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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 11503 | Date: July 21, 2022 |
| | Change Request 12790 |

SUBJECT: Corrections to Processing of Canceled Home Health Notices of Admission and of Period Sequence Edits

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to modify Original Medicare systems to ensure prior periods are updated correctly when a Notice of Admission is canceled. It also ensures medical review information is not removed when claims are subsequently adjusted due to period sequence edits.

EFFECTIVE DATE: January 1, 2023 - Claims processed on or after this date.

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

IMPLEMENTATION DATE: January 3, 2023

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.

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|---|
| 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

| 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 | |
| | 032D) where the incoming 032D From date is equal to the prior HH period of care End date, the contractor shall recalculate the prior HH period End date to 30 days from that period's Start date. Note: This action should occur whether or not the incoming 032D reports condition code 47. | | | | | | | | | |
| 12790.2 | The contractor shall ensure medical review information is not removed from claims or adjustments when recoding the HIPPS code due to episode sequence edits. | | | | | 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: |
|--------------------------|--|
| 12790.2 | <p>This requirement may include but not be limited to:</p> <ul style="list-style-type: none"> Ensuring User Action Codes on claim page 06 of Q, 7 and E are not overlaid with Z, and Ensuring MR coding on claim pages 09 and 32 are not erased <p>Additional codes and fields may also be affected to ensure the claim or adjustment processes correctly.</p> |

| X-Ref Requirement Number | Recommendations or other supporting information: |
|---------------------------------|---|
| 12790.2 | Period sequence edits are CWF edits U524P and U524Q. |

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

V. CONTACTS

Pre-Implementation Contact(s): Carla Douglas, carla.douglas@cms.hhs.gov , Wil Gehne, wilfried.gehne@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