



Internet Only Manual Updates to Pub. 100-01, 100-02 and 100-04 to Correct Errors and Omissions (SNF) (2018)

MLN Matters Number: MM10512

Related Change Request (CR) Number: CR10512

Related CR Release Date: March 16, 2018

Effective Date: June 19, 2018

Related CR Transmittal Number: R114GI, R242BP, and R4001CP

Implementation Date: June 19, 2018

PROVIDER TYPE AFFECTED

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

PROVIDER ACTION NEEDED



STOP – Impact to you:

This article is based on Change Request (CR) 10512 which informs MACs about an update to the Medicare manuals to correct various minor technical errors and omissions. Those changes are intended only to clarify the existing content and no policy, processing, or system changes are anticipated.



GO – What you need to do:

Make sure that your billing staff are aware of these changes. See the Background and Additional Information Sections of this article for further details regarding these changes.

BACKGROUND

CR10512 updates the Medicare manuals with regard to SNF policy to clarify the existing content. These changes are being made to correct various omissions and minor technical errors. No policy, processing or system changes are anticipated.

CR10512 Changes

Medicare General Information, Eligibility and Entitlement Manual,

Chapter 4: Physician Certification and Recertification of Services

Pub 100-01, Chapter 4, §40.1

This section is revised by adding an appropriate cross-reference.

Pub 100-01, Chapter 4, §40.2

This section is revised by clarifying the discussion of the initial certification's required content, and by adding an appropriate cross-reference.

Chapter 5: Medicare General Information, Eligibility, and Entitlement

Pub 100-01, Chapter 5, §30.2

This section is revised by updating the existing citation to the regulations at 42 CFR 483.75(n), in order to reflect their redesignation at 42 CFR 483.70(j) in the long-term care facility requirements reform final rule (81 FR 68831, October 4, 2016).

Pub 100-01, Chapter 5, §30.3

This section is revised by updating the existing citation to the regulations at 42 CFR 482.66, in order to reflect their redesignation at 42 CFR 482.58 in a final rule that was published on May 12, 2014 (79 FR 27155), and by adding an appropriate cross-reference.

Medicare Benefit Policy Manual

Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance

Pub 100-02, Chapter 8, §20.2.3

This section is revised by modifying the language that describes the starting point of the applicable 30-day period, so that it more accurately tracks that of the corresponding statutory authority in §1861(i) of the Social Security Act and the implementing regulations at 42 CFR 409.36.

Pub 100-02, Chapter 8, §30.1

This section is revised by modifying the language so that it no longer pertains to only one particular type of case-mix model, and by adding a reference to the posting of the CMS-designated case-mix classifiers on the SNF PPS web site. These changes reflect similar revisions made in the corresponding regulations at 42 CFR 409.30 and 413.345 by the FY 2018 SNF PPS final rule (82 FR 35644-45, August 4, 2017).

Pub 100-02, Chapter 8, §40.1

This section is revised by updating the existing citation to the regulations at 42 CFR 483.40(e), in order to reflect their redesignation at 42 CFR 483.30(e) in the long-term care facility requirements reform final rule (81 FR 68829, October 4, 2016).

Pub 100-02, Chapter 8, §50.3

This section is revised to correct some cross-references, and to clarify the language describing the nonparticipating portion of the same institution that also includes a participating distinct part.

Pub 100-02, Chapter 8, §50.8.2

This section is revised to correct a cross-reference.

Pub 100-02, Chapter 8, §70.4

The first paragraph of this section is revised to clarify the scope of services for which SNFs can make arrangements with outside sources, and also by adding an appropriate cross-reference.

Medicare Claims Processing Manual***Chapter 1 - General Billing Requirements*****Pub 100-04, Chapter 1, §30.1.1.1**

This section is revised by updating the existing citation to the regulations at 42 CFR 483.10(b)(5)-(6), in order to reflect their revision and redesignation at 42 CFR 483.10(g)(17)-(18) in the long-term care facility requirements reform final rule (81 FR 68825, 68854, October 4, 2016).

Chapter 6 - SNF Inpatient Part A Billing and SNF Consolidated Billing**Pub 100-04, Chapter 6, §10.1**

This section is revised to expand and clarify the discussion of a beneficiary's status as a SNF "resident" for consolidated billing purposes to conform more closely with the corresponding regulations at 42 CFR 411.15(p)(3), as well as by adding some appropriate cross-references, and by updating the existing citation to the regulations at 42 CFR 483.12(a)(2)(i)-(vi), in order to reflect their redesignation at 42 CFR 483.15(c)(1)(i)(A)-(F) in the long-term care facility requirements reform final rule (81 FR 68826, October 4, 2016).

Pub 100-04, Chapter 6, §10.4

This section is revised by updating the existing citation to the regulations at 42 CFR 483.75(h), in order to reflect their redesignation at 42 CFR 483.70(g) in the long-term care facility requirements reform final rule (81 FR 68830, October 4, 2016).

Pub 100-04, Chapter 6, §20.1.2

This section is revised to restore a minor edit that was agreed to during the internal review of CR 9748 but was then inadvertently omitted from the published version.

Pub 100-04, Chapter 6, §20.2.1

The final paragraph of this section is revised to reflect the statutory addition of acute dialysis to the scope of the Part B dialysis benefit and, by extension, to the scope of the dialysis exclusion from SNF consolidated billing as well.

Pub 100-04, Chapter 6, §20.3

This section is revised to clarify the language in a parenthetical phrase.

Pub 100-04, Chapter 6, §20.3.1

This section is revised to clarify that the exclusion of dialysis-related ambulance transports from SNF consolidated billing applies to the entire ambulance roundtrip from the SNF, and to clarify the discussion of a beneficiary's status as a SNF "resident" for consolidated billing purposes. In addition, the existing citation to the regulations at 42 CFR 483.10(b)(6) is updated in order to reflect their revision and redesignation at 42 CFR 483.10(g)(18) in the long-term care facility requirements reform final rule (81 FR 68825, 68854, October 4, 2016).

Pub 100-04, Chapter 6, §40.3.3

This section is revised to clarify the language on counting inpatient days.

Pub 100-04, Chapter 6, §40.3.4

This section is revised to clarify the language on counting inpatient days and the discussion of a beneficiary's status as a SNF "resident" for consolidated billing purposes.

Pub 100-04, Chapter 6, §40.3.5

This section is revised to clarify the language on counting inpatient days and the language that describes the nonparticipating portion of the same institution that also includes a participating distinct part.

Pub 100-04, Chapter 6, §40.3.5.2

This section is revised to clarify the language that describes the nonparticipating portion of the same institution that also includes a participating distinct part.

Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)**Pub 100-04, Chapter 20, §10.2**

In column A ("Conditions"), a cross-reference in item 2 is corrected, and in column B ("Review Action"), the next-to-last paragraph in item 2 is revised to clarify the language describing the nonparticipating portion of the same institution that also includes a participating distinct part.

Chapter 30 - Financial Liability Protections**Pub 100-04, Chapter 30, §130.3**

Paragraphs A and B of this section are revised to clarify the language describing the nonparticipating portion of the same institution that also includes a participating distinct part.

Pub 100-04, Chapter 30, §130.4

Paragraph A of this section is revised to clarify the language describing the nonparticipating portion of the same institution that also includes a participating distinct part.

ADDITIONAL INFORMATION

The official instruction, CR10512, issued to your MAC regarding this change consists of the following three transmittals:

- Transmittal R114GI updates the Medicare General Information, Eligibility, and Entitlement Manual at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R114GI.pdf>.
- Transmittal R242BP updates the Medicare Benefit Policy Manual at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R242BP.pdf>.
- Transmittal R4001CP updates the Medicare Claims Processing Manual at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4001CP.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

DOCUMENT HISTORY

Date of Change	Description
March 16, 2018	Initial article released.

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