

# Z0200: State Medicaid Billing (if required by the state)

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A. Case Mix group:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
B. Version code:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

## Item Rationale

- Used to capture the payment code in states that employ the MDS for Medicaid case-mix reimbursement.

## Coding Instructions for Z0200A, Case Mix Group

- If the state has selected a standard 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.

## Coding Instructions for Z0200B, Version Code

- If the state has selected a standard 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.

## Coding Instructions for Z0200C, Is this a Short Stay assessment?

- Code 0, no:** if this is not a Short Stay assessment.
- Code 1, yes:** if this is a Medicare Short Stay assessment.

## Coding Tip

- The standard RUG-IV grouper automatically determines whether or not this is a Short Stay assessment. MDS software typically makes this determination automatically.

