

MDS 3.0 Item Matrix
Matrix Version 1.0
Data Specifications Version: RUG-IV version 1.00

Record Type Codes Used:

- T = Tracking Record (Entry or Death in Facility)
- C = Comprehensive Assessment (Admission, Annual, Significant Change, Significant Correction to Prior Full)
- QP = OBRA Quarterly (Significant Correction of Prior Quarterly) or PPS MPAF
- W = Swingbed PPS
- S = OMRA - Start of Therapy
- O = OMRA (End of Therapy or Start and End of Therapy)
- D = Discharge
- SD = OMRA - Start of Therapy and Discharge
- OD = OMRA and Discharge

Application Codes Used:

- QI = Quality Indicators
- QM = Quality Measures
- CT = Care Area Triggers (CATs)
- RG = RUG-IV Case Mix Classification

Provider Applicable Record Types:

- NFs = T, C, QP, D
- SNFs = T, C, QP, S, O, D, SD, OD
- SBs = T, W, S, O, D, SD, OD

MDS Item	Description	Record Types										Item Groups					
		T	C	QP	W	S	O	D	SD	OD	QI	QM	CT	RG			
A0100A	Facility National Provider Identifier (NPI)	X	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	X	X			
A0100C	State provider number	X	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				
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
A0310C	Type of assessment: OMRA	X	X	X	X	X	X	X	X	X	X	X	X				X
A0310D	Swing bed clinical change assessment	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				
A0410	Submission requirement	X	X	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	X				
A0500B	Resident middle initial	X	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	X				
A0500D	Resident name suffix	X	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	X				
A0600B	Resident Medicare/railroad insurance number	X	X	X	X	X	X	X	X	X	X	X	X				
A0700	Resident Medicaid number	X	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	X			
A0900	Birthdate	X	X	X	X	X	X	X	X	X	X	X	X	X			
A1000A	Ethnicity: American Indian or Alaska Native	X	X	X	X	X	X	X	X	X	X	X	X				X
A1000B	Ethnicity: Asian	X	X	X	X	X	X	X	X	X	X	X	X				X
A1000C	Ethnicity: Black or African American	X	X	X	X	X	X	X	X	X	X	X	X				X
A1000D	Ethnicity: Hispanic or Latino	X	X	X	X	X	X	X	X	X	X	X	X				X
A1000E	Ethnicity: Native Hawaiian/Pacific Islander	X	X	X	X	X	X	X	X	X	X	X	X				X
A1000F	Ethnicity: White	X	X	X	X	X	X	X	X	X	X	X	X				X
A1100A	Does the resident need or want an interpreter		X	X	X			X	X	X	X	X	X				X
A1100B	Preferred language		X	X	X			X	X	X	X	X	X				X
A1200	Marital status	X	X	X	X	X	X	X	X	X	X	X	X				X
A1300A	Medical record number	X	X	X	X	X	X	X	X	X	X	X	X				
A1300B	Room number	X	X	X	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	X	X	X				
A1300D	Lifetime occupation(s)	X	X	X	X	X	X	X	X	X	X	X	X				
A1500	Resident evaluated by PASRR		X	X	X				X	X	X	X	X				X

A1550A	MR/DD status: Down syndrome		x	x	x			x	x	x		x		
A1550B	MR/DD status: Autism		x	x	x			x	x	x		x		
A1550C	MR/DD status: Epilepsy		x	x	x			x	x	x		x		
A1550D	MR/DD status: other organic MR/DD condition		x	x	x			x	x	x		x		
A1550E	MR/DD status: MR/DD with no organic condition		x	x	x			x	x	x		x		
A1550Z	MR/DD status: none of the above		x	x	x			x	x	x		x		
A1600	Entry date (date of admission/reentry in facility)	x	x	x	x	x	x	x	x	x	x	x	x	
A1700	Type of entry	x	x	x	x	x	x	x	x	x				
A1800	Entered from	x	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	
A2100	Discharge status	x	x	x	x	x	x	x	x	x	x	x	x	
A2200	Previous asmt reference date for signif correction		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				
A2400B	Start date of most recent Medicare stay	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
B0100	Comatose		x	x	x		x	x	x	x	x	x	x	x
B0200	Hearing		x	x	x			x	x	x		x	x	
B0300	Hearing aid		x	x	x			x	x	x		x		
B0600	Speech clarity		x	x	x			x	x	x		x		
B0700	Makes self understood		x	x	x		x	x	x	x		x	x	x
B0800	Ability to understand others		x	x	x			x	x	x		x	x	
B1000	Vision		x	x	x			x	x	x		x	x	
B1200	Corrective lenses		x	x	x			x	x	x		x		
C0100	BIMS: should resident interview be conducted		x	x	x		x	x	x	x				
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: can 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	
C0600	Staff asmt mental status: conduct asmt		x	x	x		x	x	x	x				
C0700	Staff asmt mental status: short-term memory OK		x	x	x		x	x	x	x		x	x	x
C0800	Staff asmt mental status: long-term memory OK		x	x	x			x	x	x		x	x	
C0900A	Staff asmt mental status: recall current season		x	x	x			x	x	x		x		

F0400C	Res interview: choose tub, bath, shower, sponge	x		
F0400D	Res interview: have snacks between meals	x		
F0400E	Res interview: choose own bedtime	x		
F0400F	Res interview: discuss care with family/friend	x		
F0400G	Res interview: use phone in private	x		
F0400H	Res interview: lock things to keep them safe	x		
F0500A	Res interview: have books, newspaper, mags to	x		x
F0500B	Res interview: listen to music	x		x
F0500C	Res interview: be around animals/pets	x		x
F0500D	Res interview: keep up with news	x		x
F0500E	Res interview: do things with groups of people	x		x
F0500F	Res interview: do favorite activities	x		x
F0500G	Res interview: go outside when good weather	x		x
F0500H	Res interview: participate in religious practices	x		x
F0600	Primary respondent: daily/activities prefs	x		x
F0700	Conduct staff assessment for daily/activity prefs	x		
F0800A	Staff assessment: choosing clothes to wear	x		
F0800B	Staff assessment: caring for personal belongings	x		
F0800C	Staff assessment: receiving tub bath	x		
F0800D	Staff assessment: receiving shower	x		
F0800E	Staff assessment: receiving bed bath	x		
F0800F	Staff assessment: receiving sponge bath	x		
F0800G	Staff assessment: snacks between meals	x		
F0800H	Staff assessment: staying up past 8PM	x		
F0800I	Staff assessment: discuss care with family/other	x		
F0800J	Staff assessment: use phone in private	x		
F0800K	Staff assessment: place to lock personal things	x		
F0800L	Staff assessment: reading books, newspapers, m	x		x
F0800M	Staff assessment: listening to music	x		x
F0800N	Staff assessment: being around animals/pets	x		x
F0800O	Staff assessment: keeping up with news	x		x
F0800P	Staff assessment: doing things with groups	x		x
F0800Q	Staff assessment: participate favorite activities	x		x
F0800R	Staff assessment: spend time away from nursng	x		x
F0800S	Staff assessment: spend time outdoors	x		x
F0800T	Staff assessment: participate religious activities	x		x
F0800Z	Staff assessment: none of above activities	x		

G0110A1	Bed mobility: self-performance	x	x	x	x	x	x	x	x	x	x	x	x
G0110A2	Bed mobility: support provided	x	x	x	x	x	x	x	x	x	x		x
G0110B1	Transfer: self-performance	x	x	x	x	x	x	x	x	x	x	x	x
G0110B2	Transfer: support provided	x	x	x	x	x	x	x	x	x	x		x
G0110C1	Walk in room: self-performance	x	x	x			x	x	x	x	x	x	
G0110C2	Walk in room: support provided	x	x	x			x	x	x	x	x		
G0110D1	Walk in corridor: self-performance	x	x	x			x	x	x	x	x	x	
G0110D2	Walk in corridor: support provided	x	x	x			x	x	x	x	x		
G0110E1	Locomotion on unit: self-performance	x	x	x			x	x	x	x	x	x	
G0110E2	Locomotion on unit: support provided	x	x	x			x	x	x	x	x		
G0110F1	Locomotion off unit: self-performance	x	x	x			x	x	x	x	x	x	
G0110F2	Locomotion off unit: support provided	x	x	x			x	x	x	x	x		
G0110G1	Dressing: self-performance	x	x	x			x	x	x	x	x	x	
G0110G2	Dressing: support provided	x	x	x			x	x	x	x	x		
G0110H1	Eating: self-performance	x	x	x	x	x	x	x	x	x	x	x	x
G0110H2	Eating: support provided	x	x	x	x	x	x	x	x	x	x		x
G0110I1	Toilet use: self-performance	x	x	x	x	x	x	x	x	x	x	x	x
G0110I2	Toilet use: support provided	x	x	x	x	x	x	x	x	x	x		x
G0110J1	Personal hygiene: self-performance	x	x	x			x	x	x	x	x	x	
G0110J2	Personal hygiene: support provided	x	x	x			x	x	x	x	x		
G0120A	Bathing: self-performance	x	x	x			x	x	x	x	x	x	
G0120B	Bathing: support provided	x	x	x			x	x	x	x	x		
G0300A	Balance: moving from seated to standing position	x	x	x			x	x	x	x	x	x	
G0300B	Balance: walking (with assistive device if used)	x	x	x			x	x	x	x	x	x	
G0300C	Balance: turning around while walking	x	x	x			x	x	x	x	x	x	
G0300D	Balance: moving on and off toilet	x	x	x			x	x	x	x	x	x	
G0300E	Balance: surface-to-surface transfer	x	x	x			x	x	x	x	x	x	
G0400A	ROM limitation: upper extremity	x	x	x			x	x	x	x	x		
G0400B	ROM limitation: lower extremity	x	x	x			x	x	x	x	x		
G0600A	Mobility devices: cane/crutch	x	x	x			x	x	x	x	x		
G0600B	Mobility devices: walker	x	x	x			x	x	x	x	x		
G0600C	Mobility devices: wheelchair (manual or electric)	x	x	x			x	x	x	x	x		
G0600D	Mobility devices: limb prosthesis	x	x	x			x	x	x	x	x		
G0600Z	Mobility devices: none of the above	x	x	x			x	x	x				
G0900A	Resident believes capable of increased independence	x											x
G0900B	Staff believes res capable of increased independence	x											x
H0100A	Appliances: indwelling catheter	x	x	x			x	x	x		x	x	

H0100B	Appliances: external catheter	X	X	X			X	X		
H0100C	Appliances: ostomy	X	X	X			X	X	X	
H0100D	Appliances: intermittent catheterization	X	X	X			X	X	X	X
H0100Z	Appliances: none of the above	X	X	X			X	X	X	
H0200A	Urinary toileting program: has been attempted	X								
H0200B	Urinary toileting program: response	X								
H0200C	Urinary toileting program: current program/trial	X	X	X	X	X				X
H0300	Urinary continence	X	X	X			X	X	X	X
H0400	Bowel continence	X	X	X			X	X	X	X
H0500	Bowel toileting program being used	X	X	X	X	X				X
H0600	Constipation	X								X
I0100	Cancer (with or without metastasis)	X								
I0200	Anemia	X	X	X			X	X	X	X
I0300	Atrial fibrillation and other dysrhythmias	X								
I0400	Coronary artery disease (CAD)	X								
I0500	Deep venous thrombosis (DVT), PE, or PTE	X								
I0600	Heart failure	X	X	X			X	X	X	X
I0700	Hypertension	X	X	X			X	X	X	X
I0800	Orthostatic hypotension	X	X	X			X	X	X	X
I0900	Peripheral vascular disease (PVD) or PAD	X								
I1100	Cirrhosis	X								
I1200	Gastroesophageal reflux disease (GERD) or ulcers	X								
I1300	Ulcerative colitis, Crohn's, inflam bowel disease	X								
I1400	Benign prostatic hyperplasia (BPH)	X								
I1500	Renal insufficiency, renal failure, ESRD	X								
I1550	Neurogenic bladder	X	X	X			X	X	X	X
I1650	Obstructive uropathy	X	X	X			X	X	X	X
I1700	Multidrug resistant organism (MDRO)	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	X	X
I2300	Urinary tract infection (UTI) (LAST 30 DAYS)	X	X	X			X	X	X	X
I2400	Viral hepatitis (includes type A, B, C, D, and E)	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
I3100	Hyponatremia	X	X	X			X	X	X	X
I3200	Hyperkalemia	X	X	X			X	X	X	X

I3300	Hyperlipidemia (e.g., hypercholesterolemia)	x	x	x			x	x	x			x
I3400	Thyroid disorder	x										
I3700	Arthritis	x										
I3800	Osteoporosis	x										
I3900	Hip fracture	x	x	x			x	x	x	x	x	
I4000	Other fracture	x	x	x			x	x	x	x	x	
I4200	Alzheimer's disease	x	x									x
I4300	Aphasia	x	x									
I4400	Cerebral palsy	x	x	x		x						x
I4500	Cerebrovascular accident (CVA), TIA, or stroke	x	x	x			x	x	x			x
I4800	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			
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			
I5300	Parkinson's disease	x	x	x		x	x	x	x			x
I5350	Tourette's syndrome	x										
I5400	Seizure disorder or epilepsy	x	x	x			x	x	x			x
I5500	Traumatic brain injury (TBI)	x	x	x			x	x	x			x
I5600	Malnutrition (protein, calorie), risk of malnutrit	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	x	x	
I5900	Manic depression (bipolar disease)	x	x	x			x	x	x	x	x	
I5950	Psychotic disorder (other than schizophrenia)	x	x	x			x	x	x	x	x	
I6000	Schizophrenia	x	x	x			x	x	x	x	x	
I6100	Post-traumatic stress disorder PTSD)	x	x									
I6200	Asthma (COPD) or chronic lung disease	x	x	x		x	x	x	x	x	x	x
I6300	Respiratory failure	x	x	x		x	x	x	x			x
I6500	Cataracts, glaucoma, or macular degeneration	x										x
I7900	None of above active diseases within last 7 days	x										
I8000A	Additional active ICD diagnosis 1	x	x	x			x	x	x			x
I8000B	Additional active ICD diagnosis 2	x	x	x			x	x	x			x
I8000C	Additional active ICD diagnosis 3	x	x	x			x	x	x			x
I8000D	Additional active ICD diagnosis 4	x	x	x			x	x	x			x
I8000E	Additional active ICD diagnosis 5	x	x	x			x	x	x			x
I8000F	Additional active ICD diagnosis 6	x	x	x			x	x	x			x

I8000G	Additional active ICD diagnosis 7	x	x	x		x	x	x		x
I8000H	Additional active ICD diagnosis 8	x	x	x		x	x	x		x
I8000I	Additional active ICD diagnosis 9	x	x	x		x	x	x		x
I8000J	Additional active ICD diagnosis 10	x	x	x		x	x	x		x
J0100A	Pain: been on 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
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		
J0300	Res pain interview: presence	x	x	x		x	x	x	x	x
J0400	Res pain interview: frequency	x	x	x		x	x	x	x	x
J0500A	Res pain interview: made it hard to sleep	x	x	x		x	x	x	x	x
J0500B	Res pain interview: limited daily activities	x	x	x		x	x	x	x	x
J0600A	Res pain interview: intensity rating scale	x	x	x		x	x	x	x	x
J0600B	Res pain interview: verbal descriptor scale	x	x	x		x	x	x	x	x
J0700	Should staff assessment for pain be conducted	x	x	x		x	x	x		
J0800A	Staff pain asmt: non-verbal sounds	x	x	x		x	x	x	x	x
J0800B	Staff pain asmt: vocal complaints of pain	x	x	x		x	x	x	x	x
J0800C	Staff pain asmt: facial expressions	x	x	x		x	x	x	x	x
J0800D	Staff pain asmt: protective movements/postures	x	x	x		x	x	x	x	x
J0800Z	Staff pain asmt: none of these signs observed	x	x	x		x	x	x		
J0850	Staff pain asmt: frequency of pain	x	x	x		x	x	x	x	
J1100A	Short breath/trouble breathing: with exertion	x	x	x		x	x	x	x	
J1100B	Short breath/trouble breathing: sitting at rest	x	x	x		x	x	x	x	
J1100C	Short breath/trouble breathing: lying flat	x	x	x	x	x	x	x	x	x
J1100Z	Short breath/trouble breathing: none of above	x	x	x		x	x	x		
J1300	Current tobacco use	x								
J1400	Prognosis: life expectancy of less than 6 months	x	x	x		x	x	x	x	
J1550A	Problem conditions: fever	x	x	x	x	x	x	x	x	x
J1550B	Problem conditions: vomiting	x	x	x	x	x	x	x	x	x
J1550C	Problem conditions: dehydrated	x	x	x		x	x	x	x	
J1550D	Problem conditions: internal bleeding	x	x							x
J1550Z	Problem conditions: none of the above	x	x							
J1700A	Fall history: fall during month before admission	x	x	x		x	x	x	x	x
J1700B	Fall history: fall 2-6 months before admission	x	x	x		x	x	x	x	x
J1700C	Fall history: fracture from fall 6 month pre admit	x	x	x		x	x	x	x	
J1800	Falls since admit/prior asmt: any falls	x	x	x		x	x	x	x	x
J1900A	Falls since admit/prior asmt: no injury	x	x	x		x	x	x	x	

J1900B	Falls since admit/prior asmt: injury (not major)	x	x	x			x	x	x	x	x	
J1900C	Falls since admit/prior asmt: major injury	x	x	x			x	x	x	x	x	
K0100A	Swallow disorder: loss liquids/solids from mouth	x	x									
K0100B	Swallow disorder: holds food in mouth/cheeks	x	x									
K0100C	Swallow disorder: cough/choke with meals/meds	x	x									
K0100D	Swallow disorder: difficulty or pain swallowing	x	x									
K0100Z	Swallow disorder: none of the above	x	x									
K0200A	Height (in inches)	x	x	x			x	x	x	x	x	x
K0200B	Weight (in pounds)	x	x	x			x	x	x	x	x	x
K0300	Weight loss	x	x	x		x	x	x	x	x	x	x
K0500A	Nutritional approaches: parenteral /IV feeding	x	x	x		x	x	x	x	x	x	x
K0500B	Nutritional approaches: feeding tube	x	x	x		x	x	x	x	x	x	x
K0500C	Nutritional approaches: mechanically altered diet	x	x	x			x	x	x	x	x	
K0500D	Nutritional approaches: therapeutic diet	x	x	x			x	x	x	x	x	
K0500Z	Nutritional approaches: none of the above	x	x	x			x	x	x			
K0700A	Proportion total calories via parenteral/tube feed	x	x	x		x			x			x
K0700B	Average fluid intake per day by IV or tube	x	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										x
L0200C	Dental: abnormal mouth tissue	x										x
L0200D	Dental: cavity or broken natural teeth	x										x
L0200E	Dental: inflamed/bleeding gums or loose teeth	x										x
L0200F	Dental: pain, discomfort, difficulty chewing	x	x									x
L0200G	Dental: unable to examine	x										
L0200Z	Dental: none of the above	x										
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	x	x	x	x	
M0100C	Risk determination: clinical assessment	x	x	x			x	x	x	x	x	
M0100Z	Risk determination: none of the above	x	x	x			x	x	x			
M0150	Is resident at risk of developing pressure ulcer	x	x	x			x	x	x	x	x	x
M0210	Resident has Stage 1 or higher pressure ulcers	x	x	x			x	x	x	x	x	
M0300A	Stage 1 pressure ulcers: number present	x	x	x			x	x	x	x	x	x
M0300B1	Stage 2 pressure ulcers: number present	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	
M0300B3	Stage 2 pressure ulcers: date of oldest	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
M0300C2	Stage 3 pressure ulcers: number at admit/reentry	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
M0300D2	Stage 4 pressure ulcers: number at admit/reentry	x	x	x		x	x	x	x	x	
M0300E1	Unstaged due to dressing: number present	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	
M0300F1	Unstaged slough/eschar: number present	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	
M0300G1	Unstageable - deep tissue: number present	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	
M0610A	Stage 3 or 4 pressure ulcer longest length	x	x	x		x	x	x	x	x	
M0610B	Stage 3 or 4 pressure ulcer width (same ulcer)	x	x	x		x	x	x	x	x	
M0610C	Stage 3 or 4 pressure ulcer depth (same ulcer)	x	x	x		x	x	x	x	x	
M0700	Tissue type for ulcer at most advanced stage	x	x	x		x	x	x	x	x	
M0800A	Worsened since prior asmt: Stage 2 pressure ulcer	x	x	x		x	x	x	x	x	x
M0800B	Worsened since prior asmt: Stage 3 pressure ulcer	x	x	x		x	x	x	x	x	x
M0800C	Worsened since prior asmt: Stage 4 pressure ulcer	x	x	x		x	x	x	x	x	x
M0900A	Pressure ulcers on prior assessment	x	x	x		x	x	x	+	+	
M0900B	Healed pressure ulcers: Stage 2	x	x	x		x	x	x	x	x	
M0900C	Healed pressure ulcers: Stage 3	x	x	x		x	x	x	x	x	
M0900D	Healed pressure ulcers: Stage 4	x	x	x		x	x	x	x	x	
M1030	Number of venous and arterial ulcers	x	x	x	x	x	x	x	x	x	x
M1040A	Other skin probs: infection of the foot	x	x	x	x	x	x	x	x	x	x
M1040B	Other skin probs: diabetic foot ulcer(s)	x	x	x	x	x	x	x	x	x	x
M1040C	Other skin probs: other open lesion(s) on the foot	x	x	x	x	x	x	x	x	x	x
M1040D	Other skin probs: lesions not ulcers, rashes, cuts	x	x	x	x	x	x	x	x	x	x
M1040E	Other skin probs: surgical wound(s)	x	x	x	x	x	x	x	x	x	x
M1040F	Other skin probs: burns (second or third degree)	x	x	x	x	x	x	x	x	x	x
M1040Z	Other skin probs: none of the above	x	x	x	x	x	x	x	+	+	
M1200A	Skin/ulcer treat: pressure reduce device for chair	x	x	x	x	x	x	x	x	x	x
M1200B	Skin/ulcer treat: pressure reducing device for bed	x	x	x	x	x	x	x	x	x	x
M1200C	Skin/ulcer treat: turning/repositioning	x	x	x	x	x	x	x	x	x	x
M1200D	Skin/ulcer treat: nutrition/hydration	x	x	x	x	x	x	x	x	x	x
M1200E	Skin/ulcer treat: ulcer care	x	x	x	x	x	x	x	x	x	x
M1200F	Skin/ulcer treat: surgical wound care	x	x	x	x	x	x	x	x	x	x
M1200G	Skin/ulcer treat: application of dressings	x	x	x	x	x	x	x	x	x	x
M1200H	Skin/ulcer treat: apply ointments/medications	x	x	x	x	x	x	x	x	x	x
M1200I	Skin/ulcer treat: apply dressings to feet	x	x	x	x	x	x	x	x	x	x
M1200Z	Skin/ulcer treat: none of the above	x	x	x	x	x	x	x	+	+	

O0100Z2	Treatment: none of above - while resident	X										
O0250A	Was influenza vaccine received	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		
O0300A	Is pneumococcal vaccination up to date	X	X	X		X	X	X	X	X		
O0300B	If pneumococcal vacc not received, state reason	X	X	X		X	X	X	X	X		
O0400A1	Speech-language/audiology: individ minutes	X	X	X	X	X		X	X			X
O0400A2	Speech-language/audiology: concur minutes	X	X	X	X	X		X	X			X
O0400A3	Speech-language/audiology: group minutes	X	X	X	X	X		X	X			X
O0400A4	Speech-language/audiology: number of days	X	X	X	X	X		X	X			X
O0400A5	Speech-language/audiology: start date	X	X	X	X	X		X	X			X
O0400A6	Speech-language/audiology: end date	X	X	X	X	X		X	X			X
O0400B1	Occupational therapy: individ minutes	X	X	X	X	X		X	X			X
O0400B2	Occupational therapy: concur minutes	X	X	X	X	X		X	X			X
O0400B3	Occupational therapy: group minutes	X	X	X	X	X		X	X			X
O0400B4	Occupational therapy: number of days	X	X	X	X	X		X	X			X
O0400B5	Occupational therapy: start date	X	X	X	X	X		X	X			X
O0400B6	Occupational therapy: end date	X	X	X	X	X		X	X			X
O0400C1	Physical therapy: individ minutes	X	X	X	X	X		X	X			X
O0400C2	Physical therapy: concur minutes	X	X	X	X	X		X	X			X
O0400C3	Physical therapy: group minutes	X	X	X	X	X		X	X			X
O0400C4	Physical therapy: number of days	X	X	X	X	X		X	X			X
O0400C5	Physical therapy: start date	X	X	X	X	X		X	X			X
O0400C6	Physical therapy: end date	X	X	X	X	X		X	X			X
O0400D1	Respiratory therapy: number of minutes	X										
O0400D2	Respiratory therapy: number of days	X	X	X		X			X			X
O0400E1	Psychological therapy: number of minutes	X										
O0400E2	Psychological therapy: number of days	X	X									
O0400F1	Recreational therapy: number of minutes	X										
O0400F2	Recreational therapy: number of days	X										
O0500A	Range of motion (passive): number of days	X	X	X	X	X		X	X			X
O0500B	Range of motion (active): number of days	X	X	X	X	X		X	X			X
O0500C	Splint or brace assistance: number of days	X	X	X	X	X		X	X			X
O0500D	Bed mobility training: number of days	X	X	X	X	X		X	X			X
O0500E	Transfer training: number of days	X	X	X	X	X		X	X			X
O0500F	Walking training: number of days	X	X	X	X	X		X	X			X
O0500G	Dressing and/or grooming training: number of da	X	X	X	X	X		X	X			X

Z0300B	Insurance case mix: RUG version code		x	x	x	x	x	x	x	x
Z0400A	Attestation signature, title, sections, date	x	x	x	x	x	x	x	x	x
Z0400B	Attestation signature, title, sections, date	x	x	x	x	x	x	x	x	x
Z0400C	Attestation signature, title, sections, date	x	x	x	x	x	x	x	x	x
Z0400D	Attestation signature, title, sections, date		x	x	x	x	x	x	x	x
Z0400E	Attestation signature, title, sections, date		x	x	x	x	x	x	x	x
Z0400F	Attestation signature, title, sections, date		x	x	x	x	x	x	x	x
Z0400G	Attestation signature, title, sections, date		x	x	x	x	x	x	x	x
Z0400H	Attestation signature, title, sections, date		x	x	x	x	x	x	x	x
Z0400I	Attestation signature, title, sections, date		x	x	x	x	x	x	x	x
Z0400J	Attestation signature, title, sections, date		x	x	x	x	x	x	x	x
Z0400K	Attestation signature, title, sections, date		x	x	x	x	x	x	x	x
Z0400L	Attestation signature, title, sections, date		x	x	x	x	x	x	x	x
Z0500A	Attestation signature, title, sections, date		x	x	x	x	x	x	x	x
Z0500B	Date RN signed assessment as complete		x	x	x	x	x	x	x	x