
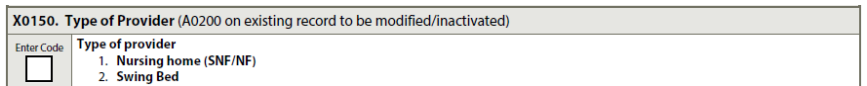
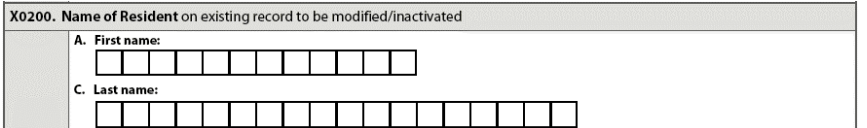
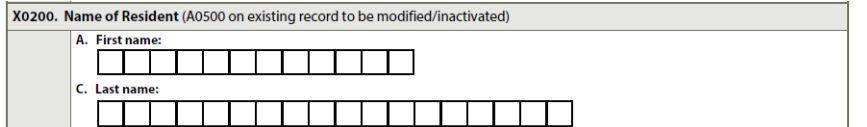
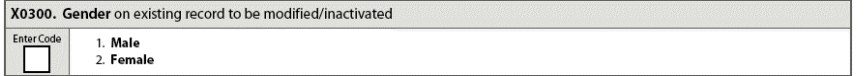


Track Changes
from Chapter 3, Section X V1.11
to Chapter 3, Section X V1.12

Chapter	Section	Page	Change
3	X0150	X-2	<p>X0150: Type of Provider (A0200 on existing record to be modified/inactivated)</p> <p>This item contains the type of provider identified from the prior erroneous record to be modified/ inactivated.</p>
3	X0150	X-2	<p>Replaced screen shot.</p> <p>OLD</p>  <p>NEW</p> 
3	X0150	X-2	<p>Coding Instructions for X0150, Type of Provider</p> <p>This item contains the type of provider identified from the prior erroneous record to be modified/ inactivated. Enter the type of provider code 1 “Nursing Home (SNF/NF)” or code 2 (Swing Bed” exactly as submitted for item A0200 “Type of Provider” on the prior erroneous record to be modified/inactivated.</p>
3	X0200	X-2	<p>X0200: Name of Resident (A0500 on existing record to be modified/inactivated)</p>
3	X0200	X-2	<p>Replaced screen shot.</p> <p>OLD</p>  <p>NEW</p> 
3	X0200	X-3	<p>X0200: Name of Resident (A0500 on existing record to be modified/inactivated) (cont.)</p>
3	X0300	X-3	<p>X0300: Gender (A0800 on existing record to be modified/inactivated)</p>
3	X0300	X-3	<p>Replaced screen shot.</p> <p>OLD</p>  <p>NEW</p>

Track Changes
from Chapter 3, Section X V1.11
to Chapter 3, Section X V1.12

Chapter	Section	Page	Change
			X0300. Gender (A0800 on existing record to be modified/inactivated) <div> <div>Enter Code</div> <div> <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female </div> </div>
3	X0400	X-3	X0400: Birth Date (A0900 on existing record to be modified/inactivated)
3	X0400	X-3	Replaced screen shot. OLD <div> X0400. Birth Date on existing record to be modified/inactivated <div> <div>Month</div> <div>Day</div> <div>Year</div> </div> </div> NEW <div> X0400. Birth Date (A0900 on existing record to be modified/inactivated) <div> <div>Month</div> <div>Day</div> <div>Year</div> </div> </div>
3	X0500	X-4	X0500: Social Security Number (A0600A on existing record to be modified/inactivated)
3	X0500	X-4	Replaced screen shot. OLD <div> X0500. Social Security Number on existing record to be modified/inactivated <div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> </div> </div> NEW <div> X0500. Social Security Number (A0600A on existing record to be modified/inactivated) <div> <div> <div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> </div> </div>
3	X0600	X-4	X0600: Type of Assessment/Tracking (A0310 on existing record to be modified/inactivated)
3	X0600	X-4	Replaced screen shot. OLD <div> X0600. Type of Assessment on existing record to be modified/inactivated <div> <div>Enter Code</div> <div> <input type="checkbox"/> 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 </div> </div> <div> <div>Enter Code</div> <div> <input type="checkbox"/> B. PPS Assessment PPS Scheduled Assessments for a Medicare Part A Stay 01. 5-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment 04. 60-day scheduled assessment 05. 90-day scheduled assessment 06. Readmission/return assessment PPS Unscheduled Assessments for a Medicare Part A Stay 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) Not PPS Assessment 99. None of the above </div> </div> <div> <div>Enter Code</div> <div> <input type="checkbox"/> C. PPS Other Medicare Required Assessment - OMRA 0. No 1. Start of therapy assessment 2. End of therapy assessment 3. Both Start and End of therapy assessment 4. Change of therapy assessment </div> </div> <div> <div>Enter Code</div> <div> <input type="checkbox"/> D. Is this a Swing Bed clinical change assessment? Complete only if X0150 = 2 0. No 1. Yes </div> </div> <div> <div>Enter Code</div> <div> <input type="checkbox"/> 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 </div> </div> </div>

Track Changes
from Chapter 3, Section X V1.11
to Chapter 3, Section X V1.12

Chapter	Section	Page	Change
			<p>NEW</p> <p>X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)</p> <p>Enter Code <input type="checkbox"/> <input type="checkbox"/></p> <p>A. Federal OBRA Reason for Assessment</p> <p>01. Admission assessment (required by day 14)</p> <p>02. Quarterly review assessment</p> <p>03. Annual assessment</p> <p>04. Significant change in status assessment</p> <p>05. Significant correction to prior comprehensive assessment</p> <p>06. Significant correction to prior quarterly assessment</p> <p>99. None of the above</p> <p>Enter Code <input type="checkbox"/> <input type="checkbox"/></p> <p>B. PPS Assessment</p> <p>PPS Scheduled Assessments for a Medicare Part A Stay</p> <p>01. 5-day scheduled assessment</p> <p>02. 14-day scheduled assessment</p> <p>03. 30-day scheduled assessment</p> <p>04. 60-day scheduled assessment</p> <p>05. 90-day scheduled assessment</p> <p>PPS Unscheduled Assessments for a Medicare Part A Stay</p> <p>07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment)</p> <p>Not PPS Assessment</p> <p>99. None of the above</p> <p>Enter Code <input type="checkbox"/></p> <p>C. PPS Other Medicare Required Assessment - OMRA</p> <p>0. No</p> <p>1. Start of therapy assessment</p> <p>2. End of therapy assessment</p> <p>3. Both Start and End of therapy assessment</p> <p>4. Change of therapy assessment</p> <p>Enter Code <input type="checkbox"/></p> <p>D. Is this a Swing Bed clinical change assessment? Complete only if X0150 = 2</p> <p>0. No</p> <p>1. Yes</p> <p>Enter Code <input type="checkbox"/> <input type="checkbox"/></p> <p>F. Entry/discharge reporting</p> <p>01. Entry tracking record</p> <p>10. Discharge assessment-return not anticipated</p> <p>11. Discharge assessment-return anticipated</p> <p>12. Death in facility tracking record</p> <p>99. None of the above</p>
3	X0600	X-5	X0600: Type of Assessment/Tracking (A0310 on existing record to be modified/inactivated) (cont.)
3	X0600	X-6	X0600: Type of Assessment/Tracking (A0310 on existing record to be modified/inactivated) (cont.)
3	X0700	X-6	<p>Replaced screen shot.</p> <p>OLD</p> <p>X0700. Date on existing record to be modified/inactivated - Complete one only</p> <p>A. Assessment Reference Date - Complete only if X0600F = 99</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> <p>B. Discharge Date - Complete only if X0600F = 10, 11, or 12</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> <p>C. Entry Date - Complete only if X0600F = 01</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> <p>NEW</p> <p>X0700. Date on existing record to be modified/inactivated - Complete one only</p> <p>A. Assessment Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> <p>B. Discharge Date (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> <p>C. Entry Date (A1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p>
3	X0700	X-7	Coding Instructions for X0700A, Assessment Reference Date (A2300 on existing record to be modified/inactivated)—Complete

Track Changes
from Chapter 3, Section X V1.11
to Chapter 3, Section X V1.12

Chapter	Section	Page	Change
			Only if X0600F = 99
3	X0700	X-7	Coding Instructions for X0700B, Discharge Date (A2000 on existing record to be modified/inactivated)—Complete Only If X0600F = 10, 11, or 12
3	X0700	X-7	Coding Instructions for X0700C, Entry Date (A1600 on existing record to be modified/inactivated)—Complete Only If X0600F = 01