Section Z

Assessment Administration

Objectives

- State the intent of Section Z Assessment Administration.

- List the billing information required to complete Section Z.

- Describe the signatures and dates required to complete Section Z.

- Code Section Z Assessment Administration correctly and accurately.

Intent of Section Z

- Document billing information.

- Record signatures of persons completing the MDS assessment.

Medicare Part A Billing[1]

- HIPPS Code
  - o Skilled Nursing Facility (SNF) Part A billing code
  - o Three-position code representing the RUG category label plus a two-position assessment type indicator
  - o Information available at http://www.cms.hhs.gov/ProspMedicareFeeSvcPmtGen/02_HIPPSCodes.asp#TopOfPage

- RUG Version Code
  - o Appropriate to the RUG included in the Medicare Part A HIPPS code in item Z0100A.

Medicare Part A Billing$_2$

- Includes a non-therapy option

- Typically calculated by the software data entry product.

- Can be calculated manually using Chapter 6 of the RAI Version 3.0 Manual.

Additional Billing Data

- State Medicaid billing numbers

- Alternate State Medicaid billing numbers

- Insurance billing numbers

Item Z0100

Medicare Part A Billing

Z0100A Medicare Part A HIPPS Code Coding Instructions

- This value should be automatically calculated by the software.

- Enter the HIPPS code in the spaces provided if the software does not complete this item.

Z0100. Medicare Part A Billing

A. Medicare Part A HIPPS code (RUG group followed by assessment type indicator):

B. RUG version

Enter Code

C. Is this a Medi...
0. No
1. Yes

A. Medicare Part A HIPPS code (RUG

Z0100A Medicare Part A HIPPS Code

- Note that the RUG included in this HIPPS code takes into account all MDS items used in the RUG logic.

- This classification **uses** all reported values in O0400 Therapies.
  - o Speech/ language pathology
  - o Auditory services
  - o Occupational therapy
  - o Physical therapy

Z0100B RUG Version Code Coding Instructions

- This value should be automatically calculated by the software.

- Enter the RUG version code in the spaces provided if the software does not complete this item.

B. RUG version code:

Z0100. Me...

A

B. RUG version code:

Enter Code

C. Is this a Medicare Short Stay assessment?
0. No
1. Yes

Z0100B RUG Version Code

- This is the version code appropriate to the RUG included in the Medicare Part A HIPPS code in Item Z0100A.

Z0100C Is This a Medicare Short Stay Assessment

- CMS standard RUG-IV grouper automatically determines whether or not this is a Medicare Short Stay Assessment.

- Software typically makes this determination automatically.

- Use the definition in Chapter 6 to determine the correct response if this value is not automatically calculated by the software data entry product.

Z0100C Coding Instructions

- Code **1. No** if this is not a Medicare Short Stay Assessment.

- Code **2. Yes** if this is a Medicare Short Stay Assessment.

Enter Code	C. Is this a Medicare Short Stay assessment?
[ ]	0. **No**
	1. **Yes**

Item Z0150

Medicare Part A Non-Therapy Billing

Z0150A Medicare Part A Non-Therapy HIPPS Code Coding Instructions

- This value should be automatically calculated by the software.

- Enter the HIPPS code if the software does not complete this item.

Z0150. Medicare Part A Non-Therapy Billing

A. Medicare Part A non-therapy HIPPS code (RUG group followed by assessment type indicator):

B. RUG version code:

A. Medicare Part A non-therapy HIPPS code

Z0150A Medicare Part A Non-Therapy HIPPS Code

- Note that the RUG included in this HIPPS code is the "non-therapy" group.

- This classification **ignores** all reported values in O0400 Therapies.
  - o Speech/ language pathology
  - o Auditory services
  - o Occupational therapy
  - o Physical therapy

- This non-therapy HIPPS code may be required for Medicare SNF Part A billing.

Z0150B RUG Version Code Coding Instructions

- This value should be automatically calculated by the software.

- Enter the RUG version code if the software does not complete this item.

Z0150B RUG Version Code

- This is the version code appropriate to the RUG included in the Medicare Part A non-therapy HIPPS code in Item Z0150A.

Items Z0200/ Z0250

State Medicaid Billing

Alternate State Medicaid Billing

Z0200/ Z0250 Medicaid Billing & Alternate Medicaid Billing

- Captures the payment category and alternate payment category in states that employ the MDS for Medicaid case-mix reimbursement.

- States may want to capture a second payment group for Medicaid purposes to allow:

  o Evaluation of the fiscal impact of changing to a new payment model

  o Blended payment between two models during a transition period

- Complete these items if required by the state.

Z0200A/ Z0250A RUG Case Mix Group Coding Instructions

- Usually populated automatically by the software data entry product if the state has selected a standard RUG model.

- Otherwise, enter the case-mix code calculated based on the MDS assessment.

Z0200. State Medicaid Billing (if required by the state)

A. RUG Case Mix group:

B.

A. RUG Case Mix group:

Z0200B/ Z0250B RUG Version Code Coding Instructions

- Usually populated automatically by the software data entry product if the state has selected a standard RUG model.

- Otherwise, enter the case-mix version code.

Z0250. Alte...

A.

B. RUG version code:

20200A field.

B. RUG version code:

Item Z0300

Insurance Billing

Z0300 Insurance Billing

- Allows providers and vendors to capture case-mix groupings required by other payers.
  - o Private insurance
  - o Department of Veterans Affairs

Z0300A RUG Case Mix Group Coding Instructions

- Usually populated automatically by the software data entry product if the other payer has selected a standard RUG model.

- Otherwise, enter the case-mix code.

- This code is for use by other payment systems.

Z0300. Insurance Billing

A. RUG Case Mix group:

B. RUG version code:

A. RUG Case Mix group:

Z0300B RUG Version Code Coding Instructions

- Usually populated automatically by the software data entry product if the other payor has selected a standard RUG model.

- Otherwise, enter an appropriate version code.

- This version code is appropriate to the case-mix category in Z0300A.

B. RUG version code:

Z030

B. RUG version code:

Items Z0400/ Z0500

Signatures

Z0400 & Z0500 Importance

- Obtain signatures of all persons who completed any part of the MDS assessment.

- Becomes a legal attestation of accuracy.

- Each person is required to sign an Attestation Statement.

- Importance of accurately completing and submitting the MDS cannot be overemphasized.

Z0400 Coding Instructions[1]

- Z0400 Persons participating in assessment
  - Signature
  - Title
  - Sections contributed to
  - Date of assessment

- Read the Attestation Statement carefully.

- Two or more staff members may complete the same section.
  - Identify which items a staff member completed within a section in Z0400.

Z0400 Coding Instructions$_2$

- Nursing homes may use electronic signatures:
  - o Permitted by state and local law
  - o Authorized by nursing home policy

- Whenever copies of the MDS are printed and dates are automatically encoded, be sure to note that it is a "copy" document and not the original.

Z0500 Signature of RN Assessment Coordinator

- Federal law requires RN assessment coordinator to sign and certify the MDS is **complete**.

- Not certifying accuracy of all portions.

- Verify that all sections are complete.

- Verify that Z0400 contains attestation for all MDS sections.

Z0500 Coding Instructions

- Use the actual date the MDS was completed, reviewed and signed as complete by the RN assessment coordinator.

- Use the actual date it is signed if the assessment cannot be signed on the date it is completed.

- Same rules apply as for Z0400:
  - o Electronic signatures
  - o Electronic storage
  - o Printing subsequent copies

Section Z

Summary

Section Z Summary[1]

- Enter HIPPS codes and RUG version codes as appropriate for each type of billing.
  - o   Should be calculated by MDS software.
  - o   Can be calculated manually.

- Obtain signatures of all persons who completed any part of the MDS assessment.

- Each person is required to sign an Attestation Statement.

Section Z Summary$_2$

- Federal law requires RN assessment coordinator to sign and certify the MDS is **<u>complete</u>**.

- For Z0500, use the actual date the MDS was completed, reviewed and signed as complete by the RN assessment coordinator.

- Use the actual date it is signed if the assessment cannot be signed on the date it is completed.