Track Changes
from Appendix A v1.19.1R
to Appendix A v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change
App. A	—	—	Hyperlinks in this section have been revised to reflect up-to-date locations.
App. A	—	A-1	**Active Assisted Range of Motion** **A/AROM or AAROM** A type of active range of motion in which assistance is provided by an outside force, either manually or mechanically because the prime mover muscles need assistance to complete the motion. This type of range of motion may be used when muscles are weak or when joint movement causes discomfort; or for example, if the resident is able to move their limbs but requires help to perform entire movement.
App. A	—	A-4	**Case Mix Hierarchy** A system that assigns case mix weights that capture differences in the relative resources used for treating different types of residents.
App. A	—	A-7	**Fall** Unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair, or bedside mat)~~, but not as a result of an overwhelming external force~~ or the result of an overwhelming external force (e.g., a resident pushes another resident).
App. A	—	A-8	~~**Fiscal Intermediary**~~ ~~**FI**~~ ~~In the past, an organization designated by CMS to process Medicare claims for payment that are submitted by a nursing facility. Fiscal intermediaries (FIs) are now called Medicare Administrative Contractors (MACs).~~
App. A	—	A-10	~~**Hierarchy**~~ ~~The ordering of groups within the RUG Classification system is a hierarchy. The RUG hierarchy begins with groups with the highest resource use and descends to those groups with the lowest resource use. The RUG-IV Classification system has eight hierarchical levels or categories: Rehabilitation Plus Extensive Services, Rehabilitation, Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavioral Symptoms and Cognitive Performance, and Reduced Physical Function.~~

Track Changes
from Appendix A v1.19.1R
to Appendix A v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change		
App. A	—	A-10	**Interim Payment Assessment**	**IPA**	An optional assessment that may be completed by providers in order to report a change in the resident's PDPM classification.
App. A	—	A-16	**Non-medication Pain Intervention**		An intervention, other than medication, used to try to manage pain which may include, but are not limited to: bio-feedback, application of heat/cold, massage, physical therapy, occupational therapy, nerve block, stretching and strengthening exercises, chiropractic, electrical stimulation, radiotherapy, ultrasound, and acupuncture.
			Non-pharmacological Intervention		Approaches that do not involve the use of medication to address a medical condition.
			Non-Therapy Ancillary	**NTA**	One of the five categories used to determine reimbursement under PDPM. NTA accounts for the non-therapy services and treatments a resident may need during their stay, such as medications, medical supplies, and specialized treatments.
App. A	—	A-17	**Passive Range of Motion**	**PROM**	Movement within the unrestricted range of motion for a segment, which is provided entirely by an external force. There is no voluntary muscle contraction. This type of range of motion is often used when a resident is not able to perform the movement at all~~;~~ or puts forth no effort ~~is required from them~~.

Track Changes
from Appendix A v1.19.1R
to Appendix A v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change		
App. A	—	A-18	**Physical Therapy**	**PT**	Services that are provided or directly supervised by a licensed physical therapist. A qualified physical therapy assistant (PTA) may provide therapy but not supervise others (aides or volunteers) giving therapy. Includes services provided by a qualified physical therapy assistant who is employed by (or under contract to) the nursing facility only if they are under the direction of a licensed physical therapist. Physical therapist and physical therapist assistant are defined in regulation 42 CFR 484.4. Physical therapists (PTs) are licensed health care professionals who diagnose and manage movement dysfunction and enhance physical and functional status for people of all ages. PTs alleviate impairments and activity limitations and participation restrictions, promote and maintain optimal fitness, physical function, and quality of life, and reduce risk as it relates to movement and health. Following an evaluation of an individual with impairments, activity limitations, and participation restrictions or other health-related conditions, the physical therapist designs an individualized plan of physical therapy care and services for each patient. Physical therapists use a variety of interventions to treat patients. Interventions may include therapeutic exercise, functional training, manual therapy techniques, assistive and adaptive devices and equipment, physical agents, and electrotherapeutic modalities.
App. A	—	A-19	**Prior to the Benefit of Services**		Prior to provision of any care by facility staff that would result in more independent coding.
App. A	—	A-20	**Qualified Clinicians**		Healthcare professionals practicing within their scope of practice and consistent with Federal, state, and local laws and regulations.

Track Changes
from Appendix A v1.19.1R
to Appendix A v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change		
App. A	—	A-20	**Quality Measure**	**QM**	~~Information derived from MDS data, that provides a numeric value to quality indicators. These data are available to the public as part of the Nursing Home Quality Initiative (NHQI) and SNF Quality Reporting Program (QRP) and are intended to provide objective measures for consumers to make informed decisions about the quality of care in SNF/NFs.~~ Tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. These goals include care that is: effective, safe, efficient, patient-centered, equitable, and timely.
App. A	—	A-22	**Social Security Number**	**SSN**	A tracking number assigned to an individual by the U.S. Federal government for taxation, benefits, and identification purposes.

Track Changes
from Appendix A v1.19.1R
to Appendix A v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change		
App. A	—	A-23	**Speech-Language Pathology and Audiology Services**	**SLP**	Services that are provided by a licensed speech-language pathologist and/or audiologist. Rehabilitative treatment addresses physical and/or cognitive deficits/disorders resulting in difficulty with communication and/or swallowing (dysphagia). Communication includes speech, language (both receptive and expressive) and non-verbal communication such as facial expression and gesture. Swallowing problems managed under speech therapy are problems in the oral, laryngeal, and/or pharyngeal stages of swallowing. Depending on the nature and severity of the disorder, common treatments may range from physical strengthening exercises, instructive or repetitive practice and drilling, to the use of audio-visual aids and introduction of strategies to facilitate functional communication. Speech therapy may also include sign language and the use of picture symbols. Speech-language pathologist is defined in regulation 42 CFR 484.4.
App. A	—	A-24	**Swing Bed**	**SB**	A rural non-critical access hospital with fewer than 100 beds that participates in the Medicare program that has CMS approval to provide post-hospital SNF care. The hospital may use its beds, as needed, to provide either acute or SNF care.
App. A	—	A-24	**Total Parenteral Nutrition**	**TPN**	A method of feeding that bypasses the gastrointestinal tract. A special formula given through a vein provides most of the nutrients the body needs.

Track Changes
from Appendix A v1.19.1R
to Appendix A v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change	
App. A	—	A-25	**Usual Performance**	~~The environment or situations encountered at a facility can have an impact on a resident's functional status.~~A resident's functional status can be impacted by the environment or situations encountered at the facility. Observing the resident's interactions with others in different locations and circumstances is important for a comprehensive understanding of the resident's functional status. If the resident's functional status varies, record the resident's usual ability to perform each activity. Do not record the resident's best performance ~~or~~and do not record the resident's worst performance, but rather~~,~~ record the resident's usual performance.
App. A	—	A-26	A/AROM or AARON	Active Assisted Range of Motion
App. A	—	A-26	~~AHEs~~	~~Average Hourly Earnings~~
App. A	—	A-26	~~BEA~~	~~(U.S) Bureau of Economic Analysis~~
App. A	—	A-26	~~CPI~~	~~Consumer Price Index~~
			~~CPI-U~~	~~Consumer Price Index for All Urban Consumers~~
App. A	—	A-26	~~CWF~~	~~Common Working File~~
App. A	—	A-26	~~ECI~~	~~Employment Cost Index~~
App. A	—	A-26	~~FR~~	~~Final Rule~~
App. A	—	A-27	GDR	Gradual Dose Reduction
App. A	—	A-27	~~IFC~~	~~Interim Final Rule with Comment~~
App. A	—	A-27	~~MEDPAR~~	~~Medicare Provider Analysis and Review (File)~~
			~~MIM~~	~~Medicare Intermediary Manual~~
App. A	—	A-27	~~NSC~~	~~National Supplier Clearinghouse~~
App. A	—	A-27	~~NDM~~	~~Network Data Mover~~

Track Changes
from Appendix A v1.19.1R
to Appendix A v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change	
App. A	—	A-27	OBRA '87	Omnibus Budget Reconciliation Act of 1987
App. A	—	A-27	~~PPI~~	~~Producer Price Index~~
App. A	—	A-27	~~PRM~~	~~Provider Reimbursement Manual~~
			PROM	Passive Range of Motion
App. A	—	A-28	~~QI~~	~~Quality Indicator~~
App. A	—	A-28	QIN	Quality Improvement Network
App. A	—	A-28	SB~~-PPS~~	Swing Bed~~-Prospective Payment System~~