHQ staff: poor appetite or overeating - frequency	x	x	x	x		x	x	x			x								+	
D0500F1	PHQ staff: feeling bad about self - presence	x	x	x	x		x	x	x			x								+	
D0500F2	PHQ staff: feeling bad about self - frequency	x	x	x	x		x	x	x			x								+	
D0500G1	PHQ staff: trouble concentrating - presence	x	x	x	x		x	x	x			x								+	
D0500G2	PHQ staff: trouble concentrating - frequency	x	x	x	x		x	x	x			x								+	
D0500H1	PHQ staff: slow, fidgety, restless - presence	x	x	x	x		x	x	x			x								+	
D0500H2	PHQ staff: slow, fidgety, restless - frequency	x	x	x	x		x	x	x			x								+	
D0500I1	PHQ staff: thoughts better off dead - presence	x	x	x	x		x	x	x			x						x		+	
D0500I2	PHQ staff: thoughts better off dead - frequency	x	x	x	x		x	x	x			x								+	

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D0500J1	PHQ staff: short-tempered - presence	x	x	x	x		x	x	x			x									+		
D0500J2	PHQ staff: short-tempered - frequency	x	x	x	x		x	x	x			x										+	
D0600	PHQ staff: total mood severity score	x	x	x	x		x	x	x			x						x	x			x	
D0700	Social Isolation	x	x	x	x	x	x	x				x				x							
E0100A	Psychosis: hallucinations	x	x	x	x		x	x	x			x	x									x	
E0100B	Psychosis: delusions	x	x	x	x		x	x	x			x	x									x	
E0100Z	Psychosis: none of the above	x	x	x	x		x	x	x			x	x	+								+	
E0200A	Physical behavioral symptoms directed toward others	x	x	x	x		x	x	x			x	x					x				x	
E0200B	Verbal behavioral symptoms directed toward others	x	x	x	x		x	x	x			x	x					x				x	
E0200C	Other behavioral symptoms not directed toward others	x	x	x	x		x	x	x			x	x					x				x	
E0300	Overall presence of behavioral symptoms	x	s		s													x					
E0500A	Behavioral symptoms put res at risk for illness/injury	x	s		s																		
E0500B	Behavioral symptoms interfere with resident care	x	s		s																		
E0500C	Behavioral symptoms interfere with social activities	x	s		s																		
E0600A	Behavioral symptoms put others at risk for injury	x	s		s																		
E0600B	Behavioral symptoms intrude on privacy of others	x	s		s																		
E0600C	Behavioral symptoms disrupt care or living environment	x	s		s																		
E0800	Rejection of care: presence and frequency	x	x	x	x		x	x	x			x	x					x				x	
E0900	Wandering: presence and frequency	x	x	x	x		x	x	x			x	x					x				x	
E1000A	Wandering: risk of getting to dangerous place	x	s		s																		
E1000B	Wandering: intrude on privacy of others	x	s		s																		
E1100	Change in behavior or other symptoms	x	s		s													x					
F0300	Conduct res interview for daily/activity preferences	x	s		s																		

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F0400A	Res interview: choose clothes to wear	x	s		s																
F0400B	Res interview: take care of personal belongings	x	s		s																
F0400C	Res interview: choose tub, bath, shower, sponge	x	s		s																
F0400D	Res interview: have snacks between meals	x	s		s																
F0400E	Res interview: choose own bedtime	x	s		s																
F0400F	Res interview: discuss care with family/friend	x	s		s																
F0400G	Res interview: use phone in private	x	s		s																
F0400H	Res interview: lock things to keep them safe	x	s		s																
F0500A	Res interview: have books, newspaper, mags to read	x	s		s													x			
F0500B	Res interview: listen to music	x	s		s													x			
F0500C	Res interview: be around animals/pets	x	s		s													x			
F0500D	Res interview: keep up with news	x	s		s													x			
F0500E	Res interview: do things with groups of people	x	s		s													x			
F0500F	Res interview: do favorite activities	x	s		s													x			
F0500G	Res interview: go outside when good weather	x	s		s													x			
F0500H	Res interview: participate in religious practices	x	s		s													x			
F0600	Primary respondent: daily/activities prefs	x	s		s													x			
F0700	Conduct staff assessment for daily/activity prefs	x	s		s									x							
F0800A	Staff assessment: choosing clothes to wear	x	s		s																
F0800B	Staff assessment: caring for personal belongings	x	s		s																
F0800C	Staff assessment: receiving tub bath	x	s		s																
F0800D	Staff assessment: receiving shower	x	s		s																
F0800E	Staff assessment: receiving bed bath	x	s		s																

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F0800F	Staff assessment: receiving sponge bath	x	s		s																
F0800G	Staff assessment: snacks between meals	x	s		s																
F0800H	Staff assessment: staying up past 8PM	x	s		s																
F0800I	Staff assessment: discuss care with family/other	x	s		s																
F0800J	Staff assessment: use phone in private	x	s		s																
F0800K	Staff assessment: place to lock personal things	x	s		s																
F0800L	Staff assessment: reading books, newspapers, mags	x	s		s													x			
F0800M	Staff assessment: listening to music	x	s		s													x			
F0800N	Staff assessment: being around animals/pets	x	s		s													x			
F0800O	Staff assessment: keeping up with news	x	s		s													x			
F0800P	Staff assessment: doing things with groups	x	s		s													x			
F0800Q	Staff assessment: participating in favorite activities	x	s		s													x			
F0800R	Staff assessment: spend time away from nursing home	x	s		s													x			
F0800S	Staff assessment: spend time outdoors	x	s		s													x			
F0800T	Staff assessment: participating in religious activities	x	s		s													x			
F0800Z	Staff assessment: none of above activities	x	s		s									+							
GG0100A	Self-Care: Prior Function	x	x		x		x										x		x		
GG0100B	Indoor Mobility (Ambulation): Prior Function	x	x		x		x										x		x		
GG0100C	Stairs: Prior Function	x	x		x		x										x		x		
GG0100D	Functional Cognition: Prior Function	x	x		x		x										x		x		
GG0110A	Manual wheelchair	x	x		x		x										x		x		
GG0110B	Motorized wheelchair and/or scooter	x	x		x		x										x		x		
GG0110C	Mechanical lift	x	x		x		x										x		x		

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GG0110D	Walker	x	x		x		x										x		x		
GG0110E	Orthotics/Prosthetics	x	x		x		x										x		x		
GG0110Z	None of the above	x	x		x		x							+							
GG0115A	ROM limitation: upper extremity	x	x		x		x														
GG0115B	ROM limitation: lower extremity	x	x		x		x														
GG0120A	Mobility devices: cane/crutch	x	x		s																
GG0120B	Mobility devices: walker	x	x		s																
GG0120C	Mobility devices: wheelchair (manual or electric)	x	x		s																
GG0120D	Mobility devices: limb prosthesis	x	x		s												x		x		
GG0120Z	Mobility devices: none of the above	x	x		s									+							
GG0130A1	Eating (Admission Performance)	x	x		x		x										x		x	x	
GG0130A3	Eating (Discharge Performance)	x	x	x	x	x	x	x				x	x				x		x		
GG0130A5	Eating (OBRA/Interim Performance)	x	x						x										x	x	
GG0130B1	Oral Hygiene (Admission Performance)	x	x		x		x										x		x	x	
GG0130B3	Oral Hygiene (Discharge Performance)	x	x	x	x	x	x	x				x	x				x		x		
GG0130B5	Oral Hygiene (OBRA/Interim Performance)	x	x						x										x	x	
GG0130C1	Toileting Hygiene (Admission Performance)	x	x		x		x										x		x	x	
GG0130C3	Toileting Hygiene (Discharge Performance)	x	x	x	x	x	x	x				x	x				x		x		
GG0130C5	Toileting Hygiene (OBRA/Interim Performance)	x	x						x											x	
GG0130E1	Shower/bathe self (Admission Performance)	x	x		x		x										x				
GG0130E3	Shower/bathe self (Discharge Performance)	x	x	x	x	x	x	x				x	x				x				
GG0130E5	Shower/bathe self (OBRA/Interim Performance)	x	x																		
GG0130F1	Upper body dressing (Admission Performance)	x	x		x		x										x				
GG0130F3	Upper body dressing (Discharge Performance)	x	x	x	x	x	x	x				x	x				x				
GG0130F5	Upper body dressing (OBRA/Interim Performance)	x	x																		

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GG0130G1	Lower body dressing (Admission Performance)	x	x		x		x										x				
GG0130G3	Lower body dressing (Discharge Performance)	x	x	x	x	x	x	x				x	x				x				
GG0130G5	Lower body dressing (OBRA/Interim Performance)	x	x																		
GG0130H1	Putting on/taking off footwear (Admission Performance)	x	x		x		x										x				
GG0130H3	Putting on/taking off footwear (Discharge Performance)	x	x	x	x	x	x	x				x	x				x				
GG0130H5	Putting on/taking off footwear(OBRA/Interim Performance)	x	x																		
GG0130I1	Personal Hygiene (Admission Performance)	x	x			s						x						x			
GG0130I3	Personal Hygiene (Discharge Performance)	x	x	x								x	x								
GG0130I5	Personal Hygiene (OBRA/Interim Performance)	x	x									x						x			
GG0170A1	Roll left and right (Admission Performance)	x	x		x		x										x		x		
GG0170A3	Roll left and right (Discharge Performance)	x	x	x	x	x	x	x				x	x				x		x		
GG0170A5	Roll left and right (OBRA/Interim Performance)	x	x																		
GG0170B1	Sit to lying (Admission Performance)	x	x		x		x										x		x	x	
GG0170B3	Sit to lying (Discharge Performance)	x	x	x	x	x	x	x				x	x				x		x		
GG0170B5	Sit to lying (OBRA/Interim Performance)	x	x						x										x	x	
GG0170C1	Lying to sitting on bed side (Admission Performance)	x	x		x		x										x		x	x	
GG0170C3	Lying to sitting on bed side (Discharge Performance)	x	x	x	x	x	x	x				x	x				x		x		
GG0170C5	Lying to sitting on bed side (OBRA/Interim Performance)	x	x						x										x	x	
GG0170D1	Sit to stand (Admission Performance)	x	x		x		x										x		x	x	
GG0170D3	Sit to stand (Discharge Performance)	x	x	x	x	x	x	x				x	x				x		x		

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GG0170D5	Sit to stand (OBRA/Interim Performance)	x	x						x										x	x	
GG0170E1	Chair/bed-to-chair transfer (Admission Performance)	x	x		x		x										x		x	x	
GG0170E3	Chair/bed-to-chair transfer (Discharge Performance)	x	x	x	x	x	x	x				x	x				x		x		
GG0170E5	Chair/bed-to-chair transfer (OBRA/Interim Performance)	x	x						x											x	
GG0170F1	Toilet transfer (Admission Performance)	x	x		x		x										x		x	x	
GG0170F3	Toilet transfer (Discharge Performance)	x	x	x	x	x	x	x				x	x				x		x		
GG0170F5	Toilet transfer (OBRA/Interim Performance)	x	x						x										x	x	
GG0170FF1	Tub/Shower Transfer (Admission Performance)	x	x		s							x						x			
GG0170FF3	Tub/Shower Transfer (Discharge Performance)	x	x	x								x	x								
GG0170FF5	Tub/Shower Transfer (OBRA/Interim Performance)	x	x									x						x			
GG0170G1	Car Transfer (Admission Performance)	x	x		x		x										x				
GG0170G3	Car Transfer (Discharge Performance)	x	x	x	x	x	x	x				x	x				x				
GG0170I1	Walk 10 feet (Admission Performance)	x	x		x		x										x		x	x	
GG0170I3	Walk 10 feet (Discharge Performance)	x	x	x	x	x	x	x				x	x				x		x		
GG0170I5	Walk 10 feet (OBRA/Interim Performance)	x	x						x										x	x	
GG0170J1	Walk 50 feet with two turns (Admission Performance)	x	x		x		x										x		x	x	
GG0170J3	Walk 50 feet with two turns (Discharge Performance)	x	x	x	x	x	x	x				x	x				x		x		
GG0170J5	Walk 50 feet with two turns (OBRA/Interim Performance)	x	x						x											x	
GG0170K1	Walk 150 feet (Admission Performance)	x	x		x		x										x			x	
GG0170K3	Walk 150 feet (Discharge Performance)	x	x	x	x	x	x	x				x	x				x				
GG0170K5	Walk 150 feet (OBRA/Interim Performance)	x	x						x											x	

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GG0170L1	Walking 10 feet on uneven surfaces (Admission Performance)	x	x		x		x										x				
GG0170L3	Walking 10 feet on uneven surfaces (Discharge Performance)	x	x	x	x	x	x	x				x	x				x				
GG0170M1	1 step (curb) (Admission Performance)	x	x		x		x										x				
GG0170M3	1 step (curb) (Discharge Performance)	x	x	x	x	x	x	x				x	x				x				
GG0170N1	4 steps (Admission Performance)	x	x		x		x										x				
GG0170N3	4 steps (Discharge Performance)	x	x	x	x	x	x	x				x	x				x				
GG0170O1	12 steps (Admission Performance)	x	x		x		x										x				
GG0170O3	12 steps (Discharge Performance)	x	x	x	x	x	x	x				x	x				x				
GG0170P1	Picking up object (Admission Performance)	x	x		x		x										x				
GG0170P3	Picking up object (Discharge Performance)	x	x	x	x	x	x	x				x	x				x				
GG0170Q1	Use of wheelchair/scooter (Admission Performance)	x	x		x		x												x		
GG0170Q3	Use of wheelchair/scooter (Discharge Performance)	x	x	x	x	x	x	x				x	x						x		
GG0170Q5	Use of wheelchair/scooter (OBRA/Interim Performance)	x	x																x		
GG0170R1	Wheel 50 feet with two turns (Admission Performance)	x	x		x		x										x		x		
GG0170R3	Wheel 50 feet with two turns (Discharge Performance)	x	x	x	x	x	x	x				x	x				x		x		
GG0170R5	Wheel 50 feet with two turns (OBRA/Interim Performance)	x	x																x		
GG0170RR1	Type wheelchair/scooter used (Admission Performance)	x	x		x		x														
GG0170RR3	Type wheelchair/scooter used (Discharge Performance)	x	x	x	x	x	x	x				x	x								
GG0170RR5	Type wheelchair/scooter used (OBRA/Interim Performance)	x	x																		
GG0170S1	Wheel 150 feet (Admission Performance)	x	x		x		x														
GG0170S3	Wheel 150 feet (Discharge Performance)	x	x	x	x	x	x	x				x	x								

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GG0170S5	Wheel 150 feet (OBRA/Interim Performance)	x	x																		
GG0170SS1	Type wheelchair/scooter used (Admission Performance)	x	x		x		x														
GG0170SS3	Type wheelchair/scooter used (Discharge Performance)	x	x	x	x	x	x	x				x	x								
GG0170SS5	Type wheelchair/scooter used (OBRA/Interim Performance)	x	x																		
H0100A	Appliances: indwelling catheter	x	x	x	x		x	x				x	x					x	x		
H0100B	Appliances: external catheter	x	x	x	x		x	x				x	x					x			
H0100C	Appliances: ostomy	x	x	x	x		x	x	x			x	x						x	x	
H0100D	Appliances: intermittent catheterization	x	x	x	x		x	x	x			x	x					x		x	
H0100Z	Appliances: none of the above	x	x	x	x		x	x	x			x	x	+						+	
H0200A	Urinary toileting program: has been attempted	x	x		x		x														
H0200B	Urinary toileting program: response	x	s		s																
H0200C	Urinary toileting program: current program/trial	x	x		x		x		x											x	
H0300	Urinary continence	x	x	x	x		x	x				x	x				x	x	x		
H0400	Bowel continence	x	x	x	x		x	x				x	x				x	x	x		
H0500	Bowel toileting program being used	x	x		x		x		x											x	
H0600	Constipation	x	s		s													x			
I0020	Indicate the resident's primary medical condition category	x	x		x		x		x								x		x	+	
I0020B	ICD Code 1 - 13	x	x		x		x		x								x		x	x	
I0100	Cancer (with or without metastasis)	x	x		x		x										x				
I0200	Anemia	x	x		x		x														
I0300	Atrial fibrillation and other dysrhythmias	x	s		s																
I0400	Coronary artery disease (CAD)	x	x		x		x														
I0500	Deep venous thrombosis (DVT), PE, or PTE	x	s		s																
I0600	Heart failure	x	x		x		x														
I0700	Hypertension	x	x		x		x														
I0800	Orthostatic hypotension	x	x		x		x														
I0900	Peripheral vascular disease (PVD) or PAD	x	x	x	x		x	x				x	x				x		x		

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I1100	Cirrhosis	x	s		s																
I1200	Gastroesophageal reflux disease (GERD) or ulcer	x	s		s																
I1300	Ulcerative colitis, Crohn's, inflammatory bowel disease	x	x		x		x		x											x	
I1400	Benign prostatic hyperplasia (BPH)	x	s		s																
I1500	Renal insufficiency, renal failure, ESRD	x	x		x		x										x		x		
I1550	Neurogenic bladder	x	x	x	x		x	x				x	x						x		
I1650	Obstructive uropathy	x	x	x	x		x	x				x	x						x		
I1700	Multidrug-resistant organism (MDRO)	x	x		x		x		x									x	x	x	
I2000	Pneumonia	x	x		x		x		x								x	x	x	x	
I2100	Septicemia	x	x		x		x		x								x	x	x	x	
I2200	Tuberculosis	x	x		x		x											x			
I2300	Urinary tract infection (UTI) (LAST 30 DAYS)	x	x	x	x		x	x				x	x					x	x		
I2400	Viral hepatitis (includes type A, B, C, D, and E)	x	x		x													x			
I2500	Wound infection (other than foot)	x	x		x		x		x									x		x	
I2900	Diabetes mellitus (DM)	x	x	x	x		x	x	x			x	x				x		x	x	
I3100	Hyponatremia	x	x		x		x														
I3200	Hyperkalemia	x	x		x		x														
I3300	Hyperlipidemia (e.g., hypercholesterolemia)	x	x		x		x														
I3400	Thyroid disorder	x	s		s																
I3700	Arthritis	x	s		s																
I3800	Osteoporosis	x	s		s																
I3900	Hip fracture	x	x		x		x														
I4000	Other fracture	x	x		x		x														
I4200	Alzheimer's disease	x	x		x													x			
I4300	Aphasia	x	x		x		x		x											x	
I4400	Cerebral palsy	x	x		x		x		x											x	
I4500	Cerebrovascular accident (CVA), TIA, or stroke	x	x		x		x		x											x	
I4800	Non-Alzheimer's Dementia	x	x		x		x										x	x	x		
I4900	Hemiplegia or hemiparesis	x	x		x		x		x								x		x	x	
I5000	Paraplegia	x	x		x		x										x		x		

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I5100	Quadriplegia	x	x		x		x		x								x		x	x	
I5200	Multiple sclerosis	x	x		x		x		x								x		x	x	
I5250	Huntington's disease	x	x	x	x		x	x			x	x					x		x		
I5300	Parkinson's disease	x	x		x		x		x								x		x	x	
I5350	Tourette's syndrome	x	x	x	x		x	x				x	x						x		
I5400	Seizure disorder or epilepsy	x	x		x		x												x		
I5500	Traumatic brain injury (TBI)	x	x		x		x		x											x	
I5600	Malnutrition (protein, calorie), risk of malnutrition	x	x	x	x		x	x	x			x	x						x	x	
I5700	Anxiety disorder	x	x	x	x		x	x				x	x								
I5800	Depression (other than bipolar)	x	x		x		x										x		x		
I5900	Bipolar Disorder	x	x	x	x		x	x				x	x				x		x		
I5950	Psychotic disorder (other than schizophrenia)	x	x	x	x		x	x				x	x				x		x		
I6000	Schizophrenia	x	x	x	x		x	x				x	x				x		x		
I6100	Post-traumatic stress disorder (PTSD)	x	x	x	x		x	x				x	x								
I6200	Asthma, COPD, or chronic lung disease	x	x		x		x		x											x	
I6300	Respiratory failure	x	x		x		x		x											x	
I6500	Cataracts, glaucoma, or macular degeneration	x	s		s													x			
I7900	None of above active diagnoses within last 7 days	x	s		s				x					+							
I8000A	Additional active ICD diagnosis 1	x	x	x	x		x	x	x			x	x				x		x	x	
I8000B	Additional active ICD diagnosis 2	x	x	x	x		x	x	x			x	x				x		x	x	
I8000C	Additional active ICD diagnosis 3	x	x	x	x		x	x	x			x	x				x		x	x	
I8000D	Additional active ICD diagnosis 4	x	x	x	x		x	x	x			x	x				x		x	x	
I8000E	Additional active ICD diagnosis 5	x	x	x	x		x	x	x			x	x				x		x	x	
I8000F	Additional active ICD diagnosis 6	x	x	x	x		x	x	x			x	x				x		x	x	
I8000G	Additional active ICD diagnosis 7	x	x	x	x		x	x	x			x	x				x		x	x	
I8000H	Additional active ICD diagnosis 8	x	x	x	x		x	x	x			x	x				x		x	x	
I8000I	Additional active ICD diagnosis 9	x	x	x	x		x	x	x			x	x				x		x	x	
I8000J	Additional active ICD diagnosis 10	x	x	x	x		x	x	x			x	x				x		x	x	
J0100A	Pain: received scheduled pain med regimen	x	x	x	x		x	x				x	x								
J0100B	Pain: received PRN pain medications	x	x	x	x		x	x				x	x								

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J0100C	Pain: received non-medication intervention	x	x	x	x		x	x				x	x								
J0200	Should pain assessment interview be conducted	x	x	x	x	x	x	x				x	x								
J0300	Res pain interview: presence	x	x	x	x	x	x	x				x									
J0410	Res pain interview: frequency	x	x	x	x		x					x						x			
J0510	Pain Effect on Sleep	x	x	x	x	x	x	x				x				x		x			
J0520	Pain Interference with Therapy Activities	x	x	x	x	x	x	x				x				x		x			
J0530	Pain Interference with Day-to-Day Activities	x	x	x	x	x	x	x				x				x		x			
J0600A	Res pain interview: intensity rating scale	x	x	x	x		x					x						x			
J0600B	Res pain interview: verbal descriptor scale	x	x	x	x		x					x						x			
J0700	Should staff assessment for pain be conducted	x	x		x		x											+			
J0800A	Staff pain assessment: non-verbal sounds	x	x		x		x											x			
J0800B	Staff pain assessment: vocal complaints of pain	x	x		x		x											x			
J0800C	Staff pain assessment: facial expressions	x	x		x		x											x			
J0800D	Staff pain assessment: protective movements/postures	x	x		x		x											x			
J0800Z	Staff pain assessment: none of these signs observed	x	x		x		x							+				+			
J0850	Staff pain assessment: frequency of pain	x	x		x		x														
J1100A	Short breath/trouble breathing: with exertion	x	x	x	x		x	x				x	x								
J1100B	Short breath/trouble breathing: sitting at rest	x	x	x	x		x	x				x	x								
J1100C	Short breath/trouble breathing: lying flat	x	x	x	x		x	x	x			x	x								x
J1100Z	Short breath/trouble breathing: none of above	x	x	x	x		x	x	x			x	x	+							+

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J1300	Current tobacco use	x	s		s																
J1400	Prognosis: life expectancy of less than 6 months	x	x	x	x		x	x				x	x						x		
J1550A	Problem conditions: fever	x	x	x	x		x	x	x			x	x					x		x	
J1550B	Problem conditions: vomiting	x	x	x	x		x	x	x			x	x					x		x	
J1550C	Problem conditions: dehydrated	x	x	x	x		x	x				x	x					x	x		
J1550D	Problem conditions: internal bleeding	x	x	x	x		x	x				x	x					x			
J1550Z	Problem conditions: none of the above	x	x	x	x		x	x	x			x	x	+				+		+	
J1700A	Fall history: fall during month before admission	x	x		x		x										x	x	x		
J1700B	Fall history: fall 2-6 months before admission	x	x		x		x										x	x	x		
J1700C	Fall history: fracture from fall 6 month pre admit	x	x		x		x										x		x		
J1800	Falls since admit/prior assessment: any falls	x	x	x	x	x	x	x				x	x					x			
J1900A	Falls since admit/prior assessment: no injury	x	x	x	x	x	x	x				x	x								
J1900B	Falls since admit/prior assessment: injury (not major)	x	x	x	x	x	x	x				x	x								
J1900C	Falls since admit/prior assessment: major injury	x	x	x	x	x	x	x				x	x				x		x		
J2000	Prior Surgery	x	x		x		x										x		x		
J2100	Recent Surgery Requiring Active SNF Care	x	x		x		x		x												x
J2300	Knee Replacement - partial or total	x	x		x		x		x												x
J2310	Hip Replacement - partial or total	x	x		x		x		x												x
J2320	Ankle Replacement - partial or total	x	x		x		x		x												x
J2330	Shoulder Replacement - partial or total	x	x		x		x		x												x
J2400	Spinal surgery - spinal cord or major spinal nerves	x	x		x		x		x												x
J2410	Spinal surgery - fusion of spinal bones	x	x		x		x		x												x
J2420	Spinal surgery - lamina, discs, or facets	x	x		x		x		x												x
J2499	Spinal surgery - other	x	x		x		x		x												+
J2500	Ortho surgery - repair fractures of shoulder or arm	x	x		x		x		x												x

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J2510	Ortho surgery - repair fractures of pelvis, hip, leg, knee, or ankle	x	x		x		x		x											x	
J2520	Ortho surgery - repair but not replace joints	x	x		x		x		x											x	
J2530	Ortho surgery - repair other bones	x	x		x		x		x											x	
J2599	Ortho surgery - other	x	x		x		x		x											+	
J2600	Neuro surgery - brain, surrounding tissue or blood vessels	x	x		x		x		x											x	
J2610	Neuro surgery - peripheral and autonomic nervous system - open and percutaneous	x	x		x		x		x											x	
J2620	Neuro surgery - insertion or removal of spinal and brain neurostimulators, electrodes, catheters, and CSF drainage devices	x	x		x		x		x											x	
J2699	Neuro surgery - Other	x	x		x		x		x											+	
J2700	Cardiopulmonary surgery - heart or major blood vessels - open and percutaneous procedures	x	x		x		x		x											x	
J2710	Cardiopulmonary surgery - respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords – open and endoscopic	x	x		x		x		x											x	
J2799	Cardiopulmonary surgery - Other	x	x		x		x		x											+	
J2800	Genitourinary surgery - genital systems	x	x		x		x		x											x	
J2810	Genitourinary surgery - the kidneys, ureter, adrenals, and bladder—open, laparoscopic	x	x		x		x		x											x	
J2899	Other major genitourinary surgery	x	x		x		x		x											+	
J2900	Major surgery - tendons, ligament, or muscles	x	x		x		x		x											x	
J2910	Major surgery - the GI tract and abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, spleen—open or laparoscopic	x	x		x		x		x											x	

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J2920	Major surgery - endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, and thymus—open	x	x		x		x		x												x
J2930	Major surgery - the breast	x	x		x		x		x												x
J2940	Major surgery - repair of deep ulcers, internal brachytherapy, bone marrow, or stem cell harvest or transplant	x	x		x		x		x												x
J5000	Major surgery - Other surgery not listed above	x	x		x		x		x												+
K0100A	Swallow disorder: loss liquids/solids from mouth	x	x		x		x		x												x
K0100B	Swallow disorder: holds food in mouth/cheeks	x	x		x		x		x												x
K0100C	Swallow disorder: cough/choke with meals/meds	x	x		x		x		x												x
K0100D	Swallow disorder: difficulty or pain swallowing	x	x		x		x		x												x
K0100Z	Swallow disorder: none of the above	x	x		x		x		x					+							+
K0200A	Height (in inches)	x	x	x	x		x	x			x	x					x	x	x		
K0200B	Weight (in pounds)	x	x	x	x		x	x			x	x					x	x	x		
K0300	Weight loss	x	x	x	x		x	x	x		x	x						x	x	x	
K0310	Weight gain	x	x	x	x		x	x			x	x						x			
K0520A1	Nutritional approaches: Parenteral/IV Feeding - Adm	x	x		x		x									x					
K0520A2	Nutritional approaches: Parenteral/IV Feeding - Not a Res	x	x		x		x		x									x			x
K0520A3	Nutritional approaches: Parenteral/IV Feeding - While a Res	x	x	x	x		x		x		x	x					x	x	x	x	
K0520A4	Nutritional approaches: Parenteral/IV Feeding - At Discharge	x	x	x	x	x	x	x			x	x				x					
K0520B1	Nutritional approaches: Feeding Tube - Adm	x	x		x		x									x					
K0520B2	Nutritional approaches: Feeding Tube - Not a Res	x	x		x		x		x									x			x
K0520B3	Nutritional approaches: Feeding Tube - While a Res	x	x	x	x		x		x		x	x					x	x	x	x	

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K0520B4	Nutritional approaches: Feeding Tube - At Discharge	x	x	x	x	x	x	x				x	x			x					
K0520C1	Nutritional approaches: Mechanically Altered Diet - Adm	x	x		x		x									x					
K0520C3	Nutritional approaches: Mechanically Altered Diet - While a Res	x	x	x	x		x		x			x	x				x	x	x	x	
K0520C4	Nutritional approaches: Mechanically Altered Diet - At Discharge	x	x	x	x	x	x	x				x	x			x					
K0520D1	Nutritional approaches: Therapeutic Diet - Adm	x	x		x		x									x					
K0520D3	Nutritional approaches: Therapeutic Diet - While a Res	x	x	x	x							x	x					x			
K0520D4	Nutritional approaches: Therapeutic Diet - At Discharge	x	x	x	x	x	x	x				x	x			x					
K0520Z1	Nutritional approaches: None of the above - Adm	x	x		x		x									x					
K0520Z2	Nutritional approaches: None of the above - Not a Res	x	x		x		x		x												
K0520Z3	Nutritional approaches: None of the above - While a Res	x	x	x	x		x		x			x	x								
K0520Z4	Nutritional approaches: None of the above - At Discharge	x	x	x	x	x	x	x				x	x			x					
K0710A2	Prop calories parenteral/tube feed: while a resident	x	x		x		x		x												
K0710A3	Prop calories parenteral/tube feed: 7 days	x	x		x		x		x												
K0710B2	Avg fluid intake per day IV/ tube: while a resident	x	x		x		x		x												
K0710B3	Avg fluid intake per day IV/tube: 7 days	x	x		x		x		x												
L0200A	Dental: broken or loosely fitting denture	x	x		x																
L0200B	Dental: no natural teeth or tooth fragment(s)	x	s		s																
L0200C	Dental: abnormal mouth tissue	x	s		s																
L0200D	Dental: cavity or broken natural teeth	x	s		s																
L0200E	Dental: inflamed/bleeding gums or loose teeth	x	s		s																

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L0200F	Dental: pain, discomfort, difficulty chewing	x	x		x													x			
L0200G	Dental: unable to examine	x	s		s																
L0200Z	Dental: none of the above	x	s		s									+							
M0100A	Risk determination: has ulcer, scar, or dressing	x	x	x	x		x	x			x	x									
M0100B	Risk determination: formal assessment	x	x		x		x														
M0100C	Risk determination: clinical assessment	x	x		x		x														
M0100Z	Risk determination: none of the above	x	x		x		x							+							
M0150	Is resident at risk of developing pressure ulcer	x	x		x		x											x			
M0210	Resident has Stage 1 or higher pressure ulcers	x	x	x	x	x	x	x	x		x	x								+	
M0300A1	Stage 1 pressure ulcers: number present	x	x		x		x											x			
M0300B1	Stage 2 pressure ulcers: number present	x	x	x	x	x	x	x	x		x	x					x	x	x	x	
M0300B2	Stage 2 pressure ulcers: number at admit/reentry	x	x	x	x	x	x	x			x	x					x		x		
M0300C1	Stage 3 pressure ulcers: number present	x	x	x	x	x	x	x	x		x	x					x	x	x	x	
M0300C2	Stage 3 pressure ulcers: number at admit/reentry	x	x	x	x	x	x	x			x	x					x		x		
M0300D1	Stage 4 pressure ulcers: number present	x	x	x	x	x	x	x	x		x	x					x	x	x	x	
M0300D2	Stage 4 pressure ulcers: number at admit/reentry	x	x	x	x	x	x	x			x	x					x		x		
M0300E1	Unstaged due to dressing: number present	x	x	x	x	x	x	x			x	x					x	x	x		
M0300E2	Unstaged due to dressing: number at admit/reentry	x	x	x	x	x	x	x			x	x					x		x		
M0300F1	Unstaged slough/eschar: number present	x	x	x	x	x	x	x	x		x	x					x	x	x	x	
M0300F2	Unstaged slough/eschar: number at admit/reentry	x	x	x	x	x	x	x			x	x					x		x		

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M0300G1	Unstageable - deep tissue: number present	x	x	x	x	x	x	x				x	x				x	x	x		
M0300G2	Unstageable - deep tissue: number at admit/reentry	x	x	x	x	x	x	x				x	x				x		x		
M1030	Number of venous and arterial ulcers	x	x		x		x		x												x
M1040A	Other skin problems: infection of the foot	x	x		x		x		x									x			x
M1040B	Other skin problems: diabetic foot ulcer(s)	x	x		x		x		x												x
M1040C	Other skin problems: other open lesion(s) on the foot	x	x		x		x		x												x
M1040D	Other skin problems: lesions not ulcers, rashes, cuts	x	x		x		x		x												x
M1040E	Other skin problems: surgical wound(s)	x	x		x		x		x												x
M1040F	Other skin problems: burns (second or third degree)	x	x		x		x		x												x
M1040G	Skin tear(s)	x	x		x		x														+
M1040H	Moisture Associated Skin Damage (MASD)	x	x		x		x											x	x		+
M1040Z	Other skin problems: none of the above	x	x		x		x		x					+							+
M1200A	Skin/ulcer treatments: pressure reducing device for chair	x	x		x		x		x												x
M1200B	Skin/ulcer treatments: pressure reducing device for bed	x	x		x		x		x												x
M1200C	Skin/ulcer treatments: turning/repositioning	x	x		x		x		x												x
M1200D	Skin/ulcer treatments: nutrition/hydration	x	x		x		x		x												x
M1200E	Skin/ulcer treatments: pressure ulcer/injury care	x	x		x		x		x												x
M1200F	Skin/ulcer treatments: surgical wound care	x	x		x		x		x												x
M1200G	Skin/ulcer treatments: application of dressings	x	x		x		x		x												x
M1200H	Skin/ulcer treatments: apply ointments/medications	x	x		x		x		x												x

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M1200I	Skin/ulcer treatments: apply dressings to feet	x	x		x		x		x												x
M1200Z	Skin/ulcer treatments: none of the above	x	x		x		x		x					+							+
N0300	Number of days injectable medications received	x	x		x		x														
N0350A	Insulin: insulin injections	x	x		x		x		x												x
N0350B	Insulin: orders for insulin	x	x		x		x		x												x
N0415A1	High-Risk Drug Classes: Antipsychotic: Has received	x	x	x	x	x	x	x				x	x			x		x	x		
N0415A2	High-Risk Drug Classes: Antipsychotic: Indication noted	x	x	x	x	x	x	x				x	x			x					
N0415B1	High-Risk Drug Classes: Antianxiety: Has received	x	x	x	x	x	x	x				x	x			x		x	x		
N0415B2	High-Risk Drug Classes: Antianxiety: Indication noted	x	x	x	x	x	x	x				x	x			x					
N0415C1	High-Risk Drug Classes: Antidepressant: Has received	x	x	x	x	x	x	x				x	x			x		x			
N0415C2	High-Risk Drug Classes: Antidepressant: Indication noted	x	x	x	x	x	x	x				x	x			x					
N0415D1	High-Risk Drug Classes: Hypnotic: Has received	x	x	x	x	x	x	x				x	x			x		x	x		
N0415D2	High-Risk Drug Classes: Hypnotic: Indication noted	x	x	x	x	x	x	x				x	x			x					
N0415E1	High-Risk Drug Classes: Anticoagulant: Has received	x	x	x	x	x	x	x				x	x			x					
N0415E2	High-Risk Drug Classes: Anticoagulant: Indication noted	x	x	x	x	x	x	x				x	x			x					
N0415F1	High-Risk Drug Classes: Antibiotic: Has received	x	x	x	x	x	x	x				x	x			x					
N0415F2	High-Risk Drug Classes: Antibiotic: Indication noted	x	x	x	x	x	x	x				x	x			x					
N0415G1	High-Risk Drug Classes: Diuretic: Has received	x	x	x	x	x	x	x				x	x			x					
N0415G2	High-Risk Drug Classes: Diuretic: Indication noted	x	x	x	x	x	x	x				x	x			x					

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N0415H1	High-Risk Drug Classes: Opioid: Has received	x	x	x	x	x	x	x				x	x			x					
N0415H2	High-Risk Drug Classes: Opioid: Indication noted	x	x	x	x	x	x	x				x	x			x					
N0415I1	High-Risk Drug Classes: Antiplatelet: Has received	x	x	x	x	x	x	x				x	x			x					
N0415I2	High-Risk Drug Classes: Antiplatelet: Indication noted	x	x	x	x	x	x	x				x	x			x					
N0415J1	High-Risk Drug Classes: Hypoglycemic: Has received	x	x	x	x	x	x	x				x	x			x					
N0415J2	High-Risk Drug Classes: Hypoglycemic: Indication noted	x	x	x	x	x	x	x				x	x			x					
N0415K1	High-Risk Drug Classes: Anti-convulsants: Has received	x	x	x	x	x	x	x				x	x			x					
N0415K2	High-Risk Drug Classes: Anti-convulsants: Indication noted	x	x	x	x	x	x	x				x	x			x					
N0415Z1	High-Risk Drug Classes: None of Above: Has Received	x	x	x	x	x	x	x				x	x	+		x					
N0450A	Resident received antipsychotic medications	x	x																		
N0450B	GDR attempted	x	x																		
N0450C	Date of last attempted GDR	x	x																		
N0450D	Physician documented GDR	x	x																		
N0450E	Date physician documented GDR	x	x																		
N2001	Drug Regimen Review	x	x		x		x										x				
N2003	Medication Follow-up	x	x		x		x										x				
N2005	Medication Intervention	x	x	x	x	x	x	x			x	x				x					
O0110A1a	Treatment: Chemotherapy - On Adm	x	x		x		x									x					
O0110A1b	Treatment: Chemotherapy - While a Res	x	x		x		x		x											x	
O0110A1c	Treatment: Chemotherapy - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110A2a	Treatment: Chemotherapy - IV - On Adm	x	x		x		x									x					
O0110A2c	Treatment: Chemotherapy - IV - At Discharge	x	x	x	x	x	x	x				x	x			x					

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O0110A3a	Treatment: Chemotherapy - Oral - On Adm	x	x		x		x									x					
O0110A3c	Treatment: Chemotherapy - Oral - At Discharge.	x	x	x	x	x	x	x				x	x			x					
O0110A10a	Treatment: Chemotherapy - Other - On Adm	x	x		x		x									x					
O0110A10c	Treatment: Chemotherapy - Other - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110B1a	Treatment: Radiation - On Adm	x	x		x		x									x					
O0110B1b	Treatment: Radiation - While a Resident	x	x		x		x		x											x	
O0110B1c	Treatment: Radiation - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110C1a	Treatment: Oxygen Therapy - On Adm	x	x		x		x									x					
O0110C1b	Treatment: Oxygen Therapy - While a Res	x	x		x		x		x										x	x	
O0110C1c	Treatment: Oxygen Therapy - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110C2a	Treatment: Oxygen Therapy - Continuous - On Adm	x	x		x		x									x					
O0110C2c	Treatment: Oxygen Therapy - Continuous - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110C3a	Treatment: Oxygen Therapy - Intermittent - On Adm	x	x		x		x									x					
O0110C3c	Treatment: Oxygen Therapy - Intermittent - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110C4a	Treatment: Oxygen Therapy - High-concentration - On Adm	x	x		x		x									x					
O0110C4c	Treatment: Oxygen Therapy - High-concentration - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110D1a	Treatment: Suctioning - On Adm	x	x		x		x									x					
O0110D1b	Treatment: Suctioning - While a Res	x	x		x		x		x											x	
O0110D1c	Treatment: Suctioning - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110D2a	Treatment: Suctioning - Scheduled - Adm	x	x		x		x									x					
O0110D2c	Treatment: Suctioning - Scheduled - At Discharge	x	x	x	x	x	x	x				x	x			x					

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O0110D3a	Treatment: Suctioning - As Needed - Adm	x	x		x		x									x					
O0110D3c	Treatment: Suctioning - As Needed - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110E1a	Treatment: Tracheostomy care - Adm	x	x		x		x									x					
O0110E1b	Treatment: Tracheostomy care - While a Resident	x	x		x		x		x											x	
O0110E1c	Treatment: Tracheostomy care - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110F1a	Treatment: Invasive Mechanical Ventilator - Adm	x	x		x		x									x					
O0110F1b	Treatment: Invasive Mechanical Ventilator - While a Res	x	x		x		x		x											x	
O0110F1c	Treatment: Invasive Mechanical Ventilator - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110G1a	Treatment: Non-Invasive Mechanic Ventilator - On Adm	x	x		x		x									x					
O0110G1b	Treatment: Non-Invasive Mechanic Ventilator - While a Res	x	x		x		x														
O0110G1c	Treatment: Non-Invasive Mechanic Ventilator - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110G2a	Treatment: Non-Invasive Mechanic Ventilator - BiPAP - On Adm	x	x		x		x									x					
O0110G2c	Treatment: Non-Invasive Mechanic Ventilator - BiPAP - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110G3a	Treatment: Non-Invasive Mechanic Ventilator - CPAP - On Adm	x	x		x		x									x					
O0110G3c	Treatment: Non-Invasive Mechanic Ventilator - CPAP - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110H1a	Treatment: IV Medications - On Adm	x	x		x		x									x					
O0110H1b	Treatment: IV Medications - While a Res	x	x		x		x		x											x	
O0110H1c	Treatment: IV Medications - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110H2a	Treatment: IV Medications - Vasoactive Med - On Adm	x	x		x		x									x					

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O0110H2c	Treatment: IV Medications - Vasoactive Med - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110H3a	Treatment: IV Medications - Antibiotics - On Adm	x	x		x		x									x					
O0110H3c	Treatment: IV Medications - Antibiotics - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110H4a	Treatment: IV Medications - Anticoagulant - On Adm	x	x		x		x									x					
O0110H4c	Treatment: IV Medications - Anticoagulant - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110H10a	Treatment: IV Medications - Other - On Adm	x	x		x		x									x					
O0110H10c	Treatment: IV Medications - Other - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110I1a	Treatment: Transfusions - On Adm	x	x		x		x									x					
O0110I1b	Treatment: Transfusions - While a Res	x	x		x		x		x												x
O0110I1c	Treatment: Transfusions - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110J1a	Treatment: Dialysis - On Adm	x	x		x		x									x	x		x		
O0110J1b	Treatment: Dialysis - while a Resident	x	x		x		x		x								x		x	x	
O0110J1c	Treatment: Dialysis - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110J2a	Treatment: Dialysis - Hemodialysis - On Adm	x	x		x		x									x					
O0110J2c	Treatment: Dialysis - Hemodialysis - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110J3a	Treatment: Dialysis - Peritoneal - On Adm	x	x		x		x									x					
O0110J3c	Treatment: Dialysis - Peritoneal - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110K1b	Treatment: Hospice - While a Res	x	x	x	x		x					x	x				x		x		
O0110M1b	Treatment: isolate/quarantine - While a Res	x	x		x		x		x												x
O0110O1a	Treatment: IV Access - On Adm	x	x		x		x									x					
O0110O1b	Treatment: IV Access - While a Res	x	x		x		x														
O0110O1c	Treatment: IV Access - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110O2a	Treatment: IV Access - Peripheral - On Adm	x	x		x		x									x					

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O011002c	Treatment: IV Access - Peripheral - At Discharge	x	x	x	x	x	x	x				x	x			x					
O011003a	Treatment: IV Access - Midline - On Adm	x	x		x		x									x					
O011003c	Treatment: IV Access - Midline - At Discharge	x	x	x	x	x	x	x				x	x			x					
O011004a	Treatment: IV Access - Central - On Adm	x	x		x		x									x					
O011004c	Treatment: IV Access - Central - At Discharge	x	x	x	x	x	x	x				x	x			x					
O0110Z1a	Treatment: None of the above - On Adm	x	x		x		x							+							
O0110Z1b	Treatment: None of the above - While a Res	x	x	x	x		x		x			x	x	+							
O0110Z1c	Treatment: None of the above - At Discharge	x	x	x	x	x	x	x				x	x	+							
O0250A	Was influenza vaccine received	x	x	x	x		x	x				x	x						x		
O0250B	Date influenza vaccine received	x	x	x	x		x	x				x	x								
O0250C	If influenza vaccine not received, state reason	x	x	x	x		x	x				x	x						x		
O0300A	Is pneumococcal vaccination up to date	x	x	x	x		x	x				x	x						x		
O0300B	If pneumococcal vaccination not received, state reason	x	x	x	x		x	x				x	x						x		
O0350	Resident's COVID-19 vaccination is up to date	x	x	x	x	x	x	x				x	x			x	x				
O0400A1	Speech-language/audiology: individual minutes	x	x		x		x														
O0400A2	Speech-language/audiology: concurrent minutes	x	x		x		x														
O0400A3	Speech-language/audiology: group minutes	x	x		x		x														
O0400A3A	Speech-language/audiology: co-treatment minutes	x	x		x		x														
O0400A4	Speech-language/audiology: number of days	x	x		x		x														
O0400A5	Speech-language/audiology: start date	x	x		x		x														
O0400A6	Speech-language/audiology: end date	x	x		x		x														

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O0400B1	Occupational therapy: individual minutes	x	x		x		x										x		x		
O0400B2	Occupational therapy: concurrent minutes	x	x		x		x										x		x		
O0400B3	Occupational therapy: group minutes	x	x		x		x										x		x		
O0400B3A	Occupational therapy: co-treatment minutes	x	x		x		x														
O0400B4	Occupational therapy: number of days	x	x		x		x														
O0400B5	Occupational therapy: start date	x	x		x		x														
O0400B6	Occupational therapy: end date	x	x		x		x														
O0400C1	Physical therapy: individual minutes	x	x		x		x										x		x		
O0400C2	Physical therapy: concurrent minutes	x	x		x		x										x		x		
O0400C3	Physical therapy: group minutes	x	x		x		x										x		x		
O0400C3A	Physical therapy: co-treatment minutes	x	x		x		x														
O0400C4	Physical therapy: number of days	x	x		x		x														
O0400C5	Physical therapy: start date	x	x		x		x														
O0400C6	Physical therapy: end date	x	x		x		x														
O0400D1	Respiratory therapy: number of minutes	x	s		s																
O0400D2	Respiratory therapy: number of days	x	x		x		x		x												x
O0400E1	Psychological therapy: number of minutes	x	s		s																
O0400E2	Psychological therapy: number of days	x	x		x																
O0400F1	Recreational therapy: number of minutes	x	s		s																
O0400F2	Recreational therapy: number of days	x	s		s																
O0420	Distinct calendar days of therapy (7 look back)	x	x		x																
O0425A1	SLP and Audiology Services: Individual Minutes	x	x	x	x	x	x	x				x	x								+
O0425A2	SLP and Audiology Services: Concurrent Minutes	x	x	x	x	x	x	x				x	x								+
O0425A3	SLP and Audiology Services: Group Minutes	x	x	x	x	x	x	x				x	x								+
O0425A4	SLP and Audiology Services: Co-treatment Minutes	x	x	x	x	x	x	x				x	x								+
O0425A5	SLP and Audiology Services: Days	x	x	x	x	x	x	x				x	x								+

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O0425B1	Occupational Therapy: Individual Minutes	x	x	x	x	x	x	x				x	x								+
O0425B2	Occupational Therapy: Concurrent Minutes	x	x	x	x	x	x	x				x	x								+
O0425B3	Occupational Therapy: Group Minutes	x	x	x	x	x	x	x				x	x								+
O0425B4	Occupational Therapy: Co-treatment Minutes	x	x	x	x	x	x	x				x	x								+
O0425B5	Occupational Therapy: Days	x	x	x	x	x	x	x				x	x								+
O0425C1	Physical Therapy: Individual Minutes	x	x	x	x	x	x	x				x	x								+
O0425C2	Physical Therapy: Concurrent Minutes	x	x	x	x	x	x	x				x	x								+
O0425C3	Physical Therapy: Group Minutes	x	x	x	x	x	x	x				x	x								+
O0425C4	Physical Therapy: Co-treatment Minutes	x	x	x	x	x	x	x				x	x								+
O0425C5	Physical Therapy: Days	x	x	x	x	x	x	x				x	x								+
O0430	Distinct Calendar Days of Part A Therapy	x	x	x	x	x	x	x				x	x								+
O0500A	Range of motion (passive): number of days	x	x		x		x		x												x
O0500B	Range of motion (active): number of days	x	x		x		x		x												x
O0500C	Splint or brace assistance: number of days	x	x		x		x		x												x
O0500D	Bed mobility training: number of days	x	x		x		x		x												x
O0500E	Transfer training: number of days	x	x		x		x		x												x
O0500F	Walking training: number of days	x	x		x		x		x												x
O0500G	Dressing and/or grooming training: number of days	x	x		x		x		x												x
O0500H	Eating and/or swallowing training: number of days	x	x		x		x		x												x
O0500I	Amputation/prosthesis training: number of days	x	x		x		x		x								x				x
O0500J	Communication training: number of days	x	x		x		x		x												x
P0100A	Restraints used in bed: bed rail	x	x	x	x		x	x				x	x					x			
P0100B	Restraints used in bed: trunk restraint	x	x	x	x		x	x				x	x					x	x		
P0100C	Restraints used in bed: limb restraint	x	x	x	x		x	x				x	x					x	x		
P0100D	Restraints used in bed: other	x	x	x	x		x	x				x	x					x			

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Item Matrix v1.19.1 v1 (CY2024)		Nursing Home Subsets					Swing Bed Subsets		Shared NH/SB Subsets			D/C Items (A0310F = 10 or 11 only)		Program and Policy Use							
MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT / ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	Administrative (Tech Need / Edits / Processing)	iQIES Standardized	QRP Standardized (A0310B = 01 and/or A0310H = 1)	QRP Quality Measures (Includes risk adjustment)	Care Area Triggers	NH/QI Quality Measures	PDPM	DC Planning / PASRR
P0100E	Restraints in chair/out of bed: trunk restraint	x	x	x	x		x	x				x	x					x	x		
P0100F	Restraints in chair/out of bed: limb restraint	x	x	x	x		x	x				x	x					x	x		
P0100G	Restraints in chair/out of bed: chair stops rising	x	x	x	x		x	x				x	x					x	x		
P0100H	Restraints in chair/out of bed: other	x	x	x	x		x	x				x	x					x			
P0200A	Bed alarm	x	x																		
P0200B	Chair alarm	x	x																		
P0200C	Floor mat alarm	x	x																		
P0200D	Motion sensor alarm	x	x																		
P0200E	Wander/elopement alarm	x	x																		
P0200F	Other alarm	x	x																		
Q0110A	Asmt and Goal Participation: Resident	x	x		x		x														x
Q0110B	Asmt and Goal Participation: Family	x	x		x		x														x
Q0110C	Asmt and Goal Participation: Significant other	x	x		x		x														x
Q0110D	Asmt and Goal Participation: Legal guardian	x	x		x		x														x
Q0110E	Asmt and Goal Participation: Other legally authorized representative	x	x		x		x														x
Q0110Z	Asmt and Goal Participation: None of the above.	x	x		x		x							+							x
Q0310A	Resident's overall goal for discharge	x	x		x		x														x
Q0310B	Information source for Q0310A	x	x		x		x														x
Q0400A	Active discharge plan for return to community	x	x	x	x		x	x				x	x								x
Q0490	Resident's preference to avoid being asked	x	x		x		x														x
Q0500B	Do you want to talk about returning to community	x	x		x		x														x
Q0500C	Information source for Q500B	x	x		x		x														x
Q0550A	Reasking resident preference	x	x		x		x														x
Q0550C	Information source for Q0550A	x	x		x		x														x
Q0610A	Referral been made to local contact agency	x	x	x	x		x	x				x	x								x

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Item Matrix v1.19.1 v1 (CY2024)		Nursing Home Subsets					Swing Bed Subsets		Shared NH/SB Subsets			D/C Items (A0310F = 10 or 11 only)		Program and Policy Use							
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Q0620	Reason Referral to Local Contact Agency Not Made	x	x	x	x		x	x				x	x								x
V0100A	Prior OBRA reason for assessment	x	s		s																
V0100B	Prior PPS reason for assessment	x	s		s																
V0100C	Prior assessment reference date	x	s		s																
V0100D	Prior assessment BIMS summary score	x	s		s													x			
V0100E	Prior assessment PHQ res: total mood severity score	x	s		s													x			
V0100F	Prior assessment PHQ staff: total mood score	x	s		s													x			
V0200A01A	CAA-Delirium: triggered	x	s		s													x			
V0200A01B	CAA-Delirium: plan	x	s		s													x			
V0200A02A	CAA-Cognitive loss/dementia: triggered	x	s		s													x			
V0200A02B	CAA-Cognitive loss/dementia: plan	x	s		s													x			
V0200A03A	CAA-Visual function: triggered	x	s		s													x			
V0200A03B	CAA-Visual function: plan	x	s		s													x			
V0200A04A	CAA-Communication: triggered	x	s		s													x			
V0200A04B	CAA-Communication: plan	x	s		s													x			
V0200A05A	CAA-ADL functional/rehab potential: triggered	x	s		s													x			
V0200A05B	CAA-ADL functional/rehab potential: plan	x	s		s													x			
V0200A06A	CAA-Urinary incontinence/indwelling catheter: triggered	x	s		s													x			
V0200A06B	CAA-Urinary incontinence/indwelling catheter: plan	x	s		s													x			
V0200A07A	CAA-Psychosocial well-being: triggered	x	s		s													x			
V0200A07B	CAA-Psychosocial well-being: plan	x	s		s													x			
V0200A08A	CAA-Mood state: triggered	x	s		s													x			
V0200A08B	CAA-Mood state: plan	x	s		s													x			
V0200A09A	CAA-Behavioral symptoms: triggered	x	s		s													x			
V0200A09B	CAA-Behavioral symptoms: plan	x	s		s													x			
V0200A10A	CAA-Activities: triggered	x	s		s													x			
V0200A10B	CAA-Activities: plan	x	s		s													x			
V0200A11A	CAA-Falls: triggered	x	s		s													x			

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V0200A11B	CAA-Falls: plan	x	s		s													x			
V0200A12A	CAA-Nutritional status: triggered	x	s		s													x			
V0200A12B	CAA-Nutritional status: plan	x	s		s													x			
V0200A13A	CAA-Feeding tubes: triggered	x	s		s													x			
V0200A13B	CAA-Feeding tubes: plan	x	s		s													x			
V0200A14A	CAA-Dehydration/fluid maintenance: triggered	x	s		s													x			
V0200A14B	CAA-Dehydration/fluid maintenance: plan	x	s		s													x			
V0200A15A	CAA-Dental care: triggered	x	s		s													x			
V0200A15B	CAA-Dental care: plan	x	s		s													x			
V0200A16A	CAA-Pressure ulcer: triggered	x	s		s													x			
V0200A16B	CAA-Pressure ulcer: plan	x	s		s													x			
V0200A17A	CAA-Psychotropic drug use: triggered	x	s		s													x			
V0200A17B	CAA-Psychotropic drug use: plan	x	s		s													x			
V0200A18A	CAA-Physical restraints: triggered	x	s		s													x			
V0200A18B	CAA-Physical restraints: plan	x	s		s													x			
V0200A19A	CAA-Pain: triggered	x	s		s													x			
V0200A19B	CAA-Pain: plan	x	s		s													x			
V0200A20A	CAA-Return to community referral: triggered	x	s		s													x			
V0200A20B	CAA-Return to community referral: plan	x	s		s													x			
V0200B1	CAA-Assessment process RN signature	x	s		s									-							
V0200B2	CAA-Assessment process signature date	x	s		s																
V0200C1	CAA-Care planning signature	x	s		s									-							
V0200C2	CAA-Care planning signature date	x	s		s																
X0150	Correction: type of provider									x				x							
X0200A	Correction: resident first name									x				x							
X0200C	Correction: resident last name									x				x							
X0300	Correction: resident gender									x				x							
X0400	Correction: resident birth date									x				x							
X0500	Correction: resident social security number									x				x							

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Item Matrix v1.19.1 v1 (CY2024)		Nursing Home Subsets					Swing Bed Subsets		Shared NH/SB Subsets			D/C Items (A0310F = 10 or 11 only)		Program and Policy Use							
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X0600A	Correction: OBRA reason for assessment									X				X							
X0600B	Correction: PPS reason for assessment									X				X							
X0600F	Correction: entry/discharge reporting									X				X							
X0600H	Correction: SNF Part A PPS Discharge									X				X							
X0700A	Correction: assessment reference date									X				X							
X0700B	Correction: discharge date									X				X							
X0700C	Correction: entry date									X				X							
X0800	Correction: correction number									X				X							
X0900A	Correction: modification reasons - transcription error									X				X							
X0900B	Correction: modification reasons - data entry error									X				X							
X0900C	Correction: modification reasons - software error									X				X							
X0900D	Correction: modification reasons - item coding error									X				X							
X0900Z	Correction: modification reasons - other error									X				X							
X1050A	Correction: inactivation reasons - event did not occur									X				X							
X1050Z	Correction: inactivation reasons - other reason									X				X							
X1100A	Correction: attester first name									X				X							
X1100B	Correction: attester last name									X				X							
X1100C	Correction: attester title	-	-	-	-	-	-	-	-	-				X							
X1100D	Correction: attester signature	-	-	-	-	-	-	-	-	-				-							
X1100E	Correction: attestation date									X				X							
Z0100A	Medicare Part A: HIPPS code	X	X		X		X		X											X	
Z0100B	Medicare Part A: Version code	X	X		X		X		X											X	
Z0200A	State Medicaid Billing: Case Mix group	X	X		X																
Z0200B	State Medicaid Billing: Version code	X	X		X																
Z0250A	Alt State Medicaid Billing: Case Mix group	X	X		X																
Z0250B	Alt State Medicaid Billing: Version Code	X	X		X																
Z0300A	Insurance Billing: Billing Code	X	X	X	X		X	X													

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Z0300B	Insurance Billing: Billing Version	x	x	x	x		x	x													
Z0400A	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-				-							
Z0400B	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-				-							
Z0400C	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-				-							
Z0400D	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-				-							
Z0400E	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-				-							
Z0400F	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-				-							
Z0400G	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-				-							
Z0400H	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-				-							
Z0400I	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-				-							
Z0400J	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-				-							
Z0400K	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-				-							
Z0400L	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-				-							
Z0500A	Signature of RN assessment coordinator	-	-	-	-	-	-	-	-	-				-							
Z0500B	Date RN signed assessment as complete	x	x	x	x	x	x	x	x					x							
	Number of federally required items	805	672	353	628	232	617	339	266	59	24	299	230	61	13	166	161	162	168	157	26

Notes:
 + = Supporting items (e.g., triggers for skip patterns, none-of-the-above items, component item for summary score)
 s = State optional item.
 - = Item not submitted to iQIES