A2400: Medicare Stay

A2400. Medicare Stay
Complete only if A0310G1 = 0

Enter Code ☐

A. Has the resident had a Medicare-covered stay since the most recent entry?
0. **No** → Skip to B0100, Comatose
1. **Yes** → Continue to A2400B, Start date of most recent Medicare stay

B. Start date of most recent Medicare stay:
☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:
☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

Item Rationale

- Identifies when a resident is receiving services under the scheduled PPS.
- Identifies when a resident's Medicare Part A stay begins and ends.

Coding Instructions for A2400A, Has the Resident Had a Medicare-covered Stay since the Most Recent Entry?

- **Code 0, no:** if the resident has not had a Medicare Part A covered stay since the most recent admission/entry or reentry. Skip to B0100, Comatose.
- **Code 1, yes:** if the resident has had a Medicare Part A covered stay since the most recent admission/entry or reentry. Continue to A2400B.

Coding Instructions for A2400B, Start of Most Recent Medicare Stay

- **Code the date of day 1** of this Medicare stay if A2400A is **coded 1, yes**.

Coding Instructions for A2400C, End Date of Most Recent Medicare Stay

- **Code the date of last day** of this Medicare stay if A2400A is **coded 1, yes**.

DEFINITIONS

MOST RECENT MEDICARE STAY
This is a Medicare Part A covered stay that has started on or after the most recent admission/entry or reentry to the nursing facility.

MEDICARE-COVERED STAY
Skilled Nursing Facility stays billable to Medicare Part A. Does not include stays billable to Medicare Advantage HMO plans.

CURRENT MEDICARE STAY
NEW ADMISSION: Day 1 of Medicare Part A stay.
READMISSION: Day 1 of Medicare Part A coverage after readmission following a discharge.

A2400: Medicare Stay (cont.)

- If the Medicare Part A stay is ongoing, there will be no end date to report. Enter dashes to indicate that the stay is ongoing.
- The end of Medicare date is coded as follows, whichever occurs first:
  - Date SNF benefit exhausts (i.e., the 100th day of the benefit); or
  - Date of last day covered as recorded on the effective date from the Notice of Medicare Non-Coverage (NOMNC); or
  - The last paid day of Medicare A when payer source changes to another payer (regardless if the resident was moved to another bed or not); or
  - Date the resident was discharged from the facility (see Item A2000, Discharge Date).

Coding Tips and Special Populations

- When a resident on Medicare Part A returns following a therapeutic leave of absence or a hospital observation stay of less than 24 hours (without hospital admission), this is a continuation of the Medicare Part A stay, not a new Medicare Part A stay.
- When a resident on Medicare Part A has an interrupted stay (i.e., is discharged from SNF care and subsequently readmitted to the same SNF within the interruption window after the discharge), this is a continuation of the Medicare Part A stay, not a new Medicare Part A stay.
- The End Date of the Most Recent Medicare Stay (A2400C) may be **earlier** than the actual Discharge Date (A2000) from the facility. If this occurs, the Part A PPS Discharge assessment is required. If the resident subsequently physically leaves the facility, the OBRA Discharge assessment would be required.
- If the End Date of 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 must be combined. When the OBRA and Part A PPS Discharge assessments are combined, the ARD (A2300) must be equal to the Discharge Date (A2000).
- If the End Date of Most Recent Medicare Stay (A2400C) **occurs on the same day** that the resident dies, a Death in Facility Tracking Record is completed, with the Discharge Date (A2000) equal to the date the resident died. In this case, a Part A PPS Discharge assessment is **not** required.
- For a **standalone** Part A PPS Discharge assessment, the End Date of the Most Recent Medicare Stay (A2400C) must be equal to the ARD (Item A2300).

A2400: Medicare Stay (cont.)

Examples

1. Resident G. began receiving services under Medicare Part A on October 14, 2021. Due to their stable condition and ability to manage their medications and dressing changes, the facility determined that they no longer qualified for Part A SNF coverage and began planning their discharge. An Advanced Beneficiary Notice (ABN) and an NOMNC with the last day of coverage as November 23, 2021 were issued. Resident G. was discharged home from the facility on November 24, 2021. Code the following on their combined OBRA and Part A PPS Discharge assessment:

   - A0310F = 10
   - A0310G = 1
   - A0310H = 1
   - A2000 = 11-24-2021
   - A2105 = 01
   - A2300 = 11-24-2021
   - A2400A = 1
   - A2400B = 10-14-2021
   - A2400C = 11-23-2021

   Rationale: Because Resident G's last day covered under Medicare was one day before their physical discharge from the facility, a combined OBRA and Part A PPS Discharge was completed.

2. Resident N began receiving services under Medicare Part A on December 11, 2021. They were unexpectedly sent to the emergency department on December 19, 2021 at 8:30 p.m. and were not admitted to the hospital. They returned to the facility on December 20, 2021, at 11:00 a.m. Upon Resident N's return, their physician's orders included significant changes in their treatment regime. The facility staff determined that an Interim Payment Assessment (IPA) was indicated as the PDPM nursing component was impacted. They completed the IPA with an ARD of December 24, 2021. Code the following on the IPA:

   - A2400A = 1
   - A2400B = 12-11-2021
   - A2400C = ----------

   Rationale: Resident N was out of the facility at midnight but returned in less than 24 hours and was not admitted to the hospital, so was considered LOA. Therefore, no Discharge assessment was required. Their Medicare Part A Stay is considered ongoing; therefore, the date in A2400C is dashed.

A2400: Medicare Stay (cont.)

3. Resident R. began receiving services under Medicare Part A on October 15, 2021. Due to complications from their recent surgery, they were unexpectedly discharged to the hospital for emergency surgery on October 20, 2021, but are expected to return within 30 days. Code the following on their OBRA Discharge assessment:

   - A0310F = 11
   - A0310G = 2
   - A0310H = 1
   - A2000 = 10-20-2021
   - A2105 = 03
   - A2300 = 10-20-2021
   - A2400A = 1
   - A2400B = 10-15-2021
   - A2400C = 10-20-2021

   Rationale: Resident R's physical discharge to the hospital was unplanned, yet it is anticipated that they will return to the facility within 30 days. Therefore, only an OBRA Discharge was required. Even though only an OBRA Discharge was required, when the Date of the End of the Medicare Stay is on the day of or one day before the Date of Discharge, MDS specifications require that A0310H be coded as 1.

4. Resident K began receiving services under Medicare Part A on October 4, 2021. They were discharged from Medicare Part A services on December 17, 2021. They and their family had already decided that Resident K would remain in the facility for long-term care services, and they were moved into a private room (which was dually certified) on December 18, 2021. Code the following on their Part A PPS Discharge assessment:

   - A0310F = 99
   - A0310G = ^
   - A0310H = 1
   - A2000 = ^
   - A2105 = ^
   - A2300 = 12-17-2021
   - A2400A = 1
   - A2400B = 10-04-2021
   - A2400C = 12-17-2021

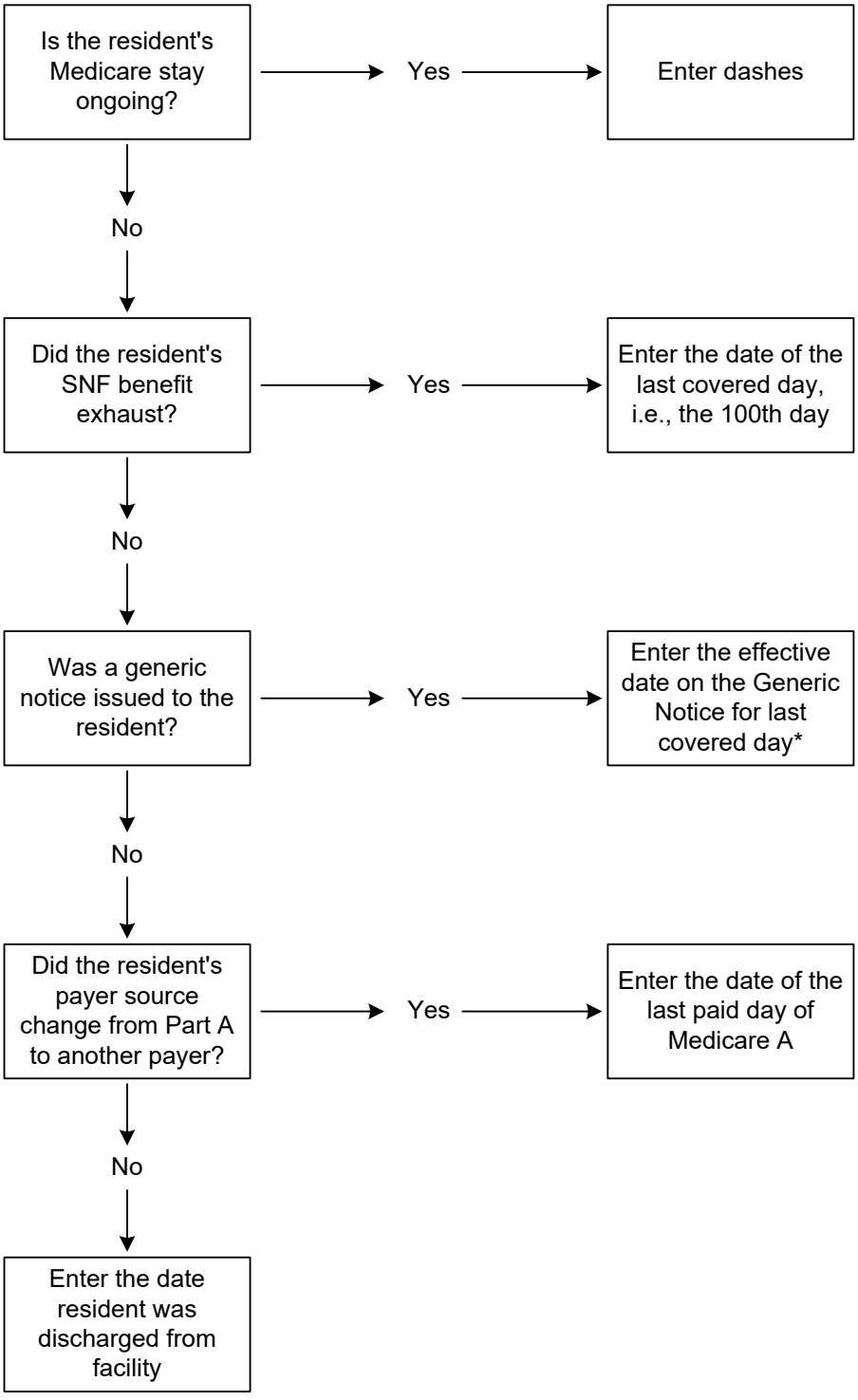
   Rationale: Because Resident K's Medicare Part A stay ended, and they remained in the facility for long-term care services, a **standalone** Part A PPS Discharge was required.

A2400: Medicare Stay (cont.)

5. Resident W began receiving services under Medicare Part A on November 15, 2021. Their Medicare Part A stay ended on November 25, 2021, and they were unexpectedly discharged to the hospital on November 26, 2021. However, they are expected to return to the facility within 30 days. Code the following on their OBRA Discharge assessment:
   - A0310F = 11
   - A0310G = 2
   - A0310H = 1
   - A2000 = 11-26-2021
   - A2105 = 03
   - A2300 = 11-26-2021
   - A2400A = 1
   - A2400B = 11-15-2021
   - A2400C = 11-25-2021

   Rationale: Resident W's Medicare stay ended the day before discharge and they are expected to return to the facility within 30 days. Because their discharge to the hospital was unplanned, only an OBRA Discharge assessment was required. Even though only an OBRA Discharge was required, when the Date of the End of the Medicare Stay is on the day of or one day before the Date of Discharge, MDS specifications require that A0310H be coded as 1.

Medicare Stay End Date Algorithm
A2400C



*if resident leaves facility prior to last covered day as recorded on the generic notice, enter date resident left facility.

SECTION B: HEARING, SPEECH, AND VISION

Intent: The intent of items in this section is to document whether the resident is comatose, the resident's ability to hear (with assistive hearing devices, if they are used), understand, and communicate with others, and the resident's ability to see objects nearby in their environment.