

A0310: Type of Assessment

For all Federally required assessments and records as well as all PPS assessments.

A0310. Type of Assessment

Enter Code

- A. Federal OBRA Reason for Assessment**
- 01. Admission assessment (required by day 14)
 - 02. Quarterly review assessment
 - 03. Annual assessment
 - 04. Significant change in status assessment
 - 05. Significant correction to prior comprehensive assessment
 - 06. Significant correction to prior quarterly assessment
 - 99. None of the above

Enter Code

- B. PPS Assessment**
- PPS Scheduled Assessment for a Medicare Part A Stay
- 01. 5-day scheduled assessment
- PPS Unscheduled Assessment for a Medicare Part A Stay
- 08. IPA - Interim Payment Assessment
- Not PPS Assessment
- 99. None of the above

Enter Code

- E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?**
- 0. No
 - 1. Yes

Enter Code

- F. Entry/discharge reporting**
- 01. Entry tracking record
 - 10. Discharge assessment-return not anticipated
 - 11. Discharge assessment-return anticipated
 - 12. Death in facility tracking record
 - 99. None of the above

Enter Code

- G. Type of discharge - Complete only if A0310F = 10 or 11**
- 1. Planned
 - 2. Unplanned

Enter Code

- G1. Is this a SNF Part A Interrupted Stay?**
- 0. No
 - 1. Yes

Enter Code

- H. Is this a SNF Part A PPS Discharge Assessment?**
- 0. No
 - 1. Yes

Item Rationale

- Allows identification of needed assessment content.

A0310: Type of Assessment (cont.)

Coding Instructions for A0310, Type of Assessment

Enter the code corresponding to the reason or reasons for completing this assessment.

If the assessment is being completed for both Omnibus Budget Reconciliation Act (OBRA)–required clinical reasons (A0310A) and Prospective Payment System (PPS) reasons (A0310B), all requirements for both types of assessments must be met. See Chapter 2, Section 2.10, Combining PPS Assessments and OBRA Assessments, for details of these requirements. Assessments completed for other reasons (e.g., to facilitate billing for Medicare Advantage Plans) are not coded in A0310 and are not submitted to iQIES.

Coding Instructions for A0310A, Federal OBRA Reason for Assessment

- Document the reason for completing the assessment, using the categories of assessment types. For detailed information on the requirements for scheduling and timing of the assessments, see Chapter 2 on assessment schedules.
- Enter the number corresponding to the OBRA reason for assessment. This item contains 2 digits. For codes 01-06, enter “0” in the first box and place the correct number in the second box. If the assessment is not coded 01-06, enter code “99”.
 - 01.** Admission assessment (required by day 14)
 - 02.** Quarterly review assessment
 - 03.** Annual assessment
 - 04.** Significant change in status assessment
 - 05.** Significant correction to prior comprehensive assessment
 - 06.** Significant correction to prior quarterly assessment
 - 99.** None of the above

Coding Tips and Special Populations

- If a nursing home resident elects the hospice benefit, the nursing home is required to complete an MDS Significant Change in Status Assessment (SCSA). The nursing home is required to complete an SCSA when the resident comes off the hospice benefit (revoke). See Chapter 2 for details on this requirement.
- It is a CMS requirement to have an SCSA completed EVERY time the hospice benefit has been elected, even if a recent MDS was done and the only change is the election of the hospice benefit.

A0310: Type of Assessment (cont.)

Coding Instructions for A0310B, PPS Assessment

- Enter the number corresponding to the PPS reason for completing this assessment. This item contains 2 digits. For codes 01 and 08, enter “0” in the first box and place the correct number in the second box. If the assessment is not coded as 01 or 08, enter code “99.”
- See Chapter 2 on assessment schedules for detailed information on the timing of the assessments.

DEFINITION

PROSPECTIVE PAYMENT SYSTEM (PPS)

Method of reimbursement in which Medicare payment is made based on the classification system of that service.

PPS Scheduled Assessment for Medicare Part A Stay

01. 5-day scheduled assessment

PPS Unscheduled Assessment for Medicare Part A Stay

08. IPA-Interim Payment Assessment

Not PPS Assessment

99. None of the above

Coding Instructions for A0310E, Is This Assessment the First Assessment (OBRA, Scheduled PPS, or OBRA Discharge) since the Most Recent Admission/Entry or Reentry?

- **Code 0, no:** if this assessment is not the first of these assessments since the most recent admission/entry or reentry.
- **Code 1, yes:** if this assessment is the first of these assessments since the most recent admission/entry or reentry.

Coding Tips and Special Populations

- A0310E = 0 for:
 - Entry or Death in Facility tracking records (A0310F = 01 or 12);
 - A standalone Part A PPS Discharge assessment (A0310A = 99, A0310B = 99, A0310F = 99, and A0310H = 1); or
 - An Interim Payment Assessment (A0310A = 99, A0310B = 08, A0310F = 99, and A0310H=0).
- A0310E = 1 on the first OBRA, Scheduled PPS or OBRA Discharge assessment that is completed and submitted once a facility obtains CMS certification. Note: the first submitted assessment may not be an OBRA Admission assessment.

A0310: Type of Assessment (cont.)

Coding Instructions for A0310F, Federal OBRA & PPS Entry/Discharge Reporting

- Enter the number corresponding to the reason for completing this assessment or tracking record. This item contains 2 digits. For code 01, enter “0” in the first box and place “1” in the second box. If the assessment is not coded as “01” or “10” or “11” or “12,” enter “99”:

- 01.** Entry tracking record
- 10.** Discharge assessment-return not anticipated
- 11.** Discharge assessment-return anticipated
- 12.** Death in facility tracking record
- 99.** None of the above

Coding Instructions for A0310G, Type of Discharge (complete only if A0310F = 10 or 11)

- Enter the number corresponding to the type of discharge.
- Code 1:** if type of discharge is a planned discharge.
- Code 2:** if type of discharge is an unplanned discharge.

DEFINITION

Part A PPS Discharge Assessment

A discharge assessment developed to inform current and future Skilled Nursing Facility Quality Reporting Program (SNF QRP) measures and the calculation of these measures. The Part A PPS Discharge assessment is completed when a resident's Medicare Part A stay ends, but the resident remains in the facility; and must be combined with an OBRA Discharge if the Part A stay ends on the same day or the day before the resident's Discharge Date (A2000).

A0310: Type of Assessment (cont.)

Enter Code **G1. Is this a SNF Part A Interrupted Stay?**
☐ 0. No
 1. Yes

Coding Instructions for A0310G1, Is this a SNF Part A Interrupted Stay?

- **Code 0, no:** if the resident was discharged from SNF care (i.e., from a Medicare Part A-covered stay) but **did not** resume SNF care in the same SNF within the interruption window.
- **Code 1, yes:** if the resident was discharged from SNF care (i.e., from a Medicare Part A-covered stay) but did resume SNF care in the same SNF within the interruption window.

Coding Tips

- Item A0310G1 indicates whether or not an interrupted stay occurred.
- The interrupted stay policy applies to residents who either leave the SNF, then return to the same SNF within the interruption window, or to residents who are discharged from Part A-covered services and remain in the SNF, but then resume a Part A-covered stay within the interruption window.

DEFINITIONS

Interrupted Stay

Is a Medicare Part A SNF stay in which a resident is discharged from SNF care (i.e., the resident is discharged from a Medicare Part A-covered stay) and subsequently resumes SNF care in the **same** SNF for a Medicare Part A-covered stay during the interruption window.

Interruption Window

Is a 3-day period, starting with the calendar day of Part A discharge and including the 2 immediately following calendar days. In other words, if a resident in a Medicare Part A SNF stay is discharged from Part A, the resident must resume Part A services, or return to the **same** SNF (if physically discharged) to resume Part A services, by 11:59 p.m. at the end of the third calendar day after their Part A-covered stay ended. The interruption window begins with the first non-covered day following a Part A-covered stay and ends at 11:59 p.m. on the third consecutive non-covered day following a Part A-covered SNF stay. If these conditions are met, the subsequent stay is considered a continuation of the previous Medicare Part A-covered stay for the purposes of both the variable per diem schedule and PPS assessment completion.

A0310: Type of Assessment (cont.)

- The following is a list of examples of an interrupted stay when the resident leaves the SNF and then returns to the same SNF to resume Part A-covered services within the interruption window. Examples include, but are not limited to, the following:
 - Resident transfers to an acute care setting for evaluation or treatment due to a change in condition and returns to the same SNF within the interruption window.
 - Resident transfers to a psychiatric facility for evaluation or treatment and returns to the same SNF within the interruption window.
 - Resident transfers to an outpatient facility for a procedure or treatment and returns to the same SNF within the interruption window.
 - Resident transfers to an assisted living facility or a private residence with home health services and returns to the same SNF within the interruption window.
 - Resident leaves against medical advice and returns to the same SNF within the interruption window.
- The following is a list of examples of an interrupted stay when the resident under a Part A-covered stay remains in the facility but the stay stops being covered under the Part A PPS benefit, and then resumes Part A-covered services in the SNF within the interruption window. Examples include, but are not limited to, the following:
 - Resident elects the hospice benefit, thereby declining the SNF benefit, and then revokes the hospice benefit and resumes SNF-level care within the interruption window.
 - Resident refuses to participate in rehabilitation and has no other daily skilled need; this ends the Part A coverage. Within the interruption window, the resident decides to engage in the planned rehabilitation regime and Part A coverage resumes.
 - Resident changes payer sources from Medicare Part A to an alternate payer source (i.e., hospice, private pay or private insurance) and then wishes to resume their Medicare Part A stay, at the same SNF, within the interruption window.
- If a resident is discharged from SNF care, remains in the facility, and resumes a Part A-covered stay in the SNF within the interruption window, this is an interrupted stay. No discharge assessment (OBRA or Part A PPS) is required, nor is an Entry Tracking Record or 5-Day required on resumption.
- If a resident leaves the SNF and returns to resume Part A-covered services in the **same** SNF within the interruption window, this is an interrupted stay. Although this situation does not end the resident's Part A PPS stay, the resident left the SNF, and therefore an OBRA Discharge assessment is required. On return to the SNF, no 5-Day would be required. An OBRA Admission **would** be required if the resident was discharged return **not** anticipated. If the resident was discharged return anticipated, no new OBRA Admission would be required.

A0310: Type of Assessment (cont.)

- When an interrupted stay occurs, a 5-Day PPS assessment is not required upon reentry or resumption of SNF care in the same SNF, because an interrupted stay does not end the resident's Part A PPS stay.
- If a resident is discharged from SNF care, remains in the SNF and **does not** resume Part A-covered services within the interruption window, an interrupted stay did **not** occur. In this situation, a Part A PPS Discharge is required. If the resident qualifies and there is a resumption of Part A services within the 30-day window allowed by Medicare, a 5-Day would be required as this would be considered a **new** Part A stay. The OBRA schedule would continue from the resident's original date of admission (item A1900).
- If a resident leaves the SNF and **does not** return to resume Part A-covered services in the **same** SNF within the interruption window, an interrupted stay did **not** occur. In this situation, both the Part A PPS and OBRA Discharge assessments are required (and must be combined if the Medicare Part A stay ends on the day of, or one day before, the resident's Discharge Date (A2000)). If the resident returns to the same SNF, this would be considered a **new** Part A stay. An Entry Tracking record and 5-Day would be required on return. An OBRA Admission **would** be required if the resident was discharged return **not** anticipated. If the resident was discharged return anticipated, no new OBRA Admission would be required.
- The OBRA assessment schedule is unaffected by the interrupted stay policy. Please refer to Chapter 2 for guidance on OBRA assessment scheduling requirements.

Coding Instructions for A0310H, Is this a Part A PPS Discharge Assessment?

- **Code 0, no:** if this is not a Part A PPS Discharge assessment.
- **Code 1, yes:** if this is a Part A PPS Discharge assessment.
- A Part A PPS Discharge assessment (NPE Item Set) is required under the Skilled Nursing Facility Quality Reporting Program (SNF QRP) when the resident's Medicare Part A stay ends (as documented in A2400C, End Date of Most Recent Medicare Stay) but the resident remains in the facility.
- 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 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).

