

MLN Matters Number: MM4116

Related Change Request (CR) #: 4116

Related CR Release Date: October 14, 2005

Effective Date: Applies to claims submitted on or after January 3, 2006, with dates of service on or after July 1, 2005

Related CR Transmittal #: 712

Implementation Date: January 3, 2006

Correction to Change Request 3949 to Add 23x Type of Bill

Note: This article was updated on February 21, 2013, to reflect current Web addresses. All other information remains unchanged..

Provider Types Affected

Skilled nursing facilities (SNFs) who use Type of Bill (TOB) 23x to bill Medicare Part B outpatient claims

Provider Action Needed



STOP – Impact to You

This article is based on Change Request (CR) 4116 and corrects the billing instructions needed for full implementation of the expedited determinations process for discharges listed in CR3949. That article can be viewed at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3949.pdf> on the CMS website.



CAUTION – What You Need to Know

The expedited determinations process applies to TOB 23x, which was left off the list of TOBs in CR3949. The system changes listed in CR 3949 **do apply** to TOB 23x.



GO – What You Need to Do

Please make your office staff aware of this billing information to ensure accurate claims processing.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

As a result of Section 521 of the Benefits Improvement and Protection Act (BIPA), two change requests were published with preliminary instructions regarding the new expedited determinations process for discharges from the following: home health (HH) facilities, hospices, skilled nursing facilities (SNFs), and comprehensive outpatient rehabilitation facilities (CORFs), effective July 1, 2005.

CR3903 and CR3949 did not address whether the review process applied to TOB 23x, Skilled Nursing Facility Part B outpatient claims.

Since the publication of CR3949, the Centers for Medicare & Medicaid Services (CMS) has determined that 23x claims are subject to expedited reviews in certain circumstances. This decision is published on the CMS web site as part of the Questions and Answers document about expedited determinations (see <http://www.cms.gov/Medicare/Medicare-General-Information/BNH/index.html>)

Also, this article adds TOB 23x to the *Medicare Claims Processing Manual*, Section 150.3.3, created by CR3949.

Additional Information

The official instruction issued to your intermediary regarding this change can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R712CP.pdf> on the CMS website.

If you have questions, please contact your intermediary at their toll-free number, which can be found 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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