MDS 3.0 Item Set Change History
for October 2019
Version 1.17.1

Table of Contents

Legend: X = item set impacted

      na = not applicable; changed item does not impact this item set

NOTE: Two new item sets, OSA and IPA, are introduced with version 1.17.1 of the MDS 3.0 Item Sets.
    Eight item sets—NO/SO, NOD, NS/SS, NSD, SOD, and SSD—have been retired.

Version 1.17.1 Changes

Section A Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
Footer	Incremented version to 1.17.1 with an effective date 10/01/2019	x	x	x	x	x	x	x	x	x	x

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
A0050	Item and responses added: A0050. Type of Record	na	na	na	na	na	na	X	X	na	na
A0100	Items and responses added: A0100. Facility Provider Numbers	na	na	na	na	na	na	X	X	na	na
A0200	Item and responses added: A0200. Type of Provider	na	na	na	na	na	na	X	X	na	na
A0300A	New item and responses added: A0300. Optional State Assessment A. Is this assessment for state payment purposes only? 0. No 1. Yes	na	na	na	na	na	na	X	na	na	na
A0300A	New item and responses added: A0300. Optional State Assessment Complete only if A0200 = 1 A. Is this assessment for state payment purposes only? 0. No 1. Yes	X	X	X	X	X	X	na	X	na	na
A0300B	New item and responses added: A0300B. Assessment type 1. Start of therapy assessment. 2. End of therapy assessment 3. Both Start and End of therapy assessment 4. Change of therapy assessment 5. Other payment assessment	na	na	na	na	na	na	X	na	na	na
A0310A	Item and responses added: A0310. Type of Assessment	na	na	na	na	na	na	na	X	na	na
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 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	X	X	X	X	X	X	na	X	X	X
A0310C	Item deleted	X	X	X	X	X	X	na	na	X	X
A0310D	Item deleted	X	X	X	X	X	X	na	na	X	X
A0310E	Item and responses added: E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?	na	na	na	na	na	na	na	X	na	na
A0310F	Item and responses added: F. Entry/discharge reporting	na	na	na	na	na	na	na	X	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
A0310G	Item and responses added: G. Type of discharge - Complete only if A0310F = 10 or 11	na	na	na	na	na	na	na	X	na	na
A0310G1	New item and responses added: G1. Is this a SNF Part A Interrupted Stay? 0. No 1. Yes	X	X	X	na	na	X	na	na	X	na
A0310G1	New item and responses added: G1. Is this a SNF Part A Interrupted Stay? 0. No 1. Yes (Assessment not required at this time)	na	na	na	na	na	na	na	na	na	X
A0410	Item and responses added: A0410. Unit Certification or Licensure Designation	na	na	na	na	na	na	X	X	na	na
A0500	Items and responses added: A0500. Legal Name of Resident	na	na	na	na	na	na	X	X	na	na
A0600	Items and responses added: A0600. Social Security and Medicare Numbers	na	na	na	na	na	na	X	X	na	na
A0600B	Deleted (or comparable railroad insurance number) from the item label	X	X	X	X	X	X	X	X	X	X
A0700	Item added: A0700. Medicaid Number – Enter "+" if pending, "N" if not a Medicaid recipient	na	na	na	na	na	na	X	X	na	na
A0800	Item and responses added: A0800. Gender	na	na	na	na	na	na	X	X	na	na
A0900	Item added: A0900. Birth Date	na	na	na	na	na	na	X	X	na	na
A1000	Item and responses added: A1000. Race/Ethnicity	na	na	na	na	na	na	X	X	na	na
A1100	Items and responses added: A1100. Language	na	na	na	na	na	na	X	X	na	na
A1200	Item and responses added: A1200. Marital Status	na	na	na	na	na	na	X	X	na	na
A1300	Items added: A1300. Optional Resident Items	na	na	na	na	na	na	X	X	na	na
A1500	Deleted ("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?	X	na	na	na	na	na	na	na	na	na
A1510B	Deleted ("mental retardation" in federal regulation): B. Intellectual Disability	X	na	na	na	na	na	na	na	na	na
A1600	Item added: A1600. Entry Date	na	na	na	na	na	na	X	na	na	na
A1900	Item added: A1900. Admission Date (Date this episode of care in this facility began)	na	na	na	na	na	na	X	na	na	na
A2300	Item added: A2300. Assessment Reference Date	na	na	na	na	na	na	X	X	na	na
A2400	Instructional language added to the item label: Complete only if A0310G1 = 0	X	na	na	na	na	na	na	na	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
A2400A	Item and responses added: A2400A. Has the resident had a Medicare-covered stay since the most recent entry?	na	na	na	na	na	na	na	X	na	na
A2400B	Item added: A2400B. Start date of most recent Medicare stay	na	na	na	na	na	na	X	X	na	na
A2400C	Item added: A2400C. End date of most recent Medicare stay	na	na	na	na	na	na	X	X	na	na

Section B Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
B0100	Item and responses added: B0100. Comatose	na	na	na	na	na	na	X	X	na	na
B0700	Item and responses added: B0700. Makes Self Understood	na	na	na	na	na	na	X	X	na	na

Section C Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
C0100	Item and responses added: C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?	na	na	na	na	na	na	X	X	na	na
C0200	Item and responses added: C0200. Repetition of Three Words	na	na	na	na	na	na	X	X	na	na
C0300	Items and responses added: C0300. Temporal Orientation (orientation to year, month, and day)	na	na	na	na	na	na	X	X	na	na
C0400	Items and responses added: C0400. Recall	na	na	na	na	na	na	X	X	na	na
C0500	Item added: C0500. BIMS Summary Score	na	na	na	na	na	na	X	X	na	na
C0600	Item and responses added: C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted?	na	na	na	na	na	na	X	X	na	na
C0700	Item and responses added: C0700. Short-term Memory OK	na	na	na	na	na	na	X	X	na	na
C1000	Item and responses added: C1000. Cognitive Skills for Daily Decision Making	na	na	na	na	na	na	X	X	na	na

Section D Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
D0100	Item and responses added: D0100. Should Resident Mood Interview be Conducted?	na	na	na	na	na	na	X	X	na	na
D0200	Items and responses added: D0200. Resident Mood Interview (PHQ-9©)	na	na	na	na	na	na	X	X	na	na
D0300	Item added: D0300. Total Severity Score	na	na	na	na	na	na	X	X	na	na
D0350	Item deleted	X	X	X	na	na	X	na	na	X	X
D0500	Items and responses added: D0500. Staff Assessment of Resident Mood (PHQ-9-OV*)	na	na	na	na	na	na	X	X	na	na
D0600	Item added: D0600. Total Severity Score	na	na	na	na	na	na	X	X	na	na
D0650	Item deleted	X	X	X	na	na	X	na	na	X	X

Section E Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
E0100	Items and responses added: E0100. Potential Indicators of Psychosis	na	na	na	na	na	na	X	X	na	na
E0200	Items and responses added: E0200. Behavioral Symptom - Presence & Frequency	na	na	na	na	na	na	X	X	na	na
E0800	Item and responses added: E0800. Rejection of Care - Presence & Frequency	na	na	na	na	na	na	X	X	na	na
E0900	Item and responses added: E0900. Wandering - Presence & Frequency	na	na	na	na	na	na	X	X	na	na
E0900	Corrected the skip pattern wording from "Behavioral" to "Behavior": Response option 0. Behavior not exhibited → Skip to E1100, Change in Behavior or Other Symptoms	X	na	na	na	na	na	na	na	na	na

Section G Item

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
G0110	Items and responses added: G0110. Activities of Daily Living (ADL) Assistance: G0110A1, G0110B1, G0110H1, and G0110I1; G0110A2, G0110B2, G0110H2, and G0110I2	na	na	na	na	na	na	X	na	na	na

Section GG Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
GG0100	Added "Complete only if A0310B = 01" beneath the GG0100 item label.	x	x	na	na	na	x	na	na	x	na
GG0110	Added "Complete only if A0310B = 01" beneath the GG0110 item label.	x	x	na	na	na	x	na	na	x	na
Section GG Interim Payment Assessment	New section added: Functional Abilities and Goals - Interim Payment Assessment	na	na	na	na	na	na	na	X	na	na
GG0130	New items and responses added: GG0130. Self-Care (Assessment period is the last 3 days) Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason. Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices. 06. Independent - Resident completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. If activity was not attempted, code reason: 07. Resident refused 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	na	na	na	na	na	na	na	X	na	na
GG0130A5	New item added: A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.	na	na	na	na	na	na	na	X	na	na
GG0130B5	New item added: B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.	na	na	na	na	na	na	na	X	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
GG0130C5	New item added: C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.	na	na	na	na	na	na	na	X	na	na
GG0170	New items and responses added: GG0170. Mobility (Assessment period is the last 3 days) Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason. Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices. 06. Independent - Resident completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. If activity was not attempted, code reason: 07. Resident refused 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	na	na	na	na	na	na	na	X	na	na
GG0170B5	New item added: B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.	na	na	na	na	na	na	na	X	na	na
GG0170C5	New item added: C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.	na	na	na	na	na	na	na	X	na	na
GG0170D5	New item added: D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.	na	na	na	na	na	na	na	X	na	na
GG0170E5	New item added: E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).	na	na	na	na	na	na	na	X	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
GG0170F5	New item added: F. Toilet transfer: The ability to get on and off a toilet or commode.	na	na	na	na	na	na	na	X	na	na
GG0170I5	New item added: I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If interim performance is coded 07, 09, 10, or 88 → Skip to H0100, Appliances	na	na	na	na	na	na	na	X	na	na
GG0170J5	New item added: J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.	na	na	na	na	na	na	na	X	na	na
GG0170K5	New item added: K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.	na	na	na	na	na	na	na	X	na	na

Section H Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
H0100	Items and responses added: H0100C, D, Z. Appliances	na	na	na	na	na	na	na	X	na	na
H0200C	Item and responses added: H0200C. Current toileting program or trial	na	na	na	na	na	na	X	X	na	na
H0500	Item and responses added: H0500. Bowel Toileting Program	na	na	na	na	na	na	X	X	na	na

Section I Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
I0020	Items and responses added: I0020. Indicate the resident's primary medical condition category Response options 01 - 13	na	na	na	na	na	na	na	X	na	na
I0020	Updated instructional language and moved beneath the item label: Complete only if A0310B = 01 or 08	X	X	na	na	na	X	na	na	X	na
I0020	Deleted response option 14, Other Medical Condition	X	X	na	na	na	X	na	na	X	na
I0020A	Deleted item and boxes	X	X	na	na	na	X	na	na	X	na
I0020B	New item added: I0020B. ICD Code	X	X	na	na	na	X	na	X	X	na
I0100	Item added: I0100. Cancer (with or without metastasis)	na	X	na	na	na	X	na	na	X	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
I0400	Item added: I0400. Coronary Artery Disease (CAD)	na	X	na	na	na	X	na	na	X	na
I1300	Item added: I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease	na	X	na	na	na	X	na	X	X	na
I1500	Item added: I1500. Renal Insufficiency, Renal Failure, or ESRD	na	X	na	na	na	X	na	na	X	na
I1700	Item added: I1700. Multidrug-Resistant Organism (MDRO)	na	na	na	na	na	na	na	X	na	na
I2000	Item added: I2000. Pneumonia	na	na	na	na	na	na	X	X	na	na
I2100	Item added: I2100. Septicemia	na	na	na	na	na	na	X	X	na	na
I2500	Item added: I2500. Wound Infection (other than foot)	na	na	na	na	na	na	na	X	na	na
I2900	Item added: I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)	na	na	na	na	na	na	X	X	na	na
I4300	Item added: I4300. Aphasia	na	na	na	na	na	na	X	X	X	na
I4400	Item added: I4400. Cerebral Palsy	na	na	na	na	na	na	X	X	na	na
I4500	Item added: I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke	na	na	na	na	na	na	na	X	na	na
I4900	Item added: I4900. Hemiplegia or Hemiparesis	na	na	na	na	na	na	X	X	na	na
I5100	Item added: I5100. Quadriplegia	na	na	na	na	na	na	X	X	na	na
I5200	Item added: I5200. Multiple Sclerosis (MS)	na	na	na	na	na	na	X	X	na	na
I5300	Item added: I5300. Parkinson's Disease	na	na	na	na	na	na	X	X	na	na
I5500	Item added: I5500. Traumatic Brain Injury (TBI)	na	na	na	na	na	na	na	X	na	na
I5600	Item added: I5600. Malnutrition (protein or calorie) or at risk for malnutrition	na	na	na	na	na	na	na	X	na	na
I5900	Modified text: I5900. Bipolar Disorder	X	X	X	na	na	X	na	na	X	X
I6200	Item added: I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis)	na	na	na	na	na	na	X	X	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
I6300	Item added: I6300. Respiratory Failure	na	na	na	na	na	na	X	X	na	na
I7900	Item added: I7900. None of the above active diagnoses within the last 7 days	na	na	na	na	na	na	X	X	na	na
I8000	Item added: I8000. Additional active diagnoses	na	na	na	na	na	na	na	X	na	na

Section J Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
J1100	Items added: J1100. Shortness of Breath (dyspnea): J1100C and J1100Z	na	na	na	na	na	na	X	X	na	na
J1550	Items added: J1550. Problem Conditions: J1550A, J1550B, and J1550Z	na	na	na	na	na	na	X	X	na	na
J1550	Items added: J1550. Problem Conditions: J1550C and J1550D	na	na	na	na	na	na	X	na	na	na
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)	X	X	na	na	na	X	na	na	X	na
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	X	X	na	na	na	X	na	na	X	na
J2100	New item and responses added: J2100. Recent Surgery Requiring Active SNF Care 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	na	na	na	na	na	na	na	X	na	na
J2300	New item added: J2300. Knee Replacement - partial or total	X	X	na	na	na	X	na	X	X	na
J2310	New item added: J2310. Hip Replacement - partial or total	X	X	na	na	na	X	na	X	X	na
J2320	New item added: J2320. Ankle Replacement - partial or total	X	X	na	na	na	X	na	X	X	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
J2330	New item added: J2330. Shoulder Replacement - partial or total	X	X	na	na	na	X	na	X	X	na
J2400	New item added: J2400. Involving the spinal cord or major spinal nerves	X	X	na	na	na	X	na	X	X	na
J2410	New item added: J2410. Involving fusion of spinal bones	X	X	na	na	na	X	na	X	X	na
J2420	New item added: J2420. Involving lamina, discs, or facets	X	X	na	na	na	X	na	X	X	na
J2499	New item added: J2499. Other major spinal surgery	X	X	na	na	na	X	na	X	X	na
J2500	New item added: J2500. Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)	X	X	na	na	na	X	na	X	X	na
J2510	New item added: J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot)	X	X	na	na	na	X	na	X	X	na
J2520	New item added: J2520. Repair but not replace joints	X	X	na	na	na	X	na	X	X	na
J2530	New item added: J2530. Repair other bones (such as hand, foot, jaw)	X	X	na	na	na	X	na	X	X	na
J2599	New item added: J2599. Other major orthopedic surgery	X	X	na	na	na	X	na	X	X	na
J2600	New item added: J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)	X	X	na	na	na	X	na	X	X	na
J2610	New item added: J2610. Involving the peripheral or autonomic nervous system - open or percutaneous	X	X	na	na	na	X	na	X	X	na
J2620	New item added: J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices	X	X	na	na	na	X	na	X	X	na
J2699	New item added: J2699. Other major neurological surgery	X	X	na	na	na	X	na	X	X	na
J2700	New item added: J2700. Involving the heart or major blood vessels - open or percutaneous procedures	X	X	na	na	na	X	na	X	X	na
J2710	New item added: J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic	X	X	na	na	na	X	na	X	X	na
J2799	New item added: J2799. Other major cardiopulmonary surgery	X	X	na	na	na	X	na	X	X	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
J2800	New item added: J2800. Involving male or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)	X	X	na	na	na	X	na	X	X	na
J2810	New item added: J2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)	X	X	na	na	na	X	na	X	X	na
J2899	New item added: J2899. Other major genitourinary surgery	X	X	na	na	na	X	na	X	X	na
J2900	New item added: J2900. Involving tendons, ligaments, or muscles	X	X	na	na	na	X	na	X	X	na
J2910	New item added: 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)	X	X	na	na	na	X	na	X	X	na
J2920	New item added: J2920. Involving the endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus - open	X	X	na	na	na	X	na	X	X	na
J2930	New item added: J2930. Involving the breast	X	X	na	na	na	X	na	X	X	na
J2940	New item added: J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant	X	X	na	na	na	X	na	X	X	na
J5000	New item added: J5000. Other major surgery not listed above	X	X	na	na	na	X	na	X	X	na

Section K Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
K0100	Items and responses added: K0100. Swallowing Disorder	na	na	na	na	na	na	na	X	X	na
K0300	Item and responses added: K0300. Weight Loss	na	na	na	na	na	na	X	X	na	na
K0510A1	Item added: K0510. Nutritional Approaches: Parenteral/IV feeding – While NOT a Resident	na	na	na	na	na	na	X	X	na	na
K0510A2	Item added: K0510. Nutritional Approaches: Parenteral/IV feeding – While a Resident	na	na	na	na	na	na	X	X	na	na
K0510B1	Item added: K0510. Nutritional Approaches: Feeding tube – While NOT a Resident	na	na	na	na	na	na	X	X	na	na
K0510B2	Item added: K0510. Nutritional Approaches: Feeding tube – While a Resident	na	na	na	na	na	na	X	X	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
K0510C1	Item and column 1 box deleted: 1. While NOT a Resident	x	x	x	na	na	x	na	na	x	x
K0510C2	Item added: K0510. Nutritional Approaches: Mechanically altered diet – While a Resident	na	na	na	na	na	na	na	x	na	na
K0510D1	Item and column 1 box deleted: 1. While NOT a Resident	x	x	x	na	na	x	na	na	x	x
K0510Z1	Item added: K0510. Nutritional Approaches: None of the above	na	na	na	na	na	na	x	x	na	na
K0510Z2	Item added: K0510. Nutritional Approaches: None of the above	na	na	na	na	na	na	x	x	na	na
K0710	Column 1 While NOT a Resident and the instructions for completing column 1 deleted	x	x	na	na	na	x	na	na	x	na
K0710A1	Deleted item and column 1 box, While NOT a Resident	x	x	na	na	na	x	na	na	x	na
K0710A2	Item added: K0710. Percent Intake by Artificial Route: Proportion of total calories the resident received through parenteral/tube feeding: While a Resident	na	na	na	na	na	na	na	x	na	na
K0710A3	Item added: K0710. Percent Intake by Artificial Route: Proportion of total calories the resident received through parenteral/tube feeding: During Entire 7 days	na	na	na	na	na	na	x	x	na	na
K0710B1	Deleted item and column 1 box, While NOT a Resident	x	x	na	na	na	x	na	na	x	na
K0710B2	Item added: K0710. Percent Intake by Artificial Route: Average fluid intake per day by IV/tube feeding: While a Resident	na	na	na	na	na	na	na	x	na	na
K0710B3	Item added: K0710. Percent Intake by Artificial Route: Average fluid intake per day by IV/tube feeding: During Entire 7 days	na	na	na	na	na	na	x	x	na	na

Section M Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
M0210	Item and responses added: M0210. Unhealed Pressure Ulcers/Injuries	na	na	na	na	na	na	x	x	na	na
M0300	Item added: M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage: A1	na	na	na	na	na	na	x	na	na	na
M0300	Items added: M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage: B1, C1, D1, and F1	na	na	na	na	na	na	x	x	na	na
M1030	Item added: M1030. Number of Venous and Arterial Ulcers	na	na	na	na	na	na	x	x	na	na
M1040	Items added: M1040. Other Ulcers, Wounds and Skin Problems: A–F, Z	na	na	na	na	na	na	x	x	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
M1200	Items added: M1200. Skin and Ulcer/Injury Treatments: A–I, Z	na	na	na	na	na	na	X	X	na	na

Section N Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
N0300	Item added: N0300. Injections	na	na	na	na	na	na	X	na	na	na
N0350	Items added: N0350. Insulin	na	na	na	na	na	na	X	X	na	na

Section O Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
O0100	Items and responses added: O0100. Special Treatments, Procedures, and Programs: A1, B1, C1, D1, E1, F1, H1, I1, J1, Z1: While NOT a Resident	na	na	na	na	na	na	X	na	na	na
O0100	Items and responses added: O0100. Special Treatments, Procedures, and Programs: A2, B2, C2, D2, E2, F2, H2, I2, J2, M2, Z2: While a Resident	na	na	na	na	na	na	X	X	na	na
O0100D2	Item added: O0100. Special Treatments, Procedures, and Programs: D2 Suctioning	na	na	na	na	na	na	na	na	X	na
O0100J1	Item added: O0100. Special Treatments, Procedures, and Programs: J1 Dialysis	na	na	na	na	na	na	na	na	X	na
O0100L2	Item and row deleted	X	X	na	na	na	na	na	na	na	na
O0400	Items and responses added: O0400. Therapies: A1–A6, B1–B6, C1–C6, D2	na	na	na	na	na	na	X	na	na	na
O0400A5	Item deleted	na	na	na	na	na	na	na	na	na	X
O0400A6	Item deleted	na	na	na	na	na	na	na	na	na	X
O0400B5	Item deleted	na	na	na	na	na	na	na	na	na	X
O0400B6	Item deleted	na	na	na	na	na	na	na	na	na	X
O0400C5	Item deleted	na	na	na	na	na	na	na	na	na	X
O0400C6	Item deleted	na	na	na	na	na	na	na	na	na	X
O0400D2	Item and responses added: O0400. Therapies D. Respiratory Therapy	na	na	na	na	na	na	X	X	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
O0420	Item added: O0420. Distinct Calendar Days of Therapy	na	na	na	na	na	na	X	na	na	na
O0420	Item and code boxes deleted	na	na	na	na	na	na	na	na	X	na
O0425	New items added: O0425. Part A Therapies Complete only if A0310H = 1	X	X	X	na	X	X	na	na	X	X
O0425A	New items added: 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)	X	X	X	na	X	X	na	na	X	X

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
O0425B	New items added: 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)	X	X	X	na	X	X	na	na	X	X
O0425C	New items added: 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)	X	X	X	na	X	X	na	na	X	X

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
O0430	New item added: 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)	X	X	X	na	X	X	na	na	X	X
O0450A	Item added: O0450. Resumption of Therapy	na	na	na	na	na	na	X	na	na	na
O0450A	Item and responses deleted	X	X	na	na	na	X	na	na	X	na
O0450B	Item and date boxes deleted	X	X	na	na	na	X	na	na	X	na
O0500	Items and responses added: O0500. Restorative Nursing Programs	na	na	na	na	na	na	X	X	na	na
O0600	Item added: O0600. Physician Examinations	na	na	na	na	na	na	X	na	na	na
O0700	Item added: O0700. Physician Orders	na	na	na	na	na	na	X	na	na	na

Section V Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
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."	X	na	na	na	na	na	na	na	na	na
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	X	na	na	na	na	na	na	na	na	na
V0100B	Response option added: 08. IPA – Interim Payment Assessment	X	na	na	na	na	na	na	na	na	na

Section X Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
X0150	Item and responses added: X0150. Type of Provider	na	na	na	na	na	na	X	X	na	na
X0200	Items added: X0200. Name of Resident	na	na	na	na	na	na	X	X	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
X0300	Item and responses added: X0300. Gender	na	na	na	na	na	na	X	X	na	na
X0400	Item added: X0400. Birth Date	na	na	na	na	na	na	X	X	na	na
X0500	Item added: X0500. Social Security Number	na	na	na	na	na	na	X	X	na	na
X0570A	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	X	X	X	X	X	X	na	X	na	na
X0570A and X0570B	New items and responses added: X0570. Optional State Assessment (A0300A/B on existing record to be modified/inactivated) A. Is this assessment for state payment purposes only? 0. No 1. Yes B. Assessment type 1. Start of therapy assessment. 2. End of therapy assessment 3. Both Start and End of therapy assessment 4. Change of therapy assessment 5. Other payment assessment	na	na	na	na	na	na	X	na	na	na
X0600A	Item and responses added: X0600A. Type of Assessment	na	na	na	na	na	na	na	X	na	na
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	X	X	X	X	X	X	na	X	X	X
X0600C	Item and responses deleted	X	X	X	X	X	X	na	na	X	X
X0600D	Item and responses deleted	X	X	X	X	X	X	na	na	X	X
X0600F	Item and responses added: X0600F. Entry/Discharge Reporting	na	na	na	na	na	na	na	X	na	na
X0700A	Item added: X0700A. Assessment Reference Date	na	na	na	na	na	na	X	X	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
X0800	Item added: X0800. Correction Number	na	na	na	na	na	na	X	X	na	na
X0900	Items added: X0900. Reasons for Modification	na	na	na	na	na	na	X	X	na	na
X0900E	Item deleted	X	X	X	X	X	X	na	na	X	X
X1050	Items added: X1050. Reasons for Inactivation	na	na	na	na	na	na	X	X	na	na
X1100	Items added: X1100. RN Assessment Coordinator Attestation of Completion	na	na	na	na	na	na	X	X	na	na

Section Z Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
Z0100	Items and responses added: Z0100. Medicare Part A Billing	na	na	na	na	na	na	na	X	na	na
Z0100A	Z0100A. Deleted the text in parentheses: (RUG group followed by assessment type indicator)	X	X	na	na	na	X	na	X	X	na
Z0100B	Deleted "RUG" in item label	X	X	na	na	na	X	na	X	X	na
Z0100C	Item deleted	X	X	na	na	na	X	na	na	X	na
Z0150A	Items and responses deleted	X	X	na	na	na	X	na	na	X	na
Z0150B	Items and responses deleted	X	X	na	na	na	X	na	na	X	na
Z0200	Items added: Z0200. State Medicaid Billing (if required by the state)	na	na	na	na	na	na	X	na	na	na
Z0200A	Deleted "RUG" in item label	X	X	na	na	na	X	X	na	na	na
Z0200B	Deleted "RUG" in item label	X	X	na	na	na	X	X	na	na	na
Z0200C	New item and responses added: Z0200. State Medicaid Billing (if required by the state) C. Is this a Short Stay assessment? 0. No 1. Yes	na	na	na	na	na	na	X	na	na	na
Z0250	Items added: Z0250. Alternate State Medicaid Billing (if required by the state)	na	na	na	na	na	na	X	na	na	na
Z0250A	Deleted "RUG" in item label	X	X	na	na	na	X	X	na	na	na
Z0250B	Deleted "RUG" in item label	X	X	na	na	na	X	X	na	na	na
Z0300A	Deleted "RUG" in item label	X	X	X	na	na	X	X	na	X	X

MDS 3.0 Item Set Change History
for October 2019
Version 1.17.1

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
Z0300B	Deleted "RUG" in item label	x	x	x	na	na	x	x	na	x	x
Z0300	Items added: Z0300: Insurance Billing	na	na	na	na	na	na	x	na	na	na
Z0400	Items added: Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting	na	na	na	na	na	na	x	x	na	na
Z0500	Item added: Z0500. Signature of RN Assessment Coordinator Verifying Assessment Completion	na	na	na	na	na	na	x	x	na	na