



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Quarterly MDS Forum

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Proposed Rule Fiscal Year 2025

Proposed Rule Fiscal Year 2025

Clinical Category Changes

- E88.10 Metabolic Syndrome
- E88.811 Insulin Resistance Syndrome
- E88.818 Other Insulin Resistance
- E88.19 Insulin Resistance, Unspecified

Mapping from medical management to return to provider

Proposed Rule Fiscal Year 2025

- Four new items as standardized patient assessment data elements under the social determinants of health (SDOH) for the QRP with admissions on/after October 1, 2025.
 - Living situation, food (2), utilities
- Modification of one item
 - Transportation

[Draft SDOH Item Mockups](#)

Proposed Rule Fiscal Year 2025

- Value based purchasing (VBP) program is proposing to adopt a measure retention and removal policy in addition to a measure removal policy.
- Update to the case-mix methodology utilized as part of the total nurse staffing measure
- Ensure SNFs can review and correct payroll-based journal (PBJ) data beginning with the FY26 program year and MDS data beginning with FY27 program year.

Proposed Rule Fiscal Year 2025

Non-Therapy Ancillary (NTA) Component

- Utilize SNF Part A claims and the MDS and not other claim types
- Modifying the overlap methodology to use the MDS checkboxes and more severe or specific diagnoses in I8000
- Updates to conditions and extensive services used for NTA classification

Updates / Corrections

ICD-10-CM Mappings Fiscal Year 2024 Corrections

Clinical-Categories-by-Dx tab. Changed the clinical category assignment of the following codes:

- 2 codes B99.8 and B99.9 to correct errors. Changed the "Resident Had a Major Procedure during the Prior Inpatient Stay that Impacts the SNF Care Plan?"

ICD-10-CM Mappings Fiscal Year 2024 Corrections

35 codes from M84.5 code family have changed value to "May be Eligible for One of the Two Orthopedic Surgery Categories" and 80 codes from the S42.2 code family have changed value to "N/A".

Social Determinants of Health (SDOH)

- A1005 - Ethnicity
 - A1010 - Race
 - A1110 - Language
 - A1250 - Transportation
1. Interview resident first, if unable, continue to #2
If resident responds or declines to respond, no other source can be used
 2. Ask family, significant other, guardian, etc.
 3. Family/others not available, review medical record

Social Determinants of Health (SDOH)

- B1300 – Health literacy
- D0700 – Social isolation
 - Resident self-report ONLY

[SDOH Video](#)



Septicemia

Sepsis

Sepsis – [Per CDC](#), sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have triggers a chain reaction throughout your body. Infections that lead to sepsis most often start in the lung, urinary tract, skin, GI tract.

Septicemia

Septicemia – [Per John Hopkins](#), septicemia, or sepsis, is the clinical name for **blood poisoning by bacteria**. It is the body's most extreme response to an infection. These infections are most often associated with lung infections, UTI, skin infections, GI infections and most frequently develop from Staphylococcus aureus, Escherichia coli, and some types of Streptococcus.

National Library of Medicine

Sepsis associated inflammation

Some of:

- Core temperature $>38.3^{\circ}\text{C}$ or $<36^{\circ}\text{C}$
- Heart rate $>90/\text{min}$ (or >2 SD above normal for age)
- Tachypnoea
- Altered mental status
- Significant oedema or positive fluid balance (>20 ml/kg in 24 hours)
- Blood glucose >7.7 mmol/l in absence of diabetes
- Plasma C reactive protein >2 SD above limit of reference interval
- Plasma procalcitonin >2 SD above limit of reference interval
- White cell count $>12 \times 10^9$ cells/l or fall in SBP >40 mm Hg in adults
- Mixed venous haemoglobin oxygen saturation $>70\%$
- Cardiac index >3.5 l/min/m²
- Arterial hypoxaemia ($\text{Pa}_{\text{O}_2}/\text{F}_{\text{I}\text{O}_2} <40$ kPa)
- Acute oliguria (urine output <0.5 ml/kg/hr)
- Creatinine increase >4.2 $\mu\text{mol/l}$
- INR >1.5 or aPTT >60 s
- Ileus
- Platelet count $<100 \times 10^9/\text{l}$
- Plasma bilirubin >70 mmol/l
- Lactate >1 mmol/l
- Decreased capillary refill or mottling

Sepsis

Inflammation + evidence or suspicion of microbial process

Severe sepsis

Sepsis + organ dysfunction

Septic shock

Sepsis + hypotension despite adequate volume resuscitation

"Septicaemia"

Coding of Sepsis

Sepsis - For a diagnosis of sepsis, assign the appropriate code for the **underlying systemic infection**.

- A41.50 - gram negative sepsis – unspecified

If the type of infection or causal **organism is not further specified**, assign code A41.9, Sepsis, unspecified organism.

Coding of Sepsis

- Infection due to methicillin resistant staphylococcus aureus (MRSA) and infection has a combination code that include the causal organism (sepsis, pneumonia) assign the appropriate combination code for the condition. A41.02 Sepsis due to MRSA
- For a COVID-19 infection that progresses to sepsis, you are referred to sepsis, severe sepsis, and septic shock

Coding of Sepsis

Sepsis and respiratory failure due to COPD exacerbation

- A41.9 Sepsis, unspecified organism
- J44.1 COPD with (acute) exacerbation
- J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia

Coding of Sepsis

Urosepsis – Non-specific term (it has no default code).
Is this a UTI or sepsis? Query the physician!

Coding of Severe Sepsis

A code from subcategory R65.2, severe sepsis, should not be assigned unless **severe sepsis or an associated acute organ dysfunction is documented.**



Coding of Severe Sepsis

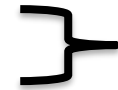
The coding of severe sepsis requires a minimum of 2 codes:

- First a code for the underlying systemic infection
- Followed by a code from subcategory R65.2, Severe sepsis. (never sequenced first or used as a primary diagnosis)
- Lastly, organ dysfunction

Coding of Severe Sepsis

Present on admission:

- Underlying systemic infection
- Appropriate code from subcategory R65.2



Primary
Diagnosis

Not present on admission:

- Underlying systemic infection
- Appropriate code from subcategory R65.2



Secondary
Diagnoses

Coding of Severe Sepsis

Admission is sepsis or severe sepsis and a localized infection (pneumonia or cellulitis)

- Underlying systemic infection } Primary Diagnosis
- Localized infection } Secondary Diagnosis

Severe sepsis

- Code from subcategory R65.2 } Secondary Diagnosis

Coding of Severe Sepsis

Admitted with a localized infection (pneumonia or cellulitis). Sepsis/severe sepsis doesn't develop until after admission:

- Localized infection
- Sepsis/severe sepsis code

Coding of Septic Shock

- Septic shock generally refers to **circulatory failure associated with severe sepsis**, and therefore, it represents a type of acute organ dysfunction (min. of 2 codes)
- Septic shock **cannot** be assigned as a principal diagnosis

Coding of Septic Shock

- A41.9 Sepsis, unspecified code
- R65.21 Severe sepsis *with* septic shock (never sequenced first) OR T81.12 Postprocedural septic shock
- Organ dysfunction/kidney failure N17.9 if involved
- Any associated organ dysfunction

Coding of Septic Shock

Sepsis and acute respiratory failure or sepsis and acute kidney failure due to dehydration (do NOT code severe sepsis) as the sepsis wasn't related to the organ failure

Coding of Sepsis on MDS

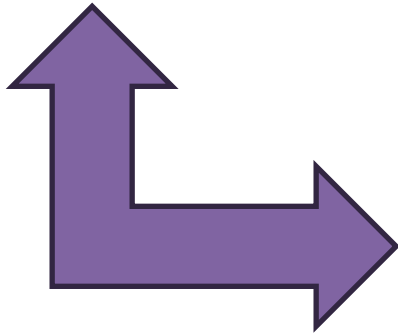
Other

18000. Additional active diagnoses

Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.

A. _____

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Infections

- 11700. Multidrug-Resistant Organism (MDRO)
- 12000. Pneumonia
- 12100. Septicemia
- 12200. Tuberculosis
- 12300. Urinary Tract Infection (UTI) (LAST 30 DAYS)
- 12400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)
- 12500. Wound Infection (other than foot)

MDS 1.19.1

October 1, 2024 – Draft

Resident _____ Identifier _____ Date _____

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home PPS (NP) Item Set

Section A - Identification Information

A0050. Type of Record
Enter Date 1. Add new record → Continue to A0100, Facility Provider Numbers
 2. Modify existing record → Continue to A0100, Facility Provider Numbers
 3. Inactivate existing record → Skip to X0150, Type of Provider

A0100. Facility Provider Numbers

A. National Provider Identifier (NPI):
[]

B. CMS Certification Number (CCN):
[]

C. State Provider Number:
[]

A0200. Type of Provider
Enter Date Type of provider:
 1. Nursing home (SNF/PN)
 2. Swing Bed

A0310. Type of Assessment
Enter Date A. Federal OBRA Reason for Assessment
01. Admission assessment (required by day 14)
02. Quarterly review assessment
03. Annual assessment
04. Significant change in status assessment
05. Significant correction to prior comprehensive assessment
06. Significant correction to prior quarterly assessment
99. None of the above

Enter Date B. PPS Assessment
PPS Scheduled Assessment for a Medicare Part A Stay
01. 5-day scheduled assessment
PPS Unscheduled Assessment for a Medicare Part A Stay
03. PPA - Interim Assessment
Not PPS Assessment
99. None of the above

Enter Date E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?
0. No
1. Yes

Enter Date F. Entry/discharge reporting
01. Entry/leading record
10. Discharge assessment - return not anticipated
11. Discharge assessment - return anticipated
12. Death in facility/leading record
99. None of the above

A0310 continued on next page

MDS 3.0 Nursing Home PPS (NP) Version 1.19.1 Effective 10/01/2024 Page 1 of 48

MDS 1.19.1

Revised items:

- A2121 through A2122E Provision of current reconciled med list was removed from the PPS DC (NPE) item set
- A2121 will be collected on a PPS discharge and A2105 is 02-12
- A2122 will be collected if A2121 is 1



MDS 1.19.1

Removed items:

- GG0130 and GG0170 – Column 2 discharge goals

MDS 1.19.1

New items:

- N0415K – Anticonvulsant
 - NC, NQ, ND, NPE, NP, SP, and SD item sets
- O0350 – Resident COVID-19 vaccination is [up to date](#)
 - NC, NQ, ND, NPE, NP, SP, and SD item sets

Section GG Poll Review

Q&A Review



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<https://www.dhs.wisconsin.gov/regulations/nh/rai-mds.htm>

References

- [PPS and CB for SNF – Updates to QRP and VBP FY25](#)
- [2024 ICD-10-CM Coding Guidelines](#)
- [2024 Code Tables, Tabular and Index](#)
- [FY25 SNF Proposal Fact Sheet](#)
- [2024 ICD-10 Code Mapping](#)