

# MDS Assessment Cheat Sheet

This cheat sheet contains the codes for completing a Minimum Data Set (MDS) Assessment (version 3.0).

| Section title                         | Intent                                                                                                                                                                                                                         | Subsection                                         | Codes                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A - Identification information</b> | Obtain the reasons for assessment, administrative information, and key demographic information to uniquely identify each resident, potential care needs, including access to transportation and the home in which they reside. | A0050: Type of record                              | Code 1: Add new record<br>Code 2: Modify existing record                                                                                                                                                                                                                                                                |
|                                       |                                                                                                                                                                                                                                | A0100: Facility provider numbers                   | A. National Provider Identifier (NPI).<br>B. CMS Certification Number (CCN) – If A0410 = 3 (federal required submission), then A0100B (facility CCN) must not be blank.<br>C. State Provider Number (optional).                                                                                                         |
|                                       |                                                                                                                                                                                                                                | A0200: Type of provider                            | Code 1: Nursing home (SNF/NF)<br>Code 2: Swing bed                                                                                                                                                                                                                                                                      |
|                                       |                                                                                                                                                                                                                                | A0310: Type of assessment                          | A0310A<br>01. Admission assessment (required by day 14)<br>02. Quarterly review assessment<br>03. Annual assessment<br>04. Significant change in status assessment<br>05. Significant correction to prior comprehensive assessment<br>06. Significant correction to prior quarterly assessment<br>99. None of the above |
|                                       |                                                                                                                                                                                                                                |                                                    | A0310B<br>01. 5-day scheduled assessment<br>06. IPA-Interim Payment Assessment<br>99. None of the above                                                                                                                                                                                                                 |
|                                       |                                                                                                                                                                                                                                |                                                    | A0310E<br>Code 0: No<br>Code 1: Yes                                                                                                                                                                                                                                                                                     |
|                                       |                                                                                                                                                                                                                                |                                                    | A0310F<br>01. Entry tracking record<br>10. Discharge assessment-return not anticipated<br>11. Discharge assessment-return anticipated<br>12. Death in facility tracking record<br>99. None of the above                                                                                                                 |
|                                       |                                                                                                                                                                                                                                |                                                    | A0310G<br>Code 1: Planned discharge<br>Code 2: Unplanned discharge                                                                                                                                                                                                                                                      |
|                                       |                                                                                                                                                                                                                                |                                                    | A0310G1<br>Code 0: No<br>Code 1: Yes (did resume SNF care in the same SNF within the interruption window)                                                                                                                                                                                                               |
|                                       |                                                                                                                                                                                                                                | A0410: Unit certification or licensure designation | Code 1: Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State<br>Code 2: Unit is neither Medicare nor Medicaid certified but MDS data is required by the State<br>Code 3: Unit is Medicare and/or Medicaid certified                                                                |
|                                       |                                                                                                                                                                                                                                |                                                    | A0500: Legal name of resident<br>A. First Name<br>B. Middle Initial (if the resident has no middle initial, leave item A0500B blank; if the resident has two or more middle names, use the initial of the first middle name)<br>C. Last Name<br>D. Suffix (e.g., Jr/Sr.)                                                |
|                                       |                                                                                                                                                                                                                                |                                                    | A0600: Social security and Medicare numbers<br>A. Social security number<br>B. Medicare number                                                                                                                                                                                                                          |
|                                       |                                                                                                                                                                                                                                | A0700: Medicaid number                             | "4" if pending, "N" if not a Medicaid recipient                                                                                                                                                                                                                                                                         |

# Mds Documentation Guidelines

**JG Myers**



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## **Table of Contents Mds Documentation Guidelines**

1. Understanding the eBook Mds Documentation Guidelines
  - The Rise of Digital Reading Mds Documentation Guidelines
  - Advantages of eBooks Over Traditional Books
2. Identifying Mds Documentation Guidelines
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Mds Documentation Guidelines
  - User-Friendly Interface
4. Exploring eBook Recommendations from Mds Documentation Guidelines
  - Personalized Recommendations
  - Mds Documentation Guidelines User Reviews and Ratings
  - Mds Documentation Guidelines and Bestseller Lists

5. Accessing Mds Documentation Guidelines Free and Paid eBooks
  - Mds Documentation Guidelines Public Domain eBooks
  - Mds Documentation Guidelines eBook Subscription Services
  - Mds Documentation Guidelines Budget-Friendly Options
6. Navigating Mds Documentation Guidelines eBook Formats
  - ePub, PDF, MOBI, and More
  - Mds Documentation Guidelines Compatibility with Devices
  - Mds Documentation Guidelines Enhanced eBook Features
7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Mds Documentation Guidelines
  - Highlighting and Note-Taking Mds Documentation Guidelines
  - Interactive Elements Mds Documentation Guidelines
8. Staying Engaged with Mds Documentation Guidelines
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Mds Documentation Guidelines
9. Balancing eBooks and Physical Books Mds Documentation Guidelines
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Mds Documentation Guidelines
10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
11. Cultivating a Reading Routine Mds Documentation Guidelines
  - Setting Reading Goals Mds Documentation Guidelines
  - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Mds Documentation Guidelines
  - Fact-Checking eBook Content of Mds Documentation Guidelines
  - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
14. Embracing eBook Trends
- Integration of Multimedia Elements
  - Interactive and Gamified eBooks

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