



The *Skilled Nursing Facility Prospective Payment System Fact Sheet* (October 2007), which provides the elements of the Skilled Nursing Facility Prospective Payment System, is now available in print format from the Centers for Medicare & Medicaid Services Medicare Learning Network. To place your order, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html> scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page." If the url above does not take you directly to the MLN product ordering page, please copy and paste the url in your web browser.

MLN Matters Number: MM5872

Related Change Request (CR) #: 5872

Related CR Release Date: February 15, 2008

Effective Date: July 1, 2008

Related CR Transmittal #: R1450CP

Implementation Date: July 7, 2008

## **Update to the Common Working File (CWF) to Allow the Posting of Skilled Nursing Facility (SNF) and Swing Bed (SB) Claims to the Beneficiary's Spell of Illness When Qualifying Stay Criteria are Not Met**

**Note:** This article was updated on July 6, 2013, to reflect current Web addresses. All other information remains unchanged.

### **Provider Types Affected**

Providers submitting SNF and SB claims to Medicare contractors (Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries

### **Provider Action Needed**

Change Request (CR) 5872 modifies Medicare's Common Working File (CWF) to allow the posting of Skilled Nursing Facility (SNF) and Swing Bed (SB) claims to the beneficiary's spell of illness dates when no prior qualifying stay or readmission exists. Medicare will only update the spell of illness dates for claims that do not

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meet the qualifying stay criteria. Benefit days will not be deducted from the beneficiary.

## Background

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Skilled Nursing Facility (SNF) providers are required to submit claims to Medicare for beneficiaries who receive a skilled level of care. This includes beneficiaries who do not meet the qualifying stay or transfer criteria. Although these claims will not be paid by Medicare, providers must submit these claims as covered in order to update the beneficiary's spell of illness in the CWF. Currently, claims that are denied due to not meeting the prior qualifying stay criteria are not updating the beneficiary's spell of illness in the CWF. Therefore, Change Request (CR) 5872 modifies the CWF to allow these claims to update the beneficiary's spell of illness dates.

## Additional Information

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The official instruction, CR5872, issued to your Medicare FI and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1450CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

**News Flash - It's Not Too Late to Give and Get the Flu Shot!** In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don't Get the Flu. Don't Give the Flu. Get Vaccinated!** Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0748 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0748.pdf> on the CMS website.

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