

**Track Changes
from Chapter 6 V1.09
to Chapter 6 V1.11**

Chapter	Section	Page	Change
6	6.5	6-22	The attending physician or a physician on the staff of the skilled nursing home who has knowledge of the case—or a nurse practitioner (NP), physician assistant (PA), -or clinical nurse
6	6.6	6-32	At least 5 distinct calendar days of any combination of the three disciplines
6	6.6	6-33	At least 3 distinct calendar days of any combination of the 3 disciplines
6	6.6	6-35	At least 5 distinct calendar days of any combination of the three disciplines At least 3 distinct calendar days of any combination of the three disciplines
6	6.6	6-38	(1) K0700A K0710A3 is 51% or more of total calories OR (2) K0700A K0710A3 is 26% to 50% of total calories and K0700B K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.
6	6.6	6-40	(1) K0700A K0710A3 is 51% or more of total calories OR (2) K0700A K0710A3 is 26% to 50% of total calories and K0700B K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.
6	6.6	6-49	Situation 2 If the Z0100A classification for an SOT OMRA (Item A0310C = 1), not combined with an OBRA assessment or other PPS assessment, is not in a Rehabilitation Plus Extensive Services group or a Rehabilitation group, then the following adjustment applies:
6	6.6	6-55	ARD Outside the Medicare Part A SNF Benefit A SNF may not use a date outside the SNF Part A Medicare Benefit (i.e., 100 days) as the ARD for a scheduled PPS assessment. For example, the resident returns to the SNF on December 11 following a hospital stay, requires and receives SNF skilled services (and meets all other required coverage criteria), and has 3 days left in his/her SNF benefit period. The SNF must set the ARD for the PPS assessment on December 11, 12, or 13 to bill for the RUG category associated with the assessment. A SNF may use a date outside the SNF Part A Medicare Benefit (i.e., 100 days) as the ARD for an unscheduled PPS assessment, but only in the case where the ARD for the unscheduled assessment falls on a day that is not counted among the beneficiary's 100 days due to a leave of absence (LOA), as defined in Chapter 2, sections 2.4 and 2.13, and the resident returns to the facility from the LOA on Medicare Part A. For example, Day 7 of the COT observation period occurs 7 days following the ARD of the most recent PPS assessment used for

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			payment, regardless if a LOA occurs at any point during the COT observation period. If the ARD for a resident's 30-day assessment were set for November 7 and the resident went to the emergency room at 11:00pm on November 14, returning on November 15, Day 7 of the COT observation period would remain November 14 for purposes of coding the COT OMRA.