

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1027</b>	<b>Date: January 26, 2012</b>
	<b>Change Request 7716</b>

**SUBJECT: New Occurrence Span Code to Report Antepartum Days**

**I. SUMMARY OF CHANGES:** The National Uniform Billing Committee (NUBC) approved a new occurrence span code on November 16, 2011 with an effective/implementation date of July 1, 2012.

Medicare systems shall accept new occurrence span code 81 used to report antepartum days.

**EFFECTIVE DATE: July 1, 2012**

**IMPLEMENTATION DATE: July 2, 2012**

*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/revise 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>
N/A	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**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:**

**One-Time Notification**

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

**Attachment – One-Time Notification**

<b>Pub. 100-20</b>	<b>Transmittal: 1027</b>	<b>Date: January 26, 2012</b>	<b>Change Request: 7716</b>
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**SUBJECT: New Occurrence Span Code to Report Antepartum Days**

**Effective Date: July 1, 2012**

**Implementation Date: July 2, 2012**

**I. GENERAL INFORMATION**

**A. Background:**

The National Uniform Billing Committee (NUBC) approved a new occurrence span code on November 16, 2011 with an effective/implementation date of July 1, 2012.

New occurrence span code 81 - Antepartum Days

**B. Policy:** There are no policy changes with this instruction.

**II. BUSINESS REQUIREMENTS TABLE**

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M  M A C	F I	C A  R I E R	R H  H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7716.1	Medicare systems shall accept new occurrence span code <b>81</b> used to report antepartum days.						X				COBC, CEM

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I    	C A R R I E R	R H I    	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C M W F		
	None										

### IV. SUPPORTING INFORMATION

**Section A:** For any recommendations and supporting information associated with listed requirements, use the box below: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B:** For all other recommendations and supporting information, use this space: N/A

### V. CONTACTS

**Pre-Implementation Contact(s):** Matt Klischer ([matthew.klischer@cms.hhs.gov](mailto:matthew.klischer@cms.hhs.gov))

**Post-Implementation Contact(s):** Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

### VI. FUNDING

**Section A:** For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B:** 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.