

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

Chapter	Section	Page	Change																		
3	X	—	Standardized wording/usage of term “QIES ASAP system” throughout the section. Also standardized usage of the phrase “record accepted into the QIES ASAP system” throughout the section.																		
3	X	X-1	Intent: The purpose of Section X is to identify an MDS record to be modified or inactivated. The following items identify the existing assessment record that is in error. Section X is only completed if Item A0050, Type of Record, is coded a 2 (Modify existing record) or a 3 (Inactivate existing record). In Section X, the facility must reproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect. This information is necessary to locate the existing record in the National MDS Database Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system.																		
3	X0200	X-2	Coding Instructions for X0200A, First Name <ul style="list-style-type: none">Enter the first name of the resident exactly as submitted for item A0500A “Legal Name of Resident—First Name” on the prior erroneous record to be modified/inactivated. Start entry with the leftmost box. If the first name was left blank on the prior record, leave X0200A blank.																		
3	X0570–X0800	X-4–X-8	Page length changed due to revised content.																		
3	X0570	X-4	X0570: Optional State Assessment (A0300A/B on existing record to be modified/inactivated) <div>X0570. Optional State Assessment (A0300A/B on existing record to be modified/inactivated)<table><tr><td>Enter Code</td><td>A. Is this assessment for state payment purposes only?</td></tr><tr><td><input type="checkbox"/></td><td>0. No</td></tr><tr><td></td><td>1. Yes</td></tr><tr><td>Enter Code</td><td>B. Assessment type</td></tr><tr><td><input type="checkbox"/></td><td>1. Start of therapy assessment</td></tr><tr><td></td><td>2. End of therapy assessment</td></tr><tr><td></td><td>3. Both Start and End of therapy assessment</td></tr><tr><td></td><td>4. Change of therapy assessment</td></tr><tr><td></td><td>5. Other payment assessment</td></tr></table></div> Item Rationale <ul style="list-style-type: none">This item contains the reasons for assessment from the prior erroneous Optional State Assessment record to be modified/inactivated.	Enter Code	A. Is this assessment for state payment purposes only?	<input type="checkbox"/>	0. No		1. Yes	Enter Code	B. Assessment type	<input type="checkbox"/>	1. Start of therapy assessment		2. End of therapy assessment		3. Both Start and End of therapy assessment		4. Change of therapy assessment		5. Other payment assessment
Enter Code	A. Is this assessment for state payment purposes only?																				
<input type="checkbox"/>	0. No																				
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3	X0570	X-4	<p>Coding Instructions for X0570A, Is this assessment for state payment purposes only?</p> <ul style="list-style-type: none"> • Fill in the box with the state payment purpose code exactly as submitted for item A0300A “Is this assessment for state payment purposes only?” on the prior erroneous record to be modified/inactivated. • Note that the state payment purpose code in X0570A must match the current value of A0300A on the modification request. <p>Coding Instructions for X0570B, Assessment Type</p> <ul style="list-style-type: none"> • Fill in the box with the assessment type code exactly as submitted for item A0300B “Assessment Type” on the prior erroneous record to be modified/inactivated. • Note that the assessment type code in X0570B must match the current value of A0300B on the modification request.

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Chapter	Section	Page	Change
3	X0600	X-5	<p>Replaced screenshot.</p> <p>OLD</p> <div> <div> <div>Enter Code</div> <div><input type="checkbox"/></div> </div> <div> <div>Enter Code</div> <div><input type="checkbox"/></div> </div> <div> <div>Enter Code</div> <div><input type="checkbox"/></div> </div> </div> <p>X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)</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. None of the above</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>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. None of the above</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> <p>4. Change of therapy assessment</p> <p>X0600 continued on next page</p> <p>X0600. Type of Assessment - Continued</p> <p>D. Is this a Swing Bed clinical change assessment? Complete only if X0150 = 2</p> <p>0. No</p> <p>1. Yes</p> <p>F. Entry/discharge reporting</p> <p>01. Entry tracking record</p> <p>10. Discharge assessment-return not anticipated</p> <p>11. Discharge assessment-return anticipated</p> <p>12. Death in facility tracking record</p> <p>99. None of the above</p> <p>H. Is this a SNF Part A PPS Discharge Assessment?</p> <p>0. No</p> <p>1. Yes</p> <p>NEW</p> <div> <div> <div>Enter Code</div> <div><input type="checkbox"/></div> </div> <div> <div>Enter Code</div> <div><input type="checkbox"/></div> </div> <div> <div>Enter Code</div> <div><input type="checkbox"/></div> </div> </div> <p>X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)</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. None of the above</p> <p>B. PPS Assessment</p> <p>PPS Scheduled Assessment for a Medicare Part A Stay</p> <p>01. 5-day scheduled assessment</p> <p>PPS Unscheduled Assessment for a Medicare Part A Stay</p> <p>08. IPA - Interim Payment Assessment</p> <p>Not PPS Assessment</p> <p>99. None of the above</p> <p>F. Entry/discharge reporting</p> <p>01. Entry tracking record</p> <p>10. Discharge assessment-return not anticipated</p> <p>11. Discharge assessment-return anticipated</p> <p>12. Death in facility tracking record</p> <p>99. None of the above</p> <p>H. Is this a SNF Part A PPS Discharge Assessment?</p> <p>0. No</p> <p>1. Yes</p>

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Chapter	Section	Page	Change
3	X0600	X-5	<p>Coding Instructions for X0600C, PPS Other Medicare Required Assessment—OMRA</p> <ul style="list-style-type: none"> • Fill in the boxes with the PPS OMRA code exactly as submitted for item A0310C “PPS OMRA” on the prior erroneous record to be modified/inactivated. • Note that the PPS OMRA code in X0600C must match the current value of A0310C on a modification request. • If item A0310C was incorrect on an assessment that was previously submitted and accepted by the QIES ASAP system, then the original assessment must be modified or inactivated per the instructions in Chapter 5 (Section 5.7).
3	X0600	X-5	<p>Coding Instructions for X0600D, Is this a Swing Bed clinical change assessment? (Complete only if X0150=2)</p> <ul style="list-style-type: none"> • Enter the code exactly as submitted for item A0310D “Is this a Swing Bed clinical change assessment?” on the prior erroneous record to be modified/inactivated. • Code 0, no: if the assessment submitted was not coded as a swing bed clinical change assessment. • Code 1, yes: if the assessment submitted was coded as a swing bed clinical change assessment. • Note that the code in X0600D must match the current value of A0310D on a modification request. • If item A0310D was incorrect on an assessment that was previously submitted and accepted by the QIES ASAP system, then the original assessment must be modified or inactivated per the instructions in Chapter 5 (Section 5.7).

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3	X0900	X-9	<p>Replaced screenshot.</p> <p>OLD</p> <div> <div>X0900. Reasons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)</div> <div> <div>↓ Check all that apply</div> <div> <input type="checkbox"/> A. Transcription error <input type="checkbox"/> B. Data entry error <input type="checkbox"/> C. Software product error <input type="checkbox"/> D. Item coding error <input type="checkbox"/> E. End of Therapy - Resumption (EOT-R) date <input type="checkbox"/> Z. Other error requiring modification </div> </div> <div>If "Other" checked, please specify:</div> </div> <p>NEW</p> <div> <div>X0900. Reasons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)</div> <div> <div>↓ Check all that apply</div> <div> <input type="checkbox"/> A. Transcription error <input type="checkbox"/> B. Data entry error <input type="checkbox"/> C. Software product error <input type="checkbox"/> D. Item coding error <input type="checkbox"/> Z. Other error requiring modification </div> </div> <div>If "Other" checked, please specify:</div> </div>
3	X1050–X1100	X-10–X-12	Page length changed due to revised content.
3	X0900	X-10	<p>Coding Instructions for X0900E, End of Therapy-Resumption (EOT-R) date</p> <ul style="list-style-type: none"> Check the box if the End of Therapy-Resumption (EOT-R) date (item O0450B) has been added with the modified record (i.e., the provider has determined that the EOT-R policy was applicable after submitting the original EOT record not indicating a resumption of therapy date in item O0450B). Do not check this box if the modification is correcting the End of Therapy Resumption date (item O0450B) in a previous EOT-R assessment. In this case, the reason for modification is an item Coding Error and box X0900D should be checked.
3	X0900	X-10	<p>Coding Instructions for X0900Z, Other Error Requiring Modification</p> <ul style="list-style-type: none"> Check the box if any errors in the prior QIES ASAP record were caused by other types of errors not included in Items X0900A through X0900ED.