

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11256</b>	<b>Date: February 9, 2022</b>
	<b>Change Request 12501</b>

**Transmittal 11102, dated November 10, 2021, is being rescinded and replaced by Transmittal 11256, dated, February 9, 2022, to remove the provider education requirement. All other information remains the same.**

**SUBJECT: Update to Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) Claims Containing Non-Covered days**

**I. SUMMARY OF CHANGES:** This Change Request (CR) contains updates/corrections to the SNF PDPM claims to adhere to current policy.

**EFFECTIVE DATE: April 1, 2022**

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

**IMPLEMENTATION DATE: April 4, 2022**

*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>
N/A	N/A

**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:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-04	Transmittal: 11256	Date: February 9, 2022	Change Request: 12501
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## I. GENERAL INFORMATION

**A. Background:** This Change Request (CR) implements changes to the Skilled Nursing Facility (SNF) Prospective Payment System (PPS), specifically implementing changes required for the Patient Driven Payment Model (PDPM). This CR is applicable to the Fiscal Intermediary Shared System (FISS). SNFs billing on Type of Bill (TOB) 21X and hospital swing bed providers billing on TOB 18X (subject to SNF PPS) will be subject to these requirements. This CR will modify claims processing to account for non-covered days correctly and reset the variable per diem appropriately.

**B. Policy:** No policy changes exist with this CR.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F M V C	M I C M W	S S S F		
12501.1	Contractors shall pass prior days of 0 into the SNF PRICER when a revenue code 0022 line corresponds to an Occurrence Code (OC) 50 date, which is 1 to 8 days after the through date of an Occurrence Span Code (OSC) 76 period, effective 10/1/2019.  Note: The through date of the OSC 76 plus one day will be used as a new admission date for payment purposes and will pay at day 1 of the Variable Per Diem (VPD). Revenue code 0022 lines correspond to occurrence code 50 dates in line item sequence (e.g., if there are 3 OC 50 dates on the claim with dates 10/1, 10/10 and 10/25, the 10/10 OC 50 date corresponds to the second 0022 line).					X				
12501.1.1	Contractors shall modify current editing to assign:					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<ul style="list-style-type: none"> <li>Dates of service on or after 10/1/19</li> <li>SNF (TOB 21X) or swing bed (TOB 18X) claim (excluding Critical Access Hospital (CAH)), and excluding Medicare Advantage (MA) claims</li> <li>OSC 76 is present and either an OC 50 date is not equal to the through date of the OSC 76 plus up to 8 days</li> <li>OC 50 is missing or</li> <li>OC 50 date matches the OSC 76 from date</li> </ul>									
12501.1.1	Contractors shall return to provider (RTP) the claim level reason code.	X								
12501.2	Contractors shall modify current utilization editing to no longer assign when the OSC 76 is present.					X				
12501.3	Contractors shall assign a new overridable claim level reason code to assign when the number of OC 50 does not match the number of revenue code 0022 lines, excluding lines with HIPPS code ZZZZZ.  Note: The number of OC 50 should equal the number of 0022 lines excluding ZZZZZ, which does not require an OC 50.					X				
12501.3.1	Contractors shall RTP the new claim level reason code.	X								

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

### IV. SUPPORTING INFORMATION

#### Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
2	Edits already identified are 12809 – 128T9 , excluding 12819. 12819 shall no longer set with OSC 76
1.1	Edit already identified is 34991

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

## V. CONTACTS

**Pre-Implementation Contact(s):** Valeri Ritter, 410-762-8652 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):**

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.

**ATTACHMENTS: 0**