

**Track Changes  
from Chapter 3 Section J v1.16R  
to Chapter 3 Section J v1.17.1**

Chapter	Section	Page	Change
3	J	J-1	<b>Intent:</b> 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 presence of pain, pain frequency, effect on function, intensity, management and control. Other items in the section assess dyspnea, tobacco use, prognosis, problem conditions, <b>and falls, prior surgery, and surgery requiring active SNF care.</b>
3	J0200	J-5	<ul style="list-style-type: none"> <li><del>There is one exception to completing the Staff Assessment for Pain items (J0800–J0850) in place of the resident interview. This exception is specific to a stand-alone, unscheduled Prospective Payment System (PPS) assessment only and is discussed on page 2-60. For this type of assessment only, the resident interview may be conducted up to two calendar days after the ARD.</del></li> <li>When coding a stand-alone Change of Therapy OMRA (COT), a stand-alone End of Therapy OMRA (EOT), or a stand-alone Start of Therapy OMRA (SOT), the interview items may be coded using the responses provided by the resident on a previous assessment <b>only</b> if the DATE of the interview responses from the previous assessment (as documented in item Z0400) was obtained no more than 14 days prior to the DATE of completion for the interview items on the unscheduled assessment (as documented in item Z0400) for which those responses will be used.</li> </ul>
3	J1800	J-30	<p>Replaced screenshot.</p> <p><b>OLD</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent</b></p> <p>Enter Code <input type="checkbox"/> Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?</p> <p>0. No → Skip to K0100, Swallowing Disorder</p> <p>1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)</p> </div> <p><b>NEW</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent</b></p> <p>Enter Code <input type="checkbox"/> Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?</p> <p>0. No → Skip to J2000, Prior Surgery</p> <p>1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)</p> </div>

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3	J1800	J-31	<ul style="list-style-type: none"> <li><b>Code 0, no:</b> if the resident has not had any fall since the last assessment. Skip to <b>Swallowing Disorder</b> item (K0100) if the assessment being completed is an OBRA assessment. If the assessment being completed is a Scheduled PPS assessment, skip to <b>Prior Surgery</b> item (J2000).</li> </ul>
3	J1900	J-34	<p><b>Coding Tip</b></p> <ul style="list-style-type: none"> <li>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 <b>Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system</b>, the assessment must be modified to update the level of injury that occurred with that fall.</li> </ul>
3	J1900	J-34	<p><b>Examples</b></p> <ol style="list-style-type: none"> <li>A nursing note states that Mrs. K. slipped out of her wheelchair onto the floor while at the dining room table. Before being assisted back into her chair, an <b>range of motion</b> assessment was completed that indicated no injury. A <b>skin assessment conducted shortly after the fall also revealed no injury.</b></li> </ol>
3	J1900	J-35	<ol style="list-style-type: none"> <li>Mr. R. fell on his right hip in the facility on the ARD of his 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. R's Quarterly assessment and coded the assessment to reflect this information. The assessment was submitted to QIES ASAP. Three days later, Mr. 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.</li> </ol> <p><b>Original Coding:</b> J1900B, Injury (except major) <b>was</b> <b>coded 1, one</b> and J1900C, Major Injury is <b>coded 0, none.</b></p>

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3	J2000	J-36	<div>Planning for Care</div> <ul style="list-style-type: none"><li>This item identifies whether the resident has had major surgery during the 100 days prior to admission the start of the Medicare Part A stay. A recent history of major surgery can affect a resident’s recovery.</li></ul>
3	J2100	J-37	<div>J2100: Recent Surgery Requiring Active SNF Care</div> <div>J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08</div> <div><div>Enter Code</div><div><input type="checkbox"/></div><div>Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0. No 1. Yes 8. Unknown</div></div>
3	J2100	J-37	<div>Item Rationale</div> <div>Health-related Quality of Life</div> <ul style="list-style-type: none"><li>A recent history of major surgery during the inpatient stay that preceded the resident’s Part A admission can affect a resident’s recovery.</li></ul> <div>Planning for Care</div> <ul style="list-style-type: none"><li>This item identifies whether the resident had major surgery during the inpatient stay that immediately preceded the resident’s Part A admission. A recent history of major surgery can affect a resident’s recovery.</li></ul>

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3	J2100	J-38	<p><b>J2100: Recent Surgery Requiring Active SNF Care (cont.)</b></p> <p><b>Steps for Assessment</b></p> <ol style="list-style-type: none"> <li>1. Ask the resident and his or her family or significant other about any surgical procedures that occurred during the inpatient hospital stay that immediately preceded the resident's Part A admission.</li> <li>2. Review the resident's medical record to determine whether the resident had major surgery during the inpatient hospital stay that immediately preceded the resident's Part A admission.</li> </ol> <p>Medical record sources include medical records received from facilities where the resident received health care during the inpatient hospital stay that immediately preceded the resident's Part A admission, the most recent history and physical, transfer documents, discharge summaries, progress notes, and other resources as available.</p>
3	J2100	J-38	<p><b>Coding Instructions</b></p> <ul style="list-style-type: none"> <li>• <b>Code 0, No:</b> if the resident did not have major surgery during the inpatient hospital stay that immediately preceded the resident's Part A admission.</li> <li>• <b>Code 1, Yes:</b> if the resident had major surgery during the inpatient hospital stay that immediately preceded the resident's Part A admission.</li> <li>• <b>Code 8, Unknown:</b> if it is unknown or cannot be determined whether the resident had major surgery during the inpatient hospital stay that immediately preceded the resident's Part A admission.</li> </ul> <p><b>Coding Tips</b></p> <ul style="list-style-type: none"> <li>• Generally, major surgery for item J2100 refers to a procedure that meets the following criteria: <ol style="list-style-type: none"> <li>1. the resident was an inpatient in an acute care hospital for at least one day in the 30 days prior to admission to the skilled nursing facility (SNF), <b>and</b></li> <li>2. the surgery carried some degree of risk to the resident's life or the potential for severe disability.</li> </ol> </li> </ul>

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3	J2300–J5000	J-39	<p><b>J2300 – J5000: Recent Surgeries Requiring Active SNF Care</b></p> <p><b>Surgical Procedures - Complete only if J2100 = 1</b></p> <p>↓ Check all that apply</p> <p><b>Major Joint Replacement</b></p> <p><input type="checkbox"/> J2300. Knee Replacement - partial or total</p> <p><input type="checkbox"/> J2310. Hip Replacement - partial or total</p> <p><input type="checkbox"/> J2320. Ankle Replacement - partial or total</p> <p><input type="checkbox"/> J2330. Shoulder Replacement - partial or total</p> <p><b>Spinal Surgery</b></p> <p><input type="checkbox"/> J2400. Involving the spinal cord or major spinal nerves</p> <p><input type="checkbox"/> J2410. Involving fusion of spinal bones</p> <p><input type="checkbox"/> J2420. Involving lamina, discs, or facets</p> <p><input type="checkbox"/> J2499. Other major spinal surgery</p> <p><b>Other Orthopedic Surgery</b></p> <p><input type="checkbox"/> J2500. Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)</p> <p><input type="checkbox"/> J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot)</p> <p><input type="checkbox"/> J2520. Repair but not replace joints</p> <p><input type="checkbox"/> J2530. Repair other bones (such as hand, foot, jaw)</p> <p><input type="checkbox"/> J2599. Other major orthopedic surgery</p> <p><b>Neurological Surgery</b></p> <p><input type="checkbox"/> J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)</p> <p><input type="checkbox"/> J2610. Involving the peripheral or autonomic nervous system - open or percutaneous</p> <p><input type="checkbox"/> J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices</p> <p><input type="checkbox"/> J2699. Other major neurological surgery</p> <p><b>Cardiopulmonary Surgery</b></p> <p><input type="checkbox"/> J2700. Involving the heart or major blood vessels - open or percutaneous procedures</p> <p><input type="checkbox"/> J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic</p> <p><input type="checkbox"/> J2799. Other major cardiopulmonary surgery</p> <p><b>Genitourinary Surgery</b></p> <p><input type="checkbox"/> J2800. Involving male or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)</p> <p><input type="checkbox"/> J2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)</p> <p><input type="checkbox"/> J2899. Other major genitourinary surgery</p> <p><b>Other Major Surgery</b></p> <p><input type="checkbox"/> J2900. Involving tendons, ligaments, or muscles</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> J2920. Involving the endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus - open</p> <p><input type="checkbox"/> J2930. Involving the breast</p> <p><input type="checkbox"/> J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant</p> <p><input type="checkbox"/> J5000. Other major surgery not listed above</p>
3	J2300–J5000	J-39	<p><b>Item Rationale</b></p> <p><b>Health-related Quality of Life</b></p> <ul style="list-style-type: none"> <li>A recent history of major surgery during the inpatient stay that preceded the resident's Part A admission can affect a resident's recovery.</li> </ul> <p><b>Planning for Care</b></p> <ul style="list-style-type: none"> <li>This item identifies whether the resident had major surgery during the inpatient stay that immediately preceded the resident's Part A admission. A recent history of major surgery can affect a resident's recovery.</li> </ul>

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3	J2300– J5000	J-40	<p><b>J2300 – J5000: Recent Surgeries Requiring Active SNF Care (cont.)</b></p> <p><b>Steps for Assessment</b></p> <p>1. <b>Identify recent surgeries:</b> The surgeries in this section must have been documented by a physician (nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 30 days and must have occurred during the inpatient stay that immediately preceded the resident’s Part A admission.</p> <ul style="list-style-type: none"> <li>• Medical record sources for recent surgeries include progress notes, the most recent history and physical, transfer documents, discharge summaries, diagnosis/problem list, and other resources as available.</li> <li>• Although open communication regarding resident information between the physician and other members of the interdisciplinary team is important, it is also essential that resident information communicated verbally be documented in the medical record by the physician to ensure follow-up.</li> <li>• Surgery information, including past history obtained from family members and close contacts, must also be documented in the medical record by the physician to ensure validity and follow-up.</li> </ul>

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3	J2300– J5000	J-40	<p><b>2. Determine whether the surgeries require active care during the SNF stay:</b> Once a recent surgery is identified, it must be determined if the surgery requires <b>active</b> care during the SNF stay. Surgeries requiring active care during the SNF stay are surgeries that have a <b>direct relationship</b> to the resident’s primary SNF diagnosis, as coded in I0020B.</p> <ul style="list-style-type: none"> <li>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, as these would be considered surgeries that do not require active care during the SNF stay.</li> <li>Check the following information sources in the medical record for the last 30 days to identify “active” surgeries: transfer documents, physician progress notes, recent history and physical, recent discharge summaries, nursing assessments, nursing care plans, medication sheets, doctor’s orders, consults and official diagnostic reports, and other sources as available.</li> </ul>
3	J2300– J5000	J-40	<p><b>Coding Instructions</b></p> <p><i>Code surgeries that are documented to have occurred in the last 30 days, and during the inpatient stay that immediately preceded the resident’s Part A admission, that have a direct relationship to the resident’s primary SNF diagnosis, as coded in I0020B.</i></p> <ul style="list-style-type: none"> <li>Check off each surgery requiring active SNF care as defined above, as follows: <ul style="list-style-type: none"> <li>Surgeries are listed by major surgical category: Major Joint Replacement, Spinal Surgery, Orthopedic Surgery, Neurologic Surgery, Cardiopulmonary Surgery, Genitourinary Surgery, Other Major Surgery.</li> </ul> </li> </ul>

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3	J2300– J5000	J-41	<p><b>J2300 – J5000: Recent Surgeries Requiring Active SNF Care (cont.)</b></p> <p>— Examples of surgeries are included for each surgical category. For example, <b>J2810, Genitourinary surgery - the kidneys, ureter, adrenals, and bladder—open, laparoscopic</b>, includes open or laparoscopic surgeries on the kidneys, ureter, adrenals, and bladder, but not other components of the genitourinary system.</p> <ul style="list-style-type: none"> <li>• Check all that apply.</li> </ul>
3	J2300– J5000	J-41	<p><b>Major Joint Replacement</b></p> <ul style="list-style-type: none"> <li>• <b>J2300</b>, Knee Replacement - partial or total</li> <li>• <b>J2310</b>, Hip Replacement - partial or total</li> <li>• <b>J2320</b>, Ankle Replacement - partial or total</li> <li>• <b>J2330</b>, Shoulder Replacement - partial or total</li> </ul> <p><b>Spinal Surgery</b></p> <ul style="list-style-type: none"> <li>• <b>J2400</b>, Spinal surgery - spinal cord or major spinal nerves</li> <li>• <b>J2410</b>, Spinal surgery - fusion of spinal bones</li> <li>• <b>J2420</b>, Spinal surgery - lamina, discs, or facets</li> <li>• <b>J2499</b>, Spinal surgery – other</li> </ul>



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3	J2300– J5000	J-41	<p><b>Orthopedic Surgery</b></p> <ul style="list-style-type: none"> <li>• <b>J2500</b>, Ortho surgery - repair fractures of shoulder or arm</li> <li>• <b>J2510</b>, Ortho surgery - repair fractures of pelvis, hip, leg, knee, or ankle</li> <li>• <b>J2520</b>, Ortho surgery - repair but not replace joints</li> <li>• <b>J2530</b>, Ortho surgery - repair other bones</li> <li>• <b>J2599</b>, Ortho surgery - other</li> </ul> <p><b>Neurologic Surgery</b></p> <ul style="list-style-type: none"> <li>• <b>J2600</b>, Neuro surgery - brain, surrounding tissue or blood vessels</li> <li>• <b>J2610</b>, Neuro surgery - peripheral and autonomic nervous system - open and percutaneous</li> <li>• <b>J2620</b>, Neuro surgery - insertion or removal of spinal and brain neurostimulators, electrodes, catheters, and CSF drainage devices</li> <li>• <b>J2699</b>, Neuro surgery – other</li> </ul>

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3	J2300– J5000	J-42	<p><b>J2300 – J5000: Recent Surgeries Requiring Active SNF Care (cont.)</b></p> <p><b>Cardiopulmonary Surgery</b></p> <ul style="list-style-type: none"> <li>• <b>J2700</b>, Cardiopulmonary surgery - heart or major blood vessels - open and percutaneous procedures</li> <li>• <b>J2710</b>, Cardiopulmonary surgery - respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open and endoscopic</li> <li>• <b>J2799</b>, Cardiopulmonary surgery - other</li> </ul> <p><b>Genitourinary Surgery</b></p> <ul style="list-style-type: none"> <li>• <b>J2800</b>, Genitourinary surgery - male or female organs</li> <li>• <b>J2810</b>, Genitourinary surgery - the kidneys, ureter, adrenals, and bladder - open, laparoscopic</li> <li>• <b>J2899</b>, Genitourinary surgery – other</li> </ul>
3	J2300– J5000	J-42	<p><b>Other Major Surgery</b></p> <ul style="list-style-type: none"> <li>• <b>J2900</b>, Major surgery - tendons, ligament, or muscles</li> <li>• <b>J2910</b>, 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</li> <li>• <b>J2920</b>, Major surgery - endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, and thymus - open</li> <li>• <b>J2930</b>, Major surgery - the breast</li> <li>• <b>J2940</b>, Major surgery - repair of deep ulcers, internal brachytherapy, bone marrow, or stem cell harvest or transplant</li> <li>• <b>J5000</b>, Major surgery - not listed above</li> </ul>

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3	J2300– J5000	J-42	<p><b>Coding Tips</b></p> <p><i>The following information may assist assessors in determining whether a surgery should be coded as requiring active care during the SNF stay.</i></p> <ul style="list-style-type: none"> <li>• <b>There may be specific documentation in the medical record by a physician, nurse practitioner, physician assistant, or clinical nurse specialist.</b> <ul style="list-style-type: none"> <li>— The physician (nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) may specifically indicate that the SNF stay is for treatment related to the surgical intervention. Specific documentation may be found in progress notes, most recent history and physical, transfer notes, hospital discharge summary, etc.</li> </ul> </li> </ul>
3	J2300– J5000	J-43	<p><b>J2300 – J5000: Recent Surgeries Requiring Active SNF Care (cont.)</b></p> <ul style="list-style-type: none"> <li>• <b>In the rare circumstance of the absence of specific documentation that a surgery requires active SNF care, the following indicators may be used to confirm that the surgery requires active SNF care:</b> <p>The inherent complexity of the services prescribed for a resident is such that they can be performed safely and/or effectively only by or under the general supervision of skilled nursing. For example:</p> <ul style="list-style-type: none"> <li>— The management of a surgical wound that requires skilled care (e.g., managing potential infection or drainage).</li> <li>— Daily skilled therapy to restore functional loss after surgical procedures.</li> <li>— Administration of medication and monitoring that requires skilled nursing.</li> </ul> </li> </ul>

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3	J2300– J5000	J-43	<p><b>Examples of surgeries requiring active SNF care and related to the primary SNF diagnosis</b></p> <p>1. Mrs. V was hospitalized for gram-negative pneumonia. Since this was her second episode of pneumonia in the past six months, a diagnostic bronchoscopy was performed while in the hospital. She also has Parkinson’s disease and rheumatoid arthritis. She was discharged to a SNF for continued antibiotic treatment for her pneumonia and requires daily skilled care.</p> <p><b>Coding:</b> I0020 is coded as 13, Medically Complex Conditions, and the I0020B SNF ICD-10 code is J15.6, Pneumonia due to other aerobic Gram-negative bacteria. There is no documentation that the resident had major surgery; therefore, J2100 is coded 0, No.</p> <p><b>Rationale:</b> Mrs. V did not receive any major surgery during the prior inpatient stay, and she was admitted to the SNF for continued care due to pneumonia.</p>
3	J2300– J5000	J-43	<p>2. Mrs. O, a diabetic, was hospitalized for sepsis from an infection due to Methicillin susceptible Staphylococcus aureus that developed after outpatient bunion surgery. A central line was placed to administer antibiotics. She was discharged to a SNF for continued antibiotic treatment and monitoring.</p> <p><b>Coding:</b> I0020 is coded as 13, Medically Complex Conditions. The I0020B SNF ICD-10 code is A41.01 (Sepsis due to Methicillin susceptible Staphylococcus aureus). There is no documentation that the resident had major surgery; therefore, J2100 is coded 0, No.</p> <p><b>Rationale:</b> Neither the placement of a central line nor the outpatient bunion surgery is considered to be a major surgery, but the resident was admitted to the SNF for continued antibiotic treatment and monitoring.</p>

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3	J2300– J5000	J-44	<p>3. Mrs. H was hospitalized for severe back pain from a compression fracture of a lumbar vertebral body, which was caused by her age-related osteoporosis. She was treated with a kyphoplasty that relieved her pain. She was transferred to a SNF after discharge because of her mild dementia and need to regulate her anticoagulant treatment for atrial fibrillation.</p> <p><b>Coding:</b> I0020 is coded 10, Fractures and Other Multiple Trauma. The <b>I0020B</b> SNF ICD-10 code is M80.08XD (Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with routine healing). There was no documentation that the resident had major surgery; therefore, <b>J2100</b> is coded 0, No.</p> <p><b>Rationale:</b> Mrs. H was treated with a kyphoplasty during the inpatient stay prior to SNF admission. Although kyphoplasty is a minor surgery and does not require SNF care in and of itself, the resident has other conditions requiring skilled care that are unrelated to the kyphoplasty surgery.</p>
3	J2300– J5000	J-44	<p>4. Mrs. J had a craniotomy to drain a subdural hematoma after suffering a fall at home. She has COPD and uses oxygen at night. In addition, she has moderate congestive heart failure, is moderately overweight, and has hypothyroidism. After a six-day hospital stay, she was discharged to a SNF for continuing care. The hospital discharge summary indicated that the patient had a loss of consciousness of 45 minutes.</p> <p><b>Coding:</b> I0020 is coded 07, Other Neurological Conditions. The <b>I0020B</b> SNF ICD-10 code is S06.5X2D (Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter). <b>J2100</b> would be coded 1, Yes. <b>J2600</b>, Neuro surgery - brain, surrounding tissue or blood vessels, would be checked.</p> <p><b>Rationale:</b> The craniotomy surgery during the inpatient stay immediately preceding the SNF stay requires continued skilled care and skilled monitoring for wound care, as well as therapies to address any deficits that led to her fall or any functional deficits resulting from her fall.</p>

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3	J2300– J5000	J-45	<p>6. Mr. G was admitted to an acute care hospital for severe abdominal pain. He was found to have diverticulitis of the small intestine with perforation and abscess without bleeding. He had surgery to repair the perforation. He was admitted to the SNF for continued antibiotics and post-surgical care.</p> <p><b>Coding:</b> I0020 is coded 13, Medically Complex Conditions. The I0020B SNF ICD-10 code is K57.00 (Diverticulitis of small intestine with perforation and abscess without bleeding), and J2100 would be coded 1, Yes. 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, would be checked.</p> <p><b>Rationale:</b> Mr. G was treated with a surgical procedure, repair of the small intestine perforation, which is a major surgical procedure. He was admitted to the SNF for continued antibiotics and post-surgical care.</p>

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3	J2300– J5000	J-45	<p>7. Mr. W underwent surgical repair for a left fractured hip (i.e., subtrochanteric fracture) during an inpatient hospitalization. He was admitted to the SNF for post-surgical care.</p> <p><b>Coding:</b> I0020 is coded as Code 10, Fractures and Other Multiple Trauma. The <b>I0020B</b> SNF ICD-10 code is S72.22XD (Displaced subtrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing) and <b>J2100</b> is coded as 1, Yes. <b>J2510</b>, Ortho surgery – repair fractures of pelvis, hip, leg, knee, or ankle, would be checked.</p> <p><b>Rationale:</b> This is major surgery requiring skilled nursing care to provide wound care and to monitor for early signs of infection or blood clots, for which Mr. W was admitted to the SNF.</p>