



Revision to the Reporting Requirements of Qualifying Hospital Stays on Inpatient Skilled Nursing Facility (SNF) and Swing Bed (SB) Claims – JA6233

Related CR Release Date: October 24, 2008

Date Job Aid Revised: November 12, 2008

Effective Date: April 1, 2009

Implementation Date: April 6, 2009

Key Words

MM6233, CR6233, R1618CP, Hospital, Stays, Inpatient, SNF, SB, Swing, Nursing

Contractors Affected

- Fiscal Intermediaries (FIs)
- Part A/B Medicare Administrative Contractors (A/B MACs)

Provider Types Affected

SNF and SB facilities submitting claims to FIs and/or A/B MACs for services provided to Medicare beneficiaries



Change Request (CR) 6233 updates the requirement for reporting prior qualifying hospital stay dates on inpatient SNF and SB claims.

Provider Needs to Know...

- CR6233 provides an update to the billing requirements for reporting qualifying hospital stays or the appropriate condition code for bypassing the qualifying hospital stay on inpatient SNF and SB claims
- This is applicable for submitted bill types 21x (SNF inpatient) and 18x (SB inpatient).
- This also includes all covered claims, including claims submitted for benefits exhaust denials.
- Covered claims submitted on 21x and 18x bill types that do not contain a qualifying hospital stay (using occurrence span code 70 with the qualifying hospital stay dates) or an appropriate condition code that indicates why a qualifying hospital stay is not applicable will be denied.

Background	SNF and SB providers must submit a qualifying hospital stay, or an appropriate condition code for bypassing the qualifying stay (if applicable) on all claims, including initial and subsequent claims that are submitted as covered.
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Operational Impact	N/A
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Reference Materials	<p>The related MLN Matters article can be found at http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6233.pdf on the CMS website.</p> <p>The official instruction (CR6233) regarding this change may be viewed at http://www.cms.hhs.gov/Transmittals/downloads/R1618CP.pdf on the CMS website. The revisions to <i>Medicare Claims Processing Manual</i>, Pub 100-4, Chapter 6, Sections 40.8, 40.8.2, and 90.1 are attached to CR6233.</p>
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