CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11932	Date: March 29, 2023
	Change Request 12896

Transmittal 11879 issued February 24, 2023, is being rescinded and replaced by Transmittal 11932, dated, March 29, 2023, to update Business Requirement (BR) 12896.3 to match FISS new reason code and to add BR 12896.3.1. All other information remains the same.

SUBJECT: Enhancements to Patient Driven Payment Model (PDPM) Claim Edits to Improve Claim Processing

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

EFFECTIVE DATE: October 1, 2019 - Dates of Service on and after

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

IMPLEMENTATION DATE: April 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/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

Pub. 100-20	Transmittal: 11932	Date: March 29, 2023	Change Request: 12896
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SUBJECT: Enhancements to Patient Driven Payment Model (PDPM) Claim Edits to Improve Claim Processing

EFFECTIVE DATE: October 1, 2019 - Dates of Service on and after

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IMPLEMENTATION DATE: April 3, 2023

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 (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 provider liable. This CR will modify claims processing to adhere to current policy.
- **B.** Policy: No new policy changes exist with this CR.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		1			D M		Sha Sys			Other
		1	E			•				
		A	В	H H H	M A C	_	M C S	V M S		
12896.1	Effective October 2019 and after, contractors shall not set the current Fiscal Year End (FYE) edit for a nopay TOB 210 or 180.					X				
12896.2	This business requirement has been deleted.								X	
12896.2.1	Contractors shall make this current edit overridable.								X	
12896.3	Contractors shall create an edit to ensure history claims are in PB9997 before processing incoming SNF/swing bed claims, effective October 2019. Note: This will ensure the prior days are captured and calculated correctly and in the correct sequence.					X				

Number	Requirement	Responsibility													
		A/B MAC										Sys	red- tem aine		Other
		A	В	H H H	M A C	F I S S	M C S	V M S							
12896.3.1	Contractors shall set the new edit to RTP.	X													
12896.4	Contractors shall process and pay an inpatient claim (TOB11X) and process and pay the inpatient SNF claim (TOB 21X), when the 11X contains a condition code 40, indicating a same day transfer, effective October 2019.								X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsib	ility	
			A/B MA(D M E	C E D
		A	В	H H H	M A C	Ι
12896.5	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:

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:			
Requirement				
Number				
4	CWF Edit-5601			
2	CWF Edit-5601			
1	FISS Edit-32148			

X-Ref Requirement Number	Recommendations or other supporting information:
3	FISS Edits- 38196

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