

**Track Changes
from Chapter 2 V1.08
to Chapter 2 V1.09**

Chapter	Section	Page	Change		
2	2.8	2-40	When coding a standalone Change of Therapy OMRA (COT), a standalone End of Therapy OMRA (EOT), or a standalone Start of Therapy OMRA (SOT), facilities must set the ARD for the assessment for a day within the allowable ARD window for that assessment type, but may only do so no more than two days after the window has passed.		
2	2.8	2-44	<table><tr><td>Discharge Assessment A0310F = 10 or 11</td><td>Must be set on for the day of discharge.</td></tr></table>	Discharge Assessment A0310F = 10 or 11	Must be set on for the day of discharge.
Discharge Assessment A0310F = 10 or 11	Must be set on for the day of discharge.				
2	2.9	2-48	<ul style="list-style-type: none">• In cases where a resident is classified into a Rehabilitation or Rehabilitation plus Extensive Services RUG category and experiences a planned or unplanned discontinuation of therapy services for three or more consecutive calendar days and the resident is discharged from the facility <i>on</i> the third day of missed therapy services, then no EOT OMRA is required. If the facility chooses to complete an EOT OMRA in this situation, it may be combined with the discharge assessment.• In cases where a resident is discharged <u>from the SNF <i>on or prior to</i></u> the third consecutive day of missed therapy services, then no EOT is required. More precisely, in cases where the date coded for Item A2000 is on or prior to the third consecutive day of missed therapy services, then no EOT OMRA is required. If a SNF chooses to complete the EOT OMRA in this situation, they may combine the EOT OMRA with the discharge assessment.		
2	2.9	2-49 & 2-50	<p>3. In cases where therapy resumes after the EOT OMRA is performed and the resumption of therapy date is no more than 5 consecutive calendar days after the last day of therapy provided, and the therapy services have resumed at the same RUG-IV classification level, <u>and with the same therapy plan of that care that</u> had been in effect prior to the EOT OMRA, an End of Therapy OMRA with Resumption (EOT-R) may be completed. For Example:</p> <p>NOTE: When an EOT-R is completed, the Therapy <u>S</u>start <u>D</u>ate (O0400A5, O0400B5, and O0400C5) on the next PPS assessment is <u>the same as the Therapy Start Date on the EOT-R</u>. the date of the Resumption of therapy on the EOT-R (O0450B). If therapy is ongoing, the Therapy <u>E</u>nd <u>D</u>ate (O0400A6, O0400B6, and O0400C6) would be filled out with dashes.</p> <p>4. In cases when the therapy end date is in one payment period and the resumption date is in the next payment period, the facility should bill the non-therapy RUG given on the EOT OMRA</p>		

**Track Changes
from Chapter 2 V1.08
to Chapter 2 V1.09**

Chapter	Section	Page	Change
			<p>beginning the day after the last day of therapy treatment and begin billing the therapy RUG that was in effect prior to the EOT OMRA beginning on the day that therapy resumed (O0450B). If the resumption of therapy occurs after the next billing period has started, then this therapy RUG should be used until modified by a future scheduled or unscheduled assessment.</p> <p>For example, a resident misses therapy on Days 11, 12, and 13 and resumes therapy on Day 15. In this case the facility should bill the non-therapy RUG for Days 11, 12, 13, and 14 and on Day 15 the facility should bill the RUG that was in effect prior to the EOT.</p>
2	2.8	2-51	<ul style="list-style-type: none"> If Day 7 of the COT observation period falls within the ARD window of a scheduled PPS Assessment, the SNF may choose to complete the PPS Assessment alone by setting the ARD of the scheduled PPS assessment for an allowable day that is on or prior to before Day 7 of the COT observation period. This effectively resets the COT observation period to the 7 days following that scheduled PPS Assessment ARD. Alternatively, the SNF may choose to combine the COT OMRA and scheduled assessment following the instructions discussed in Section 2.10. In cases where a resident is discharged from the SNF on or prior to Day 7 of the COT observation period, then no COT OMRA is required. More precisely, in cases where the date coded for Item A2000 is on or prior to Day 7 of the COT observation period, then no COT OMRA is required. If a SNF chooses to complete the COT OMRA in this situation, they may combine the COT OMRA with the discharge assessment.
2	2.9	2-52	<p>Coding Tips and Special Populations</p> <ul style="list-style-type: none"> When coding a standalone Change of Therapy OMRA (COT), a standalone End of Therapy OMRA (EOT), or a standalone Start of Therapy OMRA (SOT), unscheduled PPS assessment (COT, EOT, SOT), the interview items may be coded using the responses provided by the resident on a previous assessment only if the DATE of the interview responses from the previous assessment (as documented in item Z0400) were 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. When coding a standalone Change of Therapy OMRA (COT), a standalone End of Therapy OMRA (EOT), or a standalone Start of Therapy OMRA (SOT), facilities must set the ARD for the

**Track Changes
from Chapter 2 V1.08
to Chapter 2 V1.09**

Chapter	Section	Page	Change
			assessment for a day within the allowable ARD window for that assessment type, but may only do so no more than two days after the window has passed. For example, if Day 7 of the COT observation period is May 23rd and the COT is required, then the ARD for this COT must be set for May 23rd and this must be done by May 25th. Facilities may still exercise the use of this flexibility period in cases where the resident discharges from the facility during that period.
2	2.9	2-53	<p>If an unscheduled PPS assessment (OMRA, SCSPA, SCPA, or Swing Bed CCA) is required in the assessment window (including grace days) of a scheduled PPS assessment that has not yet been performed, then facilities must combine the scheduled and unscheduled assessments by setting the ARD of the scheduled assessment for the same day that the unscheduled assessment is required. In such cases, facilities should provide the proper response to the A0310 items to indicate which assessments are being combined, as completion of the combined assessment will be taken to fulfill the requirements for both the scheduled and unscheduled assessments. A scheduled PPS assessment cannot occur after an unscheduled assessment in the assessment window—the scheduled assessment must be combined with the unscheduled assessment using the appropriate ARD for the unscheduled assessment. The purpose of this policy is to minimize the number of assessments required for SNF PPS payment purposes and to ensure that the assessments used for payment provide the most accurate picture of the resident's clinical condition and service needs. More details about combining PPS assessments are provided in Chapter 2 of this manual and in Chapter 6, Section 30.3 of the Medicare Claims Processing Manual (CMS Pub. 100-04) available on the CMS web site. Listed below are some of the possible assessment combinations allowed. A provider may choose to combine more than two assessment types when all requirements are met. When entered directly into the software the coding of Item A0310 will provide the item set that the facility is required to complete. For SNFs that use a paper format to collect MDS data, the provider must ensure that the item set selected meets the requirements of all assessments coded in Item A0310 (see Section 2.15).</p> <p>In cases when a facility fails to combine a scheduled and unscheduled PPS assessment as required by the combined assessment policy, the payment is controlled by the unscheduled assessment. For example: if the ARD of an EOT OMRA is set for Day 14 and the ARD of a 14-day assessment is set for Day 15, this</p>

**Track Changes
from Chapter 2 V1.08
to Chapter 2 V1.09**

Chapter	Section	Page	Change
			would violate the combined assessment policy. Consequently, the EOT OMRA would control the payment. The EOT would begin payment on Day 12, and continue paying into the 14-day payment window until the next scheduled or unscheduled assessment used for payment.
2	2.9	2-53	<p>Added new definition box.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>DEFINITION</p> <p>USED FOR PAYMENT</p> <p>An assessment is considered to be “used for payment” in that it either controls the payment for a given period or, with scheduled assessments may set the basis for payment for a given period.</p> </div>
2	2.10 to 2.12	2-54 to 2-60	Page length change.
2	2.12	2-61	<p><i>Medicare-required Scheduled Assessment and Discharge Assessment</i></p> <ul style="list-style-type: none"> • ARD (Item A2300) must be set on a for the day of discharge (Item A2000) and the date of discharge falls within the allowed window of the Medicare scheduled assessment as described earlier in Section 2.9.
2	2.12	2-62	<p><i>Start of Therapy OMRA and Discharge Assessment</i></p> <ul style="list-style-type: none"> • ARD (Item A2300) must be set on for the day of discharge (Item A2000) and the date of discharge must falls within 5-7 days after the start of therapy (Item O0400A5 or O0400B5 or O0400C5, whichever is the earliest date). The ARD must set by no more than two days after the date of discharge. (See Section 2.8 for further clarification.)
2	2.12	63	Page length change.
2	2.12	2-64	<p><i>End of Therapy OMRA and Discharge Assessment</i></p> <ul style="list-style-type: none"> • ARD (Item A2300) must be set on for the day of discharge (Item A2000) and the date of discharge falls within 1-3 days after the last day therapy was furnished (Item O0400A6 or O0400B6 or O0400C6, whichever is the latest). The ARD must set by no more than two days after the date of discharge.

**Track Changes
from Chapter 2 V1.08
to Chapter 2 V1.09**

Chapter	Section	Page	Change
			(See Section 2.8 for further clarification.)
2	2.12	65	Page length change.
2	2.12	66	Page length change.
2	2.12	2-67	<p><i>Start and End of Therapy OMRA and Discharge Assessment</i></p> <ul style="list-style-type: none"> • ARD (Item A2300) must be set on for the day of discharge (Item A2000) and the date of discharge falls within 5-7 days after the start of therapy (Item O0400A5 or O0400B5 or O0400C5, whichever is earliest) and 1-3 days after the last day therapy was furnished (Item O0400A6 or O0400B6 or O0400C6). The ARD must set by no more than two days after the date of discharge. (See Section 2.8 for further clarification.)
2	2.12	2-68	Page length change.
2	2.12	2-69	<p><i>Change of Therapy OMRA and Discharge Assessment</i></p> <ul style="list-style-type: none"> • EOT COT OMRA and Discharge item set. • ARD (Item A2300) must be set on for the day of discharge (Item A2000) and be on the last day of a COT 7-day observation period. The ARD must set by no more than two days after the date of discharge. (See Section 2.8 for further clarification.)
2	2.13	2-70	Page length change.
2	2.13	2-71	<p><i>Resident Takes a Leave of Absence from the SNF</i></p> <p>If a resident is out of the facility for a Leave of Absence (LOA) as defined on page 2-12 in this chapter, the Medicare assessment schedule may be adjusted for certain assessments. For scheduled PPS assessments, the Medicare assessment schedule is adjusted to exclude the LOA when determining the appropriate ARD for a given assessment. For example, if a resident leaves a SNF at 6:00pm on Wednesday, which is Day 27 of the resident's stay and returns to the SNF on Thursday at 9:00am, then Wednesday becomes a non-billable day and Thursday becomes Day 27 of the resident's stay. Therefore, a facility that would choose Day 27 for the ARD of their 30-day assessment would select Thursday as the ARD date rather than Wednesday, as Wednesday is no longer a billable Medicare Part A day.</p> <p>In the case of unscheduled PPS assessments, the ARD of the relevant assessment is not affected by the LOA because the ARDs for unscheduled assessments are not tied directly to the Medicare assessment calendar or to a particular day of the resident's stay.</p>

**Track Changes
from Chapter 2 V1.08
to Chapter 2 V1.09**

Chapter	Section	Page	Change
			For instance, Day 7 of the COT observation period occurs 7 days following the ARD of the most recent PPS assessment used for payment, regardless if a LOA occurs at any point during the COT observation period. For example, if the ARD for a resident's 30-day assessment were set for November 7 and the resident went to the emergency room at 11:00pm on November 9, returning on November 10, Day 7 of the COT observation period would remain November 14.
2	2.13	2-72	Page length change.
2	2.13	2-72 & 2-73	<p>Early PPS Assessment</p> <p>In the case of an early COT OMRA, the early COT would reset the COT calendar such that the next COT OMRA, if deemed necessary, would have an ARD set for 7 days from the early COT ARD. For example, a facility completes a 30-day assessment with an ARD of November 1 which classifies a resident into a therapy RUG. On November 8, which is Day 7 of the COT observation period, it is determined that a COT is required. A COT OMRA is completed for this resident with an ARD set for November 6, which is Day 5 of the COT observation period as opposed to November 8 which is Day 7 of the COT observation period. This COT OMRA would be considered an early assessment and, based on the ARD set for this early assessment would be paid at the default rate for the two days this assessment was out of compliance. The next seven day COT observation period would begin on November 7, and end on November 13.</p>
2	2.13	2-73 & 2-74	<p>Late PPS Assessment</p> <p>If the SNF fails to set the ARD within the defined ARD window for a Medicare-required assessment, including the grace days, and the resident is still on Part A, the SNF must complete a late assessment. The ARD can be no earlier than the day the omission error was identified.</p> <p>If the ARD on the late assessment is set for prior to the end of the payment period during which the late assessment would have controlled the payment, had the ARD been set timely, and/or no intervening assessments have occurred, for the Medicare-required assessment that was missed, the SNF will bill the default rate for the number of days that the assessment is out of compliance. This is equal to the number of days between the day following the last day of the available ARD window (including grace days when appropriate) and the late ARD (including the late ARD). The SNF would then bill all covered days up to the ARD at the default rate and on and after the</p>

**Track Changes
from Chapter 2 V1.08
to Chapter 2 V1.09**

Chapter	Section	Page	Change
			<p>ARD at the Health Insurance Prospective Payment System (HIPPS) code established by the late assessment for the remaining period of time that the assessment would have controlled payment. For example, a Medicare-required 30-day assessment with an ARD of Day 41 is out of compliance for 8 days and therefore would be paid at the default rate for days for 8 days and the HIPPS code from the late 30-day assessment until the next scheduled or unscheduled assessment that controls payment. 31 through 40 and at the HIPPS code from the assessment beginning on day 41. In this example, if there are no other assessments until the 60-day assessment, the remaining 22 days are billed according to the HIPPS code on the late assessment.</p> <p>A second example, involving a late unscheduled assessment would be if a COT OMRA was completed with an ARD of Day 39, while Day 7 of the COT observation period was Day 37. In this case, the COT OMRA would be considered 2 days late and the facility would bill the default rate for 2 days and then bill the HIPPS code from the late COT OMRA until the next scheduled or unscheduled assessment controls payment, in this case, for at least 5 days. NOTE: In such cases where a late assessment is completed and no intervening assessments occur, the late assessment is used to establish the COT calendar.</p> <p>If the ARD of the late assessment is set after the end of the payment period for the Medicare-required assessment that was missed period during which the late assessment would have controlled payment, had the assessment been completed timely, or in cases where an intervening assessment has occurred and the resident is still on Part A, the provider must still complete an the assessment. The ARD can be no earlier than the day the error omission was identified. The SNF must bill all covered days during which the late assessment would have controlled payment had the ARD been set timely for that payment period at the default rate regardless of the HIPPS code calculated from the late assessment. For example, a Medicare-required 14-day assessment with an ARD of Day 32 would be paid at the default rate for Days 15 through 30. A late assessment cannot be used to replace a different the next regularly scheduled Medicare-required assessment. In the example above, the SNF would then also need to complete the 30-day Medicare-required assessment within Days 27-33, which includes grace days. The 30-day assessment would cover Days 31 through 60 as long as the beneficiary has SNF days remaining and is eligible for SNF</p>

**Track Changes
from Chapter 2 V1.08
to Chapter 2 V1.09**

Chapter	Section	Page	Change
			<p>Part A services. In this example, the late 14-day assessment would not be considered an assessment used for payment and would not impact the COT calendar, as only an assessment used for payment can affect the COT calendar (see section 2.8).</p> <p>A second example involving an unscheduled assessment would be the following. A 30-day assessment is completed with an ARD of Day 30. Day 7 of the COT observation period is Day 37. An EOT OMRA is performed timely for this resident with an ARD set for Day 42 and the resident's last day of therapy was Day 39. Upon further review of the resident's record on Day 52, the facility determines that a COT should have been completed with an ARD of Day 37 but was not. The ARD for the COT OMRA is set for Day 52. The late COT OMRA should have controlled payment from Day 31 until the next assessment used for payment. Because there was an intervening assessment (in this case the EOT OMRA) prior to the ARD of the late COT OMRA, the facility would bill the default rate for 9 days (the period during which the COT OMRA would have controlled payment). The facility would bill the RUG from the EOT OMRA as per normal beginning the first non-therapy day, in this case Day 40, until the next scheduled or unscheduled assessment used for payment.</p> <p>beginning with the day the assessment would have controlled payment beginning with the day the assessment would have controlled payment</p>
2	2.13	2-74	<p><i>Missed PPS Assessment</i></p> <p>If the SNF fails to set the ARD of a scheduled PPS assessment prior to the end of the last day of the ARD window, including grace days, and the resident was already discharged from Medicare Part A when this error is discovered, the provider cannot complete an assessment for SNF PPS purposes and the days cannot be billed to Part A. An existing OBRA assessment (except a stand-alone discharge assessment) in the QIES ASAP system may be used to bill for some Part A days when specific circumstances are met. may be used to bill for some Part A days. See chapter 6, Section 6.8 for greater detail.</p> <p>In the case of an unscheduled PPS assessment, if the SNF fails to set the ARD for an unscheduled PPS assessment within the defined ARD window for that assessment, and the resident has been discharged from Part A, the assessment is missed and cannot be completed. All days that would have been paid by the missed assessment (had it been completed timely) are considered provider-liable. However, as with the late unscheduled assessment</p>

**Track Changes
from Chapter 2 V1.08
to Chapter 2 V1.09**

Chapter	Section	Page	Change
			policy, the provider-labile period only lasts until the point when an intervening assessment controls the payment.

**Track Changes
from Chapter 2 V1.08
to Chapter 2 V1.09**

2	2.13	2-74	<p>Added new definitions box.</p> <div style="border: 1px solid black; padding: 10px;"> <p>DEFINITIONS</p> <p>INTERVENING ASSESSMENT</p> <p>Refers to an assessment with an ARD set for a day in the interim period between the last day of the appropriate ARD window for a late assessment (including grace days, when appropriate) and the actual ARD of the late assessment.</p> <p>DAYS OUT OF COMPLIANCE</p> <p>Refers to the number of days between the day following the last day of the available ARD window, including grace days when appropriate, and the late ARD (including the late ARD) of an assessment.</p> </div>
2	2.13	2-75	<i>Errors on a + Medicare Assessment</i>
2	2.14	2-76	Page number change.

**Track Changes
from Chapter 2 V1.08
to Chapter 2 V1.09**

2	2.15	2-77	Replaced table.		
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OBRA RFA (A0310A)	PPS RFA (A0310B)	OMRA (A0310C)	Entry/ Discharge (A0310F)	ISC	Description
01	01,02,06	0,1,2,3,4	10,11,99	NC	Comprehensive
01,03	99	0	10,11,99	NC	Comprehensive
01,03,04,05	07	1,2,3,4	10,11,99	NC	Comprehensive
03,04,05	01 thru 06	0,1,2,3,4	10,11,99	NC	Comprehensive
04,05	07,99	0	10,11,99	NC	Comprehensive
02,06	01 thru 06	0,1,2,3,4	10,11,99	NQ	Quarterly
02,06	99	0	10,11,99	NQ	Quarterly
02,06	07	1,2,3,4	10,11,99	NQ	Quarterly
99	01 thru 06	0,1,2,3,4	10,11,99	NP	PPS
99	07	1	99	NS	SOT-OMRA
99	07	1	10,11	NSD	SOT-OMRA and Discharge
99	07	2,3,4	99	NO	EOT, EOT-R, or COT-OMRA
99	07	2,3,4	10,11	NOD	EOT, EOT-R or COT-OMRA and Discharge
99	99	0	10,11	ND	Discharge
99	99	0	01,12	NT	Tracking

OBRA RFA (A0310A)	PPS RFA (A0310B)	OMRA (A0310C)	Entry/ Discharge (A0310F)	ISC	Description
01	01,02,06,99	0	10,11,99	NC	Comprehensive
01	01,02,06,07	1,2,3	10,11,99	NC	Comprehensive
01	02,07	4	10,11,99	NC	Comprehensive
03	01 thru 06,99	0	10,11,99	NC	Comprehensive
03,04,05	01 thru 07	1,2,3	10,11,99	NC	Comprehensive
03,04,05	02 thru 05,07	4	10,11,99	NC	Comprehensive
04,05	01 thru 07,99	0	10,11,99	NC	Comprehensive
02,06	01 thru 06,99	0	10,11,99	NQ	Quarterly
02,06	01 thru 07	1,2,3	10,11,99	NQ	Quarterly
02,06	02 thru 05,07	4	10,11,99	NQ	Quarterly
99	01 thru 06	0,1,2,3	10,11,99	NP	PPS
99	02 thru 05	4	10,11,99	NP	PPS
99	07	1	99	NS	SOT OMRA
99	07	1	10,11	NSD	SOT OMRA and Discharge
99	07	2,3,4	99	NO	EOT, EOT-R or COT OMRA
99	07	2,3,4	10,11	NOD	EOT, EOT-R or COT OMRA and Discharge
99	99	0	10,11	ND	Discharge
99	99	0	01,12	NT	Tracking

**Track Changes
from Chapter 2 V1.08
to Chapter 2 V1.09**

2	2.15	2-78	Replaced table.			
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OBRA RFA (A0310A)	PPS RFA (A0310B)	OMRA (A0310C)	SB Clinical Change (A0310D)	Entry/ Discharge (A0310F)	ISC	Description
99	01 thru 06	0,1,2,3,4	0	10,11,99	SP	PPS
99	01 thru 07	0,1,2,3,4	1	10,11,99	SP	PPS
99	07	1	0	99	SS	SOT OMRA
99	07	1	0	10,11	SSD	SOT OMRA and Discharge
99	07	2,3	0	99	SO	EOT, EOT-R or COT OMRA
99	07	2,3	0	10,11	SOD	EOT, EOT-R or COT OMRA and Discharge
99	99	0	0	10,11	SD	Discharge
99	99	0	0	01,12	ST	Tracking

OBRA RFA (A0310A)	PPS RFA (A0310B)	OMRA (A0310C)	SB Clinical Change (A0310D)	Entry/ Discharge (A0310F)	ISC	Description
99	01 thru 06	0,1,2,3	0	10,11,99	SP	PPS
99	01 thru 07	0,1,2,3	1	10,11,99	SP	PPS
99	02 thru 05	4	0	10,11,99	SP	PPS
99	02 thru 05,07	4	1	10,11,99	SP	PPS
99	07	1	0	99	SS	SOT OMRA
99	07	1	0	10,11	SSD	SOT OMRA and Discharge
99	07	2,3,4	0	99	SO	EOT, EOT-R or COT OMRA
99	07	2,3,4	0	10,11	SOD	EOT, EOT-R or COT OMRA and Discharge
99	99	0	0	10,11	SD	Discharge
99	99	0	0	01,12	ST	Tracking