

FAQ Document for Missouri NHs Concerning 10/1/20 MDS Changes

Is Missouri collecting PDPM HIPPS codes in October?

Yes, Missouri has opted to collect PDPM HIPPS codes for OBRA NC and NQ MDS item sets not combined with a PPS 5-day.

New: 9/4/20

Is Missouri a case-mix state?

No, Missouri is not a case-mix state. In Missouri, Medicaid reimbursement to NHs is based on the number of covered days multiplied by the per diem rate. States that are not case-mix were also given the option to collect PDPM HIPPS codes on OBRA NC and NQ item sets. Collecting the PDPM HIPPS codes for OBRA assessments will allow Missouri to make the most accurate Medicare equivalent rate calculations for the annual upper payment limit (UPL) demonstration that states must submit to CMS each year.

Updated: 9/25/20

What will the changes be on the MDS this October 1, 2020?

NHs in states that have opted to collect PDPM HIPPS codes will have additional items to complete on the NC and NQ item sets. OBRA NC and NQ items sets with an ARD on or after 10/1/20 should incorporate these additional items which include:

- GG0130 Self-Care items;
- GG0170 Mobility items;
- I0020 and I0020B Primary Medical Condition items;
- J2100 Recent Surgery item. If J2100 is checked yes, J2300-J5000 are to be completed.

New: 9/4/20

Which assessments should incorporate the GG0130, GG0170, I0020 and J2100 items?

The additional items should be included on the following OBRA assessments with an ARD of 10/1/20 or after:

- Admission;
- Quarterly;
- Annual;
- Significant Change in Status;
- Significant Correction to Prior Comprehensive;
- Significant Correction to Prior Quarterly assessments.

The OBRA Discharge assessments will not incorporate the GG0130, GG0170, I0020 and J2100 items.

New: 10/16/20

When I open an OBRA comprehensive or quarterly assessment not combined with a PPS 5-day with an ARD of 10/1/20 or later, the GG0130, GG0170, I0020 and J2100 items are grayed out and I cannot complete them. What do I need to do?

If you discover these items are grayed out, contact your software vendor as soon as possible before continuing with the assessment. The QIES ASAP system will reject these assessments without the GG0130, GG0170, I0020 and J2100 items.

New: 10/16/20

Will the changes scheduled for 10/1/20 affect the way we submit assessments to the QIES ASAP system?

No. You can continue to submit assessments the same way you currently submit them.

New: 9/25/20

Will the changes scheduled for 10/1/20 increase the number of assessments we must complete and submit?

No. The changes scheduled for this October will not increase the number of MDS assessments that are required.

New: 9/25/20

Is CMS going to update the RAI Manual prior to these October 2020 changes?

No. During a SNF/LTC ODF call on 8/6/20 CMS stated they are currently not going to issue a new MDS manual and that MDS coding will remain the same, other than the language that has changed on the item set.

New: 9/4/20

What/when is the look-back period for the GG0130 Self-Care and GG0170 Mobility items on an OBRA comprehensive or Quarterly assessment that is not combined with the PPS 5-day?

It is a three-day look-back period that will include the ARD and two prior days.

New: 9/4/20

What/when is the look-back period for the GG0130 Self-Care and GG0170 Mobility items on an OBRA comprehensive or Quarterly assessment that IS combined with the PPS 5-day?

For this scenario, the same process used prior to 10/1/20 will be used after 10/1/20; the look-back of the GG0130 Self-Care items and the GG0170 Mobility items will be the first three days of the resident's Med A stay. Please note, a PPS 5-day can only be combined and submitted with an OBRA assessment if it is for Traditional Medicare Part A.

Updated: 9/25/20

Since we must separate a PPS 5-day that is for a Medicare Advantage plan from the OBRA Admission assessment, if both assessments are required, will there be two separate look-back periods for the GG0130 Self-Care and GG0170 Mobility items?

Yes. First, check with your specific Medicare Advantage plan to see what they require. If they require a PPS 5-day and expect you to follow the guidance in the RAI Manual for coding this assessment then the look-back period for the GG0130 and GG0170 items will be the first three days of the resident's Medicare Advantage stay in the SNF. You should not submit this assessment, even if combined with an OBRA assessment, to the QIES ASAP system. The RAI Manual states in Chapter 5 on page 1 that "Assessments that are completed for purposes other than OBRA and SNF PPS reasons are not to be submitted, e.g., private insurance, including but not limited to Medicare Advantage Plans." The look-back period for the GG0130 and GG0170 items on the separate OBRA Admission assessment not combined with the PPS 5-day will be the ARD and the two previous days.

New: 9/25/20

Who should be involved in collecting information for the coding of Section GG items on the stand-alone OBRA assessments?

The RAI Manual (Chapter 1, page 7) directs nursing homes to determine who should participate in the assessment process. Previously, each SNF had to determine the information collection process for GG items on Medicare assessments. Now, each SNF/NF will have to determine the information collection process, including who will be involved with that process, for the accurate coding of GG items on stand-alone OBRA assessments.

New: 9/11/20

We are not Medicare certified, but Medicaid only certified, so we are not familiar with the Section GG items. What training can we take to learn about the GG0130 Self-Care and GG0170 Mobility items?

Below is a list of additional resources for the coding of GG0130 Self-Care and GG0170 Mobility items. Some of these resources may reference admission or discharge performance, however, it is important to remember for the coding of these GG items on OBRA assessments not combined with a PPS 5-day, you will only code Column 1 to reflect the residents performance on the day of the ARD and the two prior days.

- [RAI Manual Guidance for Section GG0130 Self-Care and GG0170 Mobility Items](#)
- [CMS Training for Section GG Coding](#)
- [GG Self-Care & Mobility Activities Decision Tree CMS Document](#)
- [GG0130B. Oral Hygiene CMS YouTube Video](#)
- [GG0130H. Putting on/taking off footwear CMS YouTube Video](#)
- [GG0170L. Walking 10 feet on uneven surfaces CMS YouTube Video](#)
- [GG0170P. Picking up Object CMS YouTube Video](#)

New: 9/18/20

How should we code I0020 and I0020B on an OBRA assessment not combined with a PPS 5-day?

The primary medical condition category (I0020) and the ICD-10 code for the resident's primary medical condition diagnosis (I0020B) should be for the primary reason the resident is currently in the NH.

- Pages I-2 and I-3 in Chapter 3 of the RAI Manual contain examples of conditions in each medical condition category for item I0020.
- The ICD-10 code entered in I0020B should be for a diagnosis that is active for the resident meaning that this diagnosis has been documented by a physician (or physician extender) in the past 60 days **AND** the diagnosis has a direct relationship to the resident's current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.

Updated: 9/25/20

Can the ICD-10 code entered in I0020B on a stand-alone OBRA assessment be a Return to Provider (RTP) code?

Yes. As of 10/1/20, the ICD-10 codes that map to RTP will be accepted in I0020B for the stand-alone OBRA assessments. These RTP codes will map to a category of Medical Management for the stand-alone OBRA assessments.

New: 9/4/20

My software will not accept a Return to Provider (RTP) code in I0020B on a stand-alone OBRA assessment. What should I do?

ICD-10 codes that are RTP should be accepted in I0020B for the stand-alone OBRA assessments. If your

software does not allow you to enter an RTP code in this item then please notify your software vendor so they can correct this issue.

New: 10/16/20

How should we code J2100 on an OBRA assessment not combined with a PPS 5-day?

You will only code this item as “1. Yes” if within the last 30 days, the resident was an inpatient in an acute care hospital for at least one day for surgery AND the surgery carried some degree of risk to the resident’s life or potential for severe disability.

New: 9/18/20

I received error message 3935b on my MDS 3.0 NH Final Validation Report, what does this mean and what should I do?

CMS recently put out an updated version code (1.0008) for MDS assessments. If your software has not yet incorporated the most recent update, then you will receive error message 3935b. You do not have to do anything to correct the assessment because of this error message; however, you will continue to receive this error message until your software updates to the most recent version. If you receive this error message, please reach out to your software vendor to see when the update will take place.

New: 10/16/20

If you have any questions about the information in this document please contact Missouri’s State RAI Coordinator, Stacey Bryan, at Stacey.Bryan@health.mo.gov or 573-751-6308. Thank you.

Resources used for this FAQ document include:

- MDS 3.0 RAI Manual v1.17.1 found on the [MDS 3.0 RAI Manual CMS Webpage](#)
- The MDS 3.0 Final Item Sets v1.17.2 found on the [MDS 3.0 Technical Information CMS Webpage](#)
- MDS 3.0 Data Specs Errata v3.00.5 found on the [MDS 3.0 Technical Information CMS Webpage](#)
- The FY 2021 PDPM ICD-10 Mappings found on the [PDPM CMS Webpage](#)
- The MDS 3.0 Vendor Minutes and Q&A Document from the 6/11/20 vendor call found on the [QTSO MDS Vendor CMS Webpage](#)
- CMS Section GG Training documents and videos located on the SNF QRP Training CMS Webpage [SNF QRP Training CMS Webpage](#)