CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11988	<b>Date: April 21, 2023</b>
	Change Request 13149

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/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 enhance current claims processing edits. This CR is applicable to the Fiscal Intermediary Shared System (FISS) and the Common Working File (CWF). SNFs billing on Type of Bill (TOB) 21X and swing bed TOB 18X, (subject to SNF PPS) will be subject to these requirements. The changes will also update hospital overlap edits when billing during an interrupted stay where the hospital stay extends to the next month. This CR will modify claims processing to adhere to current policy.
- **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	Re	espo	nsi	bilit	y									
		A/B MAC		MAC			MAC N		MAC M			D Shared- M System E Maintainers			Other
		A	В	H H H	M A C	F	M C S	V	С						
13149.1	Contractors shall modify UR 5601 to not set on initial, interim, or adjustment SNF (21X) or Swing Bed (18X) claims when there is an Occurrence Span Code (OSC) present when only part of dates span Inpatient claim's dates of service in history.								X						
13149.1.1	Contractors shall modify UR 5601 to not set on initial, interim, or adjustment claims for an inpatient claim when a SNF (21X) or Swing Bed (18X) claim when there is an Occurrence Span Code (OSC) present when only part of dates span Inpatient claim's dates of service in history.								X						
13149.2	Contractors shall modify UR 5608 to not set on initial, interim, or adjustment on SNF (21X) or Swing Bed (18X) claims when there is an Occurrence Span Code (OSC) present when only part of dates span Inpatient claim's dates of service in history.								X						

Number	Requirement	Re	espo	nsil	bilit	y																																																		
		A/B MAC																																																	D M E		Sha Sys aint	tem		Other
		A	В	H H H	M A C	F I S S	M C S	V M S																																																
13149.2.1	Contractors shall modify UR 5608 to not set on initial, interim, or adjustment claims for an inpatient claim when a SNF (21X) or Swing Bed (18X) claim when there is an Occurrence Span Code (OSC) present when only part of dates span Inpatient claim's dates of service in history.								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	Re	spo	nsib	ility	
			A/B MA(		D M E	C E D
		A	В	H H H	M A C	I
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:

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
1	CWF Edit-5601

X-Ref	Recommendations or other supporting information:
Requirement	
Number	
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**