

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12714	Date: July 11, 2024
	Change Request 13689

SUBJECT: Update to the Patient-Driven Payment Model (PDPM) Claim Editing

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement an update to a current claims processing edit to allow for the subsequent claim submission containing the same admission date when the prior claim was processed as a no pay claim.

EFFECTIVE DATE: January 1, 2025

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

IMPLEMENTATION DATE: January 6, 2025

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

Attachment - One-Time Notification

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SUBJECT: Update to the Patient-Driven Payment Model (PDPM) Claim Editing

EFFECTIVE DATE: January 1, 2025

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

IMPLEMENTATION DATE: January 6, 2025

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to delete a current claims processing edit. This CR is applicable to the Fiscal Intermediary Shared System (FISS). PDPM claims submitted by a Skilled Nursing Facility (SNF) on Type of Bill (TOB) 21X and swing bed providers on TOB 18X, (subject to SNF PPS) are subject to these requirements. This will allow for subsequent claims to process correctly after the initial claim was rejected.

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	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
13689.1	The Contractor shall delete the current edit logic to not set on incoming initial, interim, adjustment or discharge SNF (21X) or Swing Bed (18X) claims, when submitted in sequential order with the same admit date and the prior claim was rejected as a no pay claim.					X					
13689.1.1	The Contractor shall permanently delete the edit from the code, effective April 2023.					X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	None					

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 Edit-38361

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