

SWING BED MINIMUM DATA SET (SB-MDS) ASSESSMENT SCHEDULE

CODES FOR ASSESSMENTS	ASSESSMENT REFERENCE DATE (Item 10a-ARD) Can be set on any of the following days	GRACE DAYS ARD can also be set on these days	COMPLETION	SUBMISSION	NUMBER OF DAYS AUTHORIZED FOR COVERAGE AND PAYMENT	APPLICABLE MEDICARE PAYMENT DAYS
5 Day Item 11a = 00 Item 11b = 1 AND Readmission/ Return Item 11a = 00 Item 11b = 5	Days 1 - 5 Days 1 - 5	6 - 8 6 - 8	Item 45b - Within 14 days of ARD Item 45b - Within 14 days of ARD	Item 45b + 14 Days Item 45b + 14 Days	14 14	1 - 14 1 - 14
14 Day Item 11a = 00 Item 11b = 7	Days 11 - 14	15 - 19	Item 45b - Within 14 days of ARD	Item 45b + 14 Days	16	15 - 30
30 Day Item 11a = 00 Item 11b = 2	Days 21-29	30 - 34	Item 45b - Within 14 days of ARD	Item 45b + 14 Days	30	31 - 60
60 Day Item 11a = 00 Item 11b = 3	Days 50 - 59	60 - 64	Item 45b - Within 14 days of ARD	Item 45b + 14 Days	30	61 - 90
90 Day Item 11a = 00 Item 11b = 4	Days 80 - 89	90 - 94	Item 45b - Within 14 days of ARD	Item 45b + 14 Days	10	91 - 100
Other Medicare Required Assessment/ OMRA Item 11a = 00 Item 11b = 9 Item 11c = yes	<ul style="list-style-type: none"> 8 - 10 Days after all therapy (PT, OT, ST) services are discontinued and patient continues to require skilled care. The first non-therapy day counts as day 1. 	N/A	Item 45b - Within 14 days of ARD	Item 45b + 14 Days	N/A	<ul style="list-style-type: none"> Not required if the patient has been determined to no longer meet Medicare skilled level of care. Establishes a new non-therapy RUG-III classification.
Clinical Change Assessment (CCA) Item 11a = 00 Item 11b = 9 Item 11d = yes	Must be completed by the end of the 14 th calendar day following determination that a clinical change has occurred.	N/A	Item 45b - By the end of the 14 th calendar day following determination of a clinical change	Item 45b + 14 Days	N/A	<ul style="list-style-type: none"> Could establish a new RUG-III classification and remains effective until the next assessment is completed.
Discharge Tracking Form	<ul style="list-style-type: none"> Completed when patient is discharged from swing bed. Patient dies. Admitted to hospital. Hospital observation greater than 24 hrs. 	N/A	Date of Event at Item 15 + 7 Days	Item 45b + 14 Days	N/A	N/A
Reentry Tracking Form	<ul style="list-style-type: none"> Patient reenters swing bed following admission to hospital or other health care setting. 	N/A	Date of Event at Item 16 + 7 Days	Item 45b + 14 Days	N/A	N/A
Correction Request Form	N/A	N/A	Must be completed within 14 days of identification of an error on an SB-MDS already accepted into the national database.	Within 14 days of completion of the correction record	N/A	<ul style="list-style-type: none"> If RUG-III changes due to the error, a billing change must be reported.