



# MLN Matters<sup>®</sup>



Information for Medicare Fee-For-Service Health Care Professionals

Related Change Request (CR) #: 3568

MLN Matters Number: MM3568

Related CR Release Date: November 26, 2004

Related CR Transmittal #: 378

Effective Date: January 1, 2005

Implementation Date: January 3, 2005

## *Full Replacement of CR 3308, Fiscal Intermediary Shared System (FISS) Changes to Allow for Provider Liability Days on Skilled Nursing Facility (SNF) and Swing Bed Facility Inpatient Bills*

**Note:** This article was updated on May 12, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

Skilled Nursing Facilities (SNFs) and Swing Bed Facilities

### Provider Action Needed

Affected providers should note that this article clarifies the procedures to allow for provider liability days on the SNF and Swing Bed Facility Inpatient Bills.

### Background

Currently, the Fiscal Intermediary Shared System (FISS) used by Medicare requires the sum of all the covered units reported on all revenue code 0022 lines to match the covered days field reported on the claim and does not account for days reported in the Occurrence Span Code (OSC) field 77.

CR 3568 will result in modifications to this Medicare system to allow the sum of all covered units reported on all revenue code 0022 lines **to equal** the covered days reported on the claim **minus** the number of days reported in the OSC 77.

However, for proper reimbursement, the provider liability days billed under an OSC 77 **must not be counted** in the covered units field for the Health Insurance Prospective Payment System (HIPPS) code reported on revenue code 0022 lines.

For types of bill 21x (SNF inpatient) and 18x (Swing Bed inpatient), the **sum** of all covered units reported on all revenue code 0022 lines should be **equal to** the covered days field **minus** the number of days reported in an OSC 77.

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Because of this problem, some fiscal intermediaries have been holding types of bill 18x or 21x with days reported under an OSC 77. Upon this correction, these intermediaries will release and process these claims.

If you have claims that were incorrectly processed by your intermediary because of this problem, please notify the intermediary within the timely filing period and the intermediary will adjust those claims.

### Additional Information

The official instruction issued to your intermediary regarding this change can be found online, referenced via CR 3568, at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R378CP.pdf> on the CMS website.

This document contains the actual revisions to Medicare's Claims Processing Manual resulting from this change.

If you have questions regarding this issue, you may also contact your intermediary on their toll free number, which may be found online at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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