CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1227	May 2, 2013
	Change Request 8210

SUBJECT: Update to the Common Working File (CWF) Qualifying Stay Edit for Skilled Nursing Facility (SNF) and Swing Bed (SB) Providers

I. SUMMARY OF CHANGES: This instruction updates the CWF qualifying stay edit to include condition code 57 (SNF readmission) in the list of bypasses for edit C7123.

EFFECTIVE DATE: October 1, 2012 IMPLEMENTATION DATE: October 7, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE	
N/A		

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers: No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1227	Date: May 2, 2013	Change Request: 8210

SUBJECT: Update to the Common Working File (CWF) Qualifying Stay Edit for Skilled Nursing Facility (SNF) and Swing Bed (SB) Providers

EFFECTIVE DATE: October 1, 2012 **IMPLEMENTATION DATE:** October 7, 2013

I. GENERAL INFORMATION

A. Background: Previous CWF logic did not contain the appropriate bypass criteria for condition codes 56 and 57 for CWF qualifying stay edit C7123. Contractors are currently manually overriding this edit for SNF and SB claims that contain condition code 57. This instruction adds the appropriate bypass for condition codes 56 and 57 to the CWF edit C7123.

In addition, the CWF is updated to query the reported occurrence span code 70 dates on SNF and SB claims to verify at least one day of the reported span matches a previously posted or incoming inpatient hospital claim stay dates. This will ensure CWF is appropriately rejecting a SNF or SB claim based off the correct hospital claim in CWF.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility												
			A/B MAC				F I	C A	R H		Shar Syst			Other
				Е		R	Η		lainta					
		Р	Р			R	Ι	F	Μ		-			
		a	а	M		I E		I	C					
		r t	r t	A C		E R		S S	S	S	F			
		A	В											
8210.1	Medicare contractors shall add condition codes 56 and 57 to the bypass criteria for the qualifying stay edit for SNF (21x) and SB (18x) bill types.										X			
8210.2	Medicare contractors shall update the qualifying stay edit to query the reported occurrence span code 70 dates on SNF (21x) and SB (18x) bill types, if present.										X			
8210.2.1	Medicare contractors shall bypass the qualifying stay edit for 21x and 18x bill types if none of the previously posted or incoming inpatient hospital claim's dates of service, found within 30 days of the SNF admission, match any of the dates reported with occurrence span code 70.										X			
8210.2.2	Medicare contractors shall reject a SNF or SB claim if										Х			

Number	Requirement	Re	espoi	nsibi	lity														
		A/B MAC		D	F	C	R		Shared- C			Other							
				Μ	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Α	Α	Α	Α	Η		Syst	tem
				Ε		R	Η	Μ	aint	aine	rs								
		Р	Р			R	Ι	F	Μ	V	С								
		a	а	Μ		Ι		Ι	С	Μ	W								
		r	r	Α		E		S	S	S	F								
		t	t	C		R		S											
		Α	В																
	at least one of the dates reported with occurrence span																		
	code 70 matches an incoming or previously posted																		
	inpatient hospital claim's dates of service, found within																		
	30 days of the SNF admission, and the hospital stay																		
	dates do not span 4 calendar days or meets the other																		
	bypass criteria that currently exists with the qualifying																		
	stay edit.																		

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility								
			A/B AC P a r t B	D M E M A C	FI	C A R I E R	R H H I	Other		
	None									

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A *Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jason Kerr, 410-786-2123 or jason.kerr@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):

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