Track Changes
from Chapter 3 Section J v1.17.1
to Chapter 3 Section J v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	—	—	Updated language throughout to be gender neutral.
3	—	—	Updated screen captures of all items.
3	—	J-1	**Intent:** The intent of the items in this section is to document a number of health conditions that impact the resident's functional status and quality of life. The items include an assessment of pain which uses an interview with the resident or staff if the resident is unable to participate. The pain items assess the management of pain, the presence of pain, pain frequency, effect ~~on function, intensity, management~~of pain on sleep, and ~~control~~pain interference with therapy and day-to-day activities. Other items in the section assess dyspnea, tobacco use, prognosis, problem conditions, falls, prior surgery, and surgery requiring active SNF care.
3	J0100	J-1	J0100: Pain Management ~~(5-Day Look Back)~~
3	J0100	J-2	**Steps for Assessment** 8. Review medical record to determine if a pain regimen exists. 9. Review the medical record and interview staff and direct caregivers to determine what, if any, pain management interventions the resident received any time during the last 5- days ~~look- back period~~. Include information from all disciplines.
3	J0100	J-2	**Coding Instructions for J0100A-C** *Determine all interventions for pain provided to the resident ~~during~~any time in the last 5- days ~~look-back period~~. Answer these items even if the resident currently denies pain.*
3	J0100	J-3	**Coding Tips** • Code only pain medication regimens without PRN pain medications in J0100A. Code receipt of PRN pain medications in J0100B. • For ~~coding~~ J0100B code only residents with PRN pain medication regimens here. If the resident has a scheduled pain medication J0100A should be coded.

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3	J0100	J-3	**Examples** 1. The resident's medical record documents that ~~she~~they received the following pain management in the ~~p~~last 5 days: • Hydrocodone/acetaminophen 5/500 1 tab PO every 6 hours. Discontinued on day 1 of the look-back period. • Acetaminophen 500mg PO every 4 hours. Started on day 2 of the look-back period. • Cold pack to left shoulder applied by PT BID. PT notes that resident reports significant pain improvement after cold pack applied. **Coding:** J0100A would be **coded 1, yes**. **Rationale:** Medical record indicated that resident received a scheduled pain medication ~~during~~in the last 5- days~~ look-back period~~. **Coding:** J0100B would be **coded 0, no.** **Rationale:** No documentation was found in the medical record that resident received or was offered and declined any PRN medications ~~during~~in the last 5- days~~ look-back period~~. **Coding:** J0100C would be **coded 1, yes.** **Rationale:** The medical record indicates that the resident received scheduled non--medication pain intervention (cold pack to the left shoulder) ~~during~~in the last 5- days~~ look-back period~~.

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3	J0100	J-3–J-4	2. The resident's medical record includes the following pain management documentation: • Morphine sulfate controlled-release 15 mg PO Q 12 hours: Resident refused every dose of medication ~~during~~in the last 5- days~~ look-back period~~. No other pain management interventions were documented. **Coding:** J0100A would be **coded 0, no.** **Rationale:** The medical record documented that the resident did not receive scheduled pain medication ~~during~~in the last 5- days~~ look-back period~~. Residents may refuse scheduled medications; however, medications are not considered "received" if the resident refuses the dose. **Coding:** J0100B would be **coded 0, no**. **Rationale:** The medical record contained no documentation that the resident received or was offered and declined any PRN medications ~~during~~in the last 5- days~~ look-back period~~. **Coding:** J0100C would be **coded 0, no**. **Rationale:** The medical record contains no documentation that the resident received non-medication pain intervention ~~during~~in the last 5-days~~ look-back period~~.
3	J0200	J-4	**Health-related Quality of Life** • Most residents who are capable of communicating can answer questions about how they feel. • Obtaining information about pain directly from the resident, sometimes called "hearing the resident's voice," is more reliable and accurate than observation alone for identifying pain. • ~~If a resident cannot communicate (e.g., verbal, gesture, written), then staff observations for pain behavior (J0800 and J0850) will be used.~~

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3	J0200	J-5	**Steps for Assessment** 1. Interact with the resident using ~~his or her~~their preferred language. Be sure ~~he or she~~they can hear you and/or ~~has~~have access to ~~his or her~~their preferred method for communication. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards. 2. Determine whether or not the resident is rarely/never understood verbally, in writing, or using another method. If the resident is rarely/never understood, skip to item J0800, Indicators of Pain or Possible Pain. 3. Review Language item (A11~~0~~10) to determine whether or not the resident needs or wants an interpreter.
3	J0200	J-5	**Coding Instructions** *Attempt to complete the interview ~~if the resident is at least sometimes understood~~with all residents ~~and an interpreter is present or not required~~.* • **Code 0, no:** if the resident is rarely/never understood or an interpreter is required but not available. Skip to **Indicators of Pain or Possible Pain** item (J0800). • **Code 1, yes:** if the resident is at least sometimes understood and an interpreter is present or not required. Continue to **Pain Presence** ~~item (J0300)~~.

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3	J0200	J-5	**Coding Tips and Special Populations** • Attempt to conduct the interview with ALL residents. This interview is conducted during the look-back period of the Assessment Reference Date (ARD) and is not contingent upon item B0700, Makes Self Understood. • If the resident interview should have been conducted, but was not done within the look-back period of the ARD (except when an interpreter is needed/requested and unavailable), item J0200 must be coded 1, Yes, and the standard "no information" code (a dash "—") entered in the ~~resident~~Pain Assessment ~~i~~Interview items (J0300–J0600). Item J0700, Should the Staff Assessment for Pain be Conducted?, is coded 0, No. • Do not complete the Staff Assessment for Pain items (J0800–J0850) if the ~~resident~~Pain Assessment ~~i~~Interview should have been conducted~~,~~ but was not done. • If it is not possible for an interpreter to be present during the look-back period, code J0200 = 0 to indicate the Pain Assessment ~~i~~Interview was not attempted, skip the Pain Assessment Interview items (J0300–J0600), and complete the **Staff Assessment of Pain** item (J0800)~~, instead of the **Pain Interview** items (J0300-J0600)~~.

3	J0300–J0600	J-6	Replaced screenshot. OLD **Pain Assessment Interview** **J0300. Pain Presence** Enter Code ☐ Ask resident: "***Have you had pain or hurting at any time*** *in the last 5 days?*" 0. **No** → Skip to J1100, Shortness of Breath 1. **Yes** → Continue to J0400, Pain Frequency 9. **Unable to answer** → Skip to J0800, Indicators of Pain or Possible Pain **J0400. Pain Frequency** Enter Code ☐ Ask resident: "***How much of the time have you experienced pain or hurting*** *over the last 5 days?*" 1. **Almost constantly** 2. **Frequently** 3. **Occasionally** 4. **Rarely** 9. **Unable to answer** **J0500. Pain Effect on Function** Enter Code ☐ **A.** Ask resident: "*Over the past 5 days,* ***has pain made it hard for you to sleep at night****?*" 0. **No** 1. **Yes** 9. **Unable to answer** Enter Code ☐ **B.** Ask resident: "*Over the past 5 days,* ***have you limited your day-to-day activities because of pain****?*" 0. **No** 1. **Yes** 9. **Unable to answer** **J0600. Pain Intensity** - Administer **ONLY ONE** of the following pain intensity questions (A or B) Enter Rating ☐☐ **A. Numeric Rating Scale (00-10)** Ask resident: "*Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine.*" (Show resident 00 -10 pain scale) **Enter two-digit response. Enter 99 if unable to answer.** Enter Code ☐ **B. Verbal Descriptor Scale** Ask resident: "*Please rate the intensity of your worst pain over the last 5 days.*" (Show resident verbal scale) 1. **Mild** 2. **Moderate** 3. **Severe** 4. **Very severe, horrible** 9. **Unable to answer** NEW **J0300. Pain Presence** Enter Code ☐ Ask resident: ***"Have you had pain or hurting at any time*** *in the last 5 days?"* 0. **No** → Skip to J1100, Shortness of Breath 1. **Yes** → Continue to J0410, Pain Frequency 9. **Unable to answer** → Skip to J0800, Indicators of Pain or Possible Pain **J0410. Pain Frequency** Enter Code ☐ Ask resident: ***"How much of the time have you experienced pain or hurting*** *over the last 5 days?"* 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 9. **Unable to answer** **J0510. Pain Effect on Sleep** Enter Code ☐ Ask resident: *"Over the past 5 days,* ***how much of the time has pain made it hard for you to sleep at night?"*** 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 8. **Unable to answer** **J0520. Pain Interference with Therapy Activities** Enter Code ☐ Ask resident: *"Over the past 5 days,* ***how often have you limited your participation in rehabilitation therapy sessions due to pain?"*** 0. **Does not apply - I have not received rehabilitation therapy in the past 5 days** 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 8. **Unable to answer** **J0530. Pain Interference with Day-to-Day Activities** Enter Code ☐ Ask resident: *"Over the past 5 days,* ***how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"*** 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 8. **Unable to answer** **J0600. Pain Intensity** - Administer **ONLY ONE** of the following pain intensity questions (A or B) Enter Rating ☐☐ **A. Numeric Rating Scale (00-10)** Ask resident: *"Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine."* (Show resident 00 -10 pain scale) **Enter two-digit response. Enter 99 if unable to answer.** Enter Code ☐ **B. Verbal Descriptor Scale** Ask resident: *"Please rate the intensity of your worst pain over the last 5 days."* (Show resident verbal scale) 1. **Mild** 2. **Moderate** 3. **Severe** 4. **Very severe, horrible** 9. **Unable to answer**

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3	J0300–J0600	J-7	**Planning for Care** • Directly asking the resident about pain rather than relying on the resident to volunteer the information or relying on clinical observation significantly improves the detection of pain. • Resident self-report is the most reliable means for assessing pain. • Pain assessment provides a basis for evaluation, treatment need, and response to treatment. • Assessing whether pain interferes with sleep or activities provides additional understanding of the functional impact of pain and potential care planning implications. • Assessment of pain provides insight into the need to adjust the timing of pain interventions to better cover sleep or preferred activities. • The assessment of pain is not associated with any particular approach to pain management. Since the use of opioids is associated with serious complications, an array of successful nonpharmacologic and nonopioid approaches to pain management may be considered. There are a range of pain management strategies that can be used, including but not limited to non-opioid analgesic medications, transcutaneous electrical nerve stimulation (TENS) therapy, supportive devices, acupuncture, biofeedback, application of heat/cold, massage, physical therapy, nerve block, stretching and strengthening exercises, chiropractic, electrical stimulation, radiotherapy, and ultrasound.

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3	J0300–J0600	J-8	**Steps for Assessment: Basic Interview Instructions for Pain Assessment Interview (J0300-J0600)** 1. Interview any resident not screened out by the **Should Pain Assessment Interview be Conducted?** item (J0200). 2. The Pain Assessment Interview for residents consists of ~~four~~seven items: the primary question **Pain Presence** item (J0300)~~,~~ and ~~three~~six follow-up questions ~~**Pain Frequency** item (J0400); **Pain Effect on Function** item (J0500); and **Pain Intensity** item (J0600)~~. If the resident is unable to answer the primary question on **Pain Presence** item J0300, skip to the **Staff Assessment for Pain** beginning with **Indicators of Pain or Possible Pain** item (J0800). ~~3. The look-back period on these items is 5 days. Because this item asks the resident to recall pain during the past 5 days, this assessment should be conducted close to the end of the 5- day look-back period; preferably on the day before, or the day of the ARD. This should more accurately capture pain episodes that occur during the 5-day look-back period.~~
3	J0300–J0600	J-8	7. Directly ask the resident each item in ~~J0300 through J0600~~the Pain Assessment Interview in the order provided. • Use other terms for pain or follow-up discussion if the resident seems unsure or hesitant. Some residents avoid use of the term "pain" but may report that they "hurt." Residents may use other terms such as "aching" or "burning" to describe pain. 8. If the resident chooses not to answer a particular item, accept ~~his/her~~their refusal, **code 9**, and move on to the next item. 9. If the resident is unsure about whether ~~the~~ pain or the effects or interference of pain occurred in the last 5- days ~~time interval~~, prompt the resident to think about the most recent episode of pain and try to determine whether it occurred ~~with~~in the ~~look-back period~~last 5 days.

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3	J0300	J-9	J0300: Pain Presence ~~(5-Day Look Back)~~
3	J0300	J-9	Replaced screenshot. OLD **Pain Assessment Interview** **J0300. Pain Presence** Enter Code ☐ Ask resident: "***Have you had pain or hurting at any time*** *in the last 5 days?"* 0. **No** → Skip to J1100, Shortness of Breath 1. **Yes** → Continue to J0400, Pain Frequency 9. **Unable to answer** → Skip to J0800, Indicators of Pain or Possible Pain NEW **J0300. Pain Presence** Enter Code ☐ Ask resident: ***"Have you had pain or hurting at any time*** *in the last 5 days?"* 0. **No** → Skip to J1100, Shortness of Breath 1. **Yes** → Continue to J0410, Pain Frequency 9. **Unable to answer** → Skip to J0800, Indicators of Pain or Possible Pain
3	J0300	J-9	**Coding Instructions for J0300, Pain Presence** *Code for the presence or absence of pain regardless of pain management efforts ~~during~~in the last 5- days ~~look-back period~~.* • **Code 0, no:** if the resident responds "no" to having any pain or hurting in the last 5- days ~~look-back period~~. **Code 0, no:** even if the reason for no pain is that the resident received pain management interventions. If coded 0, the pain interview is complete. Skip to **Shortness of Breath** item (J1100). • **Code 1, yes:** if the resident responds "yes" to having any pain ~~at any time during~~or hurting in the ~~look-back period~~last 5 days. If coded 1, proceed to ~~items J0400, J0500, J0600 AND J0700~~ the Pain Assessment Interview. • **Code 9, unable to answer:** if the resident is unable to answer, does not respond, or gives a nonsensical response. If coded 9, skip to the **Staff Assessment for Pain** ~~beginning with **Indicators of Pain or Possible Pain** item (J0800)~~.

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3	J0300	J-9	**Examples** 1. When asked about pain, ~~Mrs.~~Resident S~~.~~ responds, "No. I have been taking the pain medication regularly, so fortunately I have had no pain." **Coding:** J0300 would be **coded 0, no**. ~~The assessor would skip to **Shortness of Breath** item (J1100).~~ **Rationale:** ~~Mrs.~~Resident S~~.~~ reports having no pain during the look-back period. Even though ~~she~~they received pain management interventions during the look-back period, the item is coded "No," because there was no pain.
3	J0300	J-9	2. When asked about pain, ~~Mr.~~Resident T. responds, "No pain, but I have had a terrible burning sensation all down my leg." **Coding:** J0300 would be **coded 1, yes**. ~~The assessor would proceed to **Pain Frequency** item (J0400).~~ **Rationale:** Although ~~Mr.~~Resident T~~.~~'s initial response is "no," the comments indicate that ~~he~~they ~~has~~have experienced pain (burning sensation) during the look-back period.
3	J0300	J-10	3. When asked about pain, ~~Ms.~~Resident G~~.~~ responds, "I was on a train in 1905." **Coding:** J0300 would be **coded 9, unable to respond.** ~~The assessor would skip to **Indicators of Pain** item (J0800).~~ **Rationale:** ~~Ms.~~Resident G~~.~~ has provided a nonsensical answer to the question. The assessor will complete the **Staff Assessment for Pain** ~~beginning with **Indicators of Pain** item (J0800)~~.
3	J0410	J-10	J04~~0~~10: Pain Frequency ~~(5-Day Look Back)~~

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3	J0410	J-10	Replaced screenshot. OLD **J0400. Pain Frequency** Enter Code ☐ Ask resident: "***How much of the time have you experienced pain or hurting*** *over the last 5 days?*" 1. **Almost constantly** 2. **Frequently** 3. **Occasionally** 4. **Rarely** 9. **Unable to answer** NEW **J0410. Pain Frequency** Enter Code ☐ Ask resident: ***"How much of the time have you experienced pain or hurting*** *over the last 5 days?"* 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 9. **Unable to answer**
3	J0410	J-10	**Coding Instructions** *Code for pain frequency ~~during~~over the last 5- days~~ look-back period~~.* • **Code 1, ~~almost constantly~~Rarely or not at all:** if the resident responds "~~almost constantly~~rarely" to the question. • **Code 2, ~~frequently~~Occasionally:** if the resident responds "~~frequently~~occasionally" to the question. • **Code 3, ~~occasionally~~Frequently:** if the resident responds "~~occasionally~~frequently" to the question. • **Code 4, ~~rarely~~Almost constantly:** if the resident responds "~~rarely~~almost constantly" to the question. • **Code 9, ~~u~~Unable to answer:** if the resident is unable to respond, does not respond, or gives a nonsensical response.~~ Proceed to items J0500, J0600 AND J0700.~~

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3	J0410	J-11	**Examples** 1. When asked about pain, ~~Mrs.~~Resident C~~.~~ responds, "All the time. It has been a terrible week. I have not been able to get comfortable for more than 10 minutes at a time since I started physical therapy four days ago." **Coding:** J04~~0~~10 would be **coded ~~1~~4, a~~A~~lmost constantly**. **Rationale:** ~~Mrs.~~Resident C~~.~~ describes pain that has occurred "all the time."
3	J0410	J-11	2. When asked about pain, ~~Mr.~~Resident J~~.~~ responds, "I don't know if it is frequent or occasional. My knee starts throbbing every time they move me from the bed or the wheelchair." The interviewer says: "Your knee throbs every time they move you. If you had to choose an answer, would you say that you have pain frequently or occasionally?" ~~Mr.~~Resident J~~.~~ is still unable to choose between frequently and occasionally. **Coding:** J04~~0~~10 would be **coded ~~2~~3, ~~f~~Frequently**. **Rationale:** The interviewer appropriately echoed ~~Mr.~~Resident J~~.~~'s comment and provided related response options to help ~~him~~them clarify which response ~~he~~they preferred. ~~Mr.~~Resident J~~.~~ remained unable to decide between frequently and occasionally. The interviewer therefore coded for the higher frequency of pain.

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3	J0410	J-11	3. When asked about pain, ~~Miss~~Resident K~~.~~ responds: "I can't remember. I think I had a headache a few times in the past couple of days, but they gave me acetaminophen and the headaches went away." The interviewer clarifies by echoing what ~~Miss~~Resident K~~.~~ said: "You've had a headache a few times in the past couple of days and the headaches went away when you were given acetaminophen. If you had to choose from the answers, would you say you had pain occasionally or rarely?" ~~Miss~~Resident K~~.~~ replies "Occasionally." **Coding:** J04~~0~~10 would be **coded ~~3~~2, ~~o~~Occasionally**. **Rationale:** After the interviewer clarified the resident's choice using echoing, the resident selected a response option.
3	J0410	J-12	4. When asked about pain, ~~Ms.~~Resident M~~.~~ responds, "I would say rarely. Since I started using the patch, I don't have much pain at all, but four days ago the pain came back. I think they were a bit overdue in putting on the new patch, so I had some pain for a little while that day." **Coding:** J04~~0~~10 would be **coded 41, ~~r~~Rarely or not at all**. **Rationale:** ~~Ms.~~Resident M~~.~~ selected the "~~r~~Rarely or not at all" response option.
3	J0510	J-12	J05~~0~~10: Pain Effect on ~~Function~~Sleep ~~(5-Day Look Back)~~
3	J0510–J2300-J5000	J-12–J-49	Page length changed due to revised content.

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3	J0510	J-12	Replaced screenshot. OLD **J0500. Pain Effect on Function** Enter Code ☐ **A.** Ask resident: *"Over the past 5 days,* ***has pain made it hard for you to sleep at night?"*** 0. **No** 1. **Yes** 9. **Unable to answer** Enter Code ☐ **B.** Ask resident: *"Over the past 5 days,* ***have you limited your day-to-day activities because of pain?"*** 0. **No** 1. **Yes** 9. **Unable to answer** NEW **J0510. Pain Effect on Sleep** Enter Code ☐ Ask resident: *"Over the past 5 days,* ***how much of the time has pain made it hard for you to sleep at night?"*** 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost constantly** 8. **Unable to answer**
3	J0510	J-12	~~**Steps for Assessment**~~ ~~1. Ask the resident each of the two questions exactly as they are written.~~ ~~2. If the resident's response does not lead to a clear "yes" or "no" answer, repeat the resident's response and then try to narrow the focus of the response. For example, if the resident responded to the question, "Has pain made it hard for you to sleep at night?" by saying, "I always have trouble sleeping," then the assessor might reply, "You always have trouble sleeping. Is it your pain that makes it hard for you to sleep?~~
3	J0510	J-12	~~**Coding Instructions for J0500A, Over the Past 5 Days, Has Pain Made It Hard for You to Sleep at Night?**~~ • ~~**Code 0, no:** if the resident responds "no," indicating that pain did not interfere with sleep.~~ • ~~**Code 1, yes:** if the resident responds "yes," indicating that pain interfered with sleep.~~ • ~~**Code 9, unable to answer:** if the resident is unable to answer the question, does not respond or gives a nonsensical response. Proceed to items J0500B, J0600 AND J0700.~~

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3	J0510	J-12	~~**Coding Instructions for J0500B, Over the Past 5 Days, Have You Limited Your Day-to-day Activities because of Pain?**~~ • ~~**Code 0, no:** if the resident indicates that pain did not interfere with daily activities.~~ • ~~**Code 1, yes:** if the resident indicates that pain interfered with daily activities.~~ • ~~**Code 9, unable to answer:** if the resident is unable to answer the question, does not respond or gives a nonsensical response. Proceed to items J0600 AND J0700.~~
3	J0510	J-12	~~**Examples for J0500A, Over the Past 5 Days, Has Pain Made It Hard for You to Sleep at Night?**~~ ~~1. Mrs. D. responds, "I had a little back pain from being in the wheelchair all day, but it felt so much better when I went to bed. I slept like a baby."~~ ~~**Coding:** J0500A would be **coded 0, no**.~~ ~~**Rationale:** Mrs. D. reports no sleep problems related to pain.~~

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3	J0510	J-12	~~2. Mr. E. responds, "I can't sleep at all in this place."~~ ~~The interviewer clarifies by saying, "You can't sleep here. Would you say that was because pain made it hard for you to sleep at night?"~~ ~~Mr. E. responds, "No. It has nothing to do with me. I have no pain. It is because everyone is making so much noise."~~ ~~**Coding:** J0500A would be **coded 0, no.**~~ ~~**Rationale:** Mr. E. reports that his sleep problems are not related to pain.~~ ~~3. Miss G. responds, "Yes, the back pain makes it hard to sleep. I have to ask for extra pain medicine, and I still wake up several times during the night because my back hurts so much."~~ ~~**Coding:** J0500A would be **coded 1, yes.**~~ ~~**Rationale:** The resident reports pain-related sleep problems.~~
3	J0510	J-12	~~Examples for J0500B, **Over the Past 5 Days, Have You Limited Your Day-to-day Activities because of Pain?**~~ ~~1. Ms. L. responds, "No, I had some pain on Wednesday, but I didn't want to miss the shopping trip, so I went."~~ ~~**Coding:** J0500B would be **coded 0, no.**~~ ~~**Rationale:** Although Ms. L. reports pain, she did not limit her activity because of it.~~ ~~2. Mrs. N. responds, "Yes, I haven't been able to play the piano, because my shoulder hurts."~~ ~~**Coding:** J0500B would be **coded 1, yes.**~~ ~~**Rationale:** Mrs. N. reports limiting her activities because of pain.~~

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3	J0510	J-12	~~3. Mrs. S. responds, "I don't know. I have not tried to knit since my finger swelled up yesterday, because I am afraid it might hurt even more than it does now."~~ ~~**Coding:** J0500B would be **coded 1, yes**.~~ ~~**Rationale:** Resident avoided a usual activity because of fear that her pain would increase.~~ ~~4. Mr. Q. responds, "I don't like painful activities."~~ ~~Interviewer repeats question and Mr. Q. responds, "I designed a plane one time."~~ ~~**Coding:** J0500B would be **coded 9, unable to answer**.~~ ~~**Rationale:** Resident has provided a nonsensical answer to the question. Proceed to items J0600 AND J0700.~~
3	J0510	J-12	**Steps for Assessment** 1. Read the question and response choices exactly as they are written. 2. No predetermined definitions are offered to the resident. The resident's response should be based on their interpretation of frequency response options. 3. If the resident's response does not lead to a clear answer, repeat the resident's response and then try to narrow the focus of the response. For example, if the resident responded to the question, "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" by saying, "I always have trouble sleeping," then the assessor might reply, "You always have trouble sleeping. Is it your pain that makes it hard for you to sleep?" The assessor can then narrow down responses with additional follow-up questions about the frequency.

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3	J0510	J-12	**Coding Instructions** *Code for pain effect on sleep over the last 5 days.* • **Code 1, Rarely or not at all:** if the resident responds that pain has rarely or not at all made it hard to sleep over the past 5 days. • **Code 2, Occasionally:** if the resident responds that pain has occasionally made it hard to sleep over the past 5 days. • **Code 3, Frequently:** if the resident responds that pain has frequently made it hard to sleep over the past 5 days. • **Code 4, Almost constantly:** if the resident responds that pain has almost constantly made it hard to sleep over the past 5 days. • **Code 8, Unable to answer:** if the resident is unable to answer the question, does not respond or gives a nonsensical response.
3	J0510	J-13	**Coding Tips** • This item should be coded based on the resident's interpretation of the provided response options for frequency. If the resident is unable to decide between two options, then the assessor should code for the option with the higher frequency. • If the resident reports they had pain over the past 5 days and the pain does not interfere with their sleep (e.g., because the resident is using pain management strategies successfully)**, code 1, Rarely or not at all**.

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3	J0510	J-13	**Examples** 1. When asked, "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" the resident replied, "I've had a little back pain from being in the wheelchair all day, but it felt so much better when I went to bed. The pain hasn't kept me from sleeping at all." **Coding:** J0510 would be **coded 1, Rarely or not at all**. **Rationale:** The resident reports pain has been present over the past 5 days but that they have had no sleep problems related to pain.
3	J0510	J-13	2. When asked, "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" the resident responded, "All the time. It's been hard for me to sleep all the time. I have to ask for extra pain medicine, and I still wake up several times during the night because my back hurts so much." **Coding:** J0510 would be **coded 4, Almost constantly**. **Rationale:** The resident reports pain-related sleep problems "all the time" over the past 5 days, so the most applicable response is "Almost constantly."
3	J0520	J-14	J0520: Pain Interference with Therapy Activities **J0520. Pain Interference with Therapy Activities** Enter Code ☐ Ask resident: *"Over the past 5 days,* ***how often have you limited your participation in rehabilitation therapy sessions due to pain?"*** 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
3	J0520	J-14	**Steps for Assessment** 1. Read the question and response choices as written.

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3	J0520	J-14	**Coding Instructions** *Code for pain interference with therapy activities over the last 5 days.* • **Code 0, Does not apply:** if the resident responds that they did not participate in rehabilitation therapy for reasons unrelated to pain (e.g., therapy not needed, unable to schedule) over the past 5 days. • **Code 1, Rarely or not at all:** if the resident responds that pain has rarely or not at all limited their participation in rehabilitation therapy sessions over the past 5 days. • **Code 2, Occasionally:** if the resident responds that pain has occasionally limited their participation in rehabilitation therapy sessions over the past 5 days. • **Code 3, Frequently:** if the resident responds that pain has frequently limited their participation in rehabilitation therapy sessions over the past 5 days. • **Code 4, Almost constantly:** if the resident responds that pain has almost constantly limited their participation in rehabilitation therapy sessions over the past 5 days. • **Code 8, Unable to answer:** if the resident is unable to answer the question, does not respond, or gives a nonsensical response.
3	J0520	J-14	**DEFINITION** **REHABILITATION THERAPY** Special healthcare services or programs that help a person regain physical, mental, and/or cognitive (thinking and learning) abilities that have been lost or impaired as a result of disease, injury, or treatment. Can include, for example, physical therapy, occupational therapy, speech therapy, and cardiac and pulmonary therapies.

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3	J0520	J-14–J-15	**Coding Tips** • This item should be coded based on the resident's interpretation of the provided response options for frequency. If the resident is unable to decide between two options, then the assessor should code for the option with the higher frequency. • Rehabilitation therapies may include treatment supervised in person by a therapist or nurse or other staff or the resident carrying out a prescribed therapy program without staff members present. • Rehabilitation therapies do not include restorative nursing programs.
3	J0520	J-15	**Example** 1. When asked, "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" the resident responded, "Since the surgery a week ago, the pain has made it hard to even get out of bed. I try to push myself, but the pain frequently limits how much I can do with my therapist." **Coding:** J0520 would be **coded 3, Frequently**. **Rationale:** The resident reports that pain frequently limited participation in therapies over the past 5 days.
3	J0530	J-15	**J0530: Pain Interference with Day-to-Day Activities** **J0530. Pain Interference with Day-to-Day Activities** Enter Code ☐ Ask resident: *"Over the past 5 days, **how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"*** 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
3	J0530	J-15	**Steps for Assessment** 1. Read the question and response choices as written.

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3	J0530	J-15–J-16	**Coding Instructions** *Code for pain interference with day-to-day activities over the last 5 days.* • **Code 1, Rarely or not at all:** if the resident responds that pain has rarely or not at all limited their day-to-day activities (excluding rehabilitation therapy sessions) over the past 5 days. • **Code 2, Occasionally:** if the resident responds that pain has occasionally limited their day-to-day activities (excluding rehabilitation therapy sessions) over the past 5 days. • **Code 3, Frequently:** if the resident responds that pain has frequently limited their day-to-day activities (excluding rehabilitation therapy sessions) over the past 5 days. • **Code 4, Almost constantly:** if the resident responds that pain has almost constantly limited their day-to-day activities (excluding rehabilitation therapy sessions) over the past 5 days. • **Code 8, Unable to answer:** if the resident is unable to answer the question, does not respond, or gives a nonsensical response.
3	J0530	J-16	**Coding Tips** • This item should be coded based on the resident's interpretation of the provided response options for frequency. If the resident is unable to decide between two options, then the assessor should code for the option with the higher frequency.

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3	J0530	J-16	**Examples** 1. When asked, "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?" the resident responded, "Although I have some pain in my back, I'm still able to read, eat my meals, and take walks like I usually do." **Coding:** J0530 would be **coded 1, Rarely or not at all**. **Rationale:** The resident reports that pain has not limited their participation in day-to-day activities over the past 5 days.
3	J0530	J-16	2. When asked, "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?" the resident responded, "The pain has made it hard to do pretty much anything. Even getting out of bed to brush my teeth has been hard. I haven't been able to talk to my family because the pain is so bad. It's just constant. I'd say it constantly limits what I do." **Coding:** J0530 would be **coded 4, Almost constantly**. **Rationale:** The resident reports that pain has constantly limited their participation in other activities over the past 5 days.
3	J0600	J-17	J0600: Pain Intensity ~~(5-Day Look Back)~~

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3	J0600	J-17	**Steps for Assessment** 1. You may use either the **Numeric Rating Scale** item (J0600A) or the **Verbal Descriptor Scale** item (J0600B) to interview the resident about pain intensity. • For each resident, try to use the same scale used on prior assessments. 2. If the resident is unable to answer using one scale, the other scale should be attempted. 3. Record **either** the **Numeric Rating Scale** item ~~(J0600A)~~ **or** the **Verbal Descriptor Scale** item ~~(J0600B)~~. Leave the response for the unused scale blank.
3	J0600	J-17	**Coding Instructions for J0600A. Numeric Rating Scale (00-10)** *Enter the two digit number (00-10) indicated by the resident as corresponding to the intensity of ~~his or her~~their worst pain ~~during~~over the last 5- days~~ look-back period~~, where zero is no pain, and 10 is the worst pain imaginable.*
3	J0600	J-18	• **Code 9, unable to answer:** if resident is unable to answer, chooses not to respond, does not respond or gives a nonsensical response.~~ Proceed to item J0700.~~ • If the **Verbal Descriptor Scale** is not used, leave the response box blank.

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3	J0600	J-18	**Examples for J0600A. Numeric Rating Scale (00-10)** 1. The nurse asks ~~Ms.~~Resident T~~.~~ to rate ~~her~~their pain on a scale of 0 to 10. ~~Ms.~~Resident T~~.~~ states that ~~she~~they ~~is~~are not sure, because ~~she~~they ~~has~~have shoulder pain and knee pain, and sometimes it is really bad, and sometimes it is OK. The nurse reminds ~~Ms.~~Resident T~~.~~ to think about all the pain ~~she~~they had ~~during~~over the last 5 days and select the number that describes ~~her~~their worst pain. ~~She~~They reports that ~~her~~their pain is a "6." **Coding:** J0600A would be **coded 06**. **Rationale:** The resident said ~~her~~their pain was 6 on the 0 to 10 scale. Because a 2-digit number is required, it is entered as 06.
3	J0600	J-18	2. The nurse asks ~~Ms.~~Resident U~~.~~ to rate ~~her~~their pain, reviews use of the verbal descriptor scale, and provides a cue card as a visual aid. ~~Ms.~~Resident U~~.~~ says, "I'm not sure whether it's mild or moderate." The nurse reminds ~~Ms.~~Resident U~~.~~ to think about ~~her~~their worst pain ~~during~~over the last 5 days. ~~Ms.~~Resident U~~.~~ says, "At its worst, it was moderate." **Coding:** Item J0600B would be **coded 2, moderate**. **Rationale:** The resident indicated that ~~her~~their worst pain was "Moderate."
3	J0700	J-19	J0700: Should the Staff Assessment for Pain be Conducted? ~~(5-Day Look Back)~~

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3	J0700	J-19	Replaced screenshot. OLD **J0700. Should the Staff Assessment for Pain be Conducted?** Enter Code ☐ 0. **No** (J0400 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea) 1. **Yes** (J0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain NEW **J0700. Should the Staff Assessment for Pain be Conducted?** Enter Code ☐ 0. **No** (J0410 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea) 1. **Yes** (J0410 = 9) → Continue to J0800, Indicators of Pain or Possible Pain
3	J0700	J-19	**Item Rationale** Item J0700 closes the pain interview and determines if the resident interview was complete or incomplete and based on this determination, whether a staff assessment ~~needs to~~should be completed.
3	J0700	J-19	**DEFINITION** **COMPLETED PAIN ASSESSMENT INTERVIEW** The ~~p~~Pain Assessment ~~i~~Interview is successfully completed if the resident reported no pain (~~answered No to~~ J0300 = 0. No), or if the resident reported pain (J0300 = 1. ~~y~~Yes) and the follow-up question J04~~0~~10 is answered.
3	J0700	J-19	**Steps for Assessment** ~~1. Review the resident's responses to items J0200-J0400.~~ 2. The **Staff Assessment for Pain** should only be completed if the **Pain Assessment Interview** (J0~~2~~300–J0600) was not completed. Note: Steps renumbered

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3	J0700	J-19	**Coding Instructions for J0700. Should the Staff Assessment for Pain be Conducted? ~~This item is to be coded at the completion of items J0400-J0600.~~** • **Code 0, no:** if the resident completed the **Pain Assessment Interview** item (J04~~0~~10 = 1, 2, 3, or 4). Skip to **Shortness of Breath (dyspnea)** item (J1100). • **Code 1, yes:** if the resident was unable to complete the **Pain Assessment Interview** (J04~~0~~10 = 9). Continue to **Indicators of Pain or Possible Pain** item (J0800).
3	J0800	J-20	J0800: Indicators of Pain ~~(5-Day Look Back)~~ ~~*Complete this item only if the **Pain Assessment Interview** (J0200-J0600) was not completed.*~~
3	J0800	J-21	**Steps for Assessment** 1. **Review the medical record** for documentation of each indicator of pain listed in J0800 that occurred ~~during~~in the last 5- days ~~look-back period~~. If the record documents the presence of any of the signs and symptoms listed, confirm your record review with the direct care staff on all shifts who work most closely with the resident during activities of daily living (ADL). 2. **Interview staff** because the medical record may fail to note all observable pain behaviors. For any indicators that were not noted as present in medical record review, interview direct care staff on all shifts who work with the resident during ADL. Ask directly about the presence of each indicator that was not noted as being present in the record. 3. **Observe resident** during care activities. If you observe additional indicators of pain ~~during~~in the last 5- days ~~look-back period,~~ code the corresponding items.

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3	J0800	J-21–J-22	**Coding Instructions** *Check all that apply in the ~~p~~last 5 days based on staff observation of pain indicators.* • If the medical record review and the interview with direct care providers and observation on all shifts provide no evidence of pain indicators, Check J0800Z, None of these **signs observed or documented**, and proceed to the **Shortness of Breath** item (J1100). • **Check J0800A, nonverbal sounds:** included but not limited to if crying, whining, gasping, moaning, or groaning were observed or reported ~~during~~in the ~~look-back period~~last 5 days. • **Check J0800B, vocal complaints of pain:** included but not limited to if the resident was observed to or reported to have ma~~k~~de vocal complaints of pain (e.g. "that hurts," "ouch," or "stop") in the last 5 days. • **Check J0800C, facial expressions:** included but not limited to if grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw were observed or reported ~~during~~in the ~~look-back period~~last 5 days. • **Check J0800D, protective body movements or postures:** included but not limited to if bracing, guarding, rubbing or massaging a body part/area, or clutching or holding a body part during movement were observed or reported ~~during~~in the ~~look-back period~~last 5 days. • **Check J0800Z, none of these signs observed or documented:** if none of these signs were observed or reported ~~during~~in the ~~look-back period~~last 5 days.

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3	J0800	J-22	2. ~~Mrs.~~Resident M~~.~~ has end-stage Parkinson's disease and is unable to verbally communicate. There is no documentation of pain in ~~her~~their medical record ~~during~~in the last 5- days~~ look-back period~~. The CNAs caring for ~~her~~them report that on some mornings ~~she~~they moan~~s~~ and wince~~s~~ when ~~her~~their arms and legs are moved during morning care. During direct observation, you note that ~~Mrs.~~Resident M~~.~~ cries and attempts to pull ~~her~~their hand away when the CNA tries to open the contracted hand to wash it. **Coding: Nonverbal Sounds** items (J0800A); **Facial Expressions** item (J0800C); and **Protective Body Movements or Postures** item (J0800D), would be **checked**. **Rationale:** ~~Mrs.~~Resident M~~.~~ has demonstrated nonverbal sounds (crying, moaning); facial expression of pain (wince), and protective body movements (attempt to withdraw).
3	J0800	J-23	4. ~~Mr.~~Resident S~~.~~ is in a persistent vegetative state following a traumatic brain injury. ~~He~~They ~~is~~are unable to verbally communicate. There is no documentation of pain in ~~his~~their medical record ~~during~~in the last 5- days~~ look-back period~~. The CNA reports that ~~he~~they appear~~s~~ comfortable whenever ~~she~~the CNA cares for ~~him~~them. You observe the CNA providing morning care and transferring ~~him~~them from bed to chair. No pain indicators are observed at any time. **Coding:** None of These Signs Observed or Documented item (J0800Z), would be **checked**. **Rationale:** All steps for the assessment have been followed and no pain indicators have been documented, reported or directly observed.
3	J0850	J-23	J0850: Frequency of Indicator of Pain or Possible Pain ~~(5-Day Look Back)~~

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3	J0850	J-23	**Steps for Assessment** 1. Review medical record and interview staff and direct caregivers to determine the number of days the resident either complained of pain or showed evidence of pain as described in J0800 ~~over~~in the ~~p~~last 5 days.
3	J0850	J-24	**Coding Instructions** *Code for pain frequency ~~over~~in the last 5 days.* • **Code 1:** if based on staff observation, the resident complained or showed evidence of pain 1 to 2 days. • **Code 2:** if based on staff observation, the resident complained or showed evidence of pain ~~on~~ 3 to 4 ~~of the last 5~~ days. • **Code 3:** if based on staff observation, the resident complained or showed evidence of pain on a daily basis.
3	J0850	J-24	**Examples** 1. ~~Mr.~~Resident M~~.~~ is an 80-year-old ~~male~~individual with advanced dementia. During the last 5- days~~ look-back period~~, ~~Mr.~~Resident M~~.~~ was noted to be grimacing and verbalizing "ouch" over the past 2 days when ~~his~~their right shoulder was moved. **Coding:** Item J0850 would be **coded 1, indicators of pain observed 1 to 2 days.** **Rationale:** ~~He~~They ~~has~~have demonstrated vocal complaints of pain ("ouch"), facial expression of pain (grimacing) on 2 of the last 5 days.

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3	J0850	J-24	2. ~~Mrs.~~Resident C~~.~~ is a 78-year-old ~~female~~individual with a history of CVA with expressive aphasia and dementia. ~~During~~In the last 5- days~~ look-back period~~, the resident was noted on a daily basis to be rubbing ~~her~~their right knee and grimacing. **Coding:** Item J0850 would be **coded 3, indicators of pain observed daily.** **Rationale:** The resident was observed with a facial expression of pain (grimacing) and protective body movements (rubbing ~~her~~their knee) every day ~~during~~in the ~~look-back period~~last 5 days.
3	J1900	J-36	Replaced screenshot. OLD **J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS),** whichever is more recent Enter Codes in Boxes Coding: 0. None 1. One 2. Two or more ☐ **A. No injury** - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall ☐ **B. Injury (except major)** - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain ☐ **C. Major injury** - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma NEW **J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS),** whichever is more recent Coding: 0. None 1. One 2. Two or more Enter Codes in Boxes ☐ **A. No injury** - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall ☐ **B. Injury (except major)** - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain ☐ **C. Major injury** - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma
3	J1900	J-38	**Coding Tip** • If the level of injury directly related to a fall that occurred during the look-back period is identified after the ARD and is at a different injury level than what was originally coded on an assessment that was submitted to the Internet Quality Improvement and Evaluation System (iQIES)~~ Assessment Submission and Processing (ASAP) system~~, the assessment must be modified to update the level of injury that occurred with that fall.

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3	J1900	J-39	5. ~~Mr.~~Resident R~~.~~ fell on ~~his~~their right hip in the facility on the ARD of ~~his~~their Quarterly MDS and complained of mild right hip pain. The initial x-ray of the hip did not show any injury. The nurse completed ~~Mr.~~Resident R's Quarterly assessment and coded the assessment to reflect this information. The assessment was submitted to iQIES ~~ASAP~~. Three days later, ~~Mr.~~Resident R~~.~~ complained of increasing pain and had difficulty ambulating, so a follow-up x-ray was done. The follow-up x-ray showed a hairline fracture of the right hip. This injury is noted by the physician to be attributed to the recent fall that occurred during the look-back period of the Quarterly assessment. **Original Coding:** J1900B, Injury (except major) is **coded 1, one** and J1900C, Major Injury is **coded 0, none**. **Rationale:** ~~Mr.~~Resident R. had a fall-related injury that caused ~~him~~them to complain of pain. **Modification of Quarterly assessment:** J1900B, Injury (except major) is **coded 0, none** and J1900C, Major Injury, is **coded 1, one**. **Rationale:** The extent of the injury did not present itself right after the fall; however, it was directly related to the fall that occurred during the look-back period of the Quarterly assessment. Since the assessment had been submitted to iQIES ~~ASAP~~ and the level of injury documented on the submitted Quarterly was now found to be different based on a repeat x-ray of the resident's hip, the Quarterly assessment needed to be modified to accurately reflect the injury sustained during that fall.

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3	J2000	J-40	
			DEFINITION **MAJOR SURGERY** Refers to a procedure that meets the following criteria: 1. The resident was an inpatient in an acute care hospital for at least 1 day in the 100 days prior to admission to the skilled nursing facility (SNF), **and** 2. The surgery carried some degree of risk to the resident's life or the potential for severe disability.
3	J2000	J-40	~~**Coding Tips**~~ • ~~Generally, major surgery for item J2000 refers to a procedure that meets the following criteria:~~ ~~1. the resident was an inpatient in an acute care hospital for at least one day in the 100 days prior to admission to the skilled nursing facility (SNF),~~ ~~**and**~~ ~~2. the surgery carried some degree of risk to the resident's life or the potential for severe disability.~~

3	J2300–J5000	J-43	Replaced screenshot. OLD **Surgical Procedures** - Complete only if J2100 = 1 ↓ **Check all that apply** **Major Joint Replacement** ☐ **J2300. Knee Replacement** - partial or total ☐ **J2310. Hip Replacement** - partial or total ☐ **J2320. Ankle Replacement** - partial or total ☐ **J2330. Shoulder Replacement** - partial or total **Spinal Surgery** ☐ **J2400. Involving the spinal cord or major spinal nerves** ☐ **J2410. Involving fusion of spinal bones** ☐ **J2420. Involving lamina, discs, or facets** ☐ **J2499. Other major spinal surgery** **Other Orthopedic Surgery** ☐ **J2500. Repair fractures of the shoulder** (including clavicle and scapula) **or arm** (but not hand) ☐ **J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle** (not foot) ☐ **J2520. Repair but not replace joints** ☐ **J2530. Repair other bones** (such as hand, foot, jaw) ☐ **J2599. Other major orthopedic surgery** **Neurological Surgery** ☐ **J2600. Involving the brain, surrounding tissue or blood vessels** (excludes skull and skin but includes cranial nerves) ☐ **J2610. Involving the peripheral or autonomic nervous system** - open or percutaneous ☐ **J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices** ☐ **J2699. Other major neurological surgery** **Cardiopulmonary Surgery** ☐ **J2700. Involving the heart or major blood vessels** - open or percutaneous procedures ☐ **J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords** - open or endoscopic ☐ **J2799. Other major cardiopulmonary surgery** **Genitourinary Surgery** ☐ **J2800. Involving male or female organs** (such as prostate, testes, ovaries, uterus, vagina, external genitalia) ☐ **J2810. Involving the kidneys, ureters, adrenal glands, or bladder** - open or laparoscopic (includes creation or removal of nephrostomies or urostomies) ☐ **J2899. Other major genitourinary surgery** **Other Major Surgery** ☐ **J2900. Involving tendons, ligaments, or muscles** ☐ **J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen** - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair) ☐ **J2920. Involving the endocrine organs** (such as thyroid, parathyroid), **neck, lymph nodes, or thymus** - open ☐ **J2930. Involving the breast** ☐ **J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant** ☐ **J5000. Other major surgery not listed above** NEW **Surgical Procedures** - Complete only if J2100 = 1 ↓ **Check all that apply** **Major Joint Replacement** ☐ **J2300. Knee Replacement** - partial or total ☐ **J2310. Hip Replacement** - partial or total ☐ **J2320. Ankle Replacement** - partial or total ☐ **J2330. Shoulder Replacement** - partial or total **Spinal Surgery** ☐ **J2400. Involving the spinal cord or major spinal nerves** ☐ **J2410. Involving fusion of spinal bones** ☐ **J2420. Involving lamina, discs, or facets** ☐ **J2499. Other major spinal surgery** **Other Orthopedic Surgery** ☐ **J2500. Repair fractures of the shoulder** (including clavicle and scapula) **or arm** (but not hand) ☐ **J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle** (not foot) ☐ **J2520. Repair but not replace joints** ☐ **J2530. Repair other bones** (such as hand, foot, jaw) ☐ **J2599. Other major orthopedic surgery** **Neurological Surgery** ☐ **J2600. Involving the brain, surrounding tissue or blood vessels** (excludes skull and skin but includes cranial nerves) ☐ **J2610. Involving the peripheral or autonomic nervous system** - open or percutaneous ☐ **J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices** ☐ **J2699. Other major neurological surgery** **Cardiopulmonary Surgery** ☐ **J2700. Involving the heart or major blood vessels** - open or percutaneous procedures ☐ **J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords** - open or endoscopic ☐ **J2799. Other major cardiopulmonary surgery** **Genitourinary Surgery** ☐ **J2800. Involving genital systems** (such as prostate, testes, ovaries, uterus, vagina, external genitalia) ☐ **J2810. Involving the kidneys, ureters, adrenal glands, or bladder** - open or laparoscopic (includes creation or removal of nephrostomies or urostomies) ☐ **J2899. Other major genitourinary surgery** **Other Major Surgery** ☐ **J2900. Involving tendons, ligaments, or muscles** ☐ **J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen** - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair) ☐ **J2920. Involving the endocrine organs** (such as thyroid, parathyroid), **neck, lymph nodes, or thymus** - open ☐ **J2930. Involving the breast** ☐ **J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant** ☐ **J5000. Other major surgery not listed above**

Track Changes
from Chapter 3 Section J v1.17.1
to Chapter 3 Section J v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	J2300–J5000	J-44	2. **Determine whether the surgeries require active care during the SNF stay:** Once a recent surgery is identified, it must be determined if the surgery requires **active** care during the SNF stay**.** Surgeries requiring active care during the SNF stay are surgeries that have a **direct relationship** to the resident's primary SNF diagnosis, as coded in I0020B. • Do not include conditions that have been resolved, do not affect the resident's current status, or do not drive the resident's plan of care during the 7-day look-back period ~~period~~, as these would be considered surgeries that do not require active care during the SNF stay.