

**Track Changes
from Chapter 6 v1.20.1
to Chapter 6 v1.20.11**

Chapter	Section	Page(s) in version 1.20.11	Change									
6	6.4	6-6-6-8	Table 3. Third Character: Nursing Component <table><tr><th>Clinical Conditions</th><th>Depression Signs and Symptoms</th><th># of Restorative Nursing Services</th></tr><tr><td>-</td><td>-</td><td>-</td></tr><tr><td>-</td><td>-</td><td>-</td></tr></table> Note: Black bars represent hidden columns to condense table.	Clinical Conditions	Depression Signs and Symptoms	# of Restorative Nursing Services	-	-	-	-	-	-
Clinical Conditions	Depression Signs and Symptoms	# of Restorative Nursing Services										
-	-	-										
-	-	-										

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Chapter	Section	Page(s) in version 1.20.11	Change
6	Category: Special Care High	6-36	STEP #1 Determine whether the resident is coded for one of the following conditions or services: B0100, Section GG items Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88) I2100 Septicemia I2900, N0350A, B Diabetes with both of the following: Insulin injections (N0350A) for all 7 days Insulin order changes on 2 or more days (N0350B) I5100, Nursing Function Score Quadriplegia with Nursing Function Score <= 11 I6200, J1100C Asthma, Chronic obstructive pulmonary disease, or chronic lung disease and shortness of breath when lying flat J1550A, others Fever and one of the following: I2000 Pneumonia J1550B Vomiting K0300 Weight loss (1 or 2) K0520B2 or K0520B3 Feeding tube*

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6	Category: Special Care High	6-37	STEP #3 Evaluate for signs and symptoms of depression. Signs and symptoms of depression are used as a third-level split for the Special Care High category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9[©]) or the Staff Assessment of Patient Mood (PHQ-9-OV[©]). Instructions for completing the PHQ-2 to 9[©] are in Chapter 3, Section D. Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No). Refer to Appendix E for cases in which the PHQ-2 to 9[©] or PHQ-9-OV[©] is complete but all questions are not answered. For the PHQ-2 to 9[©], if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. Assessors should proceed to D0700, Social Isolation, in the case of resident refusal or unwillingness to participate. The following items comprise the PHQ-2 to 9[©] and PHQ-9-OV[©] for the Patient and Staff assessments, respectively:
6	Category: Special Care High	6-37	These items are used to calculate a Total Severity Score for the resident interview at item D0160 and for the staff assessment at item D0600. The resident qualifies as depressed for depression signs and symptoms for PDPM classification in either of the two following cases: The D0160, Total Severity Score, is greater than or equal to 10 but not 99, or The D0600, Total Severity Score, is greater than or equal to 10. Resident Qualifies as Depressed for Depression Signs and Symptoms Yes _____ No _____

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6	Category: Special Care High	6-38	STEP #4 Select the Special Care High classification based on the PDPM Nursing Function Score and the presence or absence of depression signs and symptoms according to this table: <table><tr><th>Nursing Function Score</th><th>Depressed Depression Signs and Symptoms?</th><th>PDPM Nursing Classification</th></tr><tr><td>0–5</td><td>Yes</td><td>HDE2</td></tr><tr><td>0–5</td><td>No</td><td>HDE1</td></tr><tr><td>6–14</td><td>Yes</td><td>HBC2</td></tr><tr><td>6–14</td><td>No</td><td>HBC1</td></tr></table> PDPM Nursing Classification: _____	Nursing Function Score	Depressed Depression Signs and Symptoms?	PDPM Nursing Classification	0–5	Yes	HDE2	0–5	No	HDE1	6–14	Yes	HBC2	6–14	No	HBC1
Nursing Function Score	Depressed Depression Signs and Symptoms?	PDPM Nursing Classification																
0–5	Yes	HDE2																
0–5	No	HDE1																
6–14	Yes	HBC2																
6–14	No	HBC1																
6	Category: Special Care Low	6-40	STEP #3 Evaluate for signs and symptoms of depression. Signs and symptoms of depression are used as a third-level split for the Special Care Low category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9[©]) or the Staff Assessment of Patient Mood (PHQ-9-OV[©]). Instructions for completing the PHQ-2 to 9[©] are in Chapter 3, Section D. Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No). Refer to Appendix E for cases in which the PHQ-2 to 9[©] or PHQ-9-OV[©] is complete but all questions are not answered. For the PHQ-2 to 9[©], if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. Assessors should proceed to D0700, Social Isolation, in the case of resident refusal or unwillingness to participate. The following items comprise the PHQ-2 to 9[©] and PHQ-9-OV[©] for the Patient and Staff assessments, respectively:															

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6	Category: Special Care Low	6-41	These items are used to calculate a Total Severity Score for the resident interview at item D0160 and for the staff assessment at item D0600. The resident qualifies as depressedfor depression signs and symptoms for PDPM classification in either of the two following cases: The D0160, Total Severity Score, is greater than or equal to 10 but not 99, or The D0600, Total Severity Score, is greater than or equal to 10. Resident Qualifies as Depressedfor Depression Signs and Symptoms Yes _____ No _____ STEP #4 Select the Special Care Low classification based on the PDPM Nursing Function Score and the presence or absence of depression signs and symptoms according to this table: <table><tr><th>Nursing Function Score</th><th>Depressed Depression Signs and Symptoms?</th><th>PDPM Nursing Classification</th></tr><tr><td>0–5</td><td>Yes</td><td>LDE2</td></tr><tr><td>0–5</td><td>No</td><td>LDE1</td></tr><tr><td>6–14</td><td>Yes</td><td>LBC2</td></tr><tr><td>6–14</td><td>No</td><td>LBC1</td></tr></table> PDPM Nursing Classification: _____	Nursing Function Score	Depressed Depression Signs and Symptoms?	PDPM Nursing Classification	0–5	Yes	LDE2	0–5	No	LDE1	6–14	Yes	LBC2	6–14	No	LBC1
Nursing Function Score	Depressed Depression Signs and Symptoms?	PDPM Nursing Classification																
0–5	Yes	LDE2																
0–5	No	LDE1																
6–14	Yes	LBC2																
6–14	No	LBC1																

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6	Category: Clinically Complex	6-42	STEP #2 Evaluate for signs and symptoms of depression. Signs and symptoms of depression are used as a third-level split for the Clinically Complex category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9[©]) or the Staff Assessment of Patient Mood (PHQ-9-OV[©]). Instructions for completing the PHQ-2 to 9[©] are in Chapter 3, Section D. Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No). Refer to Appendix E for cases in which the PHQ-2 to 9[©] or PHQ-9-OV[©] is complete but all questions are not answered. For the PHQ-2 to 9[©], if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. Assessors should proceed to D0700, Social Isolation, in the case of resident refusal or unwillingness to participate. The following items comprise the PHQ-2 to 9[©] and PHQ-9-OV[©] for the Patient and Staff assessments, respectively:

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6	Category: Clinically Complex	6-43	The resident qualifies as depressed for depression signs and symptoms for PDPM classification in either of the two following cases: The D0160, Total Severity Score, is greater than or equal to 10 but not 99, or The D0600, Total Severity Score, is greater than or equal to 10. Resident Qualifies as Depressed for Depression Signs and Symptoms Yes _____ No _____ STEP #3 Select the Clinically Complex classification based on the PDPM Nursing Function Score and the presence or absence of depression signs and symptoms according to this table: <table><tr><th>Nursing Function Score</th><th>Depressed Depression Signs and Symptoms?</th><th>PDPM Nursing Classification</th></tr><tr><td>0–5</td><td>Yes</td><td>CDE2</td></tr><tr><td>0–5</td><td>No</td><td>CDE1</td></tr><tr><td>6–14</td><td>Yes</td><td>CBC2</td></tr><tr><td>15–16</td><td>Yes</td><td>CA2</td></tr><tr><td>6–14</td><td>No</td><td>CBC1</td></tr><tr><td>15–16</td><td>No</td><td>CA1</td></tr></table> PDPM Nursing Classification: _____	Nursing Function Score	Depressed Depression Signs and Symptoms?	PDPM Nursing Classification	0–5	Yes	CDE2	0–5	No	CDE1	6–14	Yes	CBC2	15–16	Yes	CA2	6–14	No	CBC1	15–16	No	CA1
Nursing Function Score	Depressed Depression Signs and Symptoms?	PDPM Nursing Classification																						
0–5	Yes	CDE2																						
0–5	No	CDE1																						
6–14	Yes	CBC2																						
15–16	Yes	CA2																						
6–14	No	CBC1																						
15–16	No	CA1																						

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6	Category: Behavioral Symptoms and Cognitive Performance	6-46	STEP #5 Determine Restorative Nursing Count Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days: <table><tr><td>H0200C, H0500**/**</td><td>Urinary toileting program and/or bowel toileting program</td></tr><tr><td>O0500A, B**</td><td>Passive and/or active range of motion</td></tr><tr><td>O0500C</td><td>Splint or brace assistance</td></tr><tr><td>O0500D, F**</td><td>Bed mobility and/or walking training</td></tr><tr><td>O0500E</td><td>Transfer training</td></tr><tr><td>O0500G</td><td>Dressing and/or grooming training</td></tr><tr><td>O0500H</td><td>Eating and/or swallowing training</td></tr><tr><td>O0500I</td><td>Amputation/prostheses care</td></tr><tr><td>O0500J</td><td>Communication training</td></tr></table> **Count as one service even if both provided **Toileting programs (H0200C and H0500) do not require day/minute documentation Restorative Nursing Count: _____	H0200C, H0500**/**	Urinary toileting program and/or bowel toileting program	O0500A, B**	Passive and/or active range of motion	O0500C	Splint or brace assistance	O0500D, F**	Bed mobility and/or walking training	O0500E	Transfer training	O0500G	Dressing and/or grooming training	O0500H	Eating and/or swallowing training	O0500I	Amputation/prostheses care	O0500J	Communication training
H0200C, H0500**/**	Urinary toileting program and/or bowel toileting program																				
O0500A, B**	Passive and/or active range of motion																				
O0500C	Splint or brace assistance																				
O0500D, F**	Bed mobility and/or walking training																				
O0500E	Transfer training																				
O0500G	Dressing and/or grooming training																				
O0500H	Eating and/or swallowing training																				
O0500I	Amputation/prostheses care																				
O0500J	Communication training																				

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6	Category: Reduced Physical Function	6-47	STEP #2 Determine Restorative Nursing Count Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days: <table><tr><td>H0200C, H0500**/**</td><td>Urinary toileting program and/or bowel toileting program</td></tr><tr><td>O0500A, B**</td><td>Passive and/or active range of motion</td></tr><tr><td>O0500C</td><td>Splint or brace assistance</td></tr><tr><td>O0500D, F**</td><td>Bed mobility and/or walking training</td></tr><tr><td>O0500E</td><td>Transfer training</td></tr><tr><td>O0500G</td><td>Dressing and/or grooming training</td></tr><tr><td>O0500H</td><td>Eating and/or swallowing training</td></tr><tr><td>O0500I</td><td>Amputation/prostheses care</td></tr><tr><td>O0500J</td><td>Communication training</td></tr></table> **Count as one service even if both provided **Toileting programs (H0200C and H0500) do not require day/minute documentation Restorative Nursing Count: _____	H0200C, H0500**/**	Urinary toileting program and/or bowel toileting program	O0500A, B**	Passive and/or active range of motion	O0500C	Splint or brace assistance	O0500D, F**	Bed mobility and/or walking training	O0500E	Transfer training	O0500G	Dressing and/or grooming training	O0500H	Eating and/or swallowing training	O0500I	Amputation/prostheses care	O0500J	Communication training
H0200C, H0500**/**	Urinary toileting program and/or bowel toileting program																				
O0500A, B**	Passive and/or active range of motion																				
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O0500I	Amputation/prostheses care																				
O0500J	Communication training																				