

MDS Alert

MDS 3.0: Watch For Section A, I & O Changes In October Update

Prepare to tighten up your coding for therapy days.

The **Centers for Medicare & Medicaid Services** (CMS) has made a myriad of changes to the MDS 3.0 in its most recent draft Nursing Home Comprehensive (NC) item set for version 1.14.0. And barring any unforeseen events, you'll need to be ready for these changes by Oct. 1, 2014.

Heads Up: 4 Section A Changes Coming

Many of the more significant changes will occur in Section A – Identification Information. In this section, CMS plans to:

1. Remove response option 06 – A0310B – PPS Assessment. CMS is eliminating this option because it is the functional equivalent of the 01 – 5-day scheduled assessment response option.

2. Change the verbiage in item A0410 – Submission Requirement. The language changes won't become effective until after the Sept. 12 CMS downtime. Item A0410 will now be titled Unit Certification or Licensure Designation, and will include the following reworded response options:

- 1 – Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State
- 2 – Unit is neither Medicare nor Medicaid certified but MDS data is required by the State
- 3 – Unit is Medicare and/or Medicaid certified

3. Remove A1500, A1510 and A1550 Preadmission Screening and Resident Review (PASRR) items from all item sets except for the NC. PASRR items are active on some sets prior to Oct. 1, 2014, but they will no longer be collected on the NP (PPS) or NQ (QR).

4. Add A1900 – Admission Date (Date this episode of care in this facility began), which is tied to items A1600 – Date of Admission or Reentry, A1700 – Type of Entry, and A1800 – Entered From. A1900 will correlate/work with the Quality Measures and will tie all records in a stay together, as well as tie all records in an episode together, CMS notes.

"A1900 will remain the same as the original admission date in the face of a discharge return anticipated and the resident returns within 30 days," CMS states. "A1600 will reflect the return/reentry date, but the A1900 will be the original admission date."

Coding for A1900 would change when the resident has a discharge return not anticipated or discharge return anticipated and the resident fails to return to the facility within 30 days. In that case, A1900 is the new date of admission when the resident returns.



What CMS is Tweaking in Sections I & O

CMS also announced that when the Assessment Reference Date (ARD) on the MDS record is prior to Oct. 1, 2014, you must code I8000 – Additional active diagnoses using ICD-9 diagnosis codes. But if the ARD is after Oct. 1, you must list ICD-10 codes in I8000. CMS has yet to announce whether it will change the Oct. 1 date based on the recent postponement for ICD-10 implementation (see "ICD-10 Delayed Again – But Don't Stop Preparing" on this page).

Finally, CMS is tightening its rules for therapy start and stop dates in O0400 – Therapies. Now the start date encoded on a given MDS must be on or after the date reported in item A1600. And this will be retroactive after the Sept. 12 CMS

downtime.

If the ARD is not the end date, the days reported for speech, occupational and physical therapies must be earlier than or equal to the ARD, CMS says. And what you report in A0420 □ Distinct Calendar Days of Therapy must be less than or equal to the ARD, if the ARD is ongoing.

Important: Keep in mind that these are still draft revisions and may change before CMS releases the final version. For more information on the draft changes, visit <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html> and scroll to the bottom of the page for the "Downloads" section.