

Section X

Correction Request

Objectives

- State the intent of Section X Correction Request.
- List three tasks initiated by completing Section X.
- Describe four reasons for modifying a record.
- Code Section X correctly and accurately.

Intent of Section X

- Indicate type of action being requested:
 - **Add a new record** that has not been previously submitted and accepted into ASAP.
 - **Modify an existing record** that has already been submitted and accepted into ASAP.
 - **Request the inactivation** of a record that has already been submitted and accepted into ASAP.

Definition of Record

- The coded MDS 3.0 instrument documents the completed assessment or tracking form for a resident.
- This document is submitted to the ASAP system as the record of the assessment or tracking form.
- If an error is identified after submission, the record must be corrected.
- Section X provides documentation of the purpose of this record and the type of update to the ASAP database.

Item X0100

Type of Record

X0100 Type of Record

- Required for **all** assessments.
- Indicates purpose of this MDS submission.

| X0100. Type of Record | |
|--|--|
| Enter Code <input type="checkbox"/> | <ol style="list-style-type: none">1. Add new record → Skip to Z0100, Medicare Part A Billing2. Modify existing record → Continue to X0200, Name of Resident on existing record to be modified/inactivated3. Inactivate existing record → Continue to X0200, Name of Resident on existing record to be modified/inactivated |

- 1 Add new record → Skip to Z0100, Medicare Part A Billing
- 2 Modify existing record → Continue to X0200, Name of Resident on existing record to be Modified/Inactivated
- 3 Inactivate existing record → Continue to X0200, Name of Resident on existing record to be Modified/Inactivated

Request to Add a New Record

- Request to add a recently completed MDS assessment to the ASAP system.
- Items in all sections of the record will be edited.
 - Record will be rejected if fatal errors exist.
- Record will be rejected as a duplicate and report a fatal error if a record already exists with the same:
 - Resident
 - Facility
 - Reason for assessment/tracking
 - Date

Request to Modify Existing Record

- Request to modify an existing record if the prior record contains incorrect MDS item values for the following reason(s):
 - Transcription errors
 - Data entry errors
 - Software product errors
 - Item coding errors
 - Other error requiring modification

Reasons for Modification₁

- Transcription Error
 - Includes any error made recording MDS assessment or tracking form information from other sources.
 - For example, transposing the digits for the resident's weight (e.g., recording "191" rather than the correct weight of "119" that appears in the medical record).
- Data Entry Error
 - Includes any error made while encoding MDS assessment or tracking form information into the facility's computer system.
 - For example: Enter the wrong Social Security Number for a resident.

Reasons for Modification₂

- Software Product Error
 - Includes any error created by the encoding software.
 - For example, "storing" an item with the wrong format or "storing" an item in the wrong position in an electronic MDS record.
- Item Coding Error
 - Includes any error made coding an MDS item.
 - For example, choosing an incorrect code for the Activities of Daily Living (ADL) bed mobility self-performance item.

Requirements to Modify a Record

- Submit a complete, correct version of the prior, erroneous record.
- The modified MDS record **must** contain correct values for **all** MDS items.
 - Do not include just item(s) to be corrected.
- Complete Section X with locator information for the prior record.

Inactivation Request

- An inactivation request moves a record to a history file.
- An inactivation request requires completion of Section X only.
 - All other sections are skipped.
- All items in Section X will be edited.
 - Request will be rejected if fatal errors exist.

Documenting Change Request

- Correction request should be completed and signed within 14 days of detecting an error.
- Any change request must be kept with the modified or inactivated MDS record.
- The change request can be retained in either the medical record or an electronic medical record.
- The request must include the signature or electronic signature of the attesting facility staff.

Add a New Record

Coding Instructions

X0100 Coding Instructions

- Code 1. Add new record.
- Do not complete the rest of Section X.
- Skip to Z0100 Medicare Part A Billing.

| X0100. Type of Record | |
|-----------------------|--|
| Enter Code | 1. Add new record → Skip to Z0100, Medicare Part A Billing |
| 1 | 2. Modify existing record → Continue to X0150, Type of Provider |
| | 3. Inactivate existing record → Continue to X0150, Type of Provider |

| |
|------------|
| Enter Code |
| 1 |

Modify a Record

Coding Instructions

Section X Items to be Completed

- Complete the following items:
 - X0100 Type of Record
 - X0150 - X0700 Locator information for the prior, erroneous assessment
 - X0800 Correction Number
 - X0900 Reason for Modification
 - X1100 RN Assessment Coordinator Attestation of Completion

X0100 Coding Instructions

- Code **2**. Modify an existing record.
- Continue to items X0150 through X0700.

| X0100. Type of Record | |
|-----------------------|--|
| Enter Code 2 | 1. Add new record → Skip to Z0100, Medicare Part A Billing |
| | 2. Modify existing record → Continue to X0150, Type of Provider |
| | 3. Inactivate existing record → Continue to X0150, Type of Provider |

| |
|-----------------|
| Enter Code 2 |
|-----------------|

X0150 Type of Provider Coding Instructions

- Enter the type of provider exactly as coded in A0200 of the prior, erroneous record.

| X0150. Type of Provider | |
|--|---|
| Enter Code <input type="checkbox"/> | Type of provider 1. Nursing home (SNF/NF) 2. Swing Bed |

X0300 Gender Coding Instructions

- Enter the gender code exactly as it appears in A0800 on the prior, erroneous record.
- Do not correct any errors to the resident's gender in X0300.

X0300. Gender on existing record to be modified/inactivated

X0300. Gender on existing record to be modified/inactivated

Enter Code

1. Male
2. Female

X0400 Birth Date Coding Instructions

- Enter resident birth date exactly as submitted for A0900 on the prior, erroneous record.
- Do not correct any errors to the resident's birth date in X0400.

| | | | | | | | | | | |
|--|-------|---|---|-----|---|---|------|---|---|---|
| X0400. Birth Date on existing record to be modified/inactivated | | | | | | | | | | |
| | 0 | 1 | - | 0 | 2 | - | 1 | 9 | 1 | 8 |
| | Month | | | Day | | | Year | | | |

X0500 Social Security Number Coding Instructions

- Enter the resident SSN exactly as submitted for A0600 on the prior, erroneous record.
- Do not correct any errors to the resident's SSN in X0500.

X0500. Social Security Number on existing record to be modified/inactivated

X0500. Social Security Number on existing record to be modified/inactivated

| | | | | | | | | | | | |
|--|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|--|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

X0600 Type of Assessment/ Tracking Coding Instructions

- Enter the reasons for assessment/tracking as submitted for A0310 on the prior, erroneous record.
- Do not correct any errors to the reasons for assessment/ tracking in X0600.

X0600. Type of Assessment on existing record to be modified/inactivated

X0600. Type of Assessment on existing record to be modified/inactivated

Enter Code

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

A. Federal OBRA Reason for Assessment

01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment

X0700 Date on Existing Record Coding Instructions

- Enter the event date (target date) for the prior, erroneous record.
- Complete one item only.
- Leave the other two items blank.

X0700. Date on existing record to be modified/inactivated - Complete one only

| X0700. Date on existing record to be modified/inactivated - Complete one only | |
|---|---|
| A. Assessment Reference Date - Complete only if X0600F = 99 | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Month Day Year |
| B. Discharge Date - Complete only if X0600F = 10, 11, or 12 | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Month Day Year |
| C. Entry Date - Complete only if X0600F = 01 | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Month Day Year |

X0700A Assessment Reference Date Coding Instructions

- Code X0700A if the prior, erroneous assessment was an OBRA and/or PPS assessment.
 - Indicated by X0600F coded as **99**.
- Prior OBRA or PPS assessment cannot be combined with a discharge assessment.
- Enter the ARD as submitted in A2300 on the prior record.
- Do not change or correct the ARD in X0700A.

X0700A Example₁

- The incorrect repository record indicates an admission assessment, but the record should have been an entry.
- Enter the assessment reference date for the prior record in item X0700A.

X0700. Date on existing record to be modified/inactivated - Complete one only

A. Assessment Reference Date - Complete only if X0600F = 99

| | | | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month | | | Day | | | Year | | | |

X0700A Example₂

- Leave the new ARD in A2300 blank.
- Code the entry date in item A1600 instead.

| A2300. Assessment Reference Date | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--|-----|--|------|---|--|---|--|--|--|--|-------|--|-----|--|------|--|--|--|
| | Observation end date: <table border="1"><tr><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="4">Year</td></tr></table> | | | - | | | - | | | | | Month | | Day | | Year | | | |
| | | - | | | - | | | | | | | | | | | | | | |
| Month | | Day | | Year | | | | | | | | | | | | | | | |

| A1600. Entry Date (date of this admission/reentry into the facility) | | | | | | | | | | | | | | | | | | | |
|--|---|-----|--|------|---|--|---|--|--|--|--|-------|--|-----|--|------|--|--|--|
| | <table border="1"><tr><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="4">Year</td></tr></table> | | | - | | | - | | | | | Month | | Day | | Year | | | |
| | | - | | | - | | | | | | | | | | | | | | |
| Month | | Day | | Year | | | | | | | | | | | | | | | |

X0700B Discharge Due Date Coding Instructions

- Code X0700B if the prior, erroneous assessment is:
 - Death in the facility tracking record
 - Discharge assessment that is either stand-alone or combined with an OBRA/ PPS assessment.
- X0600F is coded **10, 11, or 12.**
- Enter the discharge date as submitted in A2000 on the prior assessment.
- Do not correct or change the discharge date in X0700B.

X0700C Entry Date Coding Instructions

- Code X0700C if prior, erroneous assessment is an entry tracking record.
- Indicated by X0600F coded as **01**.
- Enter the entry date as submitted in A1600 on the prior, erroneous assessment.
- Do not correct or change the entry date in X0700C.

X0800 Correction Number

- Tracks successive correction requests to the ASAP.
- Enter the total number of correction requests to modify/inactivate this record.
- Include the present modification/inactivation request in this number.

X0800. Correction Number

Enter Number
0 1 Enter the number of correction requests to modify/inactivate the existing record, including the present one

Enter Number
0 1

X0900 Reason for Modification

- Check all applicable reasons for modifying the record in ASAP.

X0900. Reasons for Modification - Complete only if Type of Record is to modify a record in error (X0100 = 2)

↓ Check all that apply

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | A. Transcription error | A. Transcription error |
| <input type="checkbox"/> | B. Data entry error | B. Data entry error |
| <input type="checkbox"/> | C. Software product error | C. Software product error |
| <input type="checkbox"/> | D. Item coding error | D. Item coding error |
| <input type="checkbox"/> | Z. Other error requiring modification If "Other" checked, please specify: | Z. Other error requiring modification If "Other" checked, please specify: |

X1100 RN Assessment Coordinator Attestation of Completion

- Identifies the RN Coordinator attesting to the request and the date of the attestation.

| X1100. RN Assessment Coordinator Attestation of Completion | |
|--|--|
| A. Attesting individual's first name: | <input type="text"/> |
| B. Attesting individual's last name: | <input type="text"/> |
| C. Attesting individual's title: | <input type="text"/> |
| D. Signature | <input type="text"/> |
| E. Attestation date | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| | Month Day Year |

Inactivate a Record

Coding Instructions

Inactivate a Record

- Request to move an existing record to a history file.
- To inactivate a record for a previous MDS:
 - Complete Section X.
 - Enter data from the record to be inactivated.
 - Do not complete the other sections of the MDS.
- Complete all items in Section X except X0900 Reason for Modification.

X0100 Coding Instructions

- Code **3**. Inactivate existing record.
- Complete items X0150 through X0700.
- Provide locator information for the record to be inactivated.

| X0100. Type of Record | |
|--------------------------------|--|
| Enter Code | 1. Add new record → Skip to Z0100, Medicare Part A Billing |
| <input type="text" value="3"/> | 2. Modify existing record → Continue to X0150, Type of Provider |
| | 3. Inactivate existing record → Continue to X0150, Type of Provider |

| |
|--------------------------------|
| Enter Code |
| <input type="text" value="3"/> |

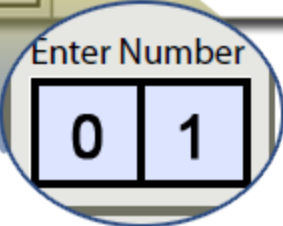
X0800 Correction Number

- Tracks successive correction requests to the ASAP.
- Enter the total number of correction requests to modify/inactivate this record.
- Include the present modification/ inactivation request in this number.

X0800. Correction Number

Enter Number
0 1 Enter the number of correction requests to modify/inactivate the existing record, including the present one

Enter Number
0 1



X1050 Reasons for Inactivation Coding Instructions

- Check all reasons that apply.
- X1050A Event did not occur
 - Prior record does not represent an event that actually occurred.
- X1050B Other error requiring inactivation

| | |
|---|---|
| X1050. Reasons for Inactivation - Complete only if Type of Record is to inactivate a record in error (X0100 = 3) | |
| ↓ Check all that apply | |
| <input type="checkbox"/> | A. Event did not occur |
| <input type="checkbox"/> | Z. Other error requiring inactivation If "Other" checked, please specify: <input type="text"/> |

Request for Manual Deletion

- Three situations in which an inactivation request cannot be used:
 - Submit a test record as a production record.
 - Code incorrect submission requirement in A0410.
 - Record has the wrong facility ID in FAC_ID.
- Submit a manual correction request to the State MDS Coordinator to delete the record.

Section X

Summary

Section X Summary₁

- Section X documents the type of record being sent to the QIES ASAP system.
 - Request to add a new record.
 - Request to modify a prior record.
 - Request to inactivate a prior record.
- For X0150 - X0700, enter record information exactly as coded on the prior record.
- This information is used to locate the prior record in the repository.

Section X Summary₂

- Do not enter any corrected information in Section X.
- Section X must be signed by the RN Coordinator attesting to the request and the date of the attestation.
- Any change request must be kept with the modified or inactivated MDS record.