

Track Changes
from Chapter 3 Section A V1.04
to Chapter 3 Section A V1.05

Chapter	Section	Page	Change
3	A0310	A-2	<p style="color: blue; font-size: 1.2em;">A0310: Type of Assessment</p> <p style="background-color: #e6f2ff; padding: 5px;"><i>For Comprehensive, Quarterly, and PPS Assessments, Entry and Discharge Tracking Records.</i></p>
3	A0310	A-2	<p>Replaced Screen Shot</p> <p>OLD:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>A0310. Type of Assessment</p> <p>Enter Code <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>A. Federal OBRA Reason for Assessment</p> <p>01. Admission assessment (required by day 14)</p> <p>02. Quarterly review assessment</p> <p>03. Annual assessment</p> <p>04. Significant change in status assessment</p> <p>05. Significant correction to prior comprehensive assessment</p> <p>06. Significant correction to prior quarterly assessment</p> <p>99. Not OBRA required assessment</p> <hr/> <p>Enter Code <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>B. PPS Assessment</p> <p>PPS Scheduled Assessments for a Medicare Part A Stay</p> <p>01. 5-day scheduled assessment</p> <p>02. 14-day scheduled assessment</p> <p>03. 30-day scheduled assessment</p> <p>04. 60-day scheduled assessment</p> <p>05. 90-day scheduled assessment</p> <p>06. Readmission/return assessment</p> <p>PPS Unscheduled Assessments for a Medicare Part A Stay</p> <p>07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment)</p> <p>Not PPS Assessment</p> <p>99. Not PPS assessment</p> <hr/> <p>Enter Code <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>C. PPS Other Medicare Required Assessment - OMRA</p> <p>0. No</p> <p>1. Start of therapy assessment</p> <p>2. End of therapy assessment</p> <p>3. Both Start and End of therapy assessment</p> <hr/> <p>Enter Code <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2</p> <p>0. No</p> <p>1. Yes</p> <hr/> <p>Enter Code <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>E. Is this assessment the first assessment (OBRA, PPS, or Discharge) since the most recent admission?</p> <p>0. No</p> <p>1. Yes</p> <hr/> <p>Enter Code <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>F. Entry/discharge reporting</p> <p>01. Entry record</p> <p>10. Discharge assessment-return not anticipated</p> <p>11. Discharge assessment-return anticipated</p> <p>12. Death in facility record</p> <p>99. Not entry/discharge record</p> </div> <p>NEW:</p> <div style="border: 1px solid black; padding: 5px;"> <p>A0310. Type of Assessment</p> <p>Enter Code <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>A. Federal OBRA Reason for Assessment</p> <p>01. Admission assessment (required by day 14)</p> <p>02. Quarterly review assessment</p> <p>03. Annual assessment</p> <p>04. Significant change in status assessment</p> <p>05. Significant correction to prior comprehensive assessment</p> <p>06. Significant correction to prior quarterly assessment</p> <p>99. Not OBRA required assessment</p> <hr/> <p>Enter Code <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>B. 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3	A0310A	A-3	<p>Coding Instructions for A0310A, Federal OBRA Reason for Assessment</p> <p>99. Not OBRA required assessment None of the above</p>
3	A0310B	A-4	<p>Coding Instructions for A0310B, PPS Assessment</p> <p>Not PPS Assessment</p> <p>99. Not PPS assessment None of the above</p>
3	A0310C	A-4	<p>Coding Instructions for A0310C, PPS Other Medicare Required Assessment—OMRA</p> <ul style="list-style-type: none"> • Code 0, no: if this assessment is not an OMRA. • Code 1, start of therapy assessment (OPTIONAL): with an assessment reference date (ARD) that is 5 to 7 days after the first day therapy services are provided (except when the assessment is used as a short stay assessment, see Chapter 6). No need to combine with the 5-day assessment except for short stay. Only complete if therapy RUG (index maximized), otherwise the assessment will be rejected. • Code 2, end of therapy assessment: with an ARD that is 1 to 3 days after the last day therapy services were provided. • Code 3, both the start and end of therapy assessment: with an ARD that is both 5 to 7 days after the first day therapy services were provided and that is 1 to 3 days after the last day therapy services were provided (except when the assessment is used as a short stay assessment, see Chapter 6).
3	A0310F	A-5	<p>Coding Instructions for A0310F, Federal OBRA & PPS Entry/Discharge Reporting</p> <p>01. Entry record (tracking record)</p> <p>10. Discharge assessment-return not anticipated</p> <p>11. Discharge assessment-return anticipated</p> <p>12. Death in facility record (tracking record)</p>

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			99. Not entry/discharge None of the above
3	A0410	A-5	<p>Item Rationale</p> <ul style="list-style-type: none"> There must be a Federal and/or State authority to submit MDS assessment data to the MDS National Repository.
3	A0410	A-6	<p>Coding Instructions</p> <ul style="list-style-type: none"> Code 1, neither Federal nor State required submission: if the MDS record is for a resident on a unit that is neither Medicare nor Medicaid certified, and the State does not have authority to collect MDS information for residents on this unit. If the record is submitted, it will be rejected and all information from that record will be purged. Code 2, State but not Federal required submission: if the MDS record is for a resident on a unit that is neither Medicare nor Medicaid certified, but the State has authority, under State licensure or other requirements, to collect MDS information for these residents.
3	A1800	A-19	<p>A1800: Entered From</p> <p>Appears on Entry Tracking Record.</p>
3	A2000	A-20	<p>A2000: Discharge Date</p> <p>Appears on Discharge Assessments and Death in Facility Tracking Record.</p>
3	A2100	A-21	<p>A2100: Discharge Status</p> <p>Appears on Discharge Assessments and Death in Facility Tracking Record.</p>
3	A2400	A-24	<p>Item Rationale</p> <ul style="list-style-type: none"> Identifies when a resident is receiving services under the SNFscheduled PPS.