

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets											Item Groups								New D/C	
		Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation		Demog/Admin	QI items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C	
MDS Item	Description																																
A1550B	ID/DD status: Autism			x	x																									x	x	x	
A1550C	ID/DD status: Epilepsy			x	x																									x	x	x	
A1550D	ID/DD status: other organic MR/DD condition			x	x																									x	x	x	
A1550E	ID/DD status: MR/DD with no organic condition			x	x																									x	x	x	
A1550Z	ID/DD status: none of the above		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	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	x	x	x	x	x	x	x	x		x	x	x							x	x	
A1800	Entered from			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x									x	x	
A1900	Admission date			x	x	x	x	x	x	x	x	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	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	x	x	x	x	x		x									x	x	
A2200	Previous asmt reference date for signif correction			x	x	x	x															1											
A2300	Assessment reference date	x		x	x	x	x	x	x	x	x	x		x	x	x	x	x	x			2	x	x			x	x			x	x	
A2400A	Has resident had Medicare-covered stay	x		x	x	x	x	x	x	x	x	x	x	x	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	x	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	x	x	x	x	x	x	x		x				x					x	x	
B0100	Comatose	x		x	x	x	x		x	x	x	x		x		x	x	x	x					x				x	x		x	x	
B0200	Hearing			x	x	x	x							x												x				x			
B0300	Hearing aid			x	x	x	x							x																x			
B0600	Speech clarity			x	x	x	x							x																			
B0700	Makes self understood			x	x	x	x			x	x			x			x	x								x		x	x				
B0800	Ability to understand others			x	x	x	x							x												x							
B1000	Vision			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	x	x		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	x	x	x					+				+	+	x	x		
C0300A	BIMS res interview: able to report correct year			x	x	x	x		x	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	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	x	x	x					+				+	+	x	x		
C0400A	BIMS res interview: able to recall "sock"			x	x	x	x		x	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	x	x	x					+				+	+	x	x		
C0400C	BIMS res interview: able to recall "bed"			x	x	x	x		x	x	x	x		x		x	x	x	x					+				+	+	x	x		
C0500	BIMS res interview: summary score	x		x	x	x	x		x	x	x	x		x		x	x	x	x					x	x		x	x	x	x	x		
C0600	Staff asmt mental status: conduct asmt	x		x	x	x	x		x	x	x	x		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	x	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			

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C0900A	Staff asmt mental status: recall current season			x	x	x	x							x																		
C0900B	Staff asmt mental status: recall location of room			x	x	x	x							x																		
C0900C	Staff asmt mental status: recall staff names/faces			x	x	x	x							x																		
C0900D	Staff asmt mental status: recall in nursing home			x	x	x	x							x																		
C0900Z	Staff asmt mental status: none of above recalled		x	x	x	x	x							x																		
C1000	Cognitive skills for daily decision making			x	x	x	x		x	x	x	x		x		x	x	x	x					x	x		x	x	x	x	x	
C1300A	Signs of delirium: inattention			x	x	x	x		x		x	x		x		x		x	x						x				x	x	x	
C1300B	Signs of delirium: disorganized thinking			x	x	x	x		x		x	x		x		x		x	x						x				x	x	x	
C1300C	Signs of delirium: altered level of consciousness			x	x	x	x		x		x	x		x		x		x	x						x				x	x	x	
C1300D	Signs of delirium: psychomotor retardation			x	x	x	x		x		x	x		x		x		x	x						x				x	x	x	
C1600	Acute onset mental status change			x	x	x	x		x		x	x		x		x		x	x						x					x	x	
D0100	PHQ: should resident mood interview be conducted	x		x	x	x	x		x	x	x	x		x		x	x	x	x								+	+		x		
D0200A1	PHQ res: little interest or pleasure - presence	x		x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+	x	x		
D0200A2	PHQ res: little interest or pleasure - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x					x			+	+		x		
D0200B1	PHQ res: feeling down, depressed - presence	x		x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0200B2	PHQ res: feeling down, depressed - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+		x		
D0200C1	PHQ res: trouble with sleep - presence	x		x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0200C2	PHQ res: trouble with sleep - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+		x		
D0200D1	PHQ res: feeling tired/little energy - presence	x		x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0200D2	PHQ res: feeling tired/little energy - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+		x		
D0200E1	PHQ res: poor appetite or overeating - presence	x		x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0200E2	PHQ res: poor appetite or overeating - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+		x		
D0200F1	PHQ res: feeling bad about self - presence	x		x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0200F2	PHQ res: feeling bad about self - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+		x		
D0200G1	PHQ res: trouble concentrating - presence	x		x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0200G2	PHQ res: trouble concentrating - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+		x		
D0200H1	PHQ res: slow, fidgety, restless - presence	x		x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0200H2	PHQ res: slow, fidgety, restless - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+		x		
D0200I1	PHQ res: thoughts better off dead - presence	x		x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+	x	x		
D0200I2	PHQ res: thoughts better off dead - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+		x		
D0300	PHQ res: total mood severity score	x		x	x	x	x		x	x	x	x		x		x	x	x	x						x	x		x	x	x		
D0350	PHQ res: safety notification			x	x	x	x		x	x	x	x		x		x	x	x	x											x		
D0500A1	PHQ staff: little interest or pleasure - presence			x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+	x	x		
D0500A2	PHQ staff: little interest or pleasure - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+		x		
D0500B1	PHQ staff: feeling down, depressed - presence			x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0500B2	PHQ staff: feeling down, depressed - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+		x		

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D0500C1	PHQ staff: trouble with sleep - presence			x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0500C2	PHQ staff: trouble with sleep - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x					x			+	+		x		
D0500D1	PHQ staff: feeling tired/little energy - presence			x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0500D2	PHQ staff: feeling tired/little energy - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x					x			+	+		x		
D0500E1	PHQ staff: poor appetite or overeating - presence			x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0500E2	PHQ staff: poor appetite or overeating - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x					x			+	+		x		
D0500F1	PHQ staff: feeling bad about self - presence			x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0500F2	PHQ staff: feeling bad about self - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x					x			+	+		x		
D0500G1	PHQ staff: trouble concentrating - presence			x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0500G2	PHQ staff: trouble concentrating - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x					x			+	+		x		
D0500H1	PHQ staff: slow, fidgety, restless - presence			x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0500H2	PHQ staff: slow, fidgety, restless - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x					x			+	+		x		
D0500I1	PHQ staff: thoughts better off dead - presence	x		x	x	x	x		x	x	x	x		x		x	x	x	x						x		+	+	x	x		
D0500I2	PHQ staff: thoughts better off dead - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x					x			+	+		x		
D0500J1	PHQ staff: short-tempered - presence			x	x	x	x		x	x	x	x		x		x	x	x	x								+	+	x	x		
D0500J2	PHQ staff: short-tempered - frequency			x	x	x	x		x	x	x	x		x		x	x	x	x					x			+	+		x		
D0600	PHQ staff: total mood severity score			x	x	x	x		x	x	x	x		x		x	x	x	x					x	x		x	x	x	x		
D0650	PHQ staff: safety notification			x	x	x	x		x	x	x	x		x		x	x	x	x											x		
E0100A	Psychosis: hallucinations			x	x	x	x		x	x	x	x		x		x	x	x	x				x				x	x		x	x	
E0100B	Psychosis: delusions			x	x	x	x		x	x	x	x		x		x	x	x	x				x				x	x		x	x	
E0100Z	Psychosis: none of the above		x	x	x	x	x		x	x	x	x		x		x	x	x	x								+	+		x	x	
E0200A	Physical behav symptoms directed toward others	x		x	x	x	x		x	x	x	x		x		x	x	x	x				x		x		x	x	x	x	x	
E0200B	Verbal behavioral symptoms directed toward others	x		x	x	x	x		x	x	x	x		x		x	x	x	x				x		x		x	x	x	x	x	
E0200C	Other behav symptoms not directed toward others	x		x	x	x	x		x	x	x	x		x		x	x	x	x				x		x		x	x	x	x	x	
E0300	Overall presence of behavioral symptoms	x		x	x	s	s																		x				x			
E0500A	Behav symptoms put res at risk for illness/injury			x	x	s	s																									
E0500B	Behav symptoms interfere with resident care			x	x	s	s																									
E0500C	Behav symptoms interfere with social activities			x	x	s	s																									
E0600A	Behav symptoms put others at risk for injury			x	x	s	s																									
E0600B	Behav symptoms intrude on privacy of others			x	x	s	s																									
E0600C	Behav symptoms disrupt care or living environment			x	x	s	s																									
E0800	Rejection of care: presence and frequency			x	x	x	x		x	x	x	x		x		x	x	x	x				x		x		x	x	x	x	x	
E0900	Wandering: presence and frequency	x		x	x	x	x		x	x	x	x		x		x	x	x	x				x		x		x	x	x	x	x	
E1000A	Wandering: risk of getting to dangerous place			x	x	s	s																									
E1000B	Wandering: intrude on privacy of others			x	x	s	s																									
E1100	Change in behavioral or other symptoms			x	x	s	s																		x							

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MDS Item	Description																														
F0300	Conduct res interview for daily/activity prefs	x		x	x	s	s																								
F0400A	Res interview: choose clothes to wear	x		x	x	s	s																								
F0400B	Res interview: take care of personal belongings	x		x	x	s	s																								
F0400C	Res interview: choose tub, bath, shower, sponge	x		x	x	s	s																								
F0400D	Res interview: have snacks between meals	x		x	x	s	s																								
F0400E	Res interview: choose own bedtime	x		x	x	s	s																								
F0400F	Res interview: discuss care with family/friend	x		x	x	s	s																								
F0400G	Res interview: use phone in private	x		x	x	s	s																								
F0400H	Res interview: lock things to keep them safe	x		x	x	s	s																								
F0500A	Res interview: have books, newspaper, mags to read	x		x	x	s	s																			x					
F0500B	Res interview: listen to music	x		x	x	s	s																			x					
F0500C	Res interview: be around animals/pets	x		x	x	s	s																			x					
F0500D	Res interview: keep up with news	x		x	x	s	s																			x					
F0500E	Res interview: do things with groups of people	x		x	x	s	s																			x					
F0500F	Res interview: do favorite activities	x		x	x	s	s																			x					
F0500G	Res interview: go outside when good weather	x		x	x	s	s																			x					
F0500H	Res interview: participate in religious practices	x		x	x	s	s																			x					
F0600	Primary respondent: daily/activities prefs			x	x	s	s																			x					
F0700	Conduct staff assessment for daily/activity prefs	x		x	x	s	s																								
F0800A	Staff assessment: choosing clothes to wear			x	x	s	s																								
F0800B	Staff assessment: caring for personal belongings			x	x	s	s																								
F0800C	Staff assessment: receiving tub bath			x	x	s	s																								
F0800D	Staff assessment: receiving shower			x	x	s	s																								
F0800E	Staff assessment: receiving bed bath			x	x	s	s																								
F0800F	Staff assessment: receiving sponge bath			x	x	s	s																								
F0800G	Staff assessment: snacks between meals			x	x	s	s																								
F0800H	Staff assessment: staying up past 8PM			x	x	s	s																								
F0800I	Staff assessment: discuss care with family/other			x	x	s	s																								
F0800J	Staff assessment: use phone in private			x	x	s	s																								
F0800K	Staff assessment: place to lock personal things			x	x	s	s																								
F0800L	Staff assessment: reading books, newspapers, mags			x	x	s	s																			x					
F0800M	Staff assessment: listening to music			x	x	s	s																			x					
F0800N	Staff assessment: being around animals/pets			x	x	s	s																			x					
F0800O	Staff assessment: keeping up with news			x	x	s	s																			x					
F0800P	Staff assessment: doing things with groups			x	x	s	s																			x					
F0800Q	Staff assessment: participate favorite activities			x	x	s	s																			x					

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MDS Item	Description																														
F0800R	Staff assessment: spend time away from nursng home			x	x	s	s																		x						
F0800S	Staff assessment: spend time outdoors			x	x	s	s																		x						
F0800T	Staff assessment: participate religious activities			x	x	s	s																		x						
F0800Z	Staff assessment: none of above activities		x	x	x	s	s																								
G0110A1	Bed mobility: self-performance			x	x	x	x	x	x	x	x	x		x	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	x	x								x	x	x			
G0110B1	Transfer: self-performance			x	x	x	x	x	x	x	x	x		x	x	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	x	x								x	x	x			
G0110C1	Walk in room: self-performance			x	x	x	x		x		x	x		x		x		x	x						x				x	x	x
G0110C2	Walk in room: support provided			x	x	x	x							x																	
G0110D1	Walk in corridor: self-performance			x	x	x	x		x		x	x		x		x		x	x						x				x	x	x
G0110D2	Walk in corridor: support provided			x	x	x	x							x																	
G0110E1	Locomotion on unit: self-performance			x	x	x	x		x		x	x		x		x		x	x					x	x				x	x	
G0110E2	Locomotion on unit: support provided			x	x	x	x							x																	
G0110F1	Locomotion off unit: self-performance			x	x	x	x		x		x	x		x		x		x	x						x				x	x	
G0110F2	Locomotion off unit: support provided			x	x	x	x							x																	
G0110G1	Dressing: self-performance			x	x	x	x		x		x	x		x		x		x	x						x				x	x	x
G0110G2	Dressing: support provided			x	x	x	x							x																	
G0110H1	Eating: self-performance			x	x	x	x	x	x	x	x	x		x	x	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	x	x								x	x				
G0110I1	Toilet use: self-performance			x	x	x	x	x	x	x	x	x		x	x	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	x	x								x	x	x			
G0110J1	Personal hygiene: self-performance			x	x	x	x		x		x	x		x		x		x	x						x					x	x
G0110J2	Personal hygiene: support provided			x	x	x	x							x																	
G0120A	Bathing: self-performance			x	x	x	x		x		x	x		x		x		x	x						x				x	x	x
G0120B	Bathing: support provided			x	x	x	x							x																	
G0300A	Balance: moving from seated to standing position			x	x	x	x							x											x						
G0300B	Balance: walking (with assistive device if used)			x	x	x	x							x											x						
G0300C	Balance: turning around while walking			x	x	x	x							x											x						
G0300D	Balance: moving on and off toilet			x	x	x	x							x											x						
G0300E	Balance: surface-to-surface transfer			x	x	x	x							x											x						
G0400A	ROM limitation: upper extremity			x	x	x	x							x																x	
G0400B	ROM limitation: lower extremity			x	x	x	x							x																x	
G0600A	Mobility devices: cane/crutch			x	x	x	x							x																x	
G0600B	Mobility devices: walker			x	x	x	x							x																x	
G0600C	Mobility devices: wheelchair (manual or electric)			x	x	x	x							x																	

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets														Item Groups								New D/C	
		Skip trigger items	NOA item	Submitted item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation		Demog/Admin	QI items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C				
MDS Item	Description																																			
G0600D	Mobility devices: limb prosthesis			x	x	x	x							x																						
G0600Z	Mobility devices: none of the above		x	x	x	x	x							x																						
G0900A	Resident believes capable of increased independ			x	x																					x										
G0900B	Staff believes res capable of increased independ			x	x																					x										
H0100A	Appliances: indwelling catheter			x	x	x	x		x		x	x		x		x		x	x						x	x				x	x	x				
H0100B	Appliances: external catheter			x	x	x	x		x		x	x		x		x		x	x							x				x	x	x				
H0100C	Appliances: ostomy			x	x	x	x		x		x	x		x		x		x	x						x						x	x				
H0100D	Appliances: intermittent catheterization			x	x	x	x		x		x	x		x		x		x	x							x					x	x				
H0100Z	Appliances: none of the above		x	x	x	x	x		x		x	x		x		x		x	x												x	x				
H0200A	Urinary toileting program: has been attempted	x		x	x	x	x	x	x	x	x			x	x	x	x	x												x						
H0200B	Urinary toileting program: response			x	x	s	s																													
H0200C	Urinary toileting program: current program/trial			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x	x							
H0300	Urinary continence			x	x	x	x		x		x	x		x		x		x	x						x	x				x	x	x				
H0400	Bowel continence			x	x	x	x		x		x	x		x		x		x	x						x	x				x	x	x				
H0500	Bowel toileting program being used			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x	x							
H0600	Constipation			x	x	s	s																				x									
I0100	Cancer (with or without metastasis)			x	x	s	s																													
I0200	Anemia			x	x	x	x							x																						
I0300	Atrial fibrillation and other dysrhythmias			x	x	s	s																													
I0400	Coronary artery disease (CAD)			x	x	s	s																													
I0500	Deep venous thrombosis (DVT), PE, or PTE			x	x	s	s																													
I0600	Heart failure			x	x	x	x							x																						
I0700	Hypertension			x	x	x	x							x																						
I0800	Orthostatic hypotension			x	x	x	x							x																						
I0900	Peripheral vascular disease (PVD) or PAD			x	x	x	x		x		x	x		x		x		x	x						x						x	x				
I1100	Cirrhosis			x	x	s	s																													
I1200	Gastroesophageal reflux disease (GERD) or ulcer			x	x	s	s																													
I1300	Ulcerative colitis, Chrohn's, inflam bowel disease			x	x	s	s																													
I1400	Benign prostatic hyperplasia (BPH)			x	x	s	s																													
I1500	Renal insufficiency, renal failure, ESRD			x	x	s	s																													
I1550	Neurogenic bladder			x	x	x	x		x		x	x		x		x		x	x						x						x	x				
I1650	Obstructive uropathy			x	x	x	x		x		x	x		x		x		x	x						x						x	x				
I1700	Multidrug resistant organism (MDRO)			x	x	x	x							x												x										
I2000	Pneumonia			x	x	x	x			x	x			x			x	x								x			x	x	x					
I2100	Septicemia			x	x	x	x			x	x			x			x	x								x			x	x	x					
I2200	Tuberculosis			x	x	x	x							x													x									

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets							Item Groups								New D/C				
		Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation		Demog/Admin	QI items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C
MDS Item	Description																															
I2300	Urinary tract infection (UTI) (LAST 30 DAYS)			x	x	x	x		x		x	x		x		x		x	x						x	x			x	x		
I2400	Viral hepatitis (includes type A, B, C, D, and E)			x	x	x	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		x	x	x	x						x		x	x		x	x	
I3100	Hyponatremia			x	x	x	x							x																		
I3200	Hyperkalemia			x	x	x	x							x																		
I3300	Hyperlipidemia (e.g., hypercholesterolemia)			x	x	x	x							x																		
I3400	Thyroid disorder			x	x	s	s																									
I3700	Arthritis			x	x	s	s																									
I3800	Osteoporosis			x	x	s	s																									
I3900	Hip fracture			x	x	x	x							x																x		
I4000	Other fracture			x	x	x	x							x																x		
I4200	Alzheimer's disease			x	x	x	x																		x					x		
I4300	Aphasia			x	x	x	x																					x				
I4400	Cerebral palsy			x	x	x	x			x	x			x			x	x									x	x				
I4500	Cerebrovascular accident (CVA), TIA, or stroke			x	x	x	x							x														x				
I4800	Non-Alzheimer's Dementia			x	x	x	x							x												x				x		
I4900	Hemiplegia or hemiparesis			x	x	x	x			x	x			x			x	x									x	x				
I5000	Paraplegia			x	x	x	x							x																		
I5100	Quadriplegia			x	x	x	x			x	x			x			x	x										x	x			
I5200	Multiple sclerosis			x	x	x	x			x	x			x			x	x										x	x			
I5250	Huntington's disease			x	x	x	x		x		x	x		x		x		x	x					x						x	x	
I5300	Parkinson's disease			x	x	x	x			x	x			x			x	x										x				
I5350	Tourette's syndrome			x	x	x	x		x		x	x		x		x		x	x					x						x	x	
I5400	Seizure disorder or epilepsy			x	x	x	x							x																		
I5500	Traumatic brain injury (TBI)			x	x	x	x							x																		
I5600	Malnutrition (protein, calorie), risk of malnutrit			x	x	x	x		x		x	x		x		x		x	x						x					x	x	
I5700	Anxiety disorder			x	x	x	x		x		x	x		x		x		x	x					x						x	x	
I5800	Depression (other than bipolar)			x	x	x	x							x																x		
I5900	Manic depression (bipolar disease)			x	x	x	x		x		x	x		x		x		x	x					x						x	x	
I5950	Psychotic disorder (other than schizophrenia)			x	x	x	x		x		x	x		x		x		x	x					x						x	x	
I6000	Schizophrenia			x	x	x	x		x		x	x		x		x		x	x					x						x	x	
I6100	Post-traumatic stress disorder PTSD)			x	x	x	x		x		x	x		x		x		x	x					x						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	x										x				
I6500	Cataracts, glaucoma, or macular degeneration			x	x	s	s																			x						

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets									Item Groups								New D/C		
MDS Item	Description	Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation		Demog/Admin	QI items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C
I7900	None of above active diseases within last 7 days		x	x	x	s	s																									
I8000A	Additional active ICD diagnosis 1			x	x	x	x		x		x	x		x		x		x	x				3		x						x	x
I8000B	Additional active ICD diagnosis 2			x	x	x	x		x		x	x		x		x		x	x				3		x						x	x
I8000C	Additional active ICD diagnosis 3			x	x	x	x		x		x	x		x		x		x	x				3		x						x	x
I8000D	Additional active ICD diagnosis 4			x	x	x	x		x		x	x		x		x		x	x				3		x						x	x
I8000E	Additional active ICD diagnosis 5			x	x	x	x		x		x	x		x		x		x	x				3		x						x	x
I8000F	Additional active ICD diagnosis 6			x	x	x	x		x		x	x		x		x		x	x				3		x						x	x
I8000G	Additional active ICD diagnosis 7			x	x	x	x		x		x	x		x		x		x	x				3		x						x	x
I8000H	Additional active ICD diagnosis 8			x	x	x	x		x		x	x		x		x		x	x				3		x						x	x
I8000I	Additional active ICD diagnosis 9			x	x	x	x		x		x	x		x		x		x	x				3		x						x	x
I8000J	Additional active ICD diagnosis 10			x	x	x	x		x		x	x		x		x		x	x				3		x						x	x
J0100A	Pain: Received scheduled pain med regimen			x	x	x	x		x		x	x		x		x		x	x						x					x	x	x
J0100B	Pain: received PRN pain medications			x	x	x	x		x		x	x		x		x		x	x											x	x	x
J0100C	Pain: received non-medication intervention			x	x	x	x		x		x	x		x		x		x	x											x	x	x
J0200	Should pain assessment interview be conducted	x		x	x	x	x		x		x	x		x		x		x	x						+						x	x
J0300	Res pain interview: presence	x		x	x	x	x		x		x	x		x		x		x	x						x						x	
J0400	Res pain interview: frequency	x		x	x	x	x		x		x	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		x		x	x							x					x	
J0500B	Res pain interview: limited daily activities			x	x	x	x		x		x	x		x		x		x	x							x					x	
J0600A	Res pain interview: intensity rating scale			x	x	x	x		x		x	x		x		x		x	x						x	x					x	
J0600B	Res pain interview: verbal descriptor scale			x	x	x	x		x		x	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						
J0800B	Staff pain asmt: vocal complaints of pain			x	x	x	x							x												x						
J0800C	Staff pain asmt: facial expressions			x	x	x	x							x												x						
J0800D	Staff pain asmt: protective movements/postures			x	x	x	x							x												x						
J0800Z	Staff pain asmt: none of these signs observed	x	x	x	x	x	x							x												+						
J0850	Staff pain asmt: frequency of pain			x	x	x	x							x																		
J1100A	Short breath/trouble breathing: with exertion			x	x	x	x		x		x	x		x		x		x	x												x	x
J1100B	Short breath/trouble breathing: sitting at rest			x	x	x	x		x		x	x		x		x		x	x												x	x
J1100C	Short breath/trouble breathing: lying flat			x	x	x	x		x	x	x	x		x		x	x	x	x									x			x	x
J1100Z	Short breath/trouble breathing: none of above		x	x	x	x	x		x		x	x		x		x		x	x												x	x
J1300	Current tobacco use			x	x	s	s																									
J1400	Prognosis: life expectancy of less than 6 months			x	x	x	x		x		x	x		x		x		x	x						x						x	x
J1550A	Problem conditions: fever			x	x	x	x		x	x	x	x		x		x	x	x	x							x		x	x		x	x
J1550B	Problem conditions: vomiting			x	x	x	x		x	x	x	x		x		x	x	x	x							x		x	x		x	x

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets										Item Groups								New D/C	
		Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation		Demog/Admin	QI items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C
MDS Item	Description																															
J1550C	Problem conditions: dehydrated			x	x	x	x		x		x	x		x		x		x	x							x			x	x	x	x
J1550D	Problem conditions: internal bleeding			x	x	x	x		x		x	x		x		x		x	x							x			x		x	x
J1550Z	Problem conditions: none of the above		x	x	x	x	x		x		x	x		x		x		x	x							+		+		x	x	x
J1700A	Fall history: fall during month before admission			x	x	x	x							x												x			x			
J1700B	Fall history: fall 2-6 months before admission			x	x	x	x							x												x						
J1700C	Fall history: fracture from fall 6 month pre admit			x	x	x	x							x																		
J1800	Falls since admit/prior asmt: any falls	x		x	x	x	x		x		x	x		x		x		x	x						x	x			x	x	x	x
J1900A	Falls since admit/prior asmt: no injury			x	x	x	x		x		x	x		x		x		x	x											x	x	x
J1900B	Falls since admit/prior asmt: injury (not major)			x	x	x	x		x		x	x		x		x		x	x										x	x	x	x
J1900C	Falls since admit/prior asmt: major injury			x	x	x	x		x		x	x		x		x		x	x						x				x	x	x	x
K0100A	Swallow disorder: loss liquids/solids from mouth			x	x	x	x																							x		
K0100B	Swallow disorder: holds food in mouth/cheeks			x	x	x	x																									
K0100C	Swallow disorder: cough/choke with meals/meds			x	x	x	x																									
K0100D	Swallow disorder: difficulty or pain swallowing			x	x	x	x																									
K0100Z	Swallow disorder: none of the above		x	x	x	x	x																									
K0200A	Height (in inches)			x	x	x	x		x		x	x		x		x		x	x						x	x					x	x
K0200B	Weight (in pounds)			x	x	x	x		x		x	x		x		x		x	x						x	x					x	x
K0300	Weight loss			x	x	x	x		x	x	x	x		x		x	x	x	x						x	x		x	x	x	x	x
K0310	Weight Gain			x	x	x	x		x	x	x	x		x		x	x	x	x						x					x	x	x
K0510A1	Nutrition approach: Not Res: parenteral /IV feeding	x		x	x	x	x		x	x	x	x		x		x	x	x	x							x		x	x		x	x
K0510A2	Nutrition approach: Res: parenteral /IV feeding	x		x	x	x	x		x	x	x	x		x		x	x	x	x							x		x	x	x	x	x
K0510B1	Nutrition approach: Not Res: feeding tube	x		x	x	x	x		x	x	x	x		x		x	x	x	x							x		x	x		x	x
K0510B2	Nutrition approach: Res: feeding tube	x		x	x	x	x		x	x	x	x		x		x	x	x	x							x		x	x	x	x	x
K0510C1	Nutrition approach: Not Res: mechanically altered diet			x	x	x	x		x		x	x		x		x		x	x							x					x	
K0510C2	Nutrition approach: Res: mechanically altered diet			x	x	x	x		x		x	x		x		x		x	x							x				x	x	
K0510D1	Nutrition approach: Not Res: therapeutic diet			x	x	x	x		x		x	x		x		x		x	x							x					x	
K0510D2	Nutrition approach: Res: therapeutic diet			x	x	x	x		x		x	x		x		x		x	x							x				x	x	
K0510Z1	Nutrition approach: Not Res: none of the above		x	x	x	x	x		x		x	x		x		x		x	x							+					x	
K0510Z2	Nutrition approach: Res: none of the above		x	x	x	x	x		x		x	x		x		x		x	x							+				+	x	
K0710A1	Prop calories parenteral/tube feed: not resident			x	x	x	x			x	x			x			x	x														
K0710A2	Prop calories parenteral/tube feed: while resident			x	x	x	x			x	x			x			x	x														
K0710A3	Prop calories parenteral/tube feed: 7 days			x	x	x	x			x	x			x			x	x									x		x			
K0710B1	Avg fluid intake per day IV/tube: not resident			x	x	x	x			x	x			x			x	x														
K0710B2	Avg fluid intake per day IV/ tube: while resident			x	x	x	x			x	x			x			x	x														
K0710B3	Avg fluid intake per day IV/tube: 7 days			x	x	x	x			x	x			x			x	x									x		x			
L0200A	Dental: broken or loosely fitting denture			x	x	x	x																			x				x		

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets								Item Groups								New D/C			
		Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation		Demog/Admin	QI items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C
MDS Item	Description																															
L0200B	Dental: no natural teeth or tooth fragment(s)			x	x	s	s																			x						
L0200C	Dental: abnormal mouth tissue			x	x	s	s																			x						
L0200D	Dental: cavity or broken natural teeth			x	x	s	s																			x						
L0200E	Dental: inflamed/bleeding gums or loose teeth			x	x	s	s																			x						
L0200F	Dental: pain, discomfort, difficulty chewing			x	x	x	x																			x						
L0200G	Dental: unable to examine			x	x	s	s																									
L0200Z	Dental: none of the above		x	x	x	s	s																									
M0100A	Risk determination: has ulcer, scar, or dressing			x	x	x	x		x		x	x		x		x		x	x											x	x	
M0100B	Risk determination: formal assessment			x	x	x	x							x																		
M0100C	Risk determination: clinical assessment			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						
M0210	Resident has Stage 1 or higher pressure ulcers	x		x	x	x	x		x	x	x	x		x		x	x	x	x													
M0300A	Stage 1 pressure ulcers: number present			x	x	x	x							x												x		x				
M0300B1	Stage 2 pressure ulcers: number present	x		x	x	x	x		x	x	x	x		x		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			
M0300B3	Stage 2 pressure ulcers: date of oldest			x	x	x	x							x																		
M0300C1	Stage 3 pressure ulcers: number present	x		x	x	x	x		x	x	x	x		x		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			
M0300D1	Stage 4 pressure ulcers: number present	x		x	x	x	x		x	x	x	x		x		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			
M0300E1	Unstaged due to dressing: number present	x		x	x	x	x		x		x	x		x		x		x	x							x				x	x	
M0300E2	Unstaged due to dressing: number at admit/reentry			x	x	x	x							x																		
M0300F1	Unstaged slough/eschar: number present	x		x	x	x	x		x	x	x	x		x		x	x	x	x							x		x	x		x	
M0300F2	Unstaged slough/eschar: number at admit/reentry			x	x	x	x							x																		
M0300G1	Unstageable - deep tissue: number present	x		x	x	x	x		x		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		x		x	x											x	x	
M0610A	Stage 3 or 4 pressure ulcer longest length			x	x	x	x		x		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		x		x	x											x	x	
M0610C	Stage 3 or 4 pressure ulcer depth (same ulcer)			x	x	x	x		x		x	x		x		x		x	x											x	x	
M0700	Tissue type for ulcer at most advanced			x	x	x	x							x																		
M0800A	Worsened since prior asmt: Stage 2 pressure ulcers			x	x	x	x		x		x	x		x		x		x	x						x	x				x	x	
M0800B	Worsened since prior asmt: Stage 3 pressure ulcers			x	x	x	x		x		x	x		x		x		x	x						x	x				x	x	
M0800C	Worsened since prior asmt: Stage 4 pressure ulcers			x	x	x	x		x		x	x		x		x		x	x						x	x				x	x	
M0900A	Pressure ulcers on prior assessment	x		x	x	x	x		x		x	x		x		x		x	x											x	x	
M0900B	Healed pressure ulcers: Stage 2			x	x	x	x		x		x	x		x		x		x	x											x	x	

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets								Item Groups								New D/C			
		Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation		Demog/Admin	QI items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C
MDS Item	Description																															
M0900C	Healed pressure ulcers: Stage 3			x	x	x	x		x		x	x		x		x		x	x												x	x
M0900D	Healed pressure ulcers: Stage 4			x	x	x	x		x		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	x			
M1040A	Other skin probs: infection of the foot			x	x	x	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	x			
M1040C	Other skin probs: other open lesion(s) on the foot			x	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	x			
M1040E	Other skin probs: surgical wound(s)			x	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	x			
M1040G	Skin Tear(s)			x	x	x	x			x	x			x			x	x														
M1040H	Moisture Associated Skin Damage (MASD)			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			x			x	x										+	+			
M1200A	Skin/ulcer treat: pressure reduce device for chair			x	x	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	x	x		
M1200C	Skin/ulcer treat: turning/repositioning			x	x	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	x	x		
M1200E	Skin/ulcer treat: pressure ulcer care			x	x	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	x	x		
M1200G	Skin/ulcer treat: application of dressings			x	x	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	x	x		
M1200I	Skin/ulcer treat: apply dressings to feet			x	x	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			x			x	x										+	+	+		
N0300	Number of days injectable medications received	x		x	x	x	x			x	x			x			x	x											x	x		
N0350A	Insulin: insulin injections			x	x	x	x			x	x			x			x	x										x				
N0350B	Insulin: orders for insulin			x	x	x	x			x	x			x			x	x										x				
N0410A	Medication received: Days: antipsychotic			x	x	x	x		x		x	x		x		x		x	x					x		x				x	x	x
N0410B	Medication received: Days: antianxiety			x	x	x	x		x		x	x		x		x		x	x					x		x				x	x	x
N0410C	Medication received: Days: antidepressant			x	x	x	x		x		x	x		x		x		x	x							x				x	x	x
N0410D	Medication received: Days: hypnotic			x	x	x	x		x		x	x		x		x		x	x					x		x				x	x	x
N0410E	Medication received: Days: anticoagulant			x	x	x	x		x		x	x		x		x		x	x												x	x
N0410F	Medication received: Days: antibiotic			x	x	x	x		x		x	x		x		x		x	x												x	x
N0410G	Medication received: Days: diuretic			x	x	x	x		x		x	x		x		x		x	x												x	x
O0100A1	Treatment: chemotherapy - while not resident			x	x	x	x																						x	x		
O0100A2	Treatment: chemotherapy - while resident			x	x	x	x			x	x			x			x	x										x	x	x		
O0100B1	Treatment: radiation - while not resident			x	x	x	x																						x	x		
O0100B2	Treatment: radiation - while resident			x	x	x	x			x	x			x			x	x										x	x	x		

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets								Item Groups								New D/C			
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O0100C1	Treatment: oxygen therapy - while not resident			x	x	x	x																					x	x			
O0100C2	Treatment: oxygen therapy - while resident			x	x	x	x			x	x			x			x	x									x	x	x			
O0100D1	Treatment: suctioning - while not resident			x	x	x	x																					x	x			
O0100D2	Treatment: suctioning - while resident			x	x	x	x																					x	x			
O0100E1	Treatment: tracheostomy care - while not resident			x	x	x	x																					x	x			
O0100E2	Treatment: tracheostomy care - while resident			x	x	x	x	x	x	x	x			x	x	x	x	x								x	x	x	x			
O0100F1	Treatment: vent/respirator - while not resident			x	x	x	x																					x	x			
O0100F2	Treatment: vent/respirator - while resident			x	x	x	x	x	x	x	x			x	x	x	x	x								x	x	x	x			
O0100G1	Treatment: BiPAP/CPAP - while not resident			x	x	s	s																						x			
O0100G2	Treatment: BIPAP/CPAP - while resident			x	x	s	s																						x			
O0100H1	Treatment: IV medications - while not resident			x	x	x	x																					x	x			
O0100H2	Treatment: IV medications - while resident			x	x	x	x			x	x			x			x	x									x	x	x			
O0100I1	Treatment: transfusions - while not resident			x	x	x	x																					x	x			
O0100I2	Treatment: transfusions - while resident			x	x	x	x			x	x			x			x	x									x	x	x			
O0100J1	Treatment: dialysis - while not resident			x	x	x	x																					x	x			
O0100J2	Treatment: dialysis - while resident			x	x	x	x			x	x			x			x	x									x	x	x			
O0100K1	Treatment: hospice care - while not resident			x	x	s	s																						x			
O0100K2	Treatment: hospice care - while resident			x	x	x	x		x		x	x		x		x		x	x					x					x	x	x	
O0100L2	Treatment: respite care - while resident			x	x	s	s																									
O0100M1	Treatment: isolate/quarantine - while not resident			x	x	s	s																									
O0100M2	Treatment: isolate/quarantine - while resident			x	x	x	x	x	x	x	x			x	x	x	x	x								x	x					
O0100Z1	Treatment: none of above - while not resident		x	x	x	s	s																									
O0100Z2	Treatment: none of above - while resident		x	x	x	s	s																									
O0250A	Was influenza vaccine received	x		x	x	x	x		x		x	x		x		x		x	x					x					x	x	x	
O0250B	Date influenza vaccine received.			x	x	x	x		x		x	x		x		x		x	x										x	x	x	
O0250C	If influenza vaccine not received, state reason			x	x	x	x		x		x	x		x		x		x	x					x					x	x	x	
O0300A	Is pneumococcal vaccination up to date	x		x	x	x	x		x		x	x		x		x		x	x					x					x	x	x	
O0300B	If pneumococcal vacc not received, state reason			x	x	x	x		x		x	x		x		x		x	x					x					x	x	x	
O0400A1	Speech-language/audiology: individ minutes	x		x	x	x	x	x	x	x	x			x	x	x	x	x								x		x	x			
O0400A2	Speech-language/audiology: concur minutes	x		x	x	x	x	x	x	x	x			x	x	x	x	x								x		x	x			
O0400A3	Speech-language/audiology: group minutes	x		x	x	x	x	x	x	x	x			x	x	x	x	x								x		x	x			
O0400A3A	Speech-language/audiology: co-treatment minutes				x	x	x	x	x	x	x			x	x	x	x	x														
O0400A4	Speech-language/audiology: number of days			x	x	x	x	x	x	x	x			x	x	x	x	x								x				x	x	
O0400A5	Speech-language/audiology: start date			x	x	x	x	x	x	x	x	x		x	x	x	x	x	x							x				x	x	
O0400A6	Speech-language/audiology: end date			x	x	x	x	x	x	x	x	x		x	x	x	x	x	x							x				x	x	
O0400B1	Occupational therapy: individ minutes	x		x	x	x	x	x	x	x	x			x	x	x	x	x								x		x	x			

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets							Item Groups								New D/C				
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MDS Item	Description																															
O0400B2	Occupational therapy: concur minutes	x		x	x	x	x	x	x	x	x			x	x	x	x	x									x		x	x		
O0400B3	Occupational therapy: group minutes	x		x	x	x	x	x	x	x	x			x	x	x	x	x									x		x	x		
O0400B3A	Occupational therapy: co-treatment minutes				x	x	x	x	x	x	x			x	x	x	x	x														
O0400B4	Occupational therapy: number of days			x	x	x	x	x	x	x	x			x	x	x	x	x									x		x		x	x
O0400B5	Occupational therapy: start date			x	x	x	x	x	x	x	x	x		x	x	x	x	x	x								x				x	x
O0400B6	Occupational therapy: end date			x	x	x	x	x	x	x	x	x		x	x	x	x	x	x								x				x	x
O0400C1	Physical therapy: individ minutes	x		x	x	x	x	x	x	x	x			x	x	x	x	x									x		x	x		
O0400C2	Physical therapy: concur minutes	x		x	x	x	x	x	x	x	x			x	x	x	x	x									x		x	x		
O0400C3	Physical therapy: group minutes	x		x	x	x	x	x	x	x	x			x	x	x	x	x									x		x	x		
O0400C3A	Physical therapy: co-treatment minutes				x	x	x	x	x	x	x			x	x	x	x	x														
O0400C4	Physical therapy: number of days			x	x	x	x	x	x	x	x			x	x	x	x	x									x		x		x	x
O0400C5	Physical therapy: start date			x	x	x	x	x	x	x	x	x		x	x	x	x	x	x								x				x	x
O0400C6	Physical therapy: end date			x	x	x	x	x	x	x	x	x		x	x	x	x	x	x								x				x	x
O0400D1	Respiratory therapy: number of minutes	x		x	x	s	s																							x		
O0400D2	Respiratory therapy: number of days			x	x	x	x			x	x			x			x	x										x	x			
O0400E1	Psychological therapy: number of minutes	x		x	x	s	s																									
O0400E2	Psychological therapy: number of days			x	x	x	x																									
O0400F1	Recreational therapy: number of minutes	x		x	x	s	s																									
O0400F2	Recreational therapy: number of days			x	x	s	s																									
O0420	Distinct calendar days of therapy				x	x	x	x	x	x	x			x	x	x	x	x									x					
O0450A	Resumption of Therapy: has it resumed	x		x	x	x	x	x	x	x	x			x	x	x	x	x									x					
O0450B	Resumption of Therapy: date resumed			x	x	x	x	x	x	x	x			x	x	x	x	x														
O0500A	Range of motion (passive): number of days			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x	x			
O0500B	Range of motion (active): number of days			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x	x			
O0500C	Splint or brace assistance: number of days			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x	x	x		
O0500D	Bed mobility training: number of days			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x	x			
O0500E	Transfer training: number of days			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x	x			
O0500F	Walking training: number of days			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x	x			
O0500G	Dressing and/or grooming training: number of days			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x	x			
O0500H	Eating and/or swallowing training: number of days			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x	x	x		
O0500I	Amputation/prosthesis training: number of days			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x	x			
O0500J	Communication training: number of days			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x	x			
O0600	Physician examinations: number of days			x	x	x	x							x															x			
O0700	Physician orders: number of days			x	x	x	x							x																x		
P0100A	Restraints used in bed: bed rail			x	x	x	x		x		x	x		x		x		x	x							x				x	x	x
P0100B	Restraints used in bed: trunk restraint			x	x	x	x		x		x	x		x		x		x	x						x	x				x	x	x

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets									Item Groups								New D/C		
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MDS Item	Description																															
P0100C	Restraints used in bed: limb restraint			x	x	x	x		x		x	x		x		x		x	x						x	x				x	x	x
P0100D	Restraints used in bed: other			x	x	x	x		x		x	x		x		x		x	x							x				x	x	x
P0100E	Restraints in chair/out of bed: trunk restraint			x	x	x	x		x		x	x		x		x		x	x						x	x				x	x	x
P0100F	Restraints in chair/out of bed: limb restraint			x	x	x	x		x		x	x		x		x		x	x						x	x				x	x	x
P0100G	Restraints in chair/out of bed: chair stops rising			x	x	x	x		x		x	x		x		x		x	x						x	x				x	x	x
P0100H	Restraints in chair/out of bed: other			x	x	x	x		x		x	x		x		x		x	x							x				x	x	x
Q0100A	Resident participated in assessment			x	x	x	x	x	x	x	x			x	x	x	x	x					2									
Q0100B	Family/signif other participated in assessment			x	x	x	x	x	x	x	x			x	x	x	x	x					2									
Q0100C	Guardian/legal rep participated in assessment			x	x	x	x	x	x	x	x			x	x	x	x	x					2									
Q0300A	Resident's overall goal			x	x	x	x							x									3									
Q0300B	Information source for resident's goal			x	x	x	x							x									3									
Q0400A	Active discharge plan for return to community	x		x	x	x	x		x		x	x		x		x		x	x											x	x	
Q0490	Resident's preference to avoid being asked	x		x	x	x	x							x																		
Q0500B	Do you want to talk about returning to community			x	x	x	x							x																		
Q0550A	Reasking resident preference			x	x	x	x							x																		
Q0550B	Reasking resident preference source			x	x	x	x							x																		
Q0600	Referral been made to local contact agency			x	x	x	x		x		x	x		x		x		x	x							x				x	x	
V0100A	Prior OBRA reason for assessment			x	x	s	s																									
V0100B	Prior PPS reason for assessment			x	x	s	s																									
V0100C	Prior assessment reference date			x	x	s	s																									
V0100D	Prior assessment BIMS summary score			x	x	s	s																			x						
V0100E	Prior asmt PHQ res: total mood severity score			x	x	s	s																			x						
V0100F	Prior asmt PHQ staff: total mood score			x	x	s	s																			x						
V0200A01A	CAA-Delirium: triggered			x	x	s	s																			x						
V0200A01B	CAA-Delirium: plan			x	x	s	s																			x						
V0200A02A	CAA-Cognitive loss/dementia: triggered			x	x	s	s																			x						
V0200A02B	CAA-Cognitive loss/dementia: plan			x	x	s	s																			x						
V0200A03A	CAA-Visual function: triggered			x	x	s	s																			x						
V0200A03B	CAA-Visual function: plan			x	x	s	s																			x						
V0200A04A	CAA-Communication: triggered			x	x	s	s																			x						
V0200A04B	CAA-Communication: plan			x	x	s	s																			x						
V0200A05A	CAA-ADL functional/rehab potential: triggered			x	x	s	s																			x						
V0200A05B	CAA-ADL functional/rehab potential: plan			x	x	s	s																			x						
V0200A06A	CAA-Urinary incont/indwell catheter: triggered			x	x	s	s																			x						
V0200A06B	CAA-Urinary incont/indwell catheter: plan			x	x	s	s																			x						
V0200A07A	CAA-Psychosocial well-being: triggered			x	x	s	s																			x						

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets								Item Groups								New D/C		
		Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	QI items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C
MDS Item	Description																														
V0200A07B	CAA-Psychosocial well-being: plan			x	x	s	s																		x						
V0200A08A	CAA-Mood state: triggered			x	x	s	s																		x						
V0200A08B	CAA-Mood state: plan			x	x	s	s																		x						
V0200A09A	CAA-Behavioral symptoms: triggered			x	x	s	s																		x						
V0200A09B	CAA-Behavioral symptoms: plan			x	x	s	s																		x						
V0200A10A	CAA-Activities: triggered			x	x	s	s																		x						
V0200A10B	CAA-Activities: plan			x	x	s	s																		x						
V0200A11A	CAA-Falls: triggered			x	x	s	s																		x						
V0200A11B	CAA-Falls: plan			x	x	s	s																		x						
V0200A12A	CAA-Nutritional status: triggered			x	x	s	s																		x						
V0200A12B	CAA-Nutritional status: plan			x	x	s	s																		x						
V0200A13A	CAA-Feeding tubes: triggered			x	x	s	s																		x						
V0200A13B	CAA-Feeding tubes: plan			x	x	s	s																		x						
V0200A14A	CAA-Dehydration/fluid maintenance: triggered			x	x	s	s																		x						
V0200A14B	CAA-Dehydration/fluid maintenance: plan			x	x	s	s																		x						
V0200A15A	CAA-Dental care: triggered			x	x	s	s																		x						
V0200A15B	CAA-Dental care: plan			x	x	s	s																		x						
V0200A16A	CAA-Pressure ulcer: triggered			x	x	s	s																		x						
V0200A16B	CAA-Pressure ulcer: plan			x	x	s	s																		x						
V0200A17A	CAA-Psychotropic drug use: triggered			x	x	s	s																		x						
V0200A17B	CAA-Psychotropic drug use: plan			x	x	s	s																		x						
V0200A18A	CAA-Physical restraints: triggered			x	x	s	s																		x						
V0200A18B	CAA-Physical restraints: plan			x	x	s	s																		x						
V0200A19A	CAA-Pain: triggered			x	x	s	s																		x						
V0200A19B	CAA-Pain: plan			x	x	s	s																		x						
V0200A20A	CAA-Return to community referral: triggered			x	x	s	s																		x						
V0200A20B	CAA-Return to community referral: plan			x	x	s	s																		x						
V0200B1	CAA-Assessment process RN signature				x	s	s																								
V0200B2	CAA-Assessment process signature date			x	x	s	s																								
V0200C1	CAA-Care planning signature				x	s	s																								
V0200C2	CAA-Care planning signature date			x	x	s	s																								
X0150	Correction: type of provider	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							x	x	
X0200A	Correction: resident first name			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							x	x	
X0200C	Correction: resident last name			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							x	x	
X0300	Correction: resident gender			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							x	x	
X0400	Correction: resident birth date			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							x	x	

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets									Item Groups								New D/C		
		Skip trigger items	NOA item	Submitted item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation		Demog/Admin	QI items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C
MDS Item	Description																															
X0500	Correction: resident social security number			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0600A	Correction: OBRA reason for assessment			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0600B	Correction: PPS reason for assessment			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0600C	Correction: OMRA assessment			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0600D	Correction: Swing bed clinical change asmt			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0600F	Correction: entry/discharge reporting	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0700A	Correction: assessment reference date			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0700B	Correction: discharge date			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0700C	Correction: entry date			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0800	Correction: correction number			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0900A	Correction: modif reasons - transcription error			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0900B	Correction: modif reasons - data entry error			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0900C	Correction: modif reasons - software error			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0900D	Correction: modif reasons - item coding error			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0900E	Correction: Modif reasons - resume therapy			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X0900Z	Correction: modif reasons - other error			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X1050A	Correction: inact reasons - event did not occur			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X1050Z	Correction: inact reasons - other reason			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X1100A	Correction: attestor first name			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X1100B	Correction: attestor last name			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X1100C	Correction: attestor title				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X1100D	Correction: attestor signature				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
X1100E	Correction: attestation date			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x									x	x
Z0100A	Medicare Part A: HIPPS code			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x				
Z0100B	Medicare Part A: RUG version code			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x				
Z0100C	Medicare Part A: Medicare short stay asmt			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x				
Z0150A	Medicare Part A: non-therapy HIPPS code			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x				
Z0150B	Medicare Part A: non-therapy RUG version code			x	x	x	x	x	x	x	x			x	x	x	x	x									x	x				
Z0200A	State case mix: RUG group			x	x	x	x																1									
Z0200B	State case mix: RUG version code			x	x	x	x																1									
Z0250A	State case mix: Alternate RUG group			x	x	x	x																1									
Z0250B	State case mix: Alternate RUG version code			x	x	x	x																1									
Z0300A	Insurance Billing: Billing Code				x	x	x	x	x	x	x	x		x	x	x	x	x	x				2								x	x
Z0300B	Insurance Billing: Billing Version				x	x	x	x	x	x	x	x		x	x	x	x	x	x				2								x	x
Z0400A	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x								x	x
Z0400B	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x								x	x

Item matrix for October 2015					Nursing Home Item Subsets								Swing Bed Item Subsets								Item Groups								New D/C																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		

Notes:

1 = Needed on nursing home comprehensive and quarterly for payment/administration.

2 = Needed on all assessments for documentation.

3 = Needed on all non-OMRA assessments for clinical and/or payment documentation.

4 = QM item not needed on discharge.

5 = Items needed on all assessments that include resident interview

+ = Supporting items (e.g., triggers for skip patterns, none-of-the-above items, component item for summary score)

s = State-optional item.