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to Chapter 2 v1.14**

Chapter	Section	Page	Change
2	2.1	2-1	MDS assessments are also required for Medicare payment (Prospective Payment System [PPS]) purposes under Medicare Part A (described in detail in Section 2.9) or for the SNF QRP required under the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).
2	2.3	2-3	<ul style="list-style-type: none"> • Short-term or respite residents: An RAI must be completed for any individual residing more than 14 days on a unit of a facility that is certified as a long-term care facility for participation in the Medicare or Medicaid programs. If the respite resident is in a certified bed, the OBRA assessment schedule and tracking document requirements must be followed. If the respite resident is in the facility for fewer than 14 days, an OBRA Admission assessment is not required; however, an OBRA Discharge assessment is required:
2	2.3	2-3	<ul style="list-style-type: none"> • Swing bed facility residents: Swing beds of non-critical access hospitals that provide Part A skilled nursing facility-level services were phased into the SNF PPS on July 1, 2002 (referred to as swing beds in this manual). Swing bed providers must assess the clinical condition of beneficiaries by completing the MDS assessment for each Medicare resident receiving Part A SNF level of care in order to be reimbursed under the SNF PPS. CMS collects MDS data for quality monitoring purposes of swing bed facilities effective October 1, 2010. Therefore, swing bed providers must also complete the Entry record, PPS assessments, Discharge assessments, and Death in Facility record.

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2	2.3	2-3– 2-4	<p>Skilled Nursing Facility Quality Reporting Program: The IMPACT Act of 2014 established the Skilled Nursing Facility Quality Reporting Program (SNF QRP). Amending Section 1888(e) of the Social Security Act, the IMPACT Act mandates that skilled nursing facilities are to collect and report on standardized patient assessment data. Failure to report such data results in a 2 percent reduction in the SNF’s market basket percentage for the applicable fiscal year.</p> <ul style="list-style-type: none"> Section GG: Functional Abilities and Goals assesses the need for assistance with self-care and mobility activities; it is collected at the start of a Medicare Part A stay on the 5-Day PPS assessment and is also collected at the end of the Medicare Part A stay on the Part A PPS Discharge assessment. Section GG was added to the MDS 3.0 in order to be able to collect the data required to calculate the functional status process-based quality measure, Application of the Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631). An adapted version of this LTCH measure was finalized for skilled nursing facilities in the Fiscal Year (FY) 2016 SNF PPS final rule for FY 2018 payment determination. Data collected for the SNF QRP is submitted through the QIES ASAP system as it currently is for other MDS assessments. <p>It is important to note that data collection for Section GG does not substitute for the data collected in Section G because of the difference in rating scales, item definitions, and type of data collected. Therefore, providers are required to collect data for both Section GG and Section G.</p> <p>Additional information regarding the IMPACT Act and associated quality measures may be found on CMS’s website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014-and-Cross-Setting-Measures.html.</p>
2	2.3–2.15	2-3– 2-88	Page length changed due to revised content.

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2	2.3	2-4– 2-5	<ul style="list-style-type: none"> ○ For OBRA assessments, the assessment schedule is determined from the resident’s actual date of admission. Please note, if a facility completes an Admission assessment prior to the certification date, there is no need to do another Admission assessment. The facility will simply continue with the next expected assessment according to the OBRA schedule, using the actual admission date as Day 1. Since the first assessment submitted will not be an Entry or OBRA Admission assessment, but a Quarterly, OBRA Discharge, etc., the facility may receive a sequencing warning message, but should still submit the required assessment.
2	2.3	2-5	<ul style="list-style-type: none"> ○ The previous owner would complete an OBRA Discharge assessment - return not anticipated, thus code A0310F = 10, A2000 = date of ownership change, and A2100 = 02 for those residents who will remain in the facility.
2	2.5	2-8– 2-9	<p>Assessment Combination refers to the use of one assessment to satisfy both OBRA and Medicare PPS assessment requirements when the time frames coincide for both required assessments. In such cases, the most stringent requirement of the two assessments for MDS completion must be met. Therefore, it is imperative that nursing home staff fully understand the requirements for both types of assessments in order to avoid unnecessary duplication of effort and to remain in compliance with both OBRA and Medicare PPS requirements. Sections 2.11 and 2.12 provide more detailed information on combining Medicare and OBRA assessments. In addition, when all requirements for both are met, one assessment may satisfy two OBRA assessment requirements, such as Admission and OBRA Discharge assessment, or two PPS assessments, such as a 30-day assessment and an End of Therapy OMRA.</p>
2	2.5	2-10	<p>Death In Facility refers to when the resident dies in the facility or dies while on a leave of absence (LOA) (see LOA definition). The facility must complete a Death in Facility tracking record. A No Discharge assessment is not required.</p>

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2	2.5	2-10– 2-11	Discharge refers to the date a resident leaves the facility or the date the resident’s Medicare Part A stay ends but the resident remains in the facility. A day begins at 12:00 a.m. and ends at 11:59 p.m. Regardless of whether discharge occurs at 12:00 a.m. or 11:59 p.m., this date is considered the actual date of discharge. There are two three types of discharges: two are OBRA required—return anticipated and return not anticipated; the third is Medicare required—Part A PPS Discharge. A Discharge assessment is required with both all three types of discharges. Section 2.6 provides detailed instructions regarding both discharge—return anticipated and return not anticipated types, and Section 2.8 provides detailed instructions regarding the Part A PPS Discharge type. Any of the following situations warrant a Discharge assessment, regardless of facility policies regarding opening and closing clinical records and bed holds:
2	2.5	2-11	<ul style="list-style-type: none"> Resident is transferred from a Medicare- and/or Medicaid-certified bed to a noncertified bed. Resident’s Medicare Part A stay ends, but the resident remains in the facility.
2	2.5	2-11	Discharge Assessment refers to an assessment required on resident discharge from the facility, or when a resident’s Medicare Part A stay ends, but the resident remains in the facility. This assessment includes clinical items for quality monitoring as well as discharge tracking information.
2	2.5	2-11	Entry and Discharge Reporting MDS assessments and tracking records that include a select number of items from the MDS used to track residents and gather important quality data at transition points, such as when they enter a nursing home, or leave a nursing home, or when a resident’s Medicare Part A stay ends, but the resident remains in the facility. Entry/Discharge reporting includes Entry tracking record, OBRA Discharge assessments, Part A PPS Discharge assessment, and Death in Facility tracking record.
2	2.5	2-11	Item Set refers to the MDS items that are active on a particular assessment type or tracking form. There are 40 11 different item subsets for nursing homes and 8 for swing bed providers as follows:

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Chapter	Section	Page	Change
2	2.5	2-12	<p>— Discharge (ND) Item Set. This is the set of items active on a standalone OBRA Discharge assessment (either return anticipated or not anticipated) to be used when a resident is physically discharged from the facility.</p> <p>— Part A PPS Discharge (NPE) Item Set. This is the set of items active on a standalone nursing home Part A PPS Discharge assessment for the purposes of the SNF QRP. It is completed when the resident's Medicare Part A stay ends, but the resident remains in the facility.</p>
2	2.5	2-13	<p>— Discharge (SD) Item Set. This is the set of items active on a standalone swing bed Discharge assessment (either return anticipated or not anticipated).</p>
2	2.5	2-13	<p>The item set for a particular MDS record is completely determined by the Type of Provider, Item A0200 (indicating nursing home or swing bed), and the reason for assessment Items (A0310A, A0310B, A0310C, A0310D, and A0310F, and A0310H). Item set determination is complicated and standard MDS software from CMS and private vendors will automatically make this determination. Section 2.15 of this chapter provides manual lookup tables for determining the item set when automated software is unavailable.</p>
2	2.5	2-13	<p>MDS Assessment Item Set Codes are those values that correspond to the OBRA-required and Medicare-required PPS assessments represented in Items A0310A, A0310B, A0310C, and A0310F, and A0310H of the MDS 3.0. They will be used to reference assessment types throughout the rest of this chapter.</p>

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2	2.5	2-14	<p>Medicare-Required PPS Assessments provide information about the clinical condition of beneficiaries receiving Part A SNF-level care in order to be reimbursed under the SNF PPS for both SNFs and Swing Bed providers. Medicare-required PPS MDSs can be scheduled or unscheduled. These assessments are coded on the MDS 3.0 in Items A0310B (PPS Assessment), and A0310C (PPS Other Medicare Required Assessment – OMRA), and A0310H (Is this a Part A PPS Discharge Assessment?). They include:</p> <ul style="list-style-type: none"> • 5-day • 14-day • 30-day • 60-day • 90-day • SCSA • SCPA • Swing Bed Clinical Change (CCA) • Start of Therapy (SOT) Other Medicare Required (OMRA) • End of Therapy (EOT) OMRA • Both Start and End of Therapy OMRA • Change of Therapy (COT) OMRA • Part A PPS Discharge Assessment
2	2.5	2-15	<p>Respite refers to short-term, temporary care provided to a resident to allow family members to take a break from the daily routine of care giving. The nursing home is required to complete an Entry tracking record and an OBRA Discharge assessment for all respite residents. If the respite stay is 14 days or longer, the facility must have completed an OBRA Admission.</p>
2	2.6	2-16	<p>Revised heading of table's first column.</p> <p>Assessment Type/Item Set</p>
2	2.6	2-16	<p>In table, revised Assessment Combination for Admission (Comprehensive).</p> <p>May be combined with another any OBRA assessment; 5- and 14-day PPS; or Part A PPS Discharge assessment</p>

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2	2.6	2-16	<p>In table, revised Assessment Combination for Annual (Comprehensive).</p> <p>May be combined with another any OBRA or PPS assessment</p>
2	2.6	2-16	<p>In table, revised Assessment Combination for Significant Change in Status (SCSA) (Comprehensive).</p> <p>May be combined with another any OBRA or PPS assessment</p>
2	2.6	2-17	<p>In table, revised Assessment Combination for Significant Correction to Prior Comprehensive (SCPA) (Comprehensive).</p> <p>May be combined with another any OBRA or PPS assessment</p>
2	2.6	2-17	<p>In table, revised Assessment Combination for Significant Correction to Prior Quarterly (SCQA) (Non-Comprehensive).</p> <p>May be combined with another any OBRA or PPS assessment</p>
2	2.6	2-17	<p>In table, revised Assessment Combination for Discharge Assessment – return not anticipated (Non-Comprehensive).</p> <p>May be combined with another any OBRA or PPS assessment</p>
2	2.6	2-17	<p>In table, revised Assessment Combination for Discharge Assessment – return anticipated (Non-Comprehensive).</p> <p>May be combined with another any OBRA or PPS assessment</p>
2	2.6	2-20	<ul style="list-style-type: none"> May be combined with a Medicare-required PPS assessment (see Sections 2.11 and 2.12 for details) or any Discharge assessment type.
2	2.6	2-21	<ul style="list-style-type: none"> For a resident who goes in and out of the facility on a relatively frequent basis and return is expected within the next 30 days, the resident may be discharged with return anticipated. This status requires an Entry tracking record each time the resident returns to the facility and an OBRA Discharge assessment each time the resident is discharged. The nursing home may combine the Admission assessment with the a Discharge assessment when applicable.

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2	2.6	2-23	<p>— For a resident who goes in and out of the facility on a relatively frequent basis and reentry is expected within the next 30 days, the resident may be discharged with return anticipated. This status requires an Entry tracking record each time the resident returns to the facility and an OBRA Discharge assessment each time the resident is discharged. However, if the IDT determines that the resident would benefit from a Significant Change in Status Assessment during the intervening period, the staff must complete a SCSA. This is only allowed when the resident has had an OBRA Admission assessment completed and submitted prior to discharge return anticipated (and resident returns within 30 days) or when the OBRA Admission assessment is combined with the discharge return anticipated assessment (and resident returns within 30 days).</p>
2	2.6	2-31	<p>The Quarterly and Significant Correction to Prior Quarterly assessments are not required for Swing Bed residents. However, Swing Bed providers are required to complete the OBRA Discharge assessments.</p>
2	2.6	2-34	<p>If the resident has one or more admissions to the hospital before the Admission assessment is completed, the nursing home should continue to submit OBRA Discharge assessments and Entry records every time until the resident is in the nursing home long enough to complete the comprehensive Admission assessment.</p>
2	2.6	2-36	<p>OBRA Discharge Assessments (A0310F)</p> <p>OBRA Discharge assessments consist of discharge return anticipated and discharge return not anticipated. These are OBRA required assessments.</p>
2	2.6	2-37	<ol style="list-style-type: none"> 1. Mr. S. was admitted to the nursing home on February 5, 2011 following a stroke. He regained most of his function and was discharged return not anticipated to his home on March 29, 2011. Code the March 29, 2011 OBRA Discharge assessment as follows:

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2	2.6	2-37	<p>10. OBRA Discharge Assessment–Return Anticipated (A0310F=11)</p> <ul style="list-style-type: none"> Must be completed when the resident is discharged from the facility and the resident is expected to return to the facility within 30 days. For a resident discharged to a hospital or other setting (such as a respite resident) who comes in and out of the facility on a relatively frequent basis and reentry can be expected, the resident is discharged return anticipated unless it is known on discharge that he or she will not return within 30 days. This status requires an Entry tracking record each time the resident returns to the facility and an OBRA Discharge assessment each time the resident is discharged.
2	2.6	2-38	<ul style="list-style-type: none"> When a resident had a prior OBRA Discharge assessment completed indicating that the resident was expected to return (A0310EF = 11) to the facility, but later learned that the resident will not be returning to the facility, there is no Federal requirement to inactivate the resident's record nor to complete another OBRA Discharge assessment. Please contact your State RAI Coordinator for specific State requirements.
2	2.6	2-38	<p>1. Ms. C. was admitted to the nursing home on May 22, 2011. She tripped while at a restaurant with her daughter. She was discharged return anticipated and admitted to the hospital on May 31, 2011. Code the May 31, 2011 OBRA Discharge assessment as follows:</p>
2	2.6	2-38	<p>Assessment Management Requirements and Tips for OBRA Discharge Assessments:</p>
2	2.6	2-38	<ul style="list-style-type: none"> For an OBRA Discharge assessment, the ARD (Item A2300) is not set prospectively as with other assessments. The ARD (Item A2300) for an OBRA Discharge assessment is always equal to the Discharge date (Item A2000) and may be coded on the assessment any time during the OBRA Discharge assessment completion period (i.e., Discharge date (A2000) + 14 calendar days).

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2	2.6	2-38– 2-39	<ul style="list-style-type: none"> The use of the dash, “-”, is appropriate when the staff are unable to determine the response to an item, including the interview items. In some cases, the facility may have already completed some items of the assessment and should record those responses or may be in the process of completing an assessment. The facility may combine the OBRA Discharge assessment with another assessment(s) when requirements for all assessments are met. For unplanned discharges, the facility should complete the OBRA Discharge assessment to the best of its abilities.
2	2.6	2-39	The following chart details the sequencing and coding of Tracking records and OBRA Discharge assessments.
2	2.6	2-40	Revised chart title. <p style="text-align: center;">Entry, OBRA Discharge, and Reentry Algorithms</p>

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2	2.8	2-44– 2-45	<p>Part A PPS Discharge Assessment (A0310H)</p> <p>The Part A PPS Discharge assessment contains data elements used to calculate current and future Skilled Nursing Facility Quality Reporting Program (SNF QRP) quality measures under the IMPACT Act. The IMPACT Act directs the Secretary to specify quality measures on which post-acute care (PAC) providers (which includes SNFs) are required to submit standardized patient assessment data. Section 1899B(2)(b)(1)(A)(B) of the Act delineates that patient assessment data must be submitted with respect to a resident's admission into and discharge from a SNF setting.</p> <ul style="list-style-type: none"> Per current requirements, the OBRA Discharge assessment is used when the resident is physically discharged from the facility. The Part A PPS Discharge assessment is completed when a resident's Medicare Part A stay ends, but the resident remains in the facility. Item A0310H, "Is this a Part A PPS Discharge Assessment?" identifies whether or not the discharge is a Part A PPS Discharge assessment for the purposes of the SNF QRP (see Chapter 3, Section A for further details and coding instructions). The Part A PPS Discharge assessment can also be combined with the OBRA Discharge assessment when a resident receiving services under SNF Part A PPS has a Discharge Date (A2000) that occurs on the day of or one day after the End Date of Most Recent Medicare Stay (A2400C), because in this instance, both the OBRA and Part A PPS Discharge assessments would be required.

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2	2.8	2-45	<p>Part A PPS Discharge Assessment (A0310H = 1):</p> <ul style="list-style-type: none"> • Must be completed when the resident's Medicare Part A stay ends, but the resident remains in the facility (i.e., is not physically discharged from the facility). • For the Part A PPS Discharge assessment, the ARD (Item A2300) is not set prospectively as with other assessments. The ARD (A2300) for a standalone Part A PPS Discharge assessment is always equal to the End Date of the Most Recent Medicare Stay (A2400C). The ARD may be coded on the assessment any time during the assessment completion period (i.e., End Date of Most Recent Medicare Stay (A2400C) + 14 calendar days). • If the resident's Medicare Part A stay ends and the resident is physically discharged from the facility, an OBRA Discharge assessment is required. • If the End Date of the Most Recent Medicare Stay (A2400C) occurs on the day of or one day before the Discharge Date (A2000), the OBRA Discharge assessment and Part A PPS Discharge assessment are both required and may be combined. When the OBRA and Part A PPS Discharge assessments are combined, the ARD (A2300) must be equal to the Discharge Date (A2000). The Part A PPS Discharge assessment may be combined with most PPS and OBRA-required assessments when requirements for all assessments are met (please see Section 2.11 Combining Medicare Assessments and OBRA Assessments). • Must be completed (Item Z0500B) within 14 days after the End Date of Most Recent Medicare Stay (A2400C + 14 calendar days). • Must be submitted within 14 days after the MDS completion date (Z0500B + 14 calendar days). • Consists of demographic, administrative, and clinical items. • If the resident's Medicare Part A stay ends and the resident subsequently returns to a skilled level of care and Medicare Part A benefits resume, the Medicare schedule starts again with a 5-Day PPS assessment.

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Chapter	Section	Page	Change						
2	2.8	2-46	Revised table title. Medicare Scheduled and Unscheduled MDS Assessments, Tracking Records, and Discharge Assessment Reporting Schedule for SNFs and Swing Bed Facilities						
2	2.8	2-46	Revised heading of table’s first column. Codes for Assessments Type/Item Set Required for Medicare						
2	2.8	2-47	Revised row title. Start of Therapy Other Medicare-required Assessment (OMRA) A0310B = 01-07 and A0310C = 1 or 3						
2	2.8	2-47	Revised row title. End of Therapy OMRA A0310B = 01-07 and A0310C = 2 or 3						
2	2.8	2-47	Revised row title. Change of Therapy OMRA A0310B = 01-07 And A0310C = 4						
2	2.8	2-48	Revised row title. Swing Bed Clinical Change Assessment (CCA) A0310B = 01-07 and A0310D = 1						
2	2.8	2-48	Revised row title. OBRA Discharge Assessment A0310F = 10 or 11						
2	2.8	2-48	Revised Special Comment for OBRA Discharge Assessment A0310F = 10 or 11. <ul style="list-style-type: none">May be combined with another assessment when the date of discharge is the ARD of the Medicare-required assessment and the resident is physically discharged from the facility.						
2	2.8	2-48	Added row to Medicare Scheduled and Unscheduled MDS Assessments, Tracking Records, and Discharge Assessment Reporting Schedule for SNFs and Swing Bed Facilities table. <table><tr><td>Part A PPS Discharge Assessment A0310H = 1</td><td>Must be set for the last day of the Medicare Part A Stay (A2400C)</td><td>N/A</td><td>N/A</td><td>N/A</td><td><ul style="list-style-type: none">Completed when the resident’s Medicare Part A stay ends, but the resident remains in the facility, or can be combined with an OBRA Discharge assessment if the Part A stay ends on the same day or the day before the resident’s Discharge Date (A2000).</td></tr></table>	Part A PPS Discharge Assessment A0310H = 1	Must be set for the last day of the Medicare Part A Stay (A2400C)	N/A	N/A	N/A	<ul style="list-style-type: none">Completed when the resident’s Medicare Part A stay ends, but the resident remains in the facility, or can be combined with an OBRA Discharge assessment if the Part A stay ends on the same day or the day before the resident’s Discharge Date (A2000).
Part A PPS Discharge Assessment A0310H = 1	Must be set for the last day of the Medicare Part A Stay (A2400C)	N/A	N/A	N/A	<ul style="list-style-type: none">Completed when the resident’s Medicare Part A stay ends, but the resident remains in the facility, or can be combined with an OBRA Discharge assessment if the Part A stay ends on the same day or the day before the resident’s Discharge Date (A2000).				

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2	2.9	2-50– 2-51	<p>Changed font style on key words to bold for emphasis.</p> <p><i>Start of Therapy (SOT) OMRA</i></p> <ul style="list-style-type: none"> • Optional. • Completed only to classify a resident into a RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation group. If the RUG-IV classification is not a Rehabilitation Plus Extensive Services or a Rehabilitation (therapy) group, the assessment will not be accepted by CMS and cannot be used for Medicare billing. • Completed only if the resident is not already classified into a RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation group.
2	2.9	2-55	<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 scheduled PPS assessment alone by setting the ARD of the scheduled PPS assessment for an allowable day that is <i>on or prior to</i> 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.

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2	2.9	2-55	<ul style="list-style-type: none"> In cases where a resident is discharged <u>from the SNF <i>on or prior to</i> Day 7</u> 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 OBRA Discharge assessment. <p>In cases where the last day of the Medicare Part A benefit (the date used to code A2400C on the MDS) is prior to Day 7 of the COT observation period, then no COT OMRA is required. If the date listed in A2400C is on or after Day 7 of the COT observation period, then a COT OMRA would be required if all other conditions are met. If the date listed in A2400C is on Day 7 of the COT observation period, then the SNF must complete both the COT OMRA and the Part A PPS Discharge Assessment. These assessments must be completed separately.</p> <p>Finally, in cases where the date used to code A2400C is equal to the date used to code A2000—that is, cases where the discharge from Medicare Part A is the same day as the discharge from the facility—and this date is on or prior to Day 7 of the COT observation period, then no COT OMRA is required. Facilities may choose to combine the COT OMRA with the OBRA Discharge assessment under the rules outlined for such combination in this chapter.</p>
2	2.10	2-62	<ul style="list-style-type: none"> Code the Item A0310 of the MDS 3.0 as follows: A0310A = 99 A0310B = 01, 02, 03, 04, or 05 as appropriate A0310C = 4 A0310D = 0 (Swing Beds only)
2	2.11	2-64	<ul style="list-style-type: none"> The Medicare standards are designated by the reason selected in Item A0310B, PPS Assessment, and Item A0310C, PPS Other Medicare Required Assessment - OMRA, and Item A0310H, Is this a SNF Part A PPS Discharge Assessment?, and are required for residents whose stay is covered by Medicare Part A.

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2	2.11	2-65	<p>Updated Minimum Required Item Set By Assessment Type for Skilled Nursing Facilities table.</p> <p>OLD</p> <table> <tr> <th></th><th>Comprehensive Item Set</th><th>Quarterly/ PPS* Item Sets</th><th>Other Required Assessments/Tracking Item Sets for Skilled Nursing Facilities</th></tr> <tr> <td>Stand-alone Assessment Types</td><td> <ul style="list-style-type: none"> OBRA Admission Annual Significant Change in Status (SCSA) Significant Correction to Prior Comprehensive (SCPA) </td><td> <ul style="list-style-type: none"> Quarterly Significant Correction to Prior Quarterly PPS 5-Day (5-Day) PPS 14-Day (14-Day) PPS 30-Day (30-Day) PPS 60-Day (60-Day) PPS 90-Day (90-Day) </td><td> <ul style="list-style-type: none"> Entry Tracking Record Discharge assessments Death in Facility Tracking Record Start of Therapy OMRA Start of Therapy OMRA and Discharge Change of Therapy OMRA OMRA OMRA and Discharge </td></tr> <tr> <td>Combined Assessment Types</td><td> <ul style="list-style-type: none"> OBRA Admission and 5-Day OBRA Admission and 14-Day OBRA Admission and any OMRA Annual and any Medicare-required Annual and any OMRA SCSA and any Medicare-required SCSA and any OMRA SCPA and any Medicare-required SCPA and any OMRA Any OBRA comprehensive and any Discharge </td><td> <ul style="list-style-type: none"> Quarterly and any Medicare-scheduled Quarterly and any OMRA Significant Correction to Prior Quarterly and any Medicare-required Significant Correction to Prior Quarterly and any OMRA Any Discharge and any Medicare-required Quarterly and any Discharge Significant Correction to Prior Quarterly and any Discharge Any Medicare-required and any Discharge </td><td>N/A</td></tr> </table> <p>NEW</p> <table> <tr> <th></th><th>Comprehensive Item Set</th><th>Quarterly and PPS* Item Sets</th><th>Other Required Assessments and Tracking Records/Item Sets</th></tr> <tr> <td>Stand-alone Assessment Types</td><td> <ul style="list-style-type: none"> OBRA Admission Annual Significant Change in Status (SCSA) Significant Correction to Prior Comprehensive (SCPA) </td><td> <ul style="list-style-type: none"> Quarterly Significant Correction to Prior Quarterly PPS 5-Day (5-Day) PPS 14-Day (14-Day) PPS 30-Day (30-Day) PPS 60-Day (60-Day) PPS 90-Day (90-Day) </td><td> <ul style="list-style-type: none"> Entry Tracking Record OBRA Discharge assessments Death in Facility Tracking Record Part A PPS Discharge Start of Therapy OMRA Change of Therapy OMRA End of Therapy OMRA </td></tr> <tr> <td>Combined Assessment Types</td><td> <ul style="list-style-type: none"> OBRA Admission and 5-Day OBRA Admission and 14-Day OBRA Admission and any OMRA Annual and any Medicare-required PPS Annual and any OMRA SCSA and any Medicare-required SCSA and any OMRA SCPA and any Medicare-required SCPA and any OMRA Any OBRA comprehensive and any Discharge </td><td> <ul style="list-style-type: none"> Quarterly and any Medicare-scheduled Quarterly and any OMRA Medicare required and any OMRA Significant 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**Track Changes
from Chapter 2 v1.13
to Chapter 2 v1.14**

Chapter	Section	Page	Change																		
2	2.11	2-66	<p>Updated Minimum Required Item Set By Assessment Type for Swing Bed Providers table.</p> <p>OLD</p> <table><tr><th colspan="2">Swing Bed PPS</th><th>Other Required Assessments/Tracking Item Sets for Swing Bed Providers</th></tr><tr><td>Assessment Type</td><td><ul style="list-style-type: none">• PPS 5-Day (5-Day)• PPS 14-Day (14-Day)• PPS 30-Day (30-Day)• PPS 60-Day (60-Day)• PPS 90-Day (90-Day)• Clinical Change Assessment</td><td><ul style="list-style-type: none">• Entry Record• Discharge assessments• Death in Facility record• Start of Therapy OMRA• Start of Therapy OMRA and Discharge• Change of Therapy OMRA• OMRA• OMRA and Discharge</td></tr><tr><td>Assessment Type Combinations</td><td><ul style="list-style-type: none">• Clinical Change and any Medicare-required• Any Medicare-required and any Discharge</td><td>N/A</td></tr></table> <p>NEW</p> <table><tr><th colspan="2">Swing Bed PPS/Item Set</th><th>Other Required Assessments/Tracking Item Sets for Swing Bed Providers</th></tr><tr><td>Assessment Type</td><td><ul style="list-style-type: none">• PPS 5-Day (5-Day)• PPS 14-Day (14-Day)• PPS 30-Day (30-Day)• PPS 60-Day (60-Day)• PPS 90-Day (90-Day)• Swing Bed Clinical Change Assessment</td><td><ul style="list-style-type: none">• Entry Record• OBRA Discharge assessment• Death in Facility record• Start of Therapy OMRA• Change of Therapy OMRA• End of Therapy OMRA</td></tr><tr><td>Assessment Type Combinations*</td><td><ul style="list-style-type: none">• Any Medicare required and any OMRA• Any Medicare required and any Discharge• Swing Bed Clinical Change and any Medicare required• Swing Bed Clinical Change and any Discharge</td><td><ul style="list-style-type: none">• Start of Therapy OMRA and End of Therapy OMRA• Start of Therapy OMRA and OBRA Discharge• End of Therapy OMRA and OBRA Discharge• Start of Therapy OMRA and End of Therapy OMRA and OBRA Discharge• Change of Therapy OMRA and OBRA Discharge</td></tr></table>	Swing Bed PPS		Other Required Assessments/Tracking Item Sets for Swing Bed Providers	Assessment Type	<ul style="list-style-type: none">• PPS 5-Day (5-Day)• PPS 14-Day (14-Day)• PPS 30-Day (30-Day)• PPS 60-Day (60-Day)• PPS 90-Day (90-Day)• Clinical Change Assessment	<ul style="list-style-type: none">• Entry Record• Discharge assessments• Death in Facility record• Start of Therapy OMRA• Start of Therapy OMRA and Discharge• Change of Therapy OMRA• OMRA• OMRA and Discharge	Assessment Type Combinations	<ul style="list-style-type: none">• Clinical Change and any Medicare-required• Any Medicare-required and any Discharge	N/A	Swing Bed PPS/Item Set		Other Required Assessments/Tracking Item Sets for Swing Bed Providers	Assessment Type	<ul style="list-style-type: none">• PPS 5-Day (5-Day)• PPS 14-Day (14-Day)• PPS 30-Day (30-Day)• PPS 60-Day (60-Day)• PPS 90-Day (90-Day)• Swing Bed Clinical Change Assessment	<ul style="list-style-type: none">• Entry Record• OBRA Discharge assessment• Death in Facility record• Start of Therapy OMRA• Change of Therapy OMRA• End of Therapy OMRA	Assessment Type Combinations*	<ul style="list-style-type: none">• Any Medicare required and any OMRA• Any Medicare required and any Discharge• Swing Bed Clinical Change and any Medicare required• Swing Bed Clinical Change and any Discharge	<ul style="list-style-type: none">• Start of Therapy OMRA and End of Therapy OMRA• Start of Therapy OMRA and OBRA Discharge• End of Therapy OMRA and OBRA Discharge• Start of Therapy OMRA and End of Therapy OMRA and OBRA Discharge• Change of Therapy OMRA and OBRA Discharge
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2	2.11	2-66	<p>The OMRA item sets are all unique item sets and are never completed when combining with other assessments, which require completion of additional items. For example, a Start of Therapy OMRA item set is completed only when an assessment is conducted to capture the start of therapy and assign a RUG-IV therapy group. In addition, a Start of Therapy OMRA and OBRA Discharge item set is only completed when the facility staff choose to complete an assessment to reflect both the start of therapy and discharge from facility. If those assessments are completed in combination with another assessment type, an item set that contains all items required for both assessments must be selected.</p>																		

**Track Changes
from Chapter 2 v1.13
to Chapter 2 v1.14**

Chapter	Section	Page	Change
2	2.12	2-68	<i>Medicare-required Scheduled Assessment and OBRA Discharge Assessment</i>
2	2.12	2-68	<p><i>Medicare-required Scheduled Assessment and Part A PPS Discharge Assessment</i></p> <ul style="list-style-type: none"> • PPS item set. • ARD (Item A2300) must be set for the last day of the Medicare Part A Stay (A2400C) and the last day of the Medicare Part A stay must fall within the allowed window of the Medicare scheduled assessment as described earlier in Section 2.9. • Must be completed (Item Z0500B) within 14 days after the ARD.
2	2.12	2-70	<i>Start of Therapy OMRA and OBRA Discharge Assessment</i>
2	2.12	2-72	<p><i>End of Therapy OMRA and OBRA Discharge Assessment</i></p> <ul style="list-style-type: none"> • OMRA and OBRA Discharge item set.
2	2.12	2-75	<p><i>Start and End of Therapy OMRA and OBRA Discharge Assessment</i></p> <ul style="list-style-type: none"> • OMRA-Start of Therapy and OBRA Discharge item set.
2	2.12	2-78	<p><i>Change of Therapy OMRA and OBRA Discharge Assessment</i></p> <ul style="list-style-type: none"> • COT OMRA and OBRA Discharge item set.

**Track Changes
from Chapter 2 v1.13
to Chapter 2 v1.14**

Chapter	Section	Page	Change
2	2.13	2-78– 2-79	<p><i>Resident Transfers or Is Discharged Before or On the Eighth Day of SNF Stay</i></p> <p>If the beneficiary is discharged from the SNF or the Medicare Part A stay ends (e.g., transferred to another payer source) before or on the eighth day of the covered SNF stay, the provider should prepare a Medicare-required assessment as completely as possible and submit the assessment as required. If there is not a PPS MDS in the QIES ASAP system, the provider must bill the default rate for any Medicare days. The Medicare Short Stay Policy may apply (see Chapter 6, Section 6.4 for greater detail).</p> <p>When the Medicare Part A stay ends on or before the eighth day of the covered SNF stay, and the beneficiary remains in the facility, a Part A PPS Discharge assessment is required.</p> <p>When the beneficiary is discharged from the SNF, the provider must also complete an OBRA Discharge assessment, but if the Medicare Part A stay ends on or before the eighth day of the covered SNF stay and the beneficiary is physically discharged from the facility the day of or the day after the Part A stay ends, the Part A PPS and OBRA Discharge assessments may be combined. (See Sections 2.11 and 2.12 for details on combining a Medicare-required assessment with a Discharge assessment.)</p>
2	2.13	2-80– 2-81	<p><i>Resident Discharged from Part A Skilled Services and Returns to SNF Part A Skilled Level Services</i></p> <p>In the situation when a beneficiary is discharged from beneficiary's Medicare Part A services stay ends but he/she remains in the facility in a Medicare and/or Medicaid certified bed with another payer source, the facility must continue with the OBRA schedule will be continued from the beneficiary's original date of admission and must also complete a Part A PPS Discharge assessment. Since the beneficiary remained in a certified bed after the Medicare benefits were discontinued, the facility must continue with the OBRA schedule from the beneficiary's original date of admission. There is no reason to change the OBRA schedule when Part A benefits resume. If and when the Medicare Part A benefits resume, the Medicare schedule starts again with a 5-Day Medicare-required assessment, MDS Item A0310B = 01. See Chapter 6, Section 6.7 for greater detail to determine whether or not the resident is eligible for Part A SNF coverage.</p>

**Track Changes
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2	2.13	2-81	<p><i>Resident Discharged from Part A Skilled Services and Is Not Physically Discharged from the Skilled Nursing Facility</i></p> <p>In the situation when a resident’s Medicare Part A stay ends but the resident is not physically discharged from the facility, the Part A PPS Discharge assessment is required. If the Medicare Part A benefits resume, the Medicare schedule starts again with a 5-Day Medicare-required assessment, MDS Item A0310B = 01. See Chapter 6, Section 6.7 for greater detail to determine whether or not the resident is eligible for Part A SNF coverage.</p>																																																																																																																																																																																																																																																																																																																																																																																																																																					
2	2.14	2-85	<p>Updated Expected Order of MDS Records table.</p> <p>OLD</p> <table><tr><th colspan="14">Prior Record</th></tr><tr><th>Next Record</th><th>Entry</th><th>OBRA Admission</th><th>OBRA Annual</th><th>OBRA Quarterly</th><th>PPS 5-day</th><th>PPS 14-day</th><th>PPS 30-day</th><th>PPS 60-day</th><th>PPS 90-day</th><th>PPS unscheduled</th><th>Discharge</th><th>Death in facility</th><th>No prior record</th></tr><tr><td>Entry</td><td>no</td><td>no</td><td>no</td><td>no</td><td>no</td><td>no</td><td>no</td><td>no</td><td>no</td><td>no</td><td></td><td>no</td><td></td></tr><tr><td>OBRA Admission</td><td></td><td>no</td><td>no</td><td>no</td><td></td><td></td><td>no</td><td>no</td><td>no</td><td></td><td>no</td><td>no</td><td>no</td></tr><tr><td>OBRA Annual</td><td></td><td>no</td><td>no</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>no</td><td>no</td><td>no</td></tr><tr><td>OBRA Quarterly, sign. change, sign 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30-day	no				no		no	no	no		no	no	no	PPS 60-day	no	no			no	no		no	no		no	no	no	PPS 90-day	no	no			no	no	no		no		no	no	no	PPS unscheduled											no	no	no	Discharge											no	no	no	Death in facility											no	no	no	Prior Record															Next Record	Entry	OBRA Admission	OBRA Annual	OBRA Quarterly	PPS 5-day	PPS 14-day	PPS 30-day	PPS 60-day	PPS 90-day	PPS OMRA/Clinical Change	OBRA Discharge	Part A PPS Discharge	Death in facility	No prior record	Entry	no	no	no	no	no	no	no	no	no	no		no	no		OBRA Admission		no	no	no			no	no	no		no		no	no	OBRA Annual		no	no								no		no	no	OBRA Quarterly, sign. change, sign correction											no		no	no	PPS 5-day					no	no	no	no	no		no		no	no	PPS 14-day	no					no	no	no	no		no		no	no	PPS 30-day	no				no		no	no	no		no		no	no	PPS 60-day	no	no			no	no		no	no		no		no	no	PPS 90-day	no	no			no	no	no		no		no		no	no	PPS Unscheduled											no	no	no	no	OBRA Discharge											no		no	no	Part A PPS Discharge											no		no	no	Death in 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**Track Changes
from Chapter 2 v1.13
to Chapter 2 v1.14**

Chapter	Section	Page	Change
2	2.15	2-86	<p>2.15 Determining the Item Set for an MDS Record</p> <p>The item set for a particular MDS record is completely determined by the reason for assessment Items (A0310A, A0310B, A0310C, A0310D, and A0310 F, and A0310H). Item set determination is complicated and standard MDS software from CMS and private vendors will automatically make this determination. This section provides manual lookup tables for determining the item set when automated software is unavailable.</p> <p>The first lookup table is for nursing home records. The first 4 columns are entries for the reason for assessment (RFA) Items A0310A, A0310B, A0310C, and A0310F, and A0310H. Item A0310D (swing bed clinical change assessment) has been omitted because it will always be skipped on a nursing home record. To determine the item set for a record, locate the row that includes the values of Items A0310A, A0310B, A0310C, and A0310F, and A0310H for that record. When the row is located, then the item set is identified in the ISC and Description columns for that row. If the combination of Items A0310A, A0310B, A0310C, and A0310F, and A0310H values for the record cannot be located in any row, then that combination of RFAs is not allowed and any record with that combination will be rejected by the QIES ASAP system.</p>

**Track Changes
from Chapter 2 v1.13
to Chapter 2 v1.14**

Chapter	Section	Page	Change																																																																																																																																																																																																																																																														
2	2.15	2-86	<div>Updated Nursing Home Item Set Code (ISC) Reference Table.</div> <div>OLD</div> <table><thead><tr><th>OBRA RFA (A0310A)</th><th>PPS RFA (A0310B)</th><th>OMRA (A0310C)</th><th>Entry/ Discharge (A0310F)</th><th>ISC</th><th>Description</th></tr></thead><tbody><tr><td>01</td><td>01,02,99</td><td>0</td><td>10,11,99</td><td>NC</td><td>Comprehensive</td></tr><tr><td>01</td><td>01,02,07</td><td>1,2,3</td><td>10,11,99</td><td>NC</td><td>Comprehensive</td></tr><tr><td>01</td><td>02,07</td><td>4</td><td>10,11,99</td><td>NC</td><td>Comprehensive</td></tr><tr><td>03</td><td>01 thru 05,99</td><td>0</td><td>10,11,99</td><td>NC</td><td>Comprehensive</td></tr><tr><td>03,04,05</td><td>01 thru 07</td><td>1,2,3</td><td>10,11,99</td><td>NC</td><td>Comprehensive</td></tr><tr><td>03,04,05</td><td>02 thru 05,07</td><td>4</td><td>10,11,99</td><td>NC</td><td>Comprehensive</td></tr><tr><td>04,05</td><td>01 thru 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05,07	4	10,11,99	NC	Comprehensive	04,05	01 thru 07,99	0	10,11,99	NC	Comprehensive	02,06	01 thru 05,99	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 05	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	OBRA RFA (A0310A)	PPS RFA (A0310B)	OMRA (A0310C)	Entry/ Discharge (A0310F)	Part A PPS Discharge (A0310H)	ISC	Description	01	01,02,99	0	10,11,99	0,1	NC	Comprehensive	01	01,02,07	1,2,3	10,11,99	0,1	NC	Comprehensive	01	02,07	4	10,11,99	0,1	NC	Comprehensive	03	01 thru 05,99	0	10,11,99	0,1	NC	Comprehensive	03,04,05	01 thru 07	1,2,3	10,11,99	0,1	NC	Comprehensive	03,04,05	02 thru 05,07	4	10,11,99	0,1	NC	Comprehensive	04,05	01 thru 07,99	0	10,11,99	0,1	NC	Comprehensive	02,06	01 thru 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01	01,02,99	0	10,11,99	0,1	NC	Comprehensive																																																																																																																																																																																																																																																											
01	01,02,07	1,2,3	10,11,99	0,1	NC	Comprehensive																																																																																																																																																																																																																																																											
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**Track Changes
from Chapter 2 v1.13
to Chapter 2 v1.14**

Chapter	Section	Page	Change
2	2.15	2-86– 2-87	Consider examples of the use of this table. If Items A0310A = 01, A0310B = 99, A0310C = 0, and Item A0310F = 99, and A0310H = 0 (a standalone OBRA Admission assessment), then these values are matched in row 1 and the item set is an OBRA comprehensive assessment (NC). The same row would be selected if Item A0310F is changed to 10 (admission assessment combined with a return not anticipated discharge assessment). The item set is again an OBRA comprehensive assessment (NC). If Items A0310A = 99, A0310B = 99, A0310C = 0, and Item A0310F = 12, and A0310H = 0 (a death in facility tracking record), then these values are matched in the last row and the item set is a tracking record (NT). Finally, if Items A0310A = 99, A0310B = 99, A0310C = 0, and A0310F = 99, and A0310H = 0 , then no row matches these entries, and the record is invalid and would be rejected.
2	2.15	2-87	The next lookup table is for swing bed records. The first 5 columns are entries for the reason for assessment (RFA) Items A0310A, A0310B, A0310C, A0310D, and A0310F, and A0310H . To determine the item set for a record, locate the row that includes the values of Items A0310A, A0310B, A0310C, A0310D, and A0310F, and A0310H for that record. When the row is located, then the item set is identified in the ISC and Description columns for that row. If the combination of A0310A, A0310B, A0310C, A0310D, and A0310F, and A0310H values for the record cannot be located in any row, then that combination of RFAs is not allowed and any record with that combination will be rejected by the QIES ASAP system.

**Track Changes
from Chapter 2 v1.13
to Chapter 2 v1.14**

Chapter	Section	Page	Change																																																																																																																																																																					
2	2.15	2-87	<div>Updated Swing Bed Item Set Code (ISC) Reference Table.</div> <div>OLD</div> <table><thead><tr><th>OBRA RFA (A0310A)</th><th>PPS RFA (A0310B)</th><th>OMRA (A0310C)</th><th>SB Clinical Change (A0310D)</th><th>Entry/ Discharge (A0310F)</th><th>ISC</th><th>Description</th></tr></thead><tbody><tr><td>99</td><td>01 thru 05</td><td>0,1,2,3</td><td>0</td><td>10,11,99</td><td>SP</td><td>PPS</td></tr><tr><td>99</td><td>01 thru 07</td><td>0,1,2,3</td><td>1</td><td>10,11,99</td><td>SP</td><td>PPS</td></tr><tr><td>99</td><td>02 thru 05</td><td>4</td><td>0</td><td>10,11,99</td><td>SP</td><td>PPS</td></tr><tr><td>99</td><td>02 thru 05,07</td><td>4</td><td>1</td><td>10,11,99</td><td>SP</td><td>PPS</td></tr><tr><td>99</td><td>07</td><td>1</td><td>0</td><td>99</td><td>SS</td><td>SOT OMRA</td></tr><tr><td>99</td><td>07</td><td>1</td><td>0</td><td>10,11</td><td>SSD</td><td>SOT OMRA and Discharge</td></tr><tr><td>99</td><td>07</td><td>2,3,4</td><td>0</td><td>99</td><td>SO</td><td>EOT , EOT-R or COT OMRA</td></tr><tr><td>99</td><td>07</td><td>2,3,4</td><td>0</td><td>10,11</td><td>SOD</td><td>EOT , EOT-R or COT OMRA and Discharge</td></tr><tr><td>99</td><td>99</td><td>0</td><td>0</td><td>10,11</td><td>SD</td><td>Discharge</td></tr><tr><td>99</td><td>99</td><td>0</td><td>0</td><td>01,12</td><td>ST</td><td>Tracking</td></tr></tbody></table> <div>NEW</div> <table><thead><tr><th>OBRA RFA (A0310A)</th><th>PPS RFA (A0310B)</th><th>OMRA (A0310C)</th><th>SB Clinical Change (A0310D)</th><th>Entry/ Discharge (A0310F)</th><th>Part A Discharge (A0310H)</th><th>ISC</th><th>Description</th></tr></thead><tbody><tr><td>99</td><td>01 thru 05</td><td>0,1,2,3</td><td>0</td><td>10,11,99</td><td>0,1</td><td>SP</td><td>PPS</td></tr><tr><td>99</td><td>01 thru 07</td><td>0,1,2,3</td><td>1</td><td>10,11,99</td><td>0,1</td><td>SP</td><td>PPS</td></tr><tr><td>99</td><td>02 thru 05</td><td>4</td><td>0</td><td>10,11,99</td><td>0,1</td><td>SP</td><td>PPS</td></tr><tr><td>99</td><td>02 thru 05,07</td><td>4</td><td>1</td><td>10,11,99</td><td>0,1</td><td>SP</td><td>PPS</td></tr><tr><td>99</td><td>07</td><td>1</td><td>0</td><td>99</td><td>0</td><td>SS</td><td>SOT OMRA</td></tr><tr><td>99</td><td>07</td><td>1</td><td>0</td><td>10,11</td><td>0,1</td><td>SSD</td><td>SOT OMRA and Discharge</td></tr><tr><td>99</td><td>07</td><td>2,3,4</td><td>0</td><td>99</td><td>0</td><td>SO</td><td>EOT, EOT-R or COT OMRA</td></tr><tr><td>99</td><td>07</td><td>2,3,4</td><td>0</td><td>10,11</td><td>0,1</td><td>SOD</td><td>EOT, EOT-R or COT OMRA and Discharge</td></tr><tr><td>99</td><td>99</td><td>0</td><td>0</td><td>10,11</td><td>0,1</td><td>SD</td><td>Discharge</td></tr><tr><td>99</td><td>99</td><td>0</td><td>0</td><td>01,12</td><td>0</td><td>ST</td><td>Tracking</td></tr></tbody></table>	OBRA RFA (A0310A)	PPS RFA (A0310B)	OMRA (A0310C)	SB Clinical Change (A0310D)	Entry/ Discharge (A0310F)	ISC	Description	99	01 thru 05	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	OBRA RFA (A0310A)	PPS RFA (A0310B)	OMRA (A0310C)	SB Clinical Change (A0310D)	Entry/ Discharge (A0310F)	Part A Discharge (A0310H)	ISC	Description	99	01 thru 05	0,1,2,3	0	10,11,99	0,1	SP	PPS	99	01 thru 07	0,1,2,3	1	10,11,99	0,1	SP	PPS	99	02 thru 05	4	0	10,11,99	0,1	SP	PPS	99	02 thru 05,07	4	1	10,11,99	0,1	SP	PPS	99	07	1	0	99	0	SS	SOT OMRA	99	07	1	0	10,11	0,1	SSD	SOT OMRA and Discharge	99	07	2,3,4	0	99	0	SO	EOT, EOT-R or COT OMRA	99	07	2,3,4	0	10,11	0,1	SOD	EOT, EOT-R or COT OMRA and Discharge	99	99	0	0	10,11	0,1	SD	Discharge	99	99	0	0	01,12	0	ST	Tracking
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