Column groups: **Nursing Home Subsets** (NC–NPE) · **Swing Bed Subsets** (SP, SD) · **Shared NH/SB Subsets** (IPA, NT/ST, XX) · **D/C Items** (Only when A0310F = 10 or 11): A0310G=1 PDC, A0310G=2 UPD · **Item Subset Required Use – ISC Skip Patterns** · **OBRA Stand Alone Assessments** · **Program and Policy Use**

MDS Item	Short Description	NC Comp	NQ Qtr	ND DC	NP PPS 5 Day	NPE PPS DC	SP PPS 5 Day	SD DC	IPA Interim Pmt	NT/ST Tracking	XX Inact	A0310G=1 PDC	A0310G=2 UPD	APU Item Adm (A0310B=01)	APU Item DC (A0310H=1)	QRP PPS 5 Day Adm (A0310B=01)	QRP PPS DC (A0310H=1)	PDPM (A0310B=01 or 08)	OBRA Adm	OBRA Qtr	OBRA Annual/Sig Chg	OBRA DC	Administrative	iQIES Standardized	QRP Standardized	QRP Quality Measures	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning/PASRR
A0050	Type of Record	x	x	x	x	x	x	x	x	x	x								x	x	x	x	x							
A0100A	Facility National Provider Identifier (NPI)	x	x	x	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	x	x						
A0100C	State provider number	x	x	x	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	x	x	x		x		x		
A0310A	Type of assessment: OBRA	x	x	x	x	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	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	x	x					x		
A0310F	Entry/discharge reporting	x	x	x	x	x	x	x	x	x									x	x	x	x	x					x		
A0310G	Planned/unplanned discharge	x	x	x	x	x	x	x	x	x							x		x	x	x	x	x					x		
A0310G1	Interrupted Stay	x	x	x	x	x	x	x											x	x	x	x	x					x	+	
A0310H	SNF Part A PPS Discharge	x	x	x	x	x	x	x		x					x		x		x	x	x	x	x					x		
A0410	Unit Certification or Licensure Designation	x	x	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	x	x	x						
A0500B	Resident middle initial	x	x	x	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	x	x	x						
A0500D	Resident name suffix	x	x	x	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	x	x	x						
A0600B	Medicare number	x	x	x	x	x	x	x	x	x									x	x	x	x	x	x						
A0700	Medicaid number	x	x	x	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	x					x		
A0900	Birthdate	x	x	x	x	x	x	x	x	x									x	x	x	x	x	x		x	x	x		
A1005A	Ethnicity: No, not of Hispanic, Latino/a, or Spanish origin	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1005B	Ethnicity: Yes, Mexican, Mexican American, Chicano/a	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1005C	Ethnicity: Yes, Puerto Rican	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1005D	Ethnicity: Yes, Cuban	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1005E	Ethnicity: Yes, another Hispanic, Latino, or Spanish origin	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1005X	Ethnicity: Resident unable to respond	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1005Y	Ethnicity: Resident declines to respond	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010A	Race: White	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010B	Race: Black or African American	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010C	Race: American Indian or Alaska Native	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010D	Race: Asian Indian	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010E	Race: Chinese	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010F	Race: Filipino	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010G	Race: Japanese	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010H	Race: Korean	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010I	Race: Vietnamese	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010J	Race: Other Asian	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010K	Race: Native Hawaiian	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010L	Race: Guamanian or Chamorro	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010M	Race: Samoan	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010N	Race: Other Pacific Islander	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010X	Resident unable to respond	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010Y	Resident declines to respond	x	x	x	x	x	x	x		x				x		x			x	x	x	x				x				
A1010Z	None of the above	x	x	x	x	x	x	x		x				x		x			x	x	x	x	+			x				
A1110A	Language: What is your preferred language?	x	x	x	x	x	x			x				x		x			x	x	x	x				x				
A1110B	Language: Need or want an interpreter?	x	x	x	x	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	x								
A1300B	Room number	x	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	x								

Column groups:
- **Item Matrix v1.20.1 v1 (CY2025):** MDS Item, Short Description
- **Nursing Home Subsets:** NC - Comprehensive, NQ - Quarterly, ND - Discharge, NP - PPS 5 Day, NPE - PPS DC
- **Swing Bed Subsets:** SP - PPS 5 Day, SD - Discharge
- **Shared NH/SB Subsets:** IPA - Interim Payment, NT / ST - Tracking, XX - Inactivation
- **D/C Items (Only when A0310F = 10 or 11):** A0310G=1 PDC, A0310G=2 UPD
- **Item Subset Required Use — ISC Skip Patterns:** APU Item Admission (A0310B = 01), APU Item Discharge (A0310H = 1), QRP PPS 5 Day Admission (A0310B = 01), QRP PPS DC (A0310H = 1), PDPM (A0310B = 01 or 08)
- **OBRA Stand Alone Assessments:** OBRA Admission (A=01, B=99, F=99, G=^, H=0), OBRA Quarterly (A=02, B=99, F=99, G=^, H=0), OBRA Annual / Sig Chg (A=03, B=99, F=99, G=^, H=0 / A=04, B=99, F=99, G=^, H=0), OBRA Discharge (A=99, B=99, F=10, 11, G=1, 2, H=0)
- **Program and Policy Use:** Administrative (Tech Need / Edits / Processing), iQIES Standardized, QRP Standardized (A0310B = 01 and/or A0310H = 1), QRP Quality Measures (Includes risk adjustment), Care Area Triggers, NHQI Quality Measures, PDPM, DC Planning / PASRR

MDS Item	Short Description	NC	NQ	ND	NP	NPE	SP	SD	IPA	NT/ST	XX	A0310G=1 PDC	A0310G=2 UPD	APU Item Adm	APU Item DC	QRP PPS 5 Day Adm	QRP PPS DC	PDPM(ISC)	OBRA Adm	OBRA Qtly	OBRA Annual/Sig	OBRA DC	Admin	iQIES Std	QRP Std	QRP QM	CAT	NHQI QM	PDPM	DC Plan/PASRR
A1300D	Lifetime occupation(s)	x	x	x	x	x	x	x	x	x									x	x	x	x								
A1500	Resident evaluated by PASRR	x																	x		x									x
A1510A	Level II PASRR conditions: Serious Mental Illness	x																	x		x									x
A1510B	Level II PASRR conditions: Intellectual Disability	x																	x		x									x
A1510C	Level II PASRR conditions: Other related conditions	x																	x		x									x
A1550A	ID/DD status: Down syndrome	x																	x		x									x
A1550B	ID/DD status: Autism	x																	x		x									x
A1550C	ID/DD status: Epilepsy	x																	x		x									x
A1550D	ID/DD status: other organic ID/DD condition	x																	x		x									x
A1550E	ID/DD status: ID/DD with no organic condition	x																	x		x									x
A1550Z	ID/DD status: none of the above	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		
A1700	Type of entry	x	x	x	x	x	x	x		x									x	x	x	x	x					x		
A1805	Entered From	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		
A2000	Discharge date	x	x	x	x		x	x		x		x	x									x	x					x		
A2105	Discharge Status	x	x	x	x		x	x		x		x	x		x		x					x	x					x		
A2121	Provision of Current Reconciled Medication List (To Provider)	x	x	x	x		x	x				x	x		x		x											x		
A2122A	Route of Current Reconciled Medication List Transmission: EHR to provider	x	x	x	x		x	x				x	x		x		x											x		
A2122B	Route of Current Reconciled Medication List Transmission: HIEO to provider	x	x	x	x		x	x				x	x		x		x											x		
A2122C	Route of Current Reconciled Medication List Transmission: Verbal to provider	x	x	x	x		x	x				x	x		x		x											x		
A2122D	Route of Current Reconciled Medication List Transmission: Paper-based to provider	x	x	x	x		x	x				x	x		x		x											x		
A2122E	Route of Current Reconciled Medication List Transmission: Other Methods to provider	x	x	x	x		x	x				x	x		x		x											x		
A2123	Provision of Current Reconciled Medication List (To Resident)	x	x	x	x		x	x				x	x		x		x											x		
A2124A	Route of Current Reconciled Medication List Transmission: EHR to res/fam/caregiver	x	x	x	x		x	x				x	x		x		x											x		
A2124B	Route of Current Reconciled Medication List Transmission: HIEO to res/fam/caregiver	x	x	x	x		x	x				x	x		x		x											x		
A2124C	Route of Current Reconciled Medication List Transmission: Verbal to res/fam/caregiver	x	x	x	x		x	x				x	x		x		x											x		
A2124D	Route of Current Reconciled Medication List Transmission: Paper-based to res/fam/caregiver	x	x	x	x		x	x				x	x		x		x											x		
A2124E	Route of Current Reconciled Medication List Transmission: Other Methods to res/fam/caregiver	x	x	x	x		x	x				x	x		x		x											x		
A2200	Previous assessment reference date for significant correction	x	x																				x							
A2300	Assessment reference date	x	x	x	x	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							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		
A2400C	End date of most recent Medicare stay	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	
B0200	Hearing	x	x	x	x									x		x			x	x	x						x		x	
B0300	Hearing aid	x	x	x	x														x	x	x									

MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT/ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission	APU Item Discharge	QRP PPS 5 Day Admission	QRP PPS DC	PDPM (A0310B=01 or 08)	OBRA Admission	OBRA Quarterly	OBRA Annual / Sig Chg	OBRA Discharge	Administrative	iQIES Standardized	QRP Standardized	QRP Quality Measures	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning / PASRR
B0600	Speech clarity	x	x		x		x												x	x	x									
B0700	Makes self understood	x	x		x		x		x							x		+	x	x	x						x	x	x	x
B0800	Ability to understand others	x	x		x		x									x			x	x	x						x	x	x	
B1000	Vision	x	x		x		x							x		x			x	x	x					x		x	x	
B1200	Corrective lenses	x	x		x		x												x	x	x									
B1300	Health Literacy	x	x	x	x	x	x	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			x					+
C0200	BIMS res interview: repetition of three words	x	x	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	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	x			x					+
C0300C	BIMS res interview: able report correct day of week	x	x	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			x					+
C0400B	BIMS res interview: able to recall "blue"	x	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			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 assessment mental status: conduct assessment	x	x	x			x	x	x			x						+	x	x	x	x							+	
C0700	Staff assessment mental status: short-term memory OK	x	x	x			x	x	x			x	x					x	x	x	x	x						x	x	x
C0800	Staff assessment mental status: long-term memory OK	x	x		x		x					x	x					+	x	x	x								+	
C0900A	Staff assessment mental status: recall current season	x	x		x		x					x	x			x		+	x	x	x						x		x	+
C0900B	Staff assessment mental status: recall location of room	x	x		x		x					x	x			x		+	x	x	x						x		x	+
C0900C	Staff assessment mental status: recall staff names/faces	x	x		x		x					x	x			x		+	x	x	x						x		x	+
C0900D	Staff assessment mental status: recall in nursing home	x	x		x		x					x	x			x		+	x	x	x						x		x	+
C0900Z	Staff assessment mental status: none of above recalled	x	x		x		x					x	x			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	
C1310A	Acute Onset Mental Status Change	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x					x	x		
C1310B	Signs of delirium: inattention	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x					x	x		
C1310C	Signs of delirium: disorganized thinking	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x					x	x		
C1310D	Signs of delirium: altered level of consciousness	x	x	x	x	x	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			+
D0150A1	PHQ res: little interest or pleasure - presence	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x	x		+
D0150A2	PHQ res: little interest or pleasure - frequency	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x		x	+
D0150B1	PHQ res: feeling down, depressed - presence	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x	x		+
D0150B2	PHQ res: feeling down, depressed -	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x		x	+
D0150C1	PHQ res: trouble with sleep - presence	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x			+
D0150C2	PHQ res: trouble with sleep - frequency	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x			+
D0150D1	PHQ res: feeling tired/little energy - presence	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x			+
D0150D2	PHQ res: feeling tired/little energy - frequency	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x			+
D0150E1	PHQ res: poor appetite or overeating - presence	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x			+
D0150E2	PHQ res: poor appetite or overeating - frequency	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x			+
D0150F1	PHQ res: feeling bad about self - presence	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x			+
D0150F2	PHQ res: feeling bad about self - frequency	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x			+
D0150G1	PHQ res: trouble concentrating - presence	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x					x			+

MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT / ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission	APU Item Discharge	QRP PPS 5 Day Admission	QRP PPS DC	PDPM (ISC)	OBRA Admission	OBRA Quarterly	OBRA Annual / Sig Chg	OBRA Discharge	Administrative	iQIES Standardized	QRP Standardized	QRP Quality Measures	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning / PASRR
D0150G2	PHQ res: trouble concentrating - frequency	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x			x				+	
D0150H1	PHQ res: slow, fidgety, restless - presence	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x			x				+	
D0150H2	PHQ res: slow, fidgety, restless - frequency	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x			x				+	
D0150I1	PHQ res: thoughts better off dead - presence	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x			x		x		+	
D0150I2	PHQ res: thoughts better off dead - frequency	x	x	x	x	x	x	x	x			x		x	x	x	x	+	x	x	x	x			x				+	
D0160	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		x	x	x	
D0500A1	PHQ staff: little interest or pleasure -	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	+	
D0500B1	PHQ staff: feeling down, depressed - presence	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	+	
D0500C1	PHQ staff: trouble with sleep - presence	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							+	
D0500D1	PHQ staff: feeling tired/little energy - presence	x	x	x	x		x	x	x			x						+	x	x	x	x							+	
D0500D2	PHQ staff: feeling tired/little energy -	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							+	
D0500E2	PHQ staff: poor appetite or overeating - frequency	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							+	
D0500F2	PHQ staff: feeling bad about self - frequency	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							+	
D0500G2	PHQ staff: trouble concentrating - presence	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							+	
D0500H2	PHQ staff: slow, fidgety, restless - frequency	x	x	x	x		x	x	x			x						+	x	x	x	x							+	
D0500I1	PHQ staff: thoughts better off dead -	x	x	x	x		x	x	x			x						+	x	x	x	x					x		+	
D0500I2	PHQ staff: thoughts better off dead -	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							+	
D0500J2	PHQ staff: short-tempered - frequency	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	
D0700	Social Isolation	x	x	x	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	
E0100B	Psychosis: delusions	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	+						+	
E0200A	Physical behavioral symptoms directed toward others	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	
E0200C	Other behavioral symptoms not directed toward others	x	x	x	x		x	x	x			x	x					x	x	x	x	x					x		x	
E0300	Overall presence of behavioral symptoms	x	s		s														x		x							x		
E0500A	Behavioral symptoms put res at risk for illness/injury	x	s		s														x		x									
E0500B	Behavioral symptoms interfere with resident care	x	s		s														x		x									
E0500C	Behavioral symptoms interfere with social activities	x	s		s														x		x									
E0600A	Behavioral symptoms put others at risk for injury	x	s		s														x		x									
E0600B	Behavioral symptoms intrude on privacy of others	x	s		s														x		x									
E0600C	Behavioral symptoms disrupt care or living environment	x	s		s														x		x									
E0800	Rejection of care: presence and frequency	x	x	x	x		x	x	x			x	x					x	x	x	x	x					x		x	

MDS Item	Short Description	NC – Comprehensive	NQ – Quarterly	ND – Discharge	NP – PPS 5 Day	NPE – PPS DC	SP – PPS 5 Day	SD – Discharge	IPA – Interim Payment	NT / ST – Tracking	XX – Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission (A0310B=01)	APU Item Discharge (A0310H=1)	QRP PPS 5 Day Admission (A0310B=01)	QRP PPS DC (A0310H=1)	PDPM (A0310B=01 or 08)	OBRA Admission	OBRA Quarterly	OBRA Annual / Sig Chg	OBRA Discharge	Administrative	iQIES Standardized	QRP Standardized	QRP Quality Measures	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning / PASRR
E0900	Wandering: presence and frequency	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	s		s														x		x										
E1000B	Wandering: intrude on privacy of others	x	s		s														x		x										
E1100	Change in behavior or other symptoms	x	s		s														x		x								x		
F0300	Conduct res interview for daily/activity preferences	x	s		s														x		x										
F0400A	Res interview: choose clothes to wear	x	s		s														x		x										
F0400B	Res interview: take care of personal belongings	x	s		s														x		x										
F0400C	Res interview: choose tub, bath, shower, sponge	x	s		s														x		x										
F0400D	Res interview: have snacks between meals	x	s		s														x		x										
F0400E	Res interview: choose own bedtime	x	s		s														x		x										
F0400F	Res interview: discuss care with family/friend	x	s		s														x		x										
F0400G	Res interview: use phone in private	x	s		s														x		x										
F0400H	Res interview: lock things to keep them safe	x	s		s														x		x										
F0500A	Res interview: have books, newspaper, mags to read	x	s		s														x		x							x			
F0500B	Res interview: listen to music	x	s		s														x		x							x			
F0500C	Res interview: be around animals/pets	x	s		s														x		x							x			
F0500D	Res interview: keep up with news	x	s		s														x		x							x			
F0500E	Res interview: do things with groups of people	x	s		s														x		x							x			
F0500F	Res interview: do favorite activities	x	s		s														x		x							x			
F0500G	Res interview: go outside when good weather	x	s		s														x		x							x			
F0500H	Res interview: participate in religious practices	x	s		s														x		x							x			
F0600	Primary respondent: daily/activities prefs	x	s		s														x		x							x			
F0700	Conduct staff assessment for daily/activity prefs	x	s		s														x		x		x								
F0800A	Staff assessment: choosing clothes to wear	x	s		s														x		x										
F0800B	Staff assessment: caring for personal belongings	x	s		s														x		x										
F0800C	Staff assessment: receiving tub bath	x	s		s														x		x										
F0800D	Staff assessment: receiving shower	x	s		s														x		x										
F0800E	Staff assessment: receiving bed bath	x	s		s														x		x										
F0800F	Staff assessment: receiving sponge bath	x	s		s														x		x										
F0800G	Staff assessment: snacks between meals	x	s		s														x		x										
F0800H	Staff assessment: staying up past 8PM	x	s		s														x		x										
F0800I	Staff assessment: discuss care with family/other	x	s		s														x		x										
F0800J	Staff assessment: use phone in private	x	s		s														x		x										
F0800K	Staff assessment: place to lock personal things	x	s		s														x		x										
F0800L	Staff assessment: reading books, newspapers, mags	x	s		s														x		x							x			
F0800M	Staff assessment: listening to music	x	s		s														x		x							x			
F0800N	Staff assessment: being around animals/pets	x	s		s														x		x							x			
F0800O	Staff assessment: keeping up with news	x	s		s														x		x							x			
F0800P	Staff assessment: doing things with groups	x	s		s														x		x							x			
F0800Q	Staff assessment: participating in favorite activities	x	s		s														x		x							x			
F0800R	Staff assessment: spend time away from nursing home	x	s		s														x		x							x			
F0800S	Staff assessment: spend time outdoors	x	s		s														x		x							x			
F0800T	Staff assessment: participating in religious activities	x	s		s														x		x							x			

Item Matrix v1.20.1 v1 (CY2025) — Nursing Home Subsets | Swing Bed Subsets | Shared NH/SB Subsets | D/C Items (Only when A0310F = 10 or 11) | Item Subset Required Use – ISC Skip Patterns | OBRA Stand Alone Assessments | Program and Policy Use

Column key:
- NC = Comprehensive, NQ = Quarterly, ND = Discharge, NP = PPS 5 Day, NPE = PPS DC
- SP = PPS 5 Day, SD = Discharge
- IPA = Interim Payment, NT/ST = Tracking, XX = Inactivation
- PDC = A0310G=1 PDC, UPD = A0310G=2 UPD
- APU-A = APU Item Admission (A0310B=01), APU-D = APU Item Discharge (A0310H=1), QRP-5 = QRP PPS 5 Day Admission (A0310B=01), QRP-DC = QRP PPS DC (A0310H=1), PDPM(ISC) = PDPM (A0310B=01 or 08)
- OBRA-A = OBRA Admission (A=01,B=99,F=99,G=^,H=0), OBRA-Q = OBRA Quarterly (A=02,B=99,F=99,G=^,H=0), OBRA-An = OBRA Annual/Sig Chg (A=03,B=99,F=99,G=^,H=0; A=04,B=99,F=99,G=^,H=0), OBRA-DC = OBRA Discharge (A=99,B=99,F=10,11,G=1,2,H=0)
- Adm = Administrative (Tech Need/Edits/Processing), iQIES = iQIES Standardized, QRP-Std = QRP Standardized (A0310B=01 and/or A0310H=1), QRP-QM = QRP Quality Measures (Includes risk adjustment), CAT = Care Area Triggers, NHQI = NHQI Quality Measures, PDPM, DCP = DC Planning/PASRR

MDS Item	Short Description	NC	NQ	ND	NP	NPE	SP	SD	IPA	NT/ST	XX	PDC	UPD	APU-A	APU-D	QRP-5	QRP-DC	PDPM(ISC)	OBRA-A	OBRA-Q	OBRA-An	OBRA-DC	Adm	iQIES	QRP-Std	QRP-QM	CAT	NHQI	PDPM	DCP
F0800Z	Staff assessment: none of above activities	x	s		s														x		x		+							
GG0100A	Self-Care: Prior Function	x	x		x		x									x										x		x		
GG0100B	Indoor Mobility (Ambulation): Prior Function	x	x		x		x									x										x		x		
GG0100C	Stairs: Prior Function	x	x		x		x									x										x		x		
GG0100D	Functional Cognition: Prior Function	x	x		x		x									x										x		x		
GG0110A	Manual wheelchair	x	x		x		x									x										x		x		
GG0110B	Motorized wheelchair and/or scooter	x	x		x		x									x										x		x		
GG0110C	Mechanical lift	x	x		x		x									x										x		x		
GG0110D	Walker	x	x		x		x									x										x		x		
GG0110E	Orthotics/Prosthetics	x	x		x		x									x										x		x		
GG0110Z	None of the above	x	x		x		x									x							+							
GG0115A	ROM limitation: upper extremity	x	x		x		x												x	x	x									
GG0115B	ROM limitation: lower extremity	x	x		x		x												x	x	x									
GG0120A	Mobility devices: cane/crutch	x	x		s														x	x	x									
GG0120B	Mobility devices: walker	x	x		s														x	x	x									
GG0120C	Mobility devices: wheelchair (manual or electric)	x	x		s														x	x	x									
GG0120D	Mobility devices: limb prosthesis	x	x		s											x			x	x	x					x		x		
GG0120Z	Mobility devices: none of the above	x	x		s														x	x	x		+							
GG0130A1	Eating (Admission Performance)	x	x		x		x							x		x		x	x							x		x	x	
GG0130A3	Eating (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x				x		x	x	
GG0130A5	Eating (OBRA/Interim Performance)	x	x						x									x		x	x							x	x	
GG0130B1	Oral Hygiene (Admission Performance)	x	x		x		x							x		x		x	x							x		x	x	
GG0130B3	Oral Hygiene (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x				x		x	x	
GG0130B5	Oral Hygiene (OBRA/Interim Performance)	x	x						x									x		x	x							x	x	
GG0130C1	Toileting Hygiene (Admission Performance)	x	x		x		x							x		x		x	x							x		x	x	
GG0130C3	Toileting Hygiene (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x				x		x		
GG0130C5	Toileting Hygiene (OBRA/Interim Performance)	x	x						x									x		x	x								x	
GG0130E1	Shower/bathe self (Admission Performance)	x	x		x		x							x		x			x									x		
GG0130E3	Shower/bathe self (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x		
GG0130E5	Shower/bathe self (OBRA/Interim Performance)	x	x																	x	x									
GG0130F1	Upper body dressing (Admission Performance)	x	x		x		x							x		x			x									x		
GG0130F3	Upper body dressing (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x		
GG0130F5	Upper body dressing (OBRA/Interim Performance)	x	x																	x	x									
GG0130G1	Lower body dressing (Admission Performance)	x	x		x		x							x		x			x									x		
GG0130G3	Lower body dressing (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x		
GG0130G5	Lower body dressing (OBRA/Interim Performance)	x	x																	x	x									
GG0130H1	Putting on/taking off footwear (Admission Performance)	x	x		x		x							x		x			x									x		
GG0130H3	Putting on/taking off footwear (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x		
GG0130H5	Putting on/taking off footwear (OBRA/Interim Performance)	x	x																	x	x									
GG0130I1	Personal Hygiene (Admission Performance)	x	x		s														x								x			
GG0130I3	Personal Hygiene (Discharge Performance)	x	x	x								x	x									x					x			
GG0130I5	Personal Hygiene (OBRA/Interim Performance)	x	x																	x	x						x			
GG0170A1	Roll left and right (Admission Performance)	x	x		x		x							x		x			x							x		x		

MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT/ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission (A0310B=01)	APU Item Discharge (A0310H=1)	QRP PPS 5 Day Admission (A0310B=01)	QRP PPS DC (A0310H=1)	PDPM (A0310B=01 or 08)	OBRA Admission (A=01, B=99, G=^, H=0)	OBRA Quarterly (A=02, B=99, G=^, H=0)	OBRA Annual / Sig Chg (A=03/04, B=99, G=^, H=0)	OBRA Discharge (A=99, B=99, F=10,11, G=1,2, H=0)	Administrative (Tech Need/Edits/Processing)	iQIES Standardized	QRP Standardized (A0310B=01 and/or A0310H=1)	QRP Quality Measures (Includes risk adjustment)	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning / PASRR
GG0170A3	Roll left and right (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x		
GG0170A5	Roll left and right (OBRA/Interim)	x	x																	x	x									
GG0170B1	Sit to lying (Admission Performance)	x	x		x		x							x		x		x	x									x	x	
GG0170B3	Sit to lying (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x	x	
GG0170B5	Sit to lying (OBRA/Interim Performance)	x	x						x									x		x	x							x	x	
GG0170C1	Lying to sitting on bed side (Admission Performance)	x	x		x		x							x		x		x	x									x	x	
GG0170C3	Lying to sitting on bed side (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x		
GG0170C5	Lying to sitting on bed side (OBRA/Interim Performance)	x	x						x									x		x	x							x	x	
GG0170D1	Sit to stand (Admission Performance)	x	x		x		x							x		x		x	x									x	x	
GG0170D3	Sit to stand (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x	x	
GG0170D5	Sit to stand (OBRA/Interim Performance)	x	x						x									x		x	x							x	x	
GG0170E1	Chair/bed-to-chair transfer (Admission Performance)	x	x		x		x							x		x		x	x									x	x	
GG0170E3	Chair/bed-to-chair transfer (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x		
GG0170E5	Chair/bed-to-chair transfer (OBRA/Interim Performance)	x	x						x									x		x	x								x	
GG0170F1	Toilet transfer (Admission Performance)	x	x		x		x							x		x		x	x									x	x	
GG0170F3	Toilet transfer (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x	x	
GG0170F5	Toilet transfer (OBRA/Interim Performance)	x	x						x									x		x	x							x	x	
GG0170FF1	Tub/Shower Transfer (Admission Performance)	x	x		s														x										x	
GG0170FF3	Tub/Shower Transfer (Discharge Performance)	x	x	x								x	x										x							
GG0170FF5	Tub/Shower Transfer (OBRA/Interim Performance)	x	x																	x	x								x	
GG0170G1	Car Transfer (Admission Performance)	x	x		x		x							x		x			x										x	
GG0170G3	Car Transfer (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x							x	
GG0170I1	Walk 10 feet (Admission Performance)	x	x		x		x							x		x		x	x									x	x	
GG0170I3	Walk 10 feet (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x	x	
GG0170I5	Walk 10 feet (OBRA/Interim Performance)	x	x						x									x		x	x							x	x	
GG0170J1	Walk 50 feet with two turns (Admission Performance)	x	x		x		x							x		x		x	x									x	x	
GG0170J3	Walk 50 feet with two turns (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x	x	
GG0170J5	Walk 50 feet with two turns (OBRA/Interim Performance)	x	x						x									x		x	x								x	
GG0170K1	Walk 150 feet (Admission Performance)	x	x		x		x							x		x		x	x									x	x	
GG0170K3	Walk 150 feet (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x		
GG0170K5	Walk 150 feet (OBRA/Interim Performance)	x	x						x									x		x	x								x	
GG0170L1	Walking 10 feet on uneven surfaces (Admission Performance)	x	x		x		x							x		x			x										x	
GG0170L3	Walking 10 feet on uneven surfaces (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x							x	
GG0170M1	1 step (curb) (Admission Performance)	x	x		x		x							x		x			x										x	
GG0170M3	1 step (curb) (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x							x	
GG0170N1	4 steps (Admission Performance)	x	x		x		x							x		x			x										x	
GG0170N3	4 steps (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x							x	
GG0170O1	12 steps (Admission Performance)	x	x		x		x							x		x			x										x	
GG0170O3	12 steps (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x							x	
GG0170P1	Picking up object (Admission Performance)	x	x		x		x							x		x			x										x	
GG0170P3	Picking up object (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x							x	

Item Matrix v1.20.1 v1 (CY2025). Column groups: Nursing Home Subsets | Swing Bed Subsets | Shared NH/SB Subsets | D/C Items (Only when A0310F = 10 or 11) | Item Subset Required Use – ISC Skip Patterns | OBRA Stand Alone Assessments | Program and Policy Use

MDS Item	Short Description	NC – Comprehensive	NQ – Quarterly	ND – Discharge	NP – PPS 5 Day	NPE – PPS DC	SP – PPS 5 Day	SD – Discharge	IPA – Interim Payment	NT/ST – Tracking	XX – Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission (A0310B=01)	APU Item Discharge (A0310H=1)	QRP PPS 5 Day Admission (A0310B=01)	QRP PPS DC (A0310H=1)	PDPM (A0310B=01 or 08)	OBRA Admission (A=01,B=99,F=99,G=^,H=0)	OBRA Quarterly (A=02,B=99,F=99,G=^,H=0)	OBRA Annual/Sig Chg (A=03/04,B=99,F=99,G=^,H=0)	OBRA Discharge (A=99,B=99,F=10,11,G=1,2,H=0)	Administrative (Tech Need/Edits/Processing)	iQIES Standardized	QRP Standardized (A0310B=01 and/or A0310H=1)	QRP Quality Measures (Includes risk adjustment)	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning / PASRR
GG0170Q1	Use of wheelchair/scooter (Admission Performance)	x	x		x		x							x		x			x									x		
GG0170Q3	Use of wheelchair/scooter (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x						x		
GG0170Q5	Use of wheelchair/scooter (OBRA/Interim Performance)	x	x																	x	x							x		
GG0170R1	Wheel 50 feet with two turns (Admission Performance)	x	x		x		x							x		x			x								x	x		
GG0170R3	Wheel 50 feet with two turns (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x					x	x		
GG0170R5	Wheel 50 feet with two turns (OBRA/Interim Performance)	x	x																	x	x							x		
GG0170RR1	Type wheelchair/scooter used (Admission Performance)	x	x		x		x							x		x			x											
GG0170RR3	Type wheelchair/scooter used (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x								
GG0170RR5	Type wheelchair/scooter used (OBRA/Interim Performance)	x	x																	x	x									
GG0170S1	Wheel 150 feet (Admission Performance)	x	x		x		x							x		x			x											
GG0170S3	Wheel 150 feet (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x								
GG0170S5	Wheel 150 feet (OBRA/Interim Performance)	x	x																	x	x									
GG0170SS1	Type wheelchair/scooter used (Admission Performance)	x	x		x		x							x		x			x											
GG0170SS3	Type wheelchair/scooter used (Discharge Performance)	x	x	x	x	x	x	x				x	x		x		x					x								
GG0170SS5	Type wheelchair/scooter used (OBRA/Interim Performance)	x	x																	x	x									
H0100A	Appliances: indwelling catheter	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		
H0100C	Appliances: ostomy	x	x	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						x	x	
H0100Z	Appliances: none of the above	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									
H0200B	Urinary toileting program: response	x	s		s														x		x									
H0200C	Urinary toileting program: current program/trial	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	x	
H0500	Bowel toileting program being used	x	x		x		x											x	x	x	x								x	
H0600	Constipation	x	s		s														x		x							x		
I0020	Indicate the resident's primary medical condition category	x	x	x	x		x		x							x		+									x		x	+
I0020B	ICD Code 1 - 13	x	x	x	x		x		x							x		x									x		x	
I0100	Cancer (with or without metastasis)	x	x	x	x														x	x	x						x			
I0200	Anemia	x	x	x	x														x	x	x									
I0300	Atrial fibrillation and other dysrhythmias	x	s		s														x		x									
I0400	Coronary artery disease (CAD)	x	x	x	x		x												x	x	x									
I0500	Deep venous thrombosis (DVT), PE, or PTE	x	s		s														x		x									
I0600	Heart failure	x	x	x	x		x												x	x	x									
I0700	Hypertension	x	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	x	x	x		x	x				x	x	x		x			x	x	x	x					x		x	
I1100	Cirrhosis	x	s		s														x		x									
I1200	Gastroesophageal reflux disease (GERD) or ulcer	x	s		s														x		x									
I1300	Ulcerative colitis, Crohn's, inflammatory bowel disease	x	x		x		x		x									x	x	x	x								x	

MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT / ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission (A0310B=01)	APU Item Discharge (A0310H=1)	QRP PPS 5 Day Admission (A0310B=01)	QRP PPS DC (A0310H=1)	PDPM (A0310B=01 or 08)	OBRA Admission A=01,B=99,F=99,G=^,H=0	OBRA Quarterly A=02,B=99,F=99,G=^,H=0	OBRA Annual/Sig Chg A=03/04,B=99,F=99,G=^,H=0	OBRA Discharge A=99,B=99,F=10,11,G=1,2,H=0	Administrative (Tech Need/Edits/Processing)	iQIES Standardized	QRP Standardized (A0310B=01 and/or A0310H=1)	QRP Quality Measures (Includes risk adjustment)	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning / PASRR
		Nursing Home Subsets					**Swing Bed Subsets**		**Shared NH/SB Subsets**			**D/C Items** (Only when A0310F = 10 or 11)		**Item Subset Required Use** / ISC Skip Patterns					**OBRA Stand Alone Assessments**				**Program and Policy Use**							
I1400	Benign prostatic hyperplasia (BPH)	x	s		s														x		x									
I1500	Renal insufficiency, renal failure, ESRD	x	x		x		x									x			x	x	x					x		x		
I1550	Neurogenic bladder	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		
I1700	Multidrug-resistant organism (MDRO)	x	x		x		x		x									x	x	x	x						x	x	x	
I2000	Pneumonia	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	
I2200	Tuberculosis	x	x		x		x													x	x	x							x		
I2300	Urinary tract infection (UTI) (LAST 30 DAYS)	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	x							x		
I2500	Wound infection (other than foot)	x	x		x		x		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	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	s		s														x		x									
I3700	Arthritis	x	s		s														x		x									
I3800	Osteoporosis	x	s		s														x		x									
I3900	Hip fracture	x	x		x		x												x	x	x									
I4000	Other fracture	x	x		x		x												x	x	x									
I4200	Alzheimer's disease	x	x		x														x	x	x							x		
I4300	Aphasia	x	x		x		x		x									x	x	x	x								x	
I4400	Cerebral palsy	x	x		x		x		x									x	x	x	x								x	
I4500	Cerebrovascular accident (CVA), TIA, or stroke	x	x		x		x		x									x	x	x	x								x	
I4800	Non-Alzheimer's Dementia	x	x		x												x			x	x	x						x	x	x	
I4900	Hemiplegia or hemiparesis	x	x		x		x		x								x			x	x	x						x	x	x	
I5000	Paraplegia	x	x		x												x			x	x	x						x	x	x	
I5100	Quadriplegia	x	x		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	x	
I5250	Huntington's disease	x	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	x	x	
I5350	Tourette's syndrome	x	x	x	x		x	x				x	x							x	x	x	x						x		
I5400	Seizure disorder or epilepsy	x	x		x		x												x	x	x							x		
I5500	Traumatic brain injury (TBI)	x	x		x		x		x									x	x	x	x								x	
I5600	Malnutrition (protein, calorie), risk of malnutrition	x	x	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								
I5800	Depression (other than bipolar)	x	x		x												x			x	x	x						x	x		
I5900	Bipolar Disorder	x	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	x		
I6000	Schizophrenia	x	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								
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	s		s														x		x							x		
I7900	None of above active diagnoses within last 7 days	x	x	x	x		x	x	x										x	x	x	x	+							
I8000A	Additional active ICD diagnosis 1	x	x	x	x		x	x	x			x	x			x		x	x	x	x	x					x	x	x	
I8000B	Additional active ICD diagnosis 2	x	x	x	x		x	x	x			x	x			x		x	x	x	x	x					x	x	x	
I8000C	Additional active ICD diagnosis 3	x	x	x	x		x	x	x			x	x			x		x	x	x	x	x					x	x	x	
I8000D	Additional active ICD diagnosis 4	x	x	x	x		x	x	x			x	x			x		x	x	x	x	x					x	x	x	
I8000E	Additional active ICD diagnosis 5	x	x	x	x		x	x	x			x	x			x		x	x	x	x	x					x	x	x	
I8000F	Additional active ICD diagnosis 6	x	x	x	x		x	x	x			x	x			x		x	x	x	x	x					x	x	x	

MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT/ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission (A0310B=01)	APU Item Discharge (A0310H=1)	QRP PPS 5 Day Admission (A0310B=01)	QRP PPS DC (A0310H=1)	PDPM (A0310B=01 or 08)	OBRA Admission	OBRA Quarterly	OBRA Annual/Sig Chg	OBRA Discharge	Administrative	iQIES Standardized	QRP Standardized	QRP Quality Measures	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning/PASRR
I8000G	Additional active ICD diagnosis 7	x	x	x	x		x	x	x			x	x			x		x	x	x	x	x				x		x	x	
I8000H	Additional active ICD diagnosis 8	x	x	x	x		x	x	x			x	x			x		x	x	x	x	x				x		x	x	
I8000I	Additional active ICD diagnosis 9	x	x	x	x		x	x	x			x	x			x		x	x	x	x	x				x		x	x	
I8000J	Additional active ICD diagnosis 10	x	x	x	x		x	x	x			x	x			x		x	x	x	x	x				x		x	x	
J0100A	Pain: received scheduled pain med regimen	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								
J0100C	Pain: received non-medication intervention	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								
J0300	Res pain interview: presence	x	x	x	x	x	x	x				x							x	x	x	x								
J0410	Res pain interview: frequency	x	x	x	x		x					x							x	x	x	x						x		
J0510	Pain Effect on Sleep	x	x	x	x	x	x	x				x		x	x	x	x		x	x	x	x				x		x		
J0520	Pain Interference with Therapy Activities	x	x	x	x	x	x	x				x		x	x	x	x		x	x	x	x				x		x		
J0530	Pain Interference with Day-to-Day Activities	x	x	x	x	x	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		
J0600B	Res pain interview: verbal descriptor scale	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	x							+		
J0800A	Staff pain assessment: non-verbal sounds	x	x		x		x												x	x	x							x		
J0800B	Staff pain assessment: vocal complaints of pain	x	x		x		x												x	x	x							x		
J0800C	Staff pain assessment: facial expressions	x	x		x		x												x	x	x							x		
J0800D	Staff pain assessment: protective movements/postures	x	x		x		x												x	x	x							x		
J0800Z	Staff pain assessment: none of these signs observed	x	x		x		x												x	x	x		+					+		
J0850	Staff pain assessment: frequency of pain	x	x		x		x												x	x	x									
J1100A	Short breath/trouble breathing: with exertion	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								
J1100C	Short breath/trouble breathing: lying flat	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	+						+	
J1300	Current tobacco use	x	s		s														x	x										
J1400	Prognosis: life expectancy of less than 6 months	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	
J1550B	Problem conditions: vomiting	x	x	x	x		x	x	x			x	x					x	x	x	x	x					x		x	
J1550C	Problem conditions: dehydrated	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			
J1550Z	Problem conditions: none of the above	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							x	x	x	
J1700B	Fall history: fall 2-6 months before admission	x	x		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							x	x		
J1800	Falls since admit/prior assessment: any falls	x	x	x	x	x	x	x				x	x						x	x	x	x						x		
J1900A	Falls since admit/prior assessment: no injury	x	x	x	x	x	x	x				x	x						x	x	x	x						x		
J1900B	Falls since admit/prior assessment: injury (not major)	x	x	x	x		x	x				x	x						x	x	x	x								
J1900C	Falls since admit/prior assessment: major injury	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x					x	x		
J2000	Prior Surgery	x	x	x	x		x																				x	x		
J2100	Recent Surgery Requiring Active SNF Care	x	x		x		x		x									x											x	
J2300	Knee Replacement - partial or total	x	x	x	x		x		x									x											x	
J2310	Hip Replacement - partial or total	x	x	x	x		x		x									x											x	
J2320	Ankle Replacement - partial or total	x	x	x	x		x		x									x											x	
J2330	Shoulder Replacement - partial or total	x	x	x	x		x		x									x											x	

MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT/ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission (A0310B=01)	APU Item Discharge (A0310H=1)	QRP PPS 5 Day Admission (A0310B=01)	QRP PPS DC (A0310H=1)	PDPM (A0310B=01 or 08)	OBRA Admission	OBRA Quarterly	OBRA Annual / Sig Chg	OBRA Discharge	Administrative	iQIES Standardized	QRP Standardized	QRP Quality Measures	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning / PASRR
J2400	Spinal surgery - spinal cord or major spinal nerves	x	x		x		x		x									x												x	
J2410	Spinal surgery - fusion of spinal bones	x	x	x	x		x		x									x												x	
J2420	Spinal surgery - lamina, discs, or facets	x	x	x	x		x		x									x												x	
J2499	Spinal surgery - other	x	x	x	x		x		x									+												+	
J2500	Ortho surgery - repair fractures of shoulder or arm	x	x		x		x		x									x												x	
J2510	Ortho surgery - repair fractures of pelvis, hip, leg, knee, or ankle	x	x	x	x		x		x									x												x	
J2520	Ortho surgery - repair but not replace joints	x	x	x	x		x		x									x												x	
J2530	Ortho surgery - repair other bones	x	x	x	x		x		x									x												x	
J2599	Ortho surgery - other	x	x	x	x		x		x									+												+	
J2600	Neuro surgery - brain, surrounding tissue or blood vessels	x	x	x	x		x		x									x												x	
J2610	Neuro surgery - peripheral and autonomic nervous system - open and percutaneous	x	x	x	x		x		x									x												x	
J2620	Neuro surgery - insertion or removal of spinal and brain neurostimulators, electrodes, catheters, and CSF drainage devices	x	x	x	x		x		x									x												x	
J2699	Neuro surgery - Other	x	x	x	x		x		x									+												+	
J2700	Cardiopulmonary surgery - heart or major blood vessels - open and percutaneous procedures	x	x	x	x		x		x									x												x	
J2710	Cardiopulmonary surgery - respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords – open and endoscopic	x	x	x	x		x		x									x												x	
J2799	Cardiopulmonary surgery - Other	x	x	x	x		x		x									+												+	
J2800	Genitourinary surgery - genital systems	x	x	x	x		x		x									x												x	
J2810	Genitourinary surgery - the kidneys, ureter, adrenals, and bladder—open, laparoscopic	x	x	x	x		x		x									x												x	
J2899	Other major genitourinary surgery	x	x	x	x		x		x									+												+	
J2900	Major surgery - tendons, ligament, or muscles	x	x		x		x		x									x												x	
J2910	Major surgery - the GI tract and abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, spleen—open or laparoscopic	x	x		x		x		x									x												x	
J2920	Major surgery - endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, and thymus—open	x	x		x		x		x									x												x	
J2930	Major surgery - the breast	x	x		x		x		x									x												x	
J2940	Major surgery - repair of deep ulcers, internal brachytherapy, bone marrow, or stem cell harvest or transplant	x	x		x		x		x									x												x	
J5000	Major surgery - Other surgery not listed above	x	x		x		x		x									+												+	
K0100A	Swallow disorder: loss liquids/solids from mouth	x	x		x		x		x									x	x	x	x									x	
K0100B	Swallow disorder: holds food in mouth/cheeks	x	x		x		x		x									x	x	x	x									x	
K0100C	Swallow disorder: cough/choke with meals/meds	x	x		x		x		x									x	x	x	x									x	
K0100D	Swallow disorder: difficulty or pain swallowing	x	x		x		x		x									x	x	x	x									x	
K0100Z	Swallow disorder: none of the above	x	x		x		x		x									+	x	x	x		+							+	
K0200A	Height (in inches)	x	x	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	x	x		
K0300	Weight loss	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			

Item Matrix v1.20.1 v1 (CY2025)		Nursing Home Subsets					Swing Bed Subsets		Shared NH/SB Subsets			D/C Items (Only when A0310F = 10 or 11)		Item Subset Required Use — ISC Skip Patterns					OBRA Stand Alone Assessments				Program and Policy Use						
MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT / ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission (A0310B = 01)	APU Item Discharge (A0310H = 1)	QRP PPS 5 Day Admission (A0310B = 01)	QRP PPS DC (A0310H = 1)	PDPM (A0310B = 01 or 08)	OBRA Admission (A=01, B=99, F=99, G=^, H=0)	OBRA Quarterly (A=02, B=99, F=99, G=^, H=0)	OBRA Annual / Sig Chg (A=03/04, B=99, F=99, G=^, H=0)	OBRA Discharge (A=99, B=99, F=10,11, G=1,2, H=0)	Administrative (Tech Need / Edits / Processing)	iQIES Standardized	QRP Standardized (A0310B = 01 and/or A0310H = 1)	QRP Quality Measures (Includes risk adjustment)	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning / PASRR
K0520A1	Nutritional approaches: Parenteral/IV Feeding - Adm	x	x		x		x							x		x									x					
K0520A2	Nutritional approaches: Parenteral/IV Feeding - Not a Res	x	x		x		x		x									x	x	x	x						x		x	
K0520A3	Nutritional approaches: Parenteral/IV Feeding - While a Res	x	x	x	x		x		x			x	x			x		x	x	x	x	x				x	x	x	x	
K0520A4	Nutritional approaches: Parenteral/IV Feeding - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
K0520B1	Nutritional approaches: Feeding Tube - Adm	x	x		x		x							x		x									x					
K0520B2	Nutritional approaches: Feeding Tube - Not a Res	x	x		x		x		x									x	x	x	x						x		x	
K0520B3	Nutritional approaches: Feeding Tube - While a Res	x	x	x	x		x		x			x	x			x		x	x	x	x	x				x	x	x	x	
K0520B4	Nutritional approaches: Feeding Tube - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
K0520C1	Nutritional approaches: Mechanically Altered Diet - Adm	x	x		x		x							x		x									x					
K0520C3	Nutritional approaches: Mechanically Altered Diet - While a Res	x	x	x	x		x		x			x	x			x		x	x	x	x	x				x	x	x	x	
K0520C4	Nutritional approaches: Mechanically Altered Diet - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
K0520D1	Nutritional approaches: Therapeutic Diet - Adm	x	x		x		x							x		x									x					
K0520D3	Nutritional approaches: Therapeutic Diet - While a Res	x	x	x	x		x					x	x						x	x	x	x					x			
K0520D4	Nutritional approaches: Therapeutic Diet - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
K0520Z1	Nutritional approaches: None of the above - Adm	x	x		x		x							x		x							+		x					
K0520Z2	Nutritional approaches: None of the above - Not a Res	x	x		x		x		x									+	x	x	x		+				+		+	
K0520Z3	Nutritional approaches: None of the above - While a Res	x	x	x	x		x		x			x	x					+	x	x	x	x	+				+		+	
K0520Z4	Nutritional approaches: None of the above - At Discharge	x	x	x	x	x	x	x				x	x		x		x						+		x					
K0710A2	Prop calories parenteral/tube feed: while a resident	x	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	
K0710B2	Avg fluid intake per day IV/ tube: while a resident	x	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	
L0200A	Dental: broken or loosely fitting denture	x	x		x														x	x	x						x			
L0200B	Dental: no natural teeth or tooth fragment(s)	x	s		s														x		x						x			
L0200C	Dental: abnormal mouth tissue	x	s		s														x		x						x			
L0200D	Dental: cavity or broken natural teeth	x	s		s														x		x						x			
L0200E	Dental: inflamed/bleeding gums or loose teeth	x	s		s														x		x						x			
L0200F	Dental: pain, discomfort, difficulty chewing	x	x		x														x	x	x						x			
L0200G	Dental: unable to examine	x	s		s														x		x						x			
L0200Z	Dental: none of the above	x	s		s														x		x		+							
M0100A	Risk determination: has ulcer, scar, or dressing	x	x	x	x		x	x				x	x						x	x	x	x								
M0100B	Risk determination: formal assessment	x	x		x		x												x	x	x									
M0100C	Risk determination: clinical assessment	x	x		x		x												x	x	x									
M0100Z	Risk determination: none of the above	x	x		x		x												x	x	x		+							
M0150	Is resident at risk of developing pressure ulcer	x	x		x		x												x	x	x						x			

MDS Item	Short Description	NC – Comprehensive	NQ – Quarterly	ND – Discharge	NP – PPS 5 Day	NPE – PPS DC	SP – PPS 5 Day	SD – Discharge	IPA – Interim Payment	NT/ST – Tracking	XX – Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission	APU Item Discharge	QRP PPS 5 Day Admission	QRP PPS DC	PDPM (ISC)	OBRA Admission	OBRA Quarterly	OBRA Annual/Sig Chg	OBRA Discharge	Administrative	iQIES Standardized	QRP Standardized	QRP Quality Measures	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning/PASRR
M0210	Resident has Stage 1 or higher pressure ulcers	x	x	x	x	x	x	x	x			x	x					+	x	x	x	x							+	
M0300A1	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	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	x				x	x		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	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	x				x	x		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	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	x				x	x		x		x		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	x	x					x	x		
M0300E2	Unstaged due to dressing: number at admit/reentry	x	x	x	x	x	x	x				x	x		x		x		x	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	x					x	x	x	
M0300F2	Unstaged slough/eschar: number at admit/reentry	x	x	x	x	x	x	x				x	x		x		x		x	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	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	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 problems: infection of the foot	x	x	x	x		x											x	x	x	x						x		x	
M1040B	Other skin problems: diabetic foot ulcer(s)	x	x	x	x		x											x	x	x	x								x	
M1040C	Other skin problems: other open lesion(s) on the foot	x	x	x	x		x											x	x	x	x								x	
M1040D	Other skin problems: lesions not ulcers, rashes, cuts	x	x	x	x		x											x	x	x	x								x	
M1040E	Other skin problems: surgical wound(s)	x	x	x	x		x											x	x	x	x								x	
M1040F	Other skin problems: burns (second or third degree)	x	x	x	x		x											x	x	x	x								x	
M1040G	Skin tear(s)	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 problems: none of the above	x	x	x	x		x											+	x	x	x		+						+	
M1200A	Skin/ulcer treatments: pressure reducing device for chair	x	x	x	x		x											x	x	x	x								x	
M1200B	Skin/ulcer treatments: pressure reducing device for bed	x	x	x	x		x											x	x	x	x								x	
M1200C	Skin/ulcer treatments: turning/repositioning	x	x	x	x		x											x	x	x	x								x	
M1200D	Skin/ulcer treatments: nutrition/hydration	x	x	x	x		x											x	x	x	x								x	
M1200E	Skin/ulcer treatments: pressure ulcer/injury care	x	x	x	x		x											x	x	x	x								x	
M1200F	Skin/ulcer treatments: surgical wound care	x	x	x	x		x											x	x	x	x								x	
M1200G	Skin/ulcer treatments: application of dressings	x	x	x	x		x											x	x	x	x								x	
M1200H	Skin/ulcer treatments: apply ointments/medications	x	x	x	x		x											x	x	x	x								x	
M1200I	Skin/ulcer treatments: apply dressings to feet	x	x	x	x		x											x	x	x	x								x	
M1200Z	Skin/ulcer treatments: none of the above	x	x	x	x		x											+	x	x	x		+						+	
N0300	Number of days injectable medications received	x	x	x	x		x												x	x	x									
N0350A	Insulin: insulin injections	x	x	x	x		x												x	x	x								x	
N0350B	Insulin: orders for insulin	x	x	x	x		x												x	x	x								x	
N0415A1	High-Risk Drug Classes: Antipsychotic: Has received	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x					x	x		
N0415A2	High-Risk Drug Classes: Antipsychotic: Indication noted	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x					x			

Item Matrix v1.20.1 v1 (CY2025)

Column groups: *Nursing Home Subsets* (NC - Comprehensive, NQ - Quarterly, ND - Discharge, NP - PPS 5 Day, NPE - PPS DC) · *Swing Bed Subsets* (SP - PPS 5 Day, SD - Discharge) · *Shared NH/SB Subsets* (IPA - Interim Payment, NT/ST - Tracking, XX - Inactivation) · *D/C Items (Only when A0310F = 10 or 11)* (A0310G=1 PDC, A0310G=2 UPD) · *Item Subset Required Use – ISC Skip Patterns* (APU Item Admission [A0310B=01], APU Item Discharge [A0310H=1], QRP PPS 5 Day Admission [A0310B=01], QRP PPS DC [A0310H=1], PDPM [A0310B=01 or 08]) · *OBRA Stand Alone Assessments* (OBRA Admission [A=01,B=99,G=^,H=0], OBRA Quarterly [A=02,B=99,F=99,G=^,H=0], OBRA Annual/Sig Chg [A=03,B=99,G=^,H=0; A=04,B=99,F=99,G=^,H=0], OBRA Discharge [A=99,B=99,F=10,11,G=1,2,H=0]) · *Program and Policy Use* (Administrative [Tech Need/Edits/Processing], iQIES Standardized, QRP Standardized [A0310B=01 and/or A0310H=1], QRP Quality Measures [Includes risk adjustment], Care Area Triggers, NHQI Quality Measures, PDPM, DC Planning/PASRR)

MDS Item	Short Description	NC	NQ	ND	NP	NPE	SP	SD	IPA	NT/ST	XX	PDC	UPD	APU Adm	APU DC	QRP 5Day	QRP DC	PDPM	OBRA Adm	OBRA Qtr	OBRA Ann	OBRA DC	Admin	iQIES	QRP Std	QRP QM	Care Area	NHQI	PDPM	DC Plan
N0415B1	High-Risk Drug Classes: Antianxiety: Has received	x	x	x	x	x	x	x				x	x			x	x		x	x	x	x			x		x	x		
N0415B2	High-Risk Drug Classes: Antianxiety: Indication noted	x	x	x	x	x	x	x				x	x			x	x		x	x	x	x			x		x			
N0415C1	High-Risk Drug Classes: Antidepressant: Has received	x	x	x	x	x	x	x				x	x			x	x		x	x	x	x			x		x			
N0415C2	High-Risk Drug Classes: Antidepressant: Indication noted	x	x	x	x	x	x	x				x	x			x	x		x	x	x	x			x		x			
N0415D1	High-Risk Drug Classes: Hypnotic: Has received	x	x	x	x	x	x	x				x	x			x	x		x	x	x	x			x		x	x		
N0415D2	High-Risk Drug Classes: Hypnotic: Indication noted	x	x	x	x	x	x	x				x	x			x	x		x	x	x	x			x		x			
N0415E1	High-Risk Drug Classes: Anticoagulant: Has received	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x			x		x			
N0415E2	High-Risk Drug Classes: Anticoagulant: Indication noted	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x			x		x			
N0415F1	High-Risk Drug Classes: Antibiotic: Has received	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x			x		x			
N0415F2	High-Risk Drug Classes: Antibiotic: Indication noted	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x			x		x			
N0415G1	High-Risk Drug Classes: Diuretic: Has received	x	x	x	x	x	x	x				x	x			x	x		x	x	x	x			x		x			
N0415G2	High-Risk Drug Classes: Diuretic: Indication noted	x	x	x	x	x	x	x				x	x			x	x		x	x	x	x			x		x			
N0415H1	High-Risk Drug Classes: Opioid: Has received	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x			x		x			
N0415H2	High-Risk Drug Classes: Opioid: Indication noted	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x			x		x			
N0415I1	High-Risk Drug Classes: Antiplatelet: Has received	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x			x		x			
N0415I2	High-Risk Drug Classes: Antiplatelet: Indication noted	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x			x		x			
N0415J1	High-Risk Drug Classes: Hypoglycemic: Has received	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x			x		x			
N0415J2	High-Risk Drug Classes: Hypoglycemic: Indication noted	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x			x		x			
N0415K1	High-Risk Drug Classes: Anti-convulsant: Has received	x	x	x	x	x	x	x				x	x						x	x	x	x			x		x			
N0415K2	High-Risk Drug Classes: Anti-convulsant: Indication noted	x	x	x	x	x	x	x				x	x						x	x	x	x			x		x			
N0415Z1	High-Risk Drug Classes: None of Above: Has Received	x	x	x	x	x	x	x				x	x	x	x	x	x		x	x	x	x	+		x		x			
N0450A	Resident received antipsychotic medications	x	x																x	x	x									
N0450B	GDR attempted	x	x																x	x	x									
N0450C	Date of last attempted GDR	x	x																x	x	x									
N0450D	Physician documented GDR	x	x																x	x	x									
N0450E	Date physician documented GDR	x	x																x	x	x									
N2001	Drug Regimen Review	x	x		x	x								x		x											x			
N2003	Medication Follow-up	x	x		x	x								x		x											x			
N2005	Medication Intervention	x	x	x	x	x	x	x				x	x		x		x										x			
O0110A1a	Treatment: Chemotherapy - On Adm	x	x		x	x								x		x											x			
O0110A1b	Treatment: Chemotherapy - While a Res	x	x		x	x			x									x	x	x	x								x	
O0110A1c	Treatment: Chemotherapy - At Discharge	x	x	x	x	x	x	x				x	x		x		x										x			
O0110A2a	Treatment: Chemotherapy - IV - On Adm	x	x		x	x								x		x											x			
O0110A2c	Treatment: Chemotherapy - IV - At Discharge	x	x	x	x	x	x	x				x	x		x		x										x			
O0110A3a	Treatment: Chemotherapy - Oral - On Adm	x	x		x	x								x		x											x			

MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT / ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission (A0310B=01)	APU Item Discharge (A0310H=1)	QRP PPS 5 Day Admission (A0310B=01)	QRP PPS DC (A0310H=1)	PDPM (A0310B=01 or 08)	OBRA Admission	OBRA Quarterly	OBRA Annual / Sig Chg	OBRA Discharge	Administrative	iQIES Standardized	QRP Standardized (A0310B=01 and/or A0310H=1)	QRP Quality Measures	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning / PASRR
O0110A3c	Treatment: Chemotherapy - Oral - At Discharge.	x	x	x	x	x	x	x				x	x		x		x								x					
O0110A10a	Treatment: Chemotherapy - Other - On Adm	x	x		x		x							x		x									x					
O0110A10c	Treatment: Chemotherapy - Other - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110B1a	Treatment: Radiation - On Adm	x	x		x		x							x		x									x					
O0110B1b	Treatment: Radiation - While a Resident	x	x		x		x		x									x	x	x	x								x	
O0110B1c	Treatment: Radiation - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110C1a	Treatment: Oxygen Therapy - On Adm	x	x		x		x							x		x									x					
O0110C1b	Treatment: Oxygen Therapy - While a Res	x	x		x		x		x									x	x	x	x							x	x	
O0110C1c	Treatment: Oxygen Therapy - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110C2a	Treatment: Oxygen Therapy - Continuous - On Adm	x	x		x		x							x		x									x					
O0110C2c	Treatment: Oxygen Therapy - Continuous - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110C3a	Treatment: Oxygen Therapy - Intermittent - On Adm	x	x		x		x							x		x									x					
O0110C3c	Treatment: Oxygen Therapy - Intermittent - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110C4a	Treatment: Oxygen Therapy - High-concentration - On Adm	x	x		x		x							x		x									x					
O0110C4c	Treatment: Oxygen Therapy - High-concentration - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110D1a	Treatment: Suctioning - On Adm	x	x		x		x							x		x									x					
O0110D1b	Treatment: Suctioning - While a Res	x	x		x		x		x									x	x	x	x								x	
O0110D1c	Treatment: Suctioning - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110D2a	Treatment: Suctioning - Scheduled - Adm	x	x		x		x							x		x									x					
O0110D2c	Treatment: Suctioning - Scheduled - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110D3a	Treatment: Suctioning - As Needed - Adm	x	x		x		x							x		x									x					
O0110D3c	Treatment: Suctioning - As Needed - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110E1a	Treatment: Tracheostomy care - Adm	x	x		x		x							x		x									x					
O0110E1b	Treatment: Tracheostomy care - While a Resident	x	x		x		x		x									x	x	x	x								x	
O0110E1c	Treatment: Tracheostomy care - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110F1a	Treatment: Invasive Mechanical Ventilator - Adm	x	x		x		x							x		x									x					
O0110F1b	Treatment: Invasive Mechanical Ventilator - While a Res	x	x		x		x		x									x	x	x	x								x	
O0110F1c	Treatment: Invasive Mechanical Ventilator - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110G1a	Treatment: Non-Invasive Mechanic Ventilator - On Adm	x	x		x		x							x		x									x					
O0110G1b	Treatment: Non-Invasive Mechanic Ventilator - While a Res	x	x		x		x												x	x	x									
O0110G1c	Treatment: Non-Invasive Mechanic Ventilator - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110G2a	Treatment: Non-Invasive Mechanic Ventilator - BiPAP - On Adm	x	x		x		x							x		x									x					
O0110G2c	Treatment: Non-Invasive Mechanic Ventilator - BiPAP - At Discharge	x	x	x	x	x	x	x				x	x		x										x					
O0110G3a	Treatment: Non-Invasive Mechanic Ventilator - CPAP - On Adm	x	x		x		x							x		x									x					
O0110G3c	Treatment: Non-Invasive Mechanic Ventilator - CPAP - At Discharge	x	x	x	x	x	x	x				x	x		x										x					

MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT/ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission	APU Item Discharge	QRP PPS 5 Day Admission	QRP PPS DC	PDPM	OBRA Admission	OBRA Quarterly	OBRA Annual/Sig Chg	OBRA Discharge	Administrative	iQIES Standardized	QRP Standardized	QRP Quality Measures	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning/PASRR
O0110H1a	Treatment: IV Medications - On Adm	x	x		x		x							x		x									x					
O0110H1b	Treatment: IV Medications - While a Res	x	x		x		x		x									x	x	x	x								x	
O0110H1c	Treatment: IV Medications - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110H2a	Treatment: IV Medications - Vasoactive Med - On Adm	x	x		x		x							x		x									x					
O0110H2c	Treatment: IV Medications - Vasoactive Med - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110H3a	Treatment: IV Medications - Antibiotics - On Adm	x	x		x		x							x		x									x					
O0110H3c	Treatment: IV Medications - Antibiotics - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110H4a	Treatment: IV Medications - Anticoagulant - On Adm	x	x		x		x							x		x									x					
O0110H4c	Treatment: IV Medications - Anticoagulant - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110H10a	Treatment: IV Medications - Other - On Adm	x	x		x		x							x		x									x					
O0110H10c	Treatment: IV Medications - Other - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110I1a	Treatment: Transfusions - On Adm	x	x		x		x							x		x									x					
O0110I1b	Treatment: Transfusions - While a Res	x	x		x		x		x									x	x	x	x								x	
O0110I1c	Treatment: Transfusions - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110J1a	Treatment: Dialysis - On Adm	x	x		x		x							x		x									x	x		x		
O0110J1b	Treatment: Dialysis - while a Resident	x	x		x		x		x							x		x	x	x	x							x	x	
O0110J1c	Treatment: Dialysis - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110J2a	Treatment: Dialysis - Hemodialysis - On Adm	x	x		x		x							x		x									x					
O0110J2c	Treatment: Dialysis - Hemodialysis - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110J3a	Treatment: Dialysis - Peritoneal - On Adm	x	x		x		x							x		x									x					
O0110J3c	Treatment: Dialysis - Peritoneal - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110K1b	Treatment: Hospice - While a Res	x	x	x	x		x					x	x				x		x	x	x	x						x		
O0110M1b	Treatment: isolate/quarantine - While a Res	x	x	x	x		x		x									x	x	x	x								x	
O0110O1a	Treatment: IV Access - On Adm	x	x		x		x							x		x									x					
O0110O1b	Treatment: IV Access - While a Res	x	x		x		x											x	x	x										
O0110O1c	Treatment: IV Access - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110O2a	Treatment: IV Access - Peripheral - On Adm	x	x		x		x							x		x									x					
O0110O2c	Treatment: IV Access - Peripheral - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110O3a	Treatment: IV Access - Midline - On Adm	x	x		x		x							x		x									x					
O0110O3c	Treatment: IV Access - Midline - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110O4a	Treatment: IV Access - Central - On Adm	x	x		x		x							x		x									x					
O0110O4c	Treatment: IV Access - Central - At Discharge	x	x	x	x	x	x	x				x	x		x		x								x					
O0110Z1a	Treatment: None of the above - On Adm	x	x		x		x							x		x							+							
O0110Z1b	Treatment: None of the above - While a Res	x	x	x	x		x		x			x	x					+	x	x	x	x	+							
O0110Z1c	Treatment: None of the above - At Discharge	x	x	x	x	x	x	x				x	x		x		x					x	+							
O0250A	Was influenza vaccine received	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	
O0250C	If influenza vaccine not received, state reason	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	
O0300B	If pneumococcal vaccination not received, state reason	x	x	x	x		x	x				x	x						x	x	x	x							x	
O0350	Resident's COVID-19 vaccination is up to date	x	x	x	x	x	x	x				x	x			x	x	x	x	x	x	x				x	x			
O0390A	Therapy Svcs: Speech-Lang Path and Aud	x	x		x		x												x	x	x								x	
O0390B	Therapy Svcs: Occup Therapy	x	x		x		x												x	x	x								x	
O0390C	Therapy Svcs: Phys Therapy	x	x		x		x												x	x	x							x	x	

MDS Item	Short Description	NC Comprehensive	NQ Quarterly	ND Discharge	NP PPS 5 Day	NPE PPS DC	SP PPS 5 Day	SD Discharge	IPA Interim Payment	NT/ST Tracking	XX Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Adm	APU Item DC	QRP PPS 5 Day Adm	QRP PPS DC	PDPM	OBRA Adm	OBRA Qtrly	OBRA Annual/Sig Chg	OBRA DC	Administrative	iQIES Std	QRP Std	QRP Quality Measures	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning/PASRR
O0390D	Therapy Svcs: Resp Therapy	x	x		x		x												x	x	x								x	
O0390E	Therapy Svcs: Psych Therapy	x	x		x		x												x	x	x								x	
O0390Z	Therapy Svcs: None of Above	x	x		x		x												x	x	x								x	
O0400D2	Respiratory therapy: number of days	x	x		x		x		x									x	x	x	x									x
O0425A1	SLP and Audiology Services: Individual Minutes	x	x	x	x	x	x	x				x	x					+											+	
O0425A2	SLP and Audiology Services: Concurrent Minutes	x	x	x	x	x	x	x				x	x					+											+	
O0425A3	SLP and Audiology Services: Group Minutes	x	x	x	x	x	x	x				x	x					+											+	
O0425A4	SLP and Audiology Services: Co-treatment Minutes	x	x	x	x	x	x	x				x	x					+											+	
O0425A5	SLP and Audiology Services: Days	x	x	x	x	x	x	x				x	x					+											+	
O0425B1	Occupational Therapy: Individual Minutes	x	x	x	x	x	x	x				x	x					+											+	
O0425B2	Occupational Therapy: Concurrent Minutes	x	x	x	x	x	x	x				x	x					+											+	
O0425B3	Occupational Therapy: Group Minutes	x	x	x	x	x	x	x				x	x					+											+	
O0425B4	Occupational Therapy: Co-treatment Minutes	x	x	x	x	x	x	x				x	x					+											+	
O0425B5	Occupational Therapy: Days	x	x	x	x	x	x	x				x	x					+											+	
O0425C1	Physical Therapy: Individual Minutes	x	x	x	x	x	x	x				x	x					+											+	
O0425C2	Physical Therapy: Concurrent Minutes	x	x	x	x	x	x	x				x	x					+											+	
O0425C3	Physical Therapy: Group Minutes	x	x	x	x	x	x	x				x	x					+											+	
O0425C4	Physical Therapy: Co-treatment Minutes	x	x	x	x	x	x	x				x	x					+											+	
O0425C5	Physical Therapy: Days	x	x	x	x	x	x	x				x	x					+											+	
O0430	Distinct Calendar Days of Part A Therapy	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	
O0500B	Range of motion (active): number of days	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	
O0500D	Bed mobility training: number of days	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	
O0500F	Walking training: number of days	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	
O0500H	Eating and/or swallowing training: number of days	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	
O0500J	Communication training: number of days	x	x		x		x		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			
P0100B	Restraints used in bed: trunk restraint	x	x	x	x		x	x				x	x						x	x	x	x					x	x		
P0100C	Restraints used in bed: limb restraint	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			
P0100E	Restraints in chair/out of bed: trunk restraint	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		
P0100G	Restraints in chair/out of bed: chair stops rising	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			
P0200A	Bed alarm	x	x																x	x	x									
P0200B	Chair alarm	x	x																x	x	x									
P0200C	Floor mat alarm	x	x																x	x	x									
P0200D	Motion sensor alarm	x	x																x	x	x									
P0200E	Wander/elopement alarm	x	x																x	x	x									
P0200F	Other alarm	x	x																x	x	x									
Q0110A	Asmt and Goal Participation: Resident	x	x		x		x												x	x	x									x
Q0110B	Asmt and Goal Participation: Family	x	x		x		x												x	x	x									x
Q0110C	Asmt and Goal Participation: Significant other	x	x		x		x												x	x	x									x
Q0110D	Asmt and Goal Participation: Legal guardian	x	x		x		x												x	x	x									x

MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT/ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission	APU Item Discharge	QRP PPS 5 Day Admission	QRP PPS DC	PDPM	OBRA Admission	OBRA Quarterly	OBRA Annual / Sig Chg	OBRA Discharge	Administrative	iQIES Standardized	QRP Standardized	QRP Quality Measures	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning / PASRR
Q0110E	Asmt and Goal Participation: Other legally authorized representative	x	x		x		x												x	x	x									x
Q0110Z	Asmt and Goal Participation: None of the above.	x	x		x		x												x	x	x		+							x
Q0310A	Resident's overall goal for discharge	x	x		x		x												x	x	x									x
Q0310B	Information source for Q0310A	x	x		x		x												x	x	x									x
Q0400A	Active discharge plan for return to community	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	x	x									x
Q0500C	Information source for Q500B	x	x		x		x												x	x	x									x
Q0550A	Reasking resident preference	x	x		x		x												x	x	x									x
Q0550C	Information source for Q0550A	x	x		x		x												x	x	x									x
Q0610A	Referral been made to local contact agency	x	x	x	x		x	x				x	x						x	x	x	x								x
Q0620	Reason Referral to Local Contact Agency Not Made	x	x	x	x		x	x				x	x						x	x	x	x								x
R0310	Living Situation	x	x		x		x							x		x											x			
R0320A	Food: Worried food would run out?	x	x		x		x							x		x											x			
R0320B	Food: Food did not last?	x	x		x		x							x		x											x			
R0330	Utilities	x	x		x		x							x		x											x			
R0340	Transportation	x	x		x		x							x		x											x			
V0100A	Prior OBRA reason for assessment	x	s	s																										
V0100B	Prior PPS reason for assessment	x	s	s																										
V0100C	Prior assessment reference date	x	s	s																										
V0100D	Prior assessment BIMS summary score	x	s	s																								x		
V0100E	Prior assessment PHQ res: total mood severity score	x	s	s																								x		
V0100F	Prior assessment PHQ staff: total mood score	x	s	s																								x		
V0200A01A	CAA-Delirium: triggered	x	s	s															x		x							x		
V0200A01B	CAA-Delirium: plan	x	s	s															x		x							x		
V0200A02A	CAA-Cognitive loss/dementia: triggered	x	s	s															x		x							x		
V0200A02B	CAA-Cognitive loss/dementia: plan	x	s	s															x		x							x		
V0200A03A	CAA-Visual function: triggered	x	s	s															x		x							x		
V0200A03B	CAA-Visual function: plan	x	s	s															x		x							x		
V0200A04A	CAA-Communication: triggered	x	s	s															x		x							x		
V0200A04B	CAA-Communication: plan	x	s	s															x		x							x		
V0200A05A	CAA-ADL functional/rehab potential: triggered	x	s	s															x		x							x		
V0200A05B	CAA-ADL functional/rehab potential: plan	x	s	s															x		x							x		
V0200A06A	CAA-Urinary incontinence/indwelling catheter: triggered	x	s	s															x		x							x		
V0200A06B	CAA-Urinary incontinence/indwelling catheter: plan	x	s	s															x		x							x		
V0200A07A	CAA-Psychosocial well-being: triggered	x	s	s															x		x							x		
V0200A07B	CAA-Psychosocial well-being: plan	x	s	s															x		x							x		
V0200A08A	CAA-Mood state: triggered	x	s	s															x		x							x		
V0200A08B	CAA-Mood state: plan	x	s	s															x		x							x		
V0200A09A	CAA-Behavioral symptoms: triggered	x	s	s															x		x							x		
V0200A09B	CAA-Behavioral symptoms: plan	x	s	s															x		x							x		
V0200A10A	CAA-Activities: triggered	x	s	s															x		x							x		
V0200A10B	CAA-Activities: plan	x	s	s															x		x							x		
V0200A11A	CAA-Falls: triggered	x	s	s															x		x							x		
V0200A11B	CAA-Falls: plan	x	s	s															x		x							x		
V0200A12A	CAA-Nutritional status: triggered	x	s	s															x		x							x		
V0200A12B	CAA-Nutritional status: plan	x	s	s															x		x							x		
V0200A13A	CAA-Feeding tubes: triggered	x	s	s															x		x							x		
V0200A13B	CAA-Feeding tubes: plan	x	s	s															x		x							x		

MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT / ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission	APU Item Discharge	QRP PPS 5 Day Admission	QRP PPS DC	PDPM	OBRA Admission	OBRA Quarterly	OBRA Annual / Sig Chg	OBRA Discharge	Administrative	iQIES Standardized	QRP Standardized	QRP Quality Measures	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning / PASRR
V0200A14A	CAA-Dehydration/fluid maintenance: triggered	x	s		s														x		x						x			
V0200A14B	CAA-Dehydration/fluid maintenance: plan	x	s		s														x		x						x			
V0200A15A	CAA-Dental care: triggered	x	s		s														x		x						x			
V0200A15B	CAA-Dental care: plan	x	s		s														x		x						x			
V0200A16A	CAA-Pressure ulcer: triggered	x	s		s														x		x						x			
V0200A16B	CAA-Pressure ulcer: plan	x	s		s														x		x						x			
V0200A17A	CAA-Psychotropic drug use: triggered	x	s		s														x		x						x			
V0200A17B	CAA-Psychotropic drug use: plan	x	s		s														x		x						x			
V0200A18A	CAA-Physical restraints: triggered	x	s		s														x		x						x			
V0200A18B	CAA-Physical restraints: plan	x	s		s														x		x						x			
V0200A19A	CAA-Pain: triggered	x	s		s														x		x						x			
V0200A19B	CAA-Pain: plan	x	s		s														x		x						x			
V0200A20A	CAA-Return to community referral: triggered	x	s		s														x		x						x			
V0200A20B	CAA-Return to community referral: plan	x	s		s														x		x						x			
V0200B1	CAA-Assessment process RN signature	-	s		s														x		x		-							
V0200B2	CAA-Assessment process signature date	x	s		s														x		x									
V0200C1	CAA-Care planning signature	-	s		s														x		x		-							
V0200C2	CAA-Care planning signature date	x	s		s														x		x									
X0150	Correction: type of provider										x												x							
X0200A	Correction: resident first name										x												x							
X0200C	Correction: resident last name										x												x							
X0300	Correction: resident gender										x												x							
X0400	Correction: resident birth date										x												x							
X0500	Correction: resident social security number										x												x							
X0600A	Correction: OBRA reason for assessment										x												x							
X0600B	Correction: PPS reason for assessment										x												x							
X0600F	Correction: entry/discharge reporting										x												x							
X0600H	Correction: SNF Part A PPS Discharge										x												x							
X0700A	Correction: assessment reference date										x												x							
X0700B	Correction: discharge date										x												x							
X0700C	Correction: entry date										x												x							
X0800	Correction: correction number										x												x							
X0900A	Correction: modification reasons - transcription error										x												x							
X0900B	Correction: modification reasons - data entry error										x												x							
X0900C	Correction: modification reasons - software error										x												x							
X0900D	Correction: modification reasons - item coding error										x												x							
X0900Z	Correction: modification reasons - other error										x												x							
X1050A	Correction: inactivation reasons - event did not occur										x												x							
X1050Z	Correction: inactivation reasons - other reason										x												x							
X1100A	Correction: attestor first name										x												x							
X1100B	Correction: attestor last name										x												x							
X1100C	Correction: attestor title	-	-	-	-	-	-	-	-	-	-												-							
X1100D	Correction: attestor signature	-	-	-	-	-	-	-	-	-	-												-							
X1100E	Correction: attestation date										x												x							
Z0100A	Medicare Part A: HIPPS code	x	x		x		x		x									x	x	x	x								x	
Z0100B	Medicare Part A: Version code	x	x		x		x		x									x	x	x	x								x	
Z0200A	State Medicaid Billing: Case Mix group	x	x		x														x	x	x									
Z0200B	State Medicaid Billing: Version code	x	x		x														x	x	x									
Z0250A	Alt State Medicaid Billing: Case Mix group	x	x		x														x	x	x									

MDS Item	Short Description	NC - Comprehensive	NQ - Quarterly	ND - Discharge	NP - PPS 5 Day	NPE - PPS DC	SP - PPS 5 Day	SD - Discharge	IPA - Interim Payment	NT / ST - Tracking	XX - Inactivation	A0310G=1 PDC	A0310G=2 UPD	APU Item Admission (A0310B = 01)	APU Item Discharge (A0310H = 1)	QRP PPS 5 Day Admission (A0310B = 01)	QRP PPS DC (A0310H = 1)	PDPM (A0310B = 01 or 08)	OBRA Admission A=01, B=99, F=99, G=^, H=0	OBRA Quarterly A=02, B=99, F=99, G=^, H=0	OBRA Annual / Sig Chg A=03, B=99, F=99, G=^, H=0 / A=04, B=99, F=99, G=^, H=0	OBRA Discharge A=99, B=99, F=10, 11, G=1, 2, H=0	Administrative (Tech Need / Edits / Processing)	iQIES Standardized	QRP Standardized (A0310B = 01 and/or A0310H = 1)	QRP Quality Measures (Includes risk adjustment)	Care Area Triggers	NHQI Quality Measures	PDPM	DC Planning / PASRR
Z0250B	Alt State Medicaid Billing: Version Code	x	x		x														x	x	x									
Z0300A	Insurance Billing: Billing Code	x	x	x	x		x	x											x	x	x	x								
Z0300B	Insurance Billing: Billing Version	x	x	x	x		x	x											x	x	x	x								
Z0400A	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-	-												-							
Z0400B	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-	-												-							
Z0400C	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-	-												-							
Z0400D	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-	-												-							
Z0400E	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-	-												-							
Z0400F	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-	-												-							
Z0400G	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-	-												-							
Z0400H	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-	-												-							
Z0400I	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-	-												-							
Z0400J	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-	-												-							
Z0400K	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-	-												-							
Z0400L	Attestation signature, title, sections, date	-	-	-	-	-	-	-	-	-	-												-							
Z0500A	Signature of RN assessment coordinator	-	-	-	-	-	-	-	-	-	-																			
Z0500B	Date RN signed assessment as complete	x	x	x	x	x	x	x	x										x	x	x	x	x							
	Number of federally required items	782	656	349	612	221	603	335	266	59	24	290	230	158	140	219	154	155	569	442	560	284	60	13	166	156	162	168	157	26

Notes:
+ = Supporting items (e.g., triggers for skip patterns, none-of-the-above items, component item for summary score)
s = State optional item.
- = Item not submitted to iQIES