

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12146	Date: July 21, 2023
	Change Request 13240

SUBJECT: Patient Driven Payment Model (PDPM) Corrections to Claims Processing Edits

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update current Skilled Nursing Facility (SNF) PDPM claims processing edits in order to process and pay claims correctly.

EFFECTIVE DATE: October 1, 2019 - Dates of Service (DOS) on and after 10/1/2019

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

IMPLEMENTATION DATE: January 2, 2024

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.

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

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: This Change Request (CR) implements changes to correct claims processing edits. This CR is applicable to the Fiscal Intermediary Shared System (FISS) and the Common Working File (CWF). Skilled Nursing Facilities (SNFs) billing on Type of Bill (TOB) 21X and Swing Bed TOB 18X (subject to SNF Prospective Payment System (PPS) will be subject to these requirements. The changes will also correct hospital overlap edits when billing during an interrupted stay where the hospital claim was processed as a no pay TOB. This CR will modify claims processing to adhere to current policy.

B. Policy: This CR contains no new policy.

II. BUSINESS REQUIREMENTS TABLE

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

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	
13240.1	Contractors shall modify current editing when the following occurs: Incoming SNF (21X or swing bed 18X) claim, excluding Swing Bed Critical Access Hospital (CAH) providers, has an Occurrence Span Code (OSC) 74 and there is a covered or non-covered inpatient claim (11X) during the interrupted stay of the incoming SNF claim. OR Incoming Inpatient claim (11X) and there is a covered or non-covered SNF (21X or swing bed18X) claim, excluding Swing Bed CAH providers, with an OSC 74 and incoming Inpatient claim (11X) is during the					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	
	interrupted stay of the SNF claim. Note: Swing Bed CAH Providers Range Z300-Z399.									
13240.2	Contractors shall process a hospital inpatient no-pay claim (TOB 110) and process and pay the overlapping SNF PPS inpatient claim (TOB 21X), when Occurrence Span Code 74 (OSC) indicating there is an interrupted stay is present.								X	
13240.2.1	Contractors shall process a hospital inpatient no-pay claim (TOB 110), process and pay the overlapping hospital ancillary claim (TOB 12X) and also the overlapping SNF PPS inpatient claim (TOB 21X), when OSC 74 indicating there is an interrupted stay is present. Note: OSC 74 plus one day – to account for services that were provided on the date of discharge of the 12X claim.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
13240.3	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	FISS Edits- 38001 and 38002
2	CWF Edits-7251 and 7252

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

V. CONTACTS

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