



## Updates to Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) Claims

MLN Matters Number: MM11992 **Revised**

Related Change Request (CR) Number: 11992

Related CR Release Date: **January 14, 2021**

Effective Date: April 1, 2021

Related CR Transmittal Number: **R10569CP**

Implementation Date: April 5, 2021

**Note: We revised this article due to a revised CR11992 that CMS issued on January 14, 2021. The CR revision didn't impact the substance of this article. We revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.**

### PROVIDER TYPES AFFECTED

---

This MLN Matters Article is for Skilled Nursing Facilities (SNFs) and hospital swing bed providers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

### PROVIDER ACTION NEEDED

---

This article informs you of an update to SNF Patient-Driven Payment Model (PDPM) claims processing instructions to adhere to current Medicare policy. Be sure your billing staff know of this update.

### BACKGROUND

---

CR 11992 implements changes to the SNF Prospective Payment System (PPS), specifically implementing changes required for the PDPM.

SNFs billing on Type of Bill (TOB) 21X and hospital swing bed providers billing on TOB 18X (subject to SNF PPS) will be subject to these requirements. The CR modifies processing and the Medicare Claims Processing Manual, Chapter 6, to adhere to current policy.

The revised text in both Sections 40.3.2 and 40.6 of Chapter 6 of the Manual reads:

*“For claims that contain both covered days and noncovered days, and those noncovered days are the responsibility of the beneficiary (e.g., days submitted for noncovered level of care), the provider should append span code 76 to indicate the days the beneficiary is liable.”*

This change modifies existing editing to process and pay claims correctly accounting for SNF interrupted stays that are reported at the end of a month effective October 1, 2019.

A SNF interrupted stay is identified as follows:

- TOB = 21X or 18X (excluding CAH) AND
- Occurrence Span Code (OSC) 74 equal to 3 days or less AND
- Date of Service (DOS) 10/1/2019 or later

## ADDITIONAL INFORMATION

The official instruction, CR 11992, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10569cp.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

## DOCUMENT HISTORY

Date of Change	Description
January 20, 2021	We revised this article due to a revised CR12027 that CMS issued on January 14, 2021. The CR revision didn't impact the substance of this article. We revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same
November 9, 2020	Initial article released.

**Disclaimer:** Paid for by the Department of Health & Human Services. This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2019 American Medical Association. All rights reserved.

Copyright © 2013-2020, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at [ub04@healthforum.com](mailto:ub04@healthforum.com)

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.