

<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 12286</b>	<b>Date: October 5, 2023</b>
	<b>Change Request 13360</b>

**SUBJECT: Patient Driven Payment Model (PDPM) Corrections to Interrupted Stay Edits**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update current Common Working File (CWF) Edits for Skilled Nursing Facility (SNF) PDPM interrupted stay claims.

**EFFECTIVE DATE: April 1, 2024**

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

**IMPLEMENTATION DATE: April 1, 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.*

<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**



Number	Requirement	Responsibility								Other
		A/B MAC		D M E	Shared- System Maintainers					
		A	B		H H H	M A C	F I S S	M C S	V M S	
13360.2	<p>The contractor shall modify current ambulance SNF Consolidated Billing (CB) editing related to PDPM claims TOB 21X, including swing bed TOB 18X (excluding Swing Bed CAH providers to account for interrupted stays.</p> <p>Criteria for PDPM Claim:</p> <ul style="list-style-type: none"> <li>• TOB 21X or 18X</li> <li>• Occurrence Span Code (OSC) 74</li> </ul> <p>Criteria for Ambulance Claim:</p> <ul style="list-style-type: none"> <li>• Dates of Service (DOS) within or plus one day of OSC 74</li> <li>• Revenue Code 540</li> <li>• Healthcare Common Procedure Coding System (HCPCS) A0425 or A0428</li> <li>• Modifier HN</li> </ul> <p>Note: Bypass OSC 74 plus one day to account for services that were provided on the date of discharge</p>								X	

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
13360.3	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	This requirement will update CWF edits 7251, 7152, and 7275. The maintainer shall also ensure edits 5601 and 5608 are consistent with this requirement.
2	7275

**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):

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**