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| <b>CMS Manual System</b>   | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-01 Medicare General Information, Eligibility, and Entitlement</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
| <b>Transmittal 126</b>   | <b>Date: October 4, 2019</b>                              |
|  | <b>Change Request 11454</b>                               |

**SUBJECT: Manual Updates for CR11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to manualize CR11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM).

**EFFECTIVE DATE: November 5, 2019**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: November 5, 2019**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

| <b>R/N/D</b> | <b>CHAPTER / SECTION / SUBSECTION / TITLE</b>     |
|--------------|---|
| R            | 4/40.2 / Certification for Extended Care Services |

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

|             |                  |                       |                       |
|-------------|------------------|-----------------------|-----------------------|
| Pub. 100-01 | Transmittal: 126 | Date: October 4, 2019 | Change Request: 11454 |
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## I. GENERAL INFORMATION

**A. Background:** This Change Request (CR) provides manual updates to include SNF PDPM for the Medicare General Information, Eligibility, and Entitlement Manual (100-01) Chapter 4.

**B. Policy:** N/A

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

| Number       | Requirement  | Responsibility |   |             |                            |                           |             |             |             |       |  |
|--------------|--|----------------|---|-------------|----------------------------|---------------------------|-------------|-------------|-------------|-------|--|
|              |  | A/B MAC        |   |             | D<br>M<br>E<br>M<br>A<br>C | Shared-System Maintainers |             |             |             | Other |  |
|              |  | A              | B | H<br>H<br>H |                            | F<br>I<br>S<br>S          | M<br>C<br>S | V<br>M<br>S | C<br>W<br>F |       |  |
| 11454 - 01.1 | Contractors shall be aware of the manual updates in 100-01, Chapter 4. | X              |   |             |                            |                           |             |             |             |       |  |

## III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility |   |             |                            |                  |
|--------|-------------|----------------|---|-------------|----------------------------|------------------|
|        |             | A/B MAC        |   |             | D<br>M<br>E<br>M<br>A<br>C | C<br>E<br>D<br>I |
|        |             | A              | B | H<br>H<br>H |                            |                  |
|        | None        |                |   |             |                            |                  |

## IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
|--------------------------|--|

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Valeri Ritter, 410-786-8652 or [valeri.ritter@cms.hhs.gov](mailto:valeri.ritter@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**

# Medicare General Information, Eligibility, and Entitlement

## Chapter 4 - Physician Certification and Recertification of Services

### 40.2 - Certification for Extended Care Services

*(Rev. 126, Issued: 10-04-19, Effective: 11-05-19, Implementation: 11-05-19)*

The certification must clearly indicate that posthospital extended care services were required to be given on an inpatient basis because of the individual's need for skilled care on a daily basis for an ongoing condition for which he/she was receiving inpatient hospital services prior to transfer to the SNF (or for a new condition that arose while in the SNF for treatment of that ongoing condition). Alternatively, under the regulations at 42 CFR 424.20(a)(1)(ii), the initial certification can simply affirm that the individual has been correctly assigned one of the case-mix classifiers that CMS designates as representing the required SNF level of care, as provided in the regulations at 42 CFR 409.30 (see Pub. 100-02, Medicare Benefit Policy Manual, chapter 8, §30.1, for a discussion of the administrative level of care presumption under the SNF PPS).

Certifications must be obtained at the time of admission, or as soon thereafter as is reasonable and practicable (*see Pub.100-04, Medicare Claims Processing Manual, Chapter 6, §120.2, regarding the circumstances under which a resumption of SNF care following a temporary break in SNF coverage would be considered a new "admission" under the SNF PPS's Interrupted Stay policy*). The routine admission procedure followed by a physician would not be sufficient certification of the necessity for posthospital extended care services for purposes of the program.

If ambulance service is furnished by a skilled nursing facility, an additional certification is required. It may be furnished by any physician who has sufficient knowledge of the patient's case, including the physician who requested the ambulance or the physician who examined the patient upon his arrival at the facility. The physician must certify that the ambulance service was medically required.