

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12023	Date: May 8, 2023
	Change Request 13149

Transmittal 11988 issued April 21, 2023, is being rescinded and replaced by Transmittal 12023, dated, May 8, 2023, to revise business requirements 13149.1, 13149.1.1, 13149.2 and 13149.2.1. All other information remains the same.

SUBJECT: Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Patient-Driven Payment Model (PDPM) Claims Processing Updates to Current Editing

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement enhancements to current editing to account for claims that have interrupted stays that span two months and also to modify current editing for Occurrence Span Code (OSC) edits to allow for proper claims adjudication.

EFFECTIVE DATE: October 1, 2023 - Dates of Service (DOS) October 1, 2019 and after

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

IMPLEMENTATION DATE: October 2, 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	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	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	M C M S	V M S W	C W F		
13149.2	Contractors shall modify UR 5608 to not set on Incoming initial, interim, adjustment or discharge SNF (21X) or Swing Bed (18X) claims, when they have any or all overlapping span dates on the historical Inpatient (11X) claim's dates of service and there is an Occurrence Span Code (OSC) of '74' present on the 21X claim.									X	
13149.2.1	Contractors shall modify UR 5608 to not set on Incoming initial, adjustment or discharge Inpatient (11X) when they have any or all overlapping From and Thru dates and there is an Occurrence Span Code (OSC) of '74' present on the historical SNF (21X) or Swing Bed (18X) claims' dates of service.									X	
13149.3	Contractors shall modify current edit that states the Occurrence code (OC) 50 entry start date must be one day after the OSC 76 thru date, the update shall state eight days.					X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			D M E	C D I		
		A	B	H H H			M A C	
13149.4	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X						

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:
1	CWF Edit-5601
2	CWF Edit-5608
3	FISS Edit-34991

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

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