

SECTION X: CORRECTION REQUEST

Intent: The purpose of Section X is to identify an MDS record to be modified or inactivated. The following items identify the existing assessment record that is in error. Section X is only completed if Item A0050, Type of Record, is coded a 2 (Modify existing record) or a 3 (Inactivate existing record). In Section X, the facility must reproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect. This information is necessary to locate the existing record in the Internet Quality Improvement and Evaluation System (iQIES).

A modification request is used to correct an iQIES record containing incorrect MDS item values due to:

- transcription errors,
- data entry errors,
- software product errors,
- item coding errors, and/or
- other error requiring modification

The modification request record contains correct values for all MDS items (not just the values previously in error), including the Section X items. The corrected record will replace the prior erroneous record in iQIES.

In some cases, an incorrect MDS record requires a completely new assessment of the resident in addition to a modification request for that incorrect record. Please refer to Chapter 5 of this manual, Submission and Correction of the MDS Assessments, to determine if a new assessment is required in addition to a modification request.

An inactivation request is used to move an existing record in iQIES from the active file to an archive (history file) so that it will not be used for reporting purposes. Inactivations should be used when the event did not occur (e.g., a discharge was submitted when the resident was not discharged). The inactivation request only includes Item A0050 and the Section X items. All other MDS sections are skipped.

The modification and inactivation processes *do not* remove the prior erroneous record from iQIES. The erroneous record is archived in a history file. In certain cases, it is necessary to delete *or change* a record and not retain any information about the record in iQIES. This requires *the facility to complete an MDS 3.0 Individual Correction Request or MDS 3.0 Individual Deletion Request in iQIES. Additionally, in situations in which the state-assigned facility submission ID (FAC_ID) or state code (STATE_CD) is incorrect, an MDS 3.0 Manual Assessment Move Facility Request is required.* The policy and procedures for *these special requests* are provided in Chapter 5 of this Manual.

These special requests are required **only** in the following four cases:

1. **Item A0410 Submission Requirement is incorrect.** Submission of MDS assessment records to iQIES constitutes a release of private information and must conform to privacy laws. Only records required by the State and/or the Federal governments may be stored in the iQIES. If a record has been submitted with the incorrect Submission Requirement value in Item A0410, then *the facility must request correction of A0410 via an MDS 3.0 Individual Deletion Request or MDS 3.0 Individual Correction Request in iQIES*. Item A0410 cannot be corrected by modification or inactivation. See Chapter 5 of this Manual *and the iQIES Assessment Management: Assessment Submitter Manual* for details.
2. **Record was submitted with the incorrect state-assigned facility submission ID (FAC_ID) or state code (STATE_CD).** If a record was submitted to iQIES for an incorrect facility *or with an incorrect state code*, the record must be *manually corrected by the State Agency. In these situations, the facility must complete an MDS 3.0 Manual Assessment Move Facility Request and send the request via certified mail to the State Agency.*
3. **Record submitted was not for OBRA or Medicare Part A purposes.** When a facility erroneously submits a record that was not for OBRA or Medicare Part A purposes, CMS does not have the authority to collect the data included in the record, and deletion *via an MDS 3.0 Individual Deletion Request in iQIES* is required to remove it from the CMS database. For erroneous PPS assessments combined with OBRA-required assessments, if the item set code changes, the assessment must be manually deleted, and a new, stand-alone OBRA assessment must be submitted. If the item set code **does not** change, then a modification can be completed.
4. **Inappropriate submission of a test record as a production record.** Removal of a test record from iQIES requires *record deletion via an MDS 3.0 Individual Deletion Request in iQIES*. Otherwise, information for a “bogus” resident will be retained in the database and this resident will appear on some reports to the facility.

X0150: Type of Provider (A0200 on existing record to be modified/inactivated)

This item contains the type of provider identified from the prior erroneous record to be modified/inactivated.

X0150. Type of Provider (A0200 on existing record to be modified/inactivated)

Enter Code

Type of provider

1. Nursing home (SNF/NF)
2. Swing Bed

Coding Instructions for X0150, Type of Provider

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.

- **Code 1, Nursing home (SNF/NF):** if the facility is a Nursing home (SNF/NF).
- **Code 2, Swing Bed:** if the facility is a Swing Bed facility.

X0200: Name of Resident (A0500 on existing record to be modified/inactivated)

These items contain the resident's name from the prior erroneous record to be modified/inactivated.

[illegible]

Coding Instructions for X0200A, First Name

- Enter the first name of the resident exactly as submitted for item A0500A “Legal Name of Resident—First Name” on the prior erroneous record to be modified/inactivated. Start entry with the leftmost box.
- Note that the first name in X0200A does not have to match the current value of A0500A on a modification request. The entries may be different if the modification is correcting the first name.

Coding Instructions for X0200C, Last Name

- Enter the last name of the resident exactly as submitted for item A0500C “Legal Name of Resident— Last Name” on the prior erroneous record to be modified/inactivated. Start entry with the leftmost box. The last name in X0200C cannot be blank.
- Note that the last name in X0200C does not have to match the current value of A0500C on a modification request. The entries may be different if the modification is correcting the last name.

X0310: *Sex* (A0810 on existing record to be modified/inactivated)

X0310. Sex (A0810 on existing record to be modified/inactivated)	
Enter Code <input type="text"/>	<ol style="list-style-type: none"> Male Female

Coding Instructions for X0310, *Sex*

- Enter the *sex* code 1 “Male” *or* 2 “Female” exactly as submitted for item A08I0, *Sex* on the prior erroneous record to be modified/inactivated.
- Note that the *sex* in X03I0 does not have to match the current value of A08I0 on a modification request. The entries may be different if the modification is correcting the *sex*.

X0400: Birth Date (A0900 on existing record to be modified/inactivated)

X0400. Birth Date (A0900 on existing record to be modified/inactivated)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

Coding Instructions for X0400, Birth Date

- Fill in the boxes with the birth date exactly as submitted for item A0900 "Birth Date" on the prior erroneous record to be modified/inactivated. If the month or day contains only a single digit, fill in the first box with a 0. For example, January 2, 1918, should be entered as:

0	1	0	2	1	9	1	8
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If the birth date in MDS item A0900 on the prior record was a partial date, with day of the month unknown and the day of the month boxes were left blank, then the day of the month boxes must be blank in X0400. If the birth date in MDS item A0900 on the prior record was a partial date with both month and day of the month unknown and the month and day of the month boxes were left blank, then the month and day of the month boxes must be blank in X0400.

- Note that the birth date in X0400 does not have to match the current value of A0900 on a modification request. The entries may be different if the modification is correcting the birth date.

X0500: Social Security Number (A0600A on existing record to be modified/inactivated)

X0500. Social Security Number (A0600A on existing record to be modified/inactivated)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Coding Instructions for X0500, Social Security Number

- Fill in the boxes with the Social Security number exactly as submitted for item A0600 "Social Security and Medicare numbers" on the prior erroneous record to be modified/inactivated. If the Social Security number was unknown or unavailable and left blank on the prior record, leave X0500 blank.
- Note that the Social Security number in X0500 does not have to match the current value of A0600 on a modification request. The entries may be different if the modification is correcting the Social Security number.

X0600: Type of Assessment/Tracking (A0310 on existing record to be modified/inactivated)

These items contain the reasons for assessment/tracking from the prior erroneous record to be modified/inactivated.

X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)	
Enter Code <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/>	B. PPS Assessment <u>PPS Scheduled Assessment for a Medicare Part A Stay</u> 01. 5-day scheduled assessment <u>PPS Unscheduled Assessment for a Medicare Part A Stay</u> 08. IPA - Interim Payment Assessment <u>Not PPS Assessment</u> 99. None of the above
Enter Code <input type="text"/> <input type="text"/>	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 <input type="text"/>	H. Is this a SNF Part A PPS Discharge Assessment? 0. No 1. Yes

Coding Instructions for X0600A, Federal OBRA Reason for Assessment

- Fill in the boxes with the Federal OBRA reason for assessment/tracking code exactly as submitted for item A0310A “Federal OBRA Reason for Assessment” on the prior erroneous record to be modified/inactivated.
- Note that the Federal OBRA reason for assessment/tracking code in X0600A must match the current value of A0310A on a modification request.
- If item A0310A was incorrect on an assessment that was previously submitted and accepted by iQIES, then the original assessment must be modified or inactivated per the instructions in Chapter 5 (Section 5.7).

Coding Instructions for X0600B, PPS Assessment

- Fill in the boxes with the PPS assessment type code exactly as submitted for item A0310B “PPS Assessment” on the prior erroneous record to be modified/inactivated.
- Note that the PPS assessment code in X0600B must match the current value of A0310B on a modification request.

X0600: Type of Assessment/Tracking (A0310 on existing record to be modified/inactivated) (cont.)

- If item A0310B was incorrect on an assessment that was previously submitted and accepted by iQIES, then the original assessment must be modified or inactivated per the instructions in Chapter 5 (Section 5.7).

Coding Instructions for X0600F, Entry/Discharge Reporting

- Enter the number corresponding to the entry/discharge code exactly as submitted for item A0310F “Entry/discharge reporting” on the prior erroneous record to be modified/inactivated.
 - 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
- Note that the Entry/discharge code in X0600F must match the current value of A0310F on a modification request.
- If item A0310F was incorrect on an assessment that was previously submitted and accepted by iQIES, then the original assessment must be modified or inactivated per the instructions in Chapter 5 (Section 5.7).

Coding Instructions for X0600H, Is this a Part A PPS Discharge Assessment?

- Enter the code exactly as submitted for item A0310H, “Is this a Part A PPS Discharge Assessment?” on the prior erroneous record to be modified/inactivated.
- **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.
- Note that the code in X0600H must match the current value of A0310H on a modification request.
- If item A0310H was incorrect on an assessment that was previously submitted and accepted by iQIES, then the original assessment must be modified or inactivated per the instructions in Chapter 5 (Section 5.7).

X0700: Date on Existing Record to Be Modified/Inactivated – Complete one only

The item that is completed in this section is the event date for the prior erroneous record to be modified/inactivated. The event date is the assessment reference date for an assessment record, the discharge date for a discharge record, or the entry date for an entry record. In iQIES, this date is often referred to as the “target date.” Enter only one (1) date in X0700.

X0700. Date on existing record to be modified/inactivated	
Complete one only	
A. Assessment Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99	<div> <div> <div></div><div></div> </div> <div>-</div> <div> <div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div> </div> </div> <div> <div>Month</div> <div>Day</div> <div>Year</div> </div>
B. Discharge Date (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12	<div> <div> <div></div><div></div> </div> <div>-</div> <div> <div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div> </div> </div> <div> <div>Month</div> <div>Day</div> <div>Year</div> </div>
C. Entry Date (A1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01	<div> <div> <div></div><div></div> </div> <div>-</div> <div> <div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div> </div> </div> <div> <div>Month</div> <div>Day</div> <div>Year</div> </div>

Coding Instructions for X0700A, Assessment Reference Date—(A2300 on existing record to be modified/inactivated) – Complete Only if X0600F = 99

- If the prior erroneous record to be modified/inactivated is an OBRA assessment or a PPS assessment, where X0600F = 99, enter the assessment reference date here exactly as submitted in item A2300 “Assessment Reference Date” on the prior record.
- Note that the assessment reference date in X0700A must match the current value of A2300 on a modification request.

Coding Instructions for X0700B, Discharge Date—(A2000 on existing record to be modified/inactivated) – Complete Only If X0600F = 10, 11, or 12

- If the prior erroneous record to be modified/inactivated is a discharge record (indicated by X0600F = 10, 11, or 12), enter the discharge date here exactly as submitted for item A2000 “Discharge Date” on the prior record. If the prior erroneous record was a discharge combined with an OBRA or PPS assessment, then that prior record will contain both a completed assessment reference date (A2300) and discharge date (A2000) and these two dates will be identical. If such a record is being modified or inactivated, enter the prior discharge date in X0700B and leave the prior assessment reference date in X0700A blank.
- Note that the discharge date in X0700B must match the current value of A2000 on a modification request.

X0700: Date on Existing Record to Be Modified/Inactivated (cont.)

Coding Instructions for X0700C, Entry Date—(A1600 on existing record to be modified/inactivated) – Complete Only If X0600F = 01

- If the prior erroneous record to be modified/inactivated is an entry record (indicated by X0600F = 01), enter the entry date here exactly as submitted for item A1600 “Entry Date [date of admission/reentry into the facility]” on the prior record.
- Note that the entry date in X0700C must match the current value of A1600 on a modification request.

X0800: Correction Attestation Section

The items in this section indicate the number of times a record accepted into iQIES has been corrected, the reason for the current modification/inactivation request, the person attesting to the modification/inactivation request, and the date of the attestation.

This item may be populated automatically by the nursing home’s data entry software; however, if it is not, the nursing home should enter this information.

X0800. Correction Number	
Enter Number	Enter the number of correction requests to modify/inactivate the existing record, including the present one
<input type="text"/>	

Coding Instructions for X0800, Correction Number

- Enter the total number of correction requests to modify/inactivate the record in iQIES that is in error. Include the present modification/inactivation request in this number.
- For the first correction request (modification/inactivation) for an MDS record, code a value of 01 (zero-one); for the second correction request, code a value of 02 (zero-two); etc. With each succeeding request, X0800 is incremented by one. For values between one and nine, a leading zero should be used in the first box. For example, enter “01” into the two boxes for X0800.
- This item identifies the total number of correction requests following the original assessment or tracking record, including the present request. Note that Item X0800 is used to track successive correction requests in iQIES.

X0900: Reasons for Modification

The items in this section indicate the possible reasons for the modification request of the record in iQIES. Check all that apply. These items should only be completed when A0050 = 2, indicating a modification request. If A0050 = 3, indicating an inactivation request, these items should be skipped.

X0900. Reasons for Modification	
Complete only if Type of Record is to modify a record in error (A0050 = 2)	
↓	Check all that apply
<input type="checkbox"/>	A. Transcription error
<input type="checkbox"/>	B. Data entry error
<input type="checkbox"/>	C. Software product error
<input type="checkbox"/>	D. Item coding error
<input type="checkbox"/>	Z. Other error requiring modification If "Other" checked, please specify: _____

Coding Instructions for X0900A, Transcription Error

- Check the box if any errors in the prior record accepted into iQIES were caused by data transcription errors.
- A transcription error includes any error made recording MDS assessment or tracking form information from other sources. An example is transposing the digits for the resident's weight (e.g., recording "191" rather than the correct weight of "119" that appears in the medical record).

Coding Instructions for X0900B, Data Entry Error

- Check the box if any errors in the prior record accepted into iQIES were caused by data entry errors.
- A data entry error includes any error made while encoding MDS assessment or tracking form information into the facility's computer system. An example is an error where the response to the individual minutes of physical therapy O0400C1 is incorrectly encoded as "3000" minutes rather than the correct number of "0030" minutes.

Coding Instructions for X0900C, Software Product Error

- Check the box if any errors in the prior record accepted into iQIES were caused by software product errors.
- A software product error includes any error created by the encoding software, such as storing an item in the wrong format (e.g., storing weight as "020" instead of "200").

Coding Instructions for X0900D, Item Coding Error

- Check the box if any errors in the prior record accepted into iQIES were caused by item coding errors.

X0900: Reasons for Modification (cont.)

- An item coding error includes any error made coding an MDS item (for exceptions when certain items may not be modified see Chapter 5), such as choosing an incorrect code for the Functional Abilities – Mobility item GG0170A, Roll left and right (e.g., choosing a code of “02” for a resident who requires supervision and should be coded as “04”). Item coding errors may result when an assessor makes an incorrect judgment or misunderstands the RAI coding instructions.

Coding Instructions for X0900Z, Other Error Requiring Modification

- Check the box if any errors in the prior record accepted into iQIES were caused by other types of errors not included in Items X0900A through X0900D.
- Such an error includes any other type of error that causes a record accepted into iQIES to require modification under the Correction Policy. An example would be when a record is prematurely submitted prior to final completion of editing and review. Facility staff should describe the “other error” in the space provided with the item.

X1050: Reasons for Inactivation

The items in this section indicate the possible reasons for the inactivation request. Check all that apply. These items should only be completed when A0050 = 3, indicating an inactivation request. If A0050 = 2, indicating a modification request, these items should be skipped.

X1050. Reasons for Inactivation
Complete only if Type of Record is to inactivate a record in error (A0050 = 3)
↓ Check all that apply
<input type="checkbox"/> A. Event did not occur
<input type="checkbox"/> Z. Other error requiring inactivation If “Other” checked, please specify: _____

Coding Instructions for X1050A, Event Did Not Occur

- Check the box if the record accepted into iQIES does not represent an event that actually occurred.
- An example would be a Discharge assessment submitted for a resident, but there was no actual discharge. There was **no event**.

Coding Instructions for X1050Z, Other Reason Requiring Inactivation

- Check the box if any errors in the record accepted into iQIES were caused by other types of errors not included in Item X1050A.
- Facility staff should describe the “other error” in the space provided with the item.

X1100: RN Assessment Coordinator Attestation of Completion

The items in this section identify the RN coordinator attesting to the correction request and the date of the attestation.

X1100.	RN Assessment Coordinator Attestation of Completion
A.	Attesting individual's first name: <div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 0; right: 0; border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black;"></div> </div>
B.	Attesting individual's last name: <div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 0; right: 0; border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black;"></div> </div>
C.	Attesting individual's title: <div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 0; right: 0; border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black;"></div> </div>
D.	Signature <div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> <div style="position: absolute; top: 0; bottom: 0; left: 0; right: 0; border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black;"></div> </div>
E.	Attestation date <div style="display: flex; align-items: center; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"></div> </div> </div> <div style="font-size: 24px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"></div> </div> </div> <div style="font-size: 24px;">-</div> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"></div> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"></div> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"></div> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"></div> </div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> Month Day Year </div>

Coding Instructions for X1100A, Attesting Individual's First Name

- Enter the first name of the facility staff member attesting to the completion of the corrected information. Start entry with the leftmost box.

Coding Instructions for X1100B, Attesting Individual's Last Name

- Enter the last name of the facility staff member attesting to the completion of the corrected information. Start entry with the leftmost box.

Coding Instructions for X1100C, Attesting Individual's Title

- Enter the title of the facility staff member attesting to the completion of the corrected information on the line provided.

Coding Instructions for X1100D, Signature

- The attesting individual must sign the correction request here, certifying the completion of the corrected information. The entire correction request should be completed and signed within 14 days of detecting an error in a record accepted into iQIES. The correction request, including the signature of the attesting facility staff, must be kept with the modified or inactivated MDS record and retained in the resident's medical record or electronic medical record.

X1100: RN Assessment Coordinator Attestation of Completion (cont.)

Coding Instructions for X1100E, Attestation Date

- Enter the date the attesting facility staff member attested to the completion of the corrected information.
- Do not leave any boxes blank. For a one-digit month or day, place a zero in the first box. For example, January 2, 2011, should be entered as:

0	1	0	2	2	0	1	1
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Coding Tip for X1100, RN Assessment Coordinator Attestation of Completion

- If an inactivation is being completed, Z0400 must also be completed.