



# **Changes to MDS 3.0 Manual** ***Inactivation/Modification Policy***

May 1, 2013

# Inactivation or Modification: What's the difference?

Modification	Inactivation
Used to correct record previously accepted by QIES ASAP system.	Used to move record previously accepted by QIES ASAP system into ASAP database history.
Replaces the corrected record as the active record. Previously accepted record maintained as inactive.	Record not replaced. Could require that a new record be submitted and accepted.
Corrected record must include all MDS items and appropriate responses in Section X.	Request for Inactivation only requires completing A0050 and Section X.
Normally used to correct typographical errors.	Used to inactivate record of an event that did not occur.

# Old Policy

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Prior to May 19, 2013, an Inactivation request was required to address errors in the following items:

- ❖ A0200: Type of Provider
- ❖ A0310: Type of Assessment
- ❖ A1600: Entry Date (on Entry tracking record; A0310F = 1)
- ❖ A2000: Discharge Date (on Discharge/Death in Facility record; A0310F = 10 -12)
- ❖ A2300: Assessment Reference Date (ARD)

A Modification was required for errors for Clinical Items (B0100 – V0200C), including data entry errors.

# New Policy

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Effective May 19, 2013, a Modification may now be used for typographical errors in the following items:

- ❖ A0310: Type of Assessment; where there is no Item Set Code (ISC) change.
- ❖ A1600: Entry Date
- ❖ A2000: Discharge Date
- ❖ A2300: Assessment Reference Date (ARD)
- ❖ Clinical Items (B0100 – V0200C)

An Inactivation Request is still required for errors in the following items:

- ❖ A0200: Type of Provider
- ❖ A0310: Type of Assessment; where there is an ISC change.

## Example 1: Item Set Code and A0310 Modifications

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A modification of a typographical error in the Reason for Assessment (RFA) (A0310A – D,F) may be performed **if the change does not result in a change to the ISC used for the assessment.**

A0310A = 99; None of the above

A0310B = 03; 30-day scheduled assessment

A0310C = 04; Change of Therapy OMRA (COT)

**Q: If A0310C should have been coded as “00” (standalone 30-day assessment), can this assessment be corrected through modification?**

**A: Yes, as the ISC used for the modified assessment (NP) is the same as the ISC used for the previously accepted assessment.**

## Example 2: Item Set Code and A0310 Modifications

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A modification of a typographical error in the Reason for Assessment (RFA) (A0310A – D,F) may be performed **if the change does not result in a change to the ISC used for the assessment.**

A0310A = 99; None of the above

A0310B = 07; Unscheduled assessment used for PPS

A0310C = 04; COT

**Q: If A0310B should have been coded as “03” (30-day/COT combined), can this assessment be corrected through modification?**

**A: No, as the ISC used for the modified assessment (NP) is the different from the ISC used for the previously accepted assessment (NO).**

# A2300 Modifications

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Effective May 19, 2013, a modification may be used to address typographical errors in the Assessment Reference Date (ARD), A2300.

**If the change would result in a different look-back period than was used to code the previously accepted assessment, then this is not a typographical error.**

Ask yourself: Would altering the ARD result in a change to the assessment timeframe used to code this assessment?

Yes; Inactivate the assessment.

No; Modify the assessment.

# New Error Messages

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**As a result of this change, two new warning error messages could appear on your validation reports:**

-1061: A change in the target date and/or RFA in combination with a change in the clinical item listed may indicate improper coding

-1062: A change in the target date and/or RFA in combination with a change in the clinical item listed and Medicare RUG may indicate improper coding

**Additionally, providers will see a fatal error in cases where the modified record contains an ISC change.**

-3839: Non-matching ISC: The ISC of the modification record does not match the ISC of the record to be modified.



# Summary

What can I modify now that I could not modify in the past?	What still requires an inactivation?
A0310: Type of Assessment; <b><u>where there is no ISC change.</u></b>	A0200: Type of Provider
A1600: Entry Date (on entry tracking record)	A0310: Type of Assessment; <b><u>where there is an ISC change.</u></b>
A2000: Discharge Date (on Discharge/Death in Facility record)	
A2300: Assessment Reference Date (ARD), when modification does not affect the look-back period and/or clinical assessment.	Assessment Reference Date (Item A2300) when modification would change the look-back period and/or clinical assessment

# Questions?

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This policy is discussed in Chapter 5.7 of the MDS 3.0 RAI manual.

If you have any questions about this policy, please contact your state RAI coordinator.

If you are unsure about who your state RAI coordinator is, check the listing at the following website: [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS30Appendix\\_B.pdf](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS30Appendix_B.pdf)