CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12525	**Date: March 1, 2024**
	Change Request 13360

Transmittal 12286 issued October 5, 2023, is being rescinded and replaced by Transmittal 12525, dated March 1, 2024 to remove the provider education business requirement (13360.3). All other information remains the same.

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.*

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: 12525	Date: March 1, 2024	Change Request: 13360

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

EFFECTIVE DATE: April 1, 2024
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IMPLEMENTATION DATE: April 1, 2024

I. GENERAL INFORMATION

A. Background: This Change Request (CR) implements changes to update claims processing edits when there is an interrupted stay. This CR is applicable to 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.

This CR will also update an ambulance edit when billing during an interrupted stay. In addition, this CR modifies 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			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13360.1	The contractor shall modify current editing for PDPM claims to include swing bed TOB 18X (excluding Critical Access Hospital (CAH) swing beds) as edit criteria for interrupted stay editing. Note: • 18X should be the same as a 21X in the edit narrative • Exclude Swing Bed CAH Providers Range Z300-Z399								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13360.2	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. Criteria for PDPM Claim: • TOB 21X or 18X • Occurrence Span Code (OSC) 74 Criteria for Ambulance Claim: • Dates of Service (DOS) within or plus one day of OSC 74 • Revenue Code 540 • Healthcare Common Procedure Coding System (HCPCS) A0425 or A0428 • Modifier HN Note: Bypass OSC 74 plus one day to account for services that were provided on the date of discharge								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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	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

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