HealthCap
RISK MANAGEMENT SERVICES

UNDERSTANDING THE 2025 MDS 3.0 CHANGES

COMPREHENSIVE REFERENCE GUIDE

EFFECTIVE DATE: OCTOBER 1, 2025 **SOURCE:** CMS MDS 3.0 RAI USER'S MANUAL V1.20.1

SECTION A – IDENTIFICATION INFORMATION

1. A0800 → A0810 (SEX REPLACES GENDER)

PREVIOUS ITEM(S) (A0800 – Gender)	UPDATED ITEM(S) (A0810 – Sex)
Gender – Resident's self-identified gender.	Sex – Resident's biological sex as documented in the medical record.

WHAT CHANGED:
CMS replaced the word "Gender" with "Sex" to align with standardized healthcare data elements used across post-acute settings.

IMPLICATIONS FOR CODING:
- Use the value documented in the resident's medical record or official admission documents.
- Do not rely on self-identification or interview response for this item.
- This change ensures interoperability between MDS, SNF QRP, and hospital records.

TRAINING TIP:
Review admission documentation to ensure the "sex" field matches physician or hospital discharge summaries.
Citation: CMS RAI Manual v1.20.1, Section A, pages A-5 to A-7 (red text).

2. A1250 → A1255 (REVISED TRANSPORTATION DEFINITIONS)

PREVIOUS ITEM(S) (A1250 – Transportation)	UPDATED ITEM(S) (A1255 – Transportation)
Transportation – Ability to get to places beyond walking distance (definitions outdated).	Transportation – Clarified categories and added coding examples for "no access" and "unable to leave residence."

WHAT CHANGED:
- Updated wording to remove ambiguity about "driving" versus "being transported."
- Expanded examples to include medical transport, ride-share, and paratransit.
- Updated coding instructions to align with social determinants of health (SDOH) measures.

OPERATIONAL IMPACT:
Social services staff and MDS coordinators should review transportation assessments to ensure current data elements match CMS definitions.

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SECTION GG – FUNCTIONAL ABILITIES AND GOALS

GG0130 & GG0170 (COMBINED SELF-CARE AND MOBILITY GUIDANCE)

PREVIOUS ITEM(S) (GG0130 & GG0170 – Self-Care / Mobility)	UPDATED ITEM(S) (GG0130 & GG0170 – Combined Guidance)
GG0130 and GG0170 guidance presented separately with three columns (Admission Performance, Discharge Goal, Discharge Performance).	CMS combined both under one shared subsection: "GG0130: Self-Care and GG0170: Mobility." Discharge Goal column removed.

WHAT CHANGED:
CMS merged Self-Care and Mobility guidance into one shared subsection to improve clarity and reduce duplication. Red-text updates clarify who qualifies as a "helper," when to code items not routinely performed, and add new examples for walking, stairs, and wheelchair mobility.

STRUCTURAL CHANGES:
- Combined guidance into one shared subsection.
- Removed "Discharge Goal" column.
- Revised table layout to match other PAC assessment tools.

NEW GUIDANCE DETAILS:
- "Helper includes only facility or contracted staff — not hospice or student workers."
- "Assess each activity even if not routinely performed."
- Added examples clarifying when to code "setup assistance," "supervision," or "dependent."
- Added wheelchair examples to distinguish manual vs. powered mobility.

IMPLICATIONS FOR CODING:
- Use only facility or contracted staff in determining assistance level.
- Evaluate all mobility items even if rarely performed by the resident.
- Apply consistent criteria across therapy and nursing to avoid discrepancies.

OPERATIONAL IMPACT:
Expect interdisciplinary retraining on GG scoring. All disciplines (nursing, therapy, restorative) should document using the same definitions for helper levels.

TRAINING TIP:
During IDT meetings, confirm that therapy and nursing documentation align for each GG code. Consistent scoring supports accurate QRP reporting.

SECTION J – HEALTH CONDITIONS (FALLS AND INJURIES)

J1900 (EXPANDED FALL AND INJURY DEFINITIONS)

PREVIOUS ITEM(S) (J1900 – Falls and Injuries)	UPDATED ITEM(S) (J1900 – Expanded Definitions and Injury Clarifications)
Excluded falls caused by overwhelming external force (e.g., being pushed, bumped, or struck).	Includes all falls, even those caused by external forces. Adds new "intercepted fall" example for therapy settings.

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WHAT CHANGED:
CMS expanded the fall definition to capture incidents caused by external forces and added examples to standardize documentation. Red text adds clarity for "injury except major" and "major injury."

UPDATED DEFINITIONS:
- **Fall**: Now includes events caused by external force.
- **Intercepted Fall**: If a therapist catches a resident during balance testing, it is not coded as a fall.
- **Injury Except Major**: Now includes phrase "includes but is not limited to," meaning pain-only incidents qualify.
- **Major Injury**: Limited to traumatic fractures; removed "pathologic fractures" and simplified "head injury."

IMPLICATIONS FOR CODING:
- Code all falls that result in the resident resting on the ground or a lower surface, regardless of cause.
- Only omit intercepted falls that occur during formal therapy balance testing.
- Use clinical judgment and documentation to determine injury classification.

DOCUMENTATION TIP:
Include fall circumstances (e.g., "pushed by another resident," "slipped on wet floor") in nursing notes to support accurate classification under new definitions.

CODING TIP:
Bruise or superficial laceration = **Injury Except Major**
Concussion, subdural hematoma, or loss of consciousness = **Major Injury**

RAI MANUAL EXAMPLE (PAGE J-40):
A resident falls, sustains a cut above the eye and arm swelling, is sent to the ER, and shows no neuro changes.
Code J1900B = 1 (Injury Except Major).
Reason: Laceration and swelling without fracture or neuro change are classified as Injury Except Major.

SECTION K – SWALLOWING / NUTRITIONAL STATUS
K0300 & K0310 (CLARIFIED GUIDANCE FOR WEIGHT LOSS AND GAIN)

PREVIOUS ITEM(S) (K0300 – Weight Loss; K0310 – Weight Gain)	UPDATED ITEM(S) (K0300 & K0310 – Clarified Guidance for Weight Changes)
Weight loss and gain definitions lacked clinical criteria for significance and fluid-related change.	Adds examples clarifying clinically significant weight changes and fluid accumulation exclusion.

WHAT CHANGED:
CMS added clarifying language to distinguish true nutritional weight change from planned or fluid-related variation.

IMPLICATIONS FOR CODING:
- *Weight Loss*: Code if ≥ 5% loss in 1 month or ≥ 10% in 6 months and not part of a planned weight reduction.
- *Weight Gain*: Code if clinically significant and not caused by edema or CHF.
- Use actual recorded weights, not observation or estimation.

OPERATIONAL IMPACT:
Dietary and nursing must coordinate to confirm intent behind weight changes. Update care plans when changes are coded as "clinically significant."

TRAINING TIP:
Confirm each resident's weight trends using certified scale readings, not meal logs or visual assessments.

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SECTION O – SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS

1. NEW ITEM O0390 (ADDED THERAPY SERVICES TRACKING)

PREVIOUS ITEM(S) (None – New Item)	UPDATED ITEM(S) (O0390 – Therapy Services)
Not applicable (item did not exist in v1.19.1).	New therapy item consolidates discipline-specific minutes and service types for PDPM reporting.

WHAT CHANGED:
O0390 added to capture therapy minutes for each discipline (PT, OT, SLP) across the 7-day lookback period. Cross-references included for therapy coordination and billing accuracy.

IMPLICATIONS FOR CODING:
- Record total treatment minutes per discipline.
- Align data with Medicare Part A PDPM billing.
- Document therapy interruptions and restart dates consistently.

TRAINING TIP:
Collaborate with therapy leads weekly to confirm minute totals before MDS submission.

2. O0400 (REVISED THERAPY REPORTING STRUCTURE)

PREVIOUS ITEM(S) (O0400 – Therapies)	UPDATED ITEM(S) (O0400 – Revised Guidance)
Contained detailed therapy breakdowns and references to O0420.	Simplified layout; added cross-references to O0390; removed redundant language.

WHAT CHANGED:
CMS streamlined O0400 to align with O0390 therapy data collection, removing outdated language referencing “distinct calendar days.”

IMPLICATIONS FOR CODING:
- Continue reporting therapy minutes under O0400, cross-checking totals with O0390.
- No longer document “distinct calendar days.”

3. O0420 (REMOVED DISTINCT CALENDAR DAYS OF THERAPY)

PREVIOUS ITEM(S) (O0420 – Distinct Calendar Days)	UPDATED ITEM(S) (Removed)
Captured number of distinct calendar days therapy was provided.	Item eliminated; data now derived from O0390.

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WHAT CHANGED:

This field has been deleted. Therapy data is captured via total minutes and mode of delivery in O0390 and O0400.

OPERATIONAL IMPACT:

Facilities no longer record “distinct therapy days”. Coding focus shifts to **minute totals and modality consistency** for PDPM calculations.

TRAINING TIP:

Ensure software vendors have removed “Distinct Days” fields before October 1, 2025.