

Track Changes
from Chapter 3, Section A V1.09
to Chapter 3, Section A V1.10

Chapter	Section	Page	Change
3	A0050	A-2	<p>Example: A MDS assessment for Joan L. Smith is submitted and accepted by the QIES ASAP system. A data entry error is then identified on the previously submitted and accepted record. The encoder mistakenly entered “John” instead of “Joan” when entering a prior assessment for Joan L. Smith. When the encoder “data entered” the prior assessment for Joan L. Smith, he typed “John” by mistake. To correct this data entry error, the facility will modify the erroneous record and complete the items in Section X including items under Identification of Record to be Modified/Inactivated. When completing X0200A, the Resident First Name, “John” will be entered in this item. This will permit the MDS system to locate the previously submitted assessment that is being corrected. If the correct name “Joan” were entered, the QIES ASAP system would not locate the prior assessment.</p>
3	A0310	A-5	<p>Coding Tips and Special Populations</p> <ul style="list-style-type: none"> • If a nursing home resident elects the hospice benefit, the nursing home is required to complete an MDS significant change in status assessment (SCSA). The nursing home is required to complete a SCSA when they come off the hospice benefit (revoke). See Chapter 2 for details on this requirement. • It is a CMS requirement to have a significant change in status assessment SCSA completed EVERY time the hospice benefit has been elected, even if a recent MDS was done and the only change is the election of the hospice benefit.
3	A0310	A-6	<p>Coding Instructions for A0310C, PPS Other Medicare Required Assessment—OMRA</p> <ul style="list-style-type: none"> • 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 Sshort Sstay 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 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 Sshort Sstay assessment, see Chapter 6).

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Chapter	Section	Page	Change
3	A0310	A-6	Coding Instructions for A0310D, Is This a Swing Bed Clinical Change Assessment? <ul style="list-style-type: none"> Code 0, no: if this assessment is not a swing Swing Bed Clinical Change assessment.
3	A0310	A-6	Coding Tips and Special Populations <ul style="list-style-type: none"> A0310E = 0 for any tracking record (Eentry or Ddeath in Ffacility) because tracking records are not considered assessments.
3	A1500	A-17	Steps for Assessment <ul style="list-style-type: none"> Complete if A0310A = 01, 03, 04 or 05 (admission Admission assessment, Aannual assessment, Ssignificant Cchange in sstatus aassessment, Ssignificant ecorrection to pprior ecomprehensive Aassessment).
3	A1500	A-17	Coding Instructions <ul style="list-style-type: none"> Level II screening determined that the resident does not have a serious mental illness and/or intellectual/developmental disability or related condition, or
3	A1550	A-19	Steps for Assessment <ol style="list-style-type: none"> If resident is 22 years of age or older on the assessment reference date, complete only if A0310A = 01 (Aadmission assessment). If resident is 21 years of age or younger on the assessment reference date, complete if A0310A = 01, 03, 04, or 05 (admission Admission assessment, annual Annual assessment, Ssignificant Cchange in Sstatus Aassessment, Ssignificant Ccorrection to Pprior Ccomprehensive Aassessment).
3	A1700	A-21	2. resident has been in this facility previously and was discharged prior to completion of the OBRA A admission assessment; OR
3	A1700	A-21	1. admitted to this nursing home (i.e., OBRA A admission assessment was completed), AND
3	A2200	A-25	Item Rationale <ol style="list-style-type: none"> To identify the ARD of a previous comprehensive or quarterly Quarterly assessment (A0310A = 05 or 06) in which a significant error is discovered. Coding Instructions <ul style="list-style-type: none"> Complete only if A0310A = 05 (Significant Ccorrection to Pprior ecomprehensive aassessment) or A0310A = 06

**Track Changes
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Chapter	Section	Page	Change
			<p>(Significant eCorrection to Pprior Qquarterly aAssessment).</p> <ul style="list-style-type: none"> Enter the ARD of the prior comprehensive or Qquarterly assessment in which a significant error has been identified and a correction is required.
3	A2400	A-29	<p>Examples</p> <ol style="list-style-type: none"> Mrs. G. began receiving services under Medicare Part A on October 14, 2010. Due to her stable condition and ability to manage her medications and dressing changes, the facility determined that she no longer qualified for Part A SNF coverage and issued an Advanced Beneficiary Notice (ABN) and a Generic Notice with the last day of coverage as November 23, 2010. Mrs. G. was discharged from the facility on November 24, 2010. Code the following on her discharge Discharge assessment: Mr. R. began receiving services under Medicare Part A on October 15, 2010. He was discharged return anticipated on October 20, 2010, to the hospital. Code the following on his discharge Discharge assessment: