

MDS DATA ACCURACY CHEAT SHEET

IF	THEN	LOGIC
B0700 is coded 3	C0100;D0100;J0200;Q0500 should be coded ZERO	If Resident rarely/never understood verbally or in writing, Staff Assessment of Mental Status MUST be conducted.
G0110A;G;H;I;J: Bed mobility, , dressing, eating, toilet use, should never be coded to 8	Column A and B should never have the following combination: 0 2, ,3 1, 4 1 , etc.	See standards of care
ADL's Self Performance code 7	Activity occurred only once or twice in 7 days	See locomotion on/off unit. Not otherwise recommended.
G0110B (transfer)coded 3(support)	G0110 A (bed mobility) should be coded 3(support)	Code the most support provided over the 3 shifts in the past 7 days.
G0110 A (bed mobility-self performance) is coded 4(total dependence)	G0110 Column B(support) should be coded 3(2 persons assist)	Bed mobility includes moving to and from and lying position and moving side to side.
G0110 C; D (walk) is coded 0 or 1	G0300(balance) should NEVER be coded 1;2;or 8	Resident does not get the proper assistance or wrong coding
G0900 A;B(functional rehab potential) is coded 1	O0400 or O0500 (PT OT ST; Restorative NSG) should be checked	Beliefs held by the resident and staff that the resident has the capacity for greater independence and involvement in self-care in at least some ADL areas may be important clues to assist in setting goals for care plan
H0100 A;B;C is checked off for ostomy present (for colostomy or ileostomy, not G-tube)	H0300 ;H0400 a should be coded 9	
H0200;H0500 is coded 1	Toileting programs may have different names, e.g., habit training/scheduled voiding, etc	Review the resident's responses as recorded during the toileting program..
J1100 (SOB)A;B;C is checked	I6200;I6300;I2000 (dx)should be coded as appropriate	
I6500(cataracts, macular degeneration, glaucoma) is checked	B0800(vision) should be coded accordingly	
J1400 is coded 1	O0100K (Hospice) should be checked	End of life program will be considered too, if supported by MD dx

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M0150 is coded 0 or 1	M0100B;C should be checked	
M0100 is checked off for stage greater than 1	M1200B should NOT be checked if criteria NOT met	Individualized Turning /repositioning program !!
N0350 is coded 1	I 2900 must be checked	
O400A; B;C;D;E ;F;G) is checked	Correspondent disease /dx should be checked/coded in section I	295 for schizophrenic disorders 297 for paranoia states (delusional disorders) 333.4 for Huntington's chorea
O0100M (Isolation or quarantine) Should not be checked		. No strict isolation criteria available in our Facility at this time.
O0100 Column1 (Resident is admitted/readmitted from hospital)	O0100 A to M should be checked off using data from the hospital	IV meds , suctioning, and tracheostomy are critical data Very important for CMI maximization
O0250A;O0300A is checked 0	O0250C;O0300B should never be checked 5 or 3(never offered)	Immunization has a big impact on Facility Quality Measures
P0100 (Restraints) should be coded 0 (in 7 days) unless any emergency.	MSH RESTRAINTS FREE	
Q0500 is checked 2	Q0600 should be checked based on "RETURN TO COMMUNITY INTERVIEW"	Section Q has been broadened beyond the traditional definition of discharge planning for sub-acute residents to encompass LTC.