



Related MLN Matters Article #: MM5872

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Update to the Common Working File (CWF) to Allow the Posting of Skilled Nursing Facility (SNF) and Swing Bed (SB) Claims to the Beneficiary's Spell of Illness When Qualifying Stay Criteria are Not Met

Key Words

MM5872, CR5872, R1450CP, CWF, SNF, SB, Spell

Provider Types Affected

Providers submitting SNF and SB claims to Medicare Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries

Key Points

- The effective date of the instruction is July 1, 2008.
- The implementation date is July 7, 2008.
- SNF providers are required to submit claims to Medicare for beneficiaries who receive a skilled level of care. This includes beneficiaries who do not meet the qualifying stay or transfer criteria.
- Although these claims will not be paid by Medicare, providers must submit these claims as covered in order to update the beneficiary's spell of illness in the CWF.
- Currently, claims that are denied that do not meet the prior qualifying stay criteria are not updating the beneficiary's spell of illness in the CWF.
- Change Request (CR) 5872 modifies the CWF to allow these claims to update the beneficiary's spell of illness dates.

Important Links

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5872.pdf> on the CMS website.

The official instruction (CR5872) issued regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1450CP.pdf> on the CMS website.

If providers have any questions, they may contact their Medicare FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.