

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10024</b>	<b>Date: April 1, 2020</b>
	<b>Change Request 11632</b>

**Transmittal 2431, dated February 7, 2020, is being rescinded and replaced by Transmittal 10024 dated, April 1, 2020, to revise Business Requirement (BR) 11632.6 and delete BR 11632.7. All other information remains the same.**

**SUBJECT: Second Update to CR 11152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)**

**I. SUMMARY OF CHANGES:** This Change Request (CR) contains updates/corrections to the SNF PDPM.

**EFFECTIVE DATE: July 1, 2020**

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

**IMPLEMENTATION DATE: July 6, 2020**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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**



Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11632.2	The Medicare contractor shall apply the edit created in CR 11152.5 for interrupted stays to SNF PPS providers only effective October 1, 2019.								X	
11632.3	The Pricer shall add C when AIDS diagnosis code B20 is present on the claim and the 4th character of PDPM (Non-Therapy Ancillary (NTA) code) is F effective October 1, 2019.									SNF Pricer
11632.4	Contractors shall install and pay claims with the updated SNF Pricer.	X				X				
11632.4.1	Contractors shall receive the BETA SNF Pricer on or about March 1, 2020.					X				
11632.5	The contractor shall bypass the SNF PRICER if the claim meets both of these criteria:  1. The statement covers from date is on or after October 1, 2019, and 2. The no pay code = R, N or B or the claim has cost avoided.					X				
11632.6	The Medicare contractor shall not send the revenue code (0022) line to the SNF PRICER if the covered units for that revenue code is zero.					X				
11632.7	This business requirement has been deleted					X				

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
11632.8	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your	X				

Number	Requirement	Responsibility				
		A/B MAC			D M E D I	C
		A	B	H H H	M A C	I
	website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.					

#### 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:
2	The edit is 7127
1	The edit is 7126

**Section B: All other recommendations and supporting information:** N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Valeri Ritter, 410-762-8652 or [valeri.ritter@cms.hhs.gov](mailto: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**