



WPS MEDICARE SNF PPS MDS PAYMENT SCHEDULER

| AI | Type of Assessment | ARD DAYS | Grace DAYS | Payment DAYS |
|----|--------------------|-------------|---------------|-----------------|
|----|--------------------|-------------|---------------|-----------------|

5 DAY ASSESSMENTS: Number of Days Authorized for Coverage/Payment: 14

| | | | | |
|----|---|-----|-----|------|
| 01 | 5 day PPS / not initial admission assessment | 1-5 | 6-8 | 1-14 |
| 05 | Readmission/Return PPS | 1-5 | 6-8 | 1-14 |
| 11 | 5 day-or readmission-PPS AND initial admission assessment | 1-5 | 6-8 | 1-14 |
| 31 | Replaces 5 day PPS (SCSA/CCS)*** | 1-5 | 6-8 | *** |
| 41 | Replaces 5 day PPS (SCPA)**** | 1-5 | 6-8 | **** |
| 35 | Replaces a readmission/ return PPS (SCSA/CCS)*** | 1-5 | 6-8 | *** |
| 45 | Replaces readmission/return PPS (SCPA)**** | 1-5 | 6-8 | **** |

14 DAY ASSESSMENTS: Number of Days Authorized for Coverage/Payment 16

| | | | | |
|----|---|-------|-------|-------|
| 07 | 14 day PPS/not initial admission | 11-14 | 15-19 | 15-30 |
| 17 | 14 day PPS AND initial admission assessment | 11-14 | 15-19 | 15-30 |
| 37 | Replaces 14 day (SCSA/CCS)*** | 11-14 | 15-19 | *** |
| 47 | Replaces 14 day PPS (SCPA)**** | 11-14 | 15-19 | **** |

30 DAY ASSESSMENTS: Number of Days Authorized for Coverage/Payment 30

| | | | | |
|----|-----------------------------------|-------|-------|-------|
| 02 | 30 day PPS | 21-29 | 30-34 | 31-60 |
| 32 | Replaces 30 day PPS (SCSA/CCS)*** | 21-29 | 30-34 | *** |
| 42 | Replaces 30 day PPS (SCPA)**** | 21-29 | 30-34 | **** |

60 DAY ASSESSMENTS: Number of Days Authorized for Coverage/Payment 30

| | | | | |
|----|-----------------------------------|-------|-------|-------|
| 03 | 60 day PPS | 50-59 | 60-64 | 61-90 |
| 33 | Replaces 60 day PPS (SCSA/CCS)*** | 50-59 | 60-64 | *** |
| 43 | Replaces 60 day PPS (SCPA)**** | 50-59 | 60-64 | **** |

90 DAY ASSESSMENTS: Number of Days Authorized for Coverage/Payment 10

| | | | | |
|----|--|-------|-------|--------|
| 04 | 90 day PPS | 80-89 | 90-94 | 91-100 |
| 34 | Replaces 90 day PPS (SCSA/CCS)*** | 80-89 | 90-94 | *** |
| 44 | Replaces 90 day PPS (SCPA)**** | 80-89 | 90-94 | **** |
| 54 | 90 day PPS that is also a quarterly assessment | 80-89 | 90-92 | 91-100 |

OTHER MEDICARE REQUIRED ASSESSMENT (OMRA):

| | | | | |
|----|--|-------|-------|----|
| 08 | Off cycle Other Medicare Required Assessment | ** | N/A | ** |
| 18 | OMRA replacing 5 day PPS | ** | N/A | ** |
| 78 | OMRA replacing 14 day PPS | ** | N/A | ** |
| 28 | OMRA replacing 30 day PPS | 21-29 | 30-34 | ** |
| 38 | OMRA replacing 60 day PPS | 50-59 | 60-64 | ** |
| 48 | OMRA replacing 90 day PPS | ** | N/A | ** |

OFF CYCLE ASSESSMENTS:

| | | | | |
|----|---|-------|-----|-------|
| 30 | Off cycle Significant Change (outside of PPS assessment window) ^{***} | *** | N/A | *** |
| 40 | Off cycle significant correction of a prior assessment (outside of PPS assessment window) ^{****} | ***** | N/A | ***** |
| 00 | Default Code ^{*****} | N/A | N/A | N/A |

SPECIAL PAYMENT SITUATIONS - NEW CODES EFFECTIVE JULY 1, 2002 *****

| | | | | |
|----|---|-------|-------|--------|
| 19 | Special payment situation 5-day assessment | 1-5 | 6-8 | 1-14 |
| 29 | Special payment situation 30-day assessment | 21-29 | 30-34 | 31-60 |
| 39 | Special payment situation 60-day assessment | 50-59 | 60-64 | 61-90 |
| 49 | Special payment situation 90-day assessment | 80-89 | 90-94 | 91-100 |
| 79 | Special payment situation 14-day assessment | 11-14 | 15-19 | 15-30 |

AI = Assessment Indicators

ARD = Assessment Reference date

OMRA = Other Medicare Required Assessment

SCSA = Significant Change in Status Assessment/Clinical Change in Status

SCPA = Significant Correction of Prior Assessment

** OMRA is completed only if the resident was in a RUG-III Rehabilitation Plus Extensive Services or Rehabilitation Classification and will continue to need Part A SNF-level services after the discontinuation of therapy. The last day in which therapy treatment was furnished is day zero. The OMRA ARD (Item A3a) must be set on day eight, nine, or ten after all rehabilitation therapies have been discontinued.

*** SCSA are completed by the end of the 14th calendar day following determination that a significant change has occurred.

**** SCPA Allowed after June 1, 2000 only and must be completed within 120 days of the corrected assessment.

***** Default is for missed assessments or assessments completed outside of the time period allowed to complete each assessment.

Resources

RAI Manual Chapter 2 and Chapter 6