

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



MLN Matters® Number: MM9748 **Revised**      Related Change Request (CR) #: CR 9748  
Related CR Release Date: October 13, 2016      Effective Date: October 18, 2016  
Related CR Transmittal #: R101GI, R228BP  
and R3612CP      Implementation Date: October 18, 2016

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

**Note:** This article was revised on October 17, 2016, to reflect a new Change Request (CR). That CR revised Chapter 8 to correct minor omissions in Sections 10.2 and 70. Additionally, Section 20 was removed from the CR in order to rescind unclear wording (**page 2 in bold below**). The transmittal number, CR release date and link to the transmittal were also changed. All other information remains the same.

**Provider Types Affected**

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

**Provider Action Needed**

CR 9748 revises the following Medicare manuals to correct various minor technical errors and omissions:

- “Medicare General Information, Eligibility, and Entitlement Manual”
- “Medicare Benefit Policy Manual” and
- “Medicare Claims Processing Manual”

The revisions of these manuals are intended to clarify the existing content, and no policy, processing, or system changes are anticipated.

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## Key Points of CR9748

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CR9748 includes all revisions as attachments, and selected extracts from these attachments are as follows:

### **“Medicare General Information, Eligibility, and Entitlement Manual” Revision Summary**

- Chapters 4 and 5 of this manual are revised to include references to another manual with related information and a reference to a related regulation.

### **“Medicare Benefit Policy Manual” Summary of Key Revisions**

- In several sections, references to related material in other manuals are included.
- Language is added to refer providers to a list of exclusions from consolidated billing (CB, the SNF “bundling” requirement), which is available at <http://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html>.
- **Language that was initially added by CR9748 in Transmittal R227BP to §20 of Chapter 8, regarding the scope and purpose of Medicare’s post-hospital extended care benefit, inadvertently included unclear wording and has been rescinded by Transmittal R228BP. As a result, the original version of this section’s text, as it read prior to that revision, is now restored.**

### **“Medicare Claims Processing Manual” Key Revision Summary**

- In several sections, references to related material in other manuals are included.

## Additional Information

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The official instruction, CR9748, issued to your MAC regarding this change is available via three transmittals:

- The first updates the “Medicare General Information, Eligibility, and Entitlement” manual at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R101GI.pdf>
- The second transmittal updates the “Medicare Benefit Policy” manual is at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R228BP.pdf>
- The thirds updates the “Medicare Claims Processing” manual at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3612CP.pdf>

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html>.

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## Document History

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Date of Change	Description
October 17, 2016	The article was revised on October 17, 2016, to reflect a new CR. That CR revised Chapter 8 to correct minor omissions in Sections 10.2 and 70. Additionally, Section 20 was removed from the CR in order to rescind unclear wording. The transmittal number, CR release date and link to the transmittal were also changed.
September 18, 2016	Initial Article Post

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