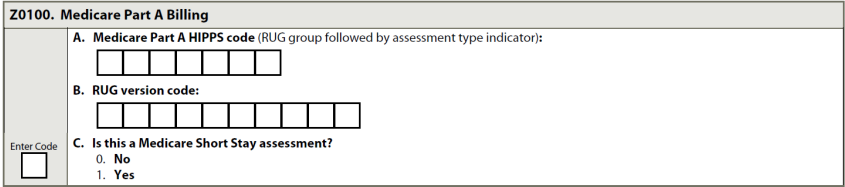
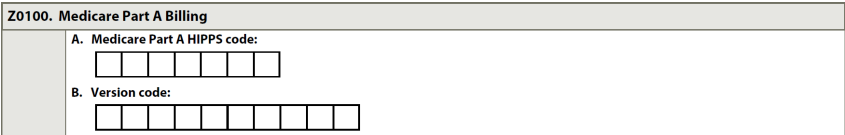


**Track Changes
from Chapter 3 Section Z v1.16
to Chapter 3 Section Z v1.17.1**

Chapter	Section	Page	Change
3	Z0100	Z-1	<p>Replaced screenshot.</p> <p>OLD</p>  <p>NEW</p> 
3	Z0100	Z-1	<p>Item Rationale</p> <ul style="list-style-type: none"> Used to capture the Resource Utilization Group (RUG) Patient Driven Payment Model (PDPM) case mix version code followed by Health Insurance Prospective Payment System (HIPPS) modifier based on type of assessment.

**Track Changes
from Chapter 3 Section Z v1.16
to Chapter 3 Section Z v1.17.1**

Chapter	Section	Page	Change
3	Z0100	Z-1	<p>Coding Instructions for Z0100A, Medicare Part A HIPPS Code</p> <ul style="list-style-type: none"> Typically, the software data entry product will calculate this value. The HIPPS code is a Skilled Nursing Facility (SNF) Part A five-position billing code and is composed of a five-position representing the RUG group code, plus a two-position assessment type indicator; the first four positions represent the PDPM case mix version code and the fifth is an assessment type indicator. For information on HIPPS, access: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspectivePaymentSystem/gen/index.html. If the value for Z0100A is not automatically calculated by the software data entry product, enter the HIPPS code in the spaces provided (see Chapter 6 of this Manual, Medicare Skilled Nursing Home Prospective Payment System, for a step-by-step worksheet for manually determining the RUG PDPM case mix version code and a table that defines the assessment type indicator). Note that the RUG version code included in this HIPPS code takes into account all MDS items used in the RUG PDPM logic and is the “normal” group since the classification considers the rehabilitation therapy received. This classification uses all reported speech/language pathology and auditory services, occupational therapy, and physical therapy values in Item 00400 (Therapies).
3	Z0100	Z-1	<p>DEFINITION</p> <p>HIPPS CODE</p> <p>Health Insurance Prospective Payment System code is comprised of the RUG category calculated by the assessment PDPM case mix code, which is calculated from the assessment data. The first four positions of the HIPPS code contain the PDPM classification codes for each PDPM component to be billed for Medicare reimbursement, followed by an indicator of the type of assessment that was completed.</p>
3	Z0100– Z0500	Z-2– Z-7	Page length changed due to revised content.

**Track Changes
from Chapter 3 Section Z v1.16
to Chapter 3 Section Z v1.17.1**

Chapter	Section	Page	Change
3	Z0100	Z-2	<p>Coding Instructions for Z0100B, RUG Version Code</p> <ul style="list-style-type: none"> Typically the software data entry product will calculate this value. If the value for Z0100B is not automatically calculated by the software data entry product, enter the RUG PDPM version code in the spaces provided. This is the version code appropriate to the RUG included in the Medicare Part A HIPPS code in Item Z0100A. With MDS 3.0 implementation on October 1, 2010, the initial Medicare RUG-IV Version Code is “1.0066.”
3	Z0100	Z-2	<p>DEFINITION</p> <p>MEDICARE SHORT STAY ASSESSMENT is a Start of Therapy Other Medicare Required Assessment (OMRA) and is used for a short Medicare Part A stay that was not long enough to allow a complete rehabilitation therapy regimen to be established. This type of assessment allows an alternative Medicare Short Stay assessment RUG rehabilitation therapy classification as described in Chapter 6, Medicare Skilled Nursing Home Prospective Payment System.</p>
3	Z0100	Z-2	<p>Coding Instructions for Z0100C, Is This a Medicare Short Stay Assessment?</p> <ul style="list-style-type: none"> Code 0, No: if this is not a Medicare Short Stay Assessment. Code 1, Yes: if this is a Medicare Short Stay Assessment. <p>Coding Tip</p> <ul style="list-style-type: none"> The CMS standard RUG-IV grouper automatically determines whether or not this is a Medicare Short Stay Assessment. MDS software typically makes this determination automatically. If the value for Z0100C is not automatically calculated by the software data entry product, use the definition found in Chapter 6 to determine the correct response.

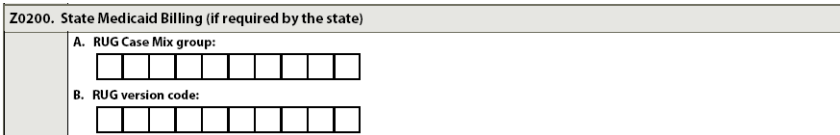
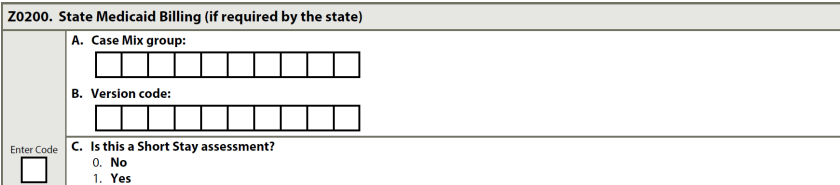
**Track Changes
from Chapter 3 Section Z v1.16
to Chapter 3 Section Z v1.17.1**

Chapter	Section	Page	Change
3	Z0150	Z-2	<p>Z0150: Medicare Part A Non-Therapy Billing</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Z0150. Medicare Part A Non-Therapy Billing</p> <p>A. Medicare Part A non-therapy HIPPS code (RUG group followed by assessment type indicator):</p> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div> <p>B. RUG version code:</p> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px 0;"></div> </div> <p>Item Rationale</p> <p>Used to capture the Resource Utilization Group non-therapy (RUG) followed by Health Insurance Prospective Payment System (HIPPS) modifier based on type of assessment. The non-therapy RUG is the code obtained when all rehabilitation therapy is ignored and will be limited to the Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavior and Cognitive Performance, and the Physical Function codes.</p>

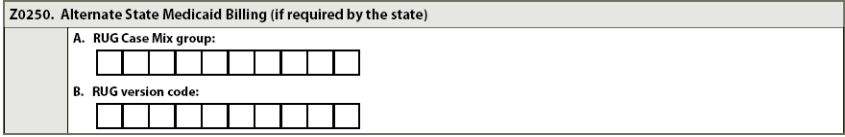
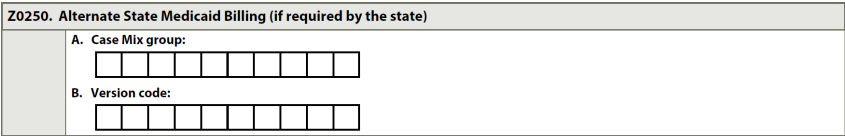
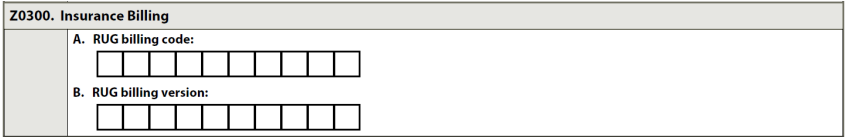
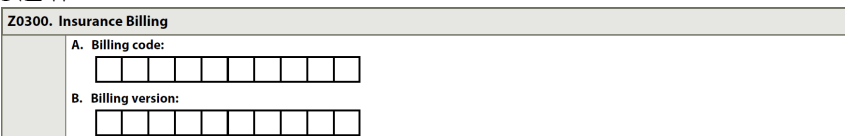
**Track Changes
from Chapter 3 Section Z v1.16
to Chapter 3 Section Z v1.17.1**

Chapter	Section	Page	Change
3	Z0150	Z-2	<p>Coding Instructions for Z0150A, Medicare Part A Non-therapy HIPPS Code</p> <ul style="list-style-type: none"> Typically the software data entry product will calculate this value. The HIPPS code is a SNF Part A billing code and is comprised of a five position code representing the RUG code, plus a two position assessment type indicator. For information on HIPPS, access https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspectivePaymentSystem/gen/index.html. If the value for Z0150A is not automatically calculated by the software data entry product, enter the HIPPS code in the spaces provided (see Chapter 6 of this manual, Medicare Skilled Nursing Home Prospective Payment System, for a step-by-step worksheet for manually determining the RUG-IV group and a table that defines assessment type indicator). Note that the RUG included in this HIPPS code is the “non-therapy” group and classification ignores the rehabilitation therapy received. This classification ignores all reported speech/language pathology and auditory services, occupational therapy, and physical therapy values in Item O0400 (Therapies). In some instances, this non-therapy HIPPS code may be required for Medicare SNF Part A billing by the provider. Left justify the 5 character HIPPS code. The extra two spaces are supplied for future use, if necessary.
3	Z0150	Z-2	<p>Coding Instructions for Z0150B, RUG Version Code</p> <ul style="list-style-type: none"> Typically the software data entry product will calculate this value. If the value for Z0150B is not automatically calculated by the software data entry product, enter the RUG version code in the spaces provided. This is the version code appropriate to the RUG included in the Medicare Part A non-therapy HIPPS code in Item Z0150A. With MDS 3.0 implementation on October 1, 2010, the initial Medicare RUG-IV Version Code is “1.0066.”

**Track Changes
from Chapter 3 Section Z v1.16
to Chapter 3 Section Z v1.17.1**

Chapter	Section	Page	Change
3	Z0200	Z-2	<p>Replaced screenshot.</p> <p>OLD</p>  <p>NEW</p> 
3	Z0200	Z-2	<p>Coding Instructions for Z0200A, RUG Case Mix Group</p> <ul style="list-style-type: none"> If the state has selected a standard RUG payment model, this item will usually be populated automatically by the software data entry product. Otherwise, enter the case-mix code calculated based on the MDS assessment. <p>Coding Instructions for Z0200B, RUG Version Code</p> <ul style="list-style-type: none"> If the state has selected a standard RUG payment model, this item will usually be populated automatically by the software data entry product. Otherwise, enter the case mix version code in the spaces provided. This is the version code appropriate to the code in Item Z0200A.
3	Z0200	Z-2	<p>Coding Instructions for Z0200C, Is this a Short Stay assessment?</p> <ul style="list-style-type: none"> Code 0, no: if this is not a Short Stay assessment. Code 1, yes: if this is a Medicare Short Stay assessment. <p>Coding Tip</p> <ul style="list-style-type: none"> The standard RUG-IV grouper automatically determines whether or not this is a Short Stay assessment. MDS software typically makes this determination automatically.

**Track Changes
from Chapter 3 Section Z v1.16
to Chapter 3 Section Z v1.17.1**

Chapter	Section	Page	Change
3	Z0250	Z-3	<p>Replaced screenshot.</p> <p>OLD</p>  <p>NEW</p> 
3	Z0250	Z-3	<p>Coding Instructions for Z0250A, RUG Case Mix Group</p> <ul style="list-style-type: none"> If the state has selected a standard RUG payment model, this item will usually be populated automatically by the software data entry product. Otherwise, enter the case-mix code calculated based on the MDS assessment. <p>Coding Instructions for Z0250B, RUG Version Code</p> <ul style="list-style-type: none"> If the state has selected a standard RUG payment model, this item will usually be populated automatically by the software data entry product. Otherwise, enter the case mix version code in the spaces provided. This is the version code appropriate to the code in Item Z0250A.
3	Z0300	Z-3	<p>Replaced screenshot.</p> <p>OLD</p>  <p>NEW</p> 

**Track Changes
from Chapter 3 Section Z v1.16
to Chapter 3 Section Z v1.17.1**

Chapter	Section	Page	Change
3	Z0300	Z-3– Z-4	<p>Coding Instructions for Z0300A, RUG-b Billing Code</p> <ul style="list-style-type: none"> If the other payer has selected a standard RUG payment model, this item may be populated automatically by the software data entry product. Otherwise, enter the billing code in the space provided. This code is for use by other payment systems such as private insurance or the Department of Veterans Affairs. <p>Coding Instructions for Z0300B, RUG-b Billing Version</p> <ul style="list-style-type: none"> If the other payee has selected a standard RUG payment model, this item may be populated automatically by the software data entry product. Otherwise, enter an appropriate billing version in the spaces provided. This is the billing version appropriate to the billing code in Item Z0300A.
3	Z0500	Z-6	<p>Coding Instructions</p> <ul style="list-style-type: none"> For Z0500B, use the actual date that the MDS was completed, reviewed, and signed as complete by the RN assessment coordinator. This date will generally must be equal to the latest date at Z0400 or later than the date(s) at Z0400, which documents when portions of the assessment information were completed by assessment team members. If for some reason the MDS cannot be signed by the RN assessment coordinator on the date it is completed, the RN assessment coordinator should use the actual date that it is signed.