LTC Online Portal MDS 3.0 and MN/LOC Specification Changes Scheduled for October 1, 2019

Information Posted September 27, 2019

The federal Centers for Medicare & Medicaid Services announced changes to the Minimum Data Set (MDS) 3.0, which will be effective on October 1, 2019. The Long-Term Care (LTC) Online Portal will change to display the relevant revisions of the MDS 3.0 Comprehensive and Quarterly assessments with an Assessment Reference Date (ARD, A2300) of October 1, 2019, or later. MDS 3.0 assessments with an ARD prior to October 1, 2019, will display in the current format regardless of extraction date.

This use of the ARD does not alter the HHSC-LTC use of the Entry Date (A1600) as the effective date of MDS 3.0 Admission assessments, and the Date Signed as Complete (Z0500b) as the effective date of all other MDS 3.0 assessments.

A small number of these changes will apply to the Medical Necessity and Level of Care (MN/LOC) assessments. These changes will affect only MN/LOCs submitted on October 1, 2019, and after. This includes MN/LOC assessments saved as a draft prior to October 1, 2019, but not submitted until after October 1, 2019.

The following MDS 3.0 Comprehensive and Quarterly assessment fields will be added, deleted, or altered:

**Section A Items**

New Item: **A0300A** –

**A300 Optional State Assessment**

Complete only if A0200 = 1

**A. Is this assessment for state payment purposes only?**

0. No

1. Yes

Modified: **A0310B**.

Removed response option 02. 14-day scheduled assessment

Removed response option 03. 30-day scheduled assessment

Removed response option 04. 60-day scheduled assessment

Removed response option 05. 90-day scheduled assessment
Removed response option 07. Unscheduled assessment used for PPS4

Removed response option 03. 30-day scheduled assessment

Added response option 08. IPA – Interim Payment Assessment

*Removed “s” from Assessments in:

PPS Scheduled Assessment for a Medicare Part A Stay

PPS Unscheduled Assessment for a Medicare Part A Stay

Deleted: A0310C

Deleted: A0310D

New Item: A0310G1 –

G1. Is this a SNF Part A Interrupted Stay?

0. No

1. Yes

Deleted: A0600B (or comparable railroad insurance number) from the item label

*Deleted: A1500 (“mental retardation” in federal regulation):

Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition?

*Delete: A1510B (“mental retardation” in federal regulation):

B. Intellectual Disability

*Modified: A2400.

Complete only if A0310G1=0

**Section D Items**

Deleted: D0350

Deleted: D0650

**Section E Items**

*Corrected: E0900 The skip pattern wording from “Behavioral” to “Behavior:” Response option

0. **Behavior not exhibited**  Skip to E1100, Change in Behavior or Other Symptoms
Section I Items

Modified: I0020.
Complete only if A0310B=01 or 08
Deleted: I0020 Deleted response option 14, Other Medical Condition
Deleted: I0020A Deleted item and boxes
New Item: I0020B  ICD Code

**New Item: I0100. Cancer (with or without metastasis)**

**New item: I0400. Coronary Artery Disease (CAD)**

**New Item: I1300. Ulcerative Colitis, Crohn’s Disease, or Inflammatory Bowel Disease**

**New Item: 1500. Renal Insufficiency, Renal Failure, or ESRD**

Modified: I5900. Bipolar Disorder Section J Items

Modified: J1800 Skip pattern changed:

0. **No** Skip to J2000, Prior Surgery

1. **Yes** Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)

New Item: J2100 New item and responses added:

**J2100. Recent Surgery Requiring Active SNF Care** - Complete only if A0310B = 01 or 08

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

0. **No**
1. **Yes**
8. **Unknown**

New item: J2300. **Knee Replacement** - partial or total:
New Item: J2310. **Hip Replacement** - partial or total

New Item: J2320. **Ankle Replacement** - partial or total

New Item: J2330. **Shoulder Replacement** - partial or total

New Item: J2400. **Involving the spinal cord or major spinal nerves**

New Item: J2410. **Involving fusion of spinal bones**
New Item: **J2420. Involving lamina, discs, or facets**

New Item: **J2499. Other major spinal surgery**

New Item: **J2500. Repair fractures of the shoulder** (including clavicle and scapula) **or arm** (but not hand)

New Item: **J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle** (not foot)

New Item: **J2520. Repair but not replace joints**

New Item: **J2530. Repair other bones** (such as hand, foot, jaw)

New Item: **J2599. Other major orthopedic surgery**

New Item: **J2600. Involving the brain, surrounding tissue, or blood vessels**
(excludes skull and skin but includes cranial nerves)

New Item: **J2610. Involving the peripheral or autonomic nervous system** - open or percutaneous

New Item: **J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices**

New Item: **J2699. Other major neurological surgery**

New Item: **J2700. Involving the heart or major blood vessels** - open or percutaneous procedures

New Item: **J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords** - open or endoscopic

New Item: **J2799. Other major cardiopulmonary surgery**

New Item: **J2800. Involving male or female organs** (such as prostate, testes, ovaries, uterus, vagina, external genitalia)

New Item: **J2810. Involving the kidneys, ureters, adrenal glands, or bladder**
- open or laparoscopic (includes creation or removal of nephrostomies or urostomies)

New Item: **J2899. Other major genitourinary surgery**

New Item: **J2900. Involving tendons, ligaments, or muscles**

New Item: **J2910. Involving the gastrointestinal tract or abdominal contents**
from the esophagus to the anus, the biliary tree, gall bladder, liver,
**pancreas, or spleen** - open or laparoscopic (including creation or removal of
ostomies or percutaneous feeding tubes, or hernia repair)

New Item: J2920. **Involving the endocrine organs** (such as thyroid,
parathyroid), neck, lymph nodes, or thymus – open

New Item: J2930. **Involving the breast**

New Item: J2940. **Repair of deep ulcers, internal brachytherapy, bone
Marrow, or stem cell harvest or transplant**

New Item: J5000. **Other major surgery not listed above**

**Section K Items**

Modified: K0510C1 Item and column 1 box deleted:

1. While NOT a Resident

Modified: K0510D1 Item and column 1 box deleted:

1. While NOT a Resident

Modified: K0710 Column 1 While NOT a Resident and the instructions for completing column 1 deleted

Delete K0710A1 Deleted item and column 1 box, While NOT a Resident

Delete K0710B1 Deleted item and column 1 box, While NOT a Resident

**Section O Items**

Delete: O0100L2 Item and row deleted

New items: O0425. **Part A Therapies** Complete only if A0310H = 1

New items: O0425A:

A. **Speech-Language Pathology and Audiology Services**

1. **Individual minutes** – record the total number of minutes this therapy was administered to
the resident individually since the start date of the resident’s most recent Medicare Part A stay
(A2400B)

2. **Concurrent minutes** – record the total number of minutes this therapy was administered to
the resident **concurrently with one other resident** since the start date of the resident’s most
recent Medicare Part A stay (A2400B)
3. Group minutes – record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident’s most recent Medicare Part A stay (A2400B)
If the sum of individual, concurrent, and group minutes is zero, skip to O0425B, Occupational Therapy

4. Co-treatment minutes – record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident’s most recent Medicare Part A stay (A2400B)

5. Days – record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident’s most recent Medicare Part A stay (A2400B)

New items: O0425B:

B. Occupational Therapy

1. Individual minutes – record the total number of minutes this therapy was administered to the resident individually since the start date of the resident’s most recent Medicare Part A stay (A2400B)

2. Concurrent minutes – record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident’s most recent Medicare Part A stay (A2400B)

3. Group minutes – record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident’s most recent Medicare Part A stay (A2400B)
If the sum of individual, concurrent, and group minutes is zero, skip to O0425C, Physical Therapy

4. Co-treatment minutes – record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident’s most recent Medicare Part A stay (A2400B)

5. Days – record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident’s most recent Medicare Part A stay (A2400B)

New items: O0425C:

C. Physical Therapy

1. Individual minutes – record the total number of minutes this therapy was administered to the resident individually since the start date of the resident’s most recent Medicare Part A stay (A2400B)

2. Concurrent minutes – record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident’s most recent Medicare Part A stay (A2400B)
3. **Group minutes** – record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident’s most recent Medicare Part A stay (A2400B). If the sum of individual, concurrent, and group minutes is zero, skip to O0430, Distinct Calendar Days of Part A Therapy.

4. **Co-treatment minutes** – record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident’s most recent Medicare Part A stay (A2400B).

5. **Days** – record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident’s most recent Medicare Part A stay (A2400B).

New Item: **O0430. Distinct Calendar Days of Part A Therapy**

Complete only if A0310H = 1

Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident’s most recent Medicare Part A stay (A2400B).

Modified the instructional language to: “Complete only if A0310E = 0 and if the following is true for the prior assessment: A0310A = 01-06 or A0310B = 01.”

Deleted: **O0450A**

Deleted: **O0450B**

**Section V Items**

*Modify V0100* Modified the instructional language to:

Complete only if A0310E = 0 and if the following is true for the prior assessment: A0310A = 01-06 or A0310B = 01.

*Deleted: V0100B* Response options deleted:
02. 14-day scheduled assessment
03. 30-day scheduled assessment
04. 60-day scheduled assessment
05. 90-day scheduled assessment
07. Unscheduled assessment used for PPS

*New Item: V0100B* Response option added:
08. **IPA** – Interim Payment Assessment

**Section X Items**
New Item: **0570A** New item and responses added:
X0570. Optional State Assessment (A0300A on existing record to be modified/inactivated)
A. Is this assessment for state payment purposes only?
0. No
1. Yes

Modify: **X0600B**

Removed response option 02. 14-day scheduled assessment
Removed response option 03. 30-day scheduled assessment
Removed response option 04. 60-day scheduled assessment
Removed response option 05. 90-day scheduled assessment
Removed response option 07. Unscheduled assessment used for PPS

Added response option 08. **IPA** – Interim Payment Assessment

Removed “s” from “Assessments” in: PPS Scheduled Assessment for a Medicare Part A Stay PPS
Unscheduled Assessment for a Medicare Part A Stay

Delete: **X0600C**
Delete: **X0600D**
Delete: **X0900E**

**Section Z Items**

Delete: **Z0100A**. Deleted the text in parentheses:
(RUG group followed by assessment type indicator)
Delete: **Z0100B** Delete “RUG” in item label
Delete: **Z0100C**
Delete: **Z0150A**
Delete: **Z0150B**

Delete: **Z0200A** Deleted “RUG” in item label
Delete: **Z0200B** Deleted “RUG” in item label
Delete: **Z0250A** Deleted “RUG” in item label
Delete: **Z0250B** Deleted “RUG” in item label
* Only applicable for MDS Comprehensive Assessments

** Only applicable for MDS Quarterly Assessments

For more information, call the Long-Term Care Help Desk at 1-800-626-4117, Option 1.