CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11109	**Date: November 4, 2021**
	Change Request 12344

Transmittal 10904, dated August 10, 2021, is being rescinded and replaced by Transmittal 11109, dated, November 4, 2021 to add a note to business requirement 12344.1. All other information remains the same.

SUBJECT: Skilled Nursing Facility (SNF) Claims Processing Updates

I. SUMMARY OF CHANGES: This instruction updates SNF edits to bypass services related to an emergency room encounter and there is also a 250 revenue code present on the same claim. This CR also make updates to certain FISS and CWF edits for overlapping claims when there is a no-pay hospital claim during an interrupted stay.

EFFECTIVE DATE: January 1, 2022
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 3, 2022

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
R	6/30.4.1/Input/Output Record Layout

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:

Business Requirements

Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 11109	Date: November 4, 2021	Change Request: 12344

Transmittal 10904, dated August 10, 2021, is being rescinded and replaced by Transmittal 11109, dated, November 4, 2021 to add a note to business requirement 12344.1. All other information remains the same.

SUBJECT: Skilled Nursing Facility (SNF) Claims Processing Updates

EFFECTIVE DATE: January 1, 2022
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 3, 2022

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). SNFs billing on Type of Bill (TOB) 21X (subject to SNF 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 denied/rejected and an ancillary claim is submitted. Finally, this CR will make updates to the Pricer Input/Output record to enhance Pricer return codes. This CR will modify claims processing to adhere to current policy.

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			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12344.1	Contractors shall modify current edits to allow an emergency room claim (TOB 13X with revenue code 45X) when revenue code 25X OR 27X is also present, regardless of the line item date of service (LIDOS) when there is also a covered TOB 21X with Occurrence Span Code (OSC) 74. Note: The Outpatient dates of service is within the posted SNF claim in history and either within the Occurrence Span code '74' dates or plus one day.								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12344.2	Contractors shall modify UR 5601 to not set on SNF claim with Span Code 74 present when only part of dates span Inpatient claim's dates of service in history.								X	
12344.3	Contractors shall modify UR 5608 to not set on Inpatient claim with DOS overlap two SNF claims in history that span OSC 74 dates.								X	
12344.4	Contractors shall modify current edits to allow an outpatient claims (TOB13X and 85X) with revenue code 51X and an Evaluation and Management (E&M) HCPCS code in the range of 99201-99245 and E&M code G0463, regardless of LIDOS, when there is also a covered TOB 21X with OSC 74, effective January 1, 2014.								X	
12344.5	Contractors shall modify current editing to allow for payment for SNF claims (TOB 21X) when there is non-covered inpatient claim (TOB 110) present during an interrupted stay (OSC).					X			X	
12344.5.1	Contractors shall ensure that SNF claims are not rejected when an ancillary claim (TOB 12x) or outpatient claim (TOB 13X) is present during an interrupted stay where the outpatient claim is billed subsequent to a noncovered inpatient claim.					X				
12344.6	Contractors shall revise the SNF PRICER record layout as shown in Attachment 1.					X				SNF Pricer
12344.6.1	Contractors shall rename the FED PPS BLEND field to QRP.-IND.					X				SNF Pricer
12344.6.2	Contractors shall rename payment return code 00 to HIPPS rate returned.					X				SNF Pricer
12344.6.3	Contractors shall rename error return code 20 to INVALID RATE COMPONENT.					X				SNF Pricer
12344.6.4	Contractors shall rename error code 30 to Bad CBSA code.					X				SNF Pricer

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12344.6.5	Contractors shall add "NO LONGER IN USE" to error codes 50, 60, and 61.					X				SNF Pricer
12344.6.6	Contractors shall add a new error return code 80 SNF-PDPM-UNITS = ZERO.					X				SNF Pricer
12344.6.6.1	Contractors shall create a new edit to return claim to the provider (RTP).	X				X				
12344.6.7	Contractors shall add a new error return code 90 INVALID HIPPS CODE.					X				SNF Pricer
12344.6.7.1	Contractors shall create a new edit to RTP the claim.	X				X				
12344.6.8	Contractors shall add a new error return code 01 CURRENT-DAYS > 100.					X				SNF Pricer
12344.6.8.1	Contractors shall create a new edit to RTP the claim.	X				X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12344.7	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 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.	X				

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:
3	CWF edit-5601
2	FISS edit-38004 CWF edit-7252
1	CWF edit-7252

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):
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.

ATTACHMENTS: 0

Medicare Claims Processing Manual

Chapter 6 - SNF Inpatient Part A Billing and SNF Consolidated Billing

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(Rev. 11109; Issued 11-04-21)

30.4.1 - Input/Output Record Layout

(Rev. 11109, Issued: 11-04-21 Effective:10-01-22, Implementation:01-03-22)

The SNF Pricer input/output file will be 300 bytes in length. The required data and format are shown below.

File Position	Format	Title	Description
1-4	X(4)	MSA	Input item: The metropolitan statistical area (MSA) code. Medicare claims processing systems pull this code from field 13 of the provider specific file.
5-9	X(5)	CBSA	Input item: Core-Based Statistical Area
10	X	SPEC-WI-IND	Input item (if applicable) :Special Wage Index Indicator Valid Values: **Y** (yes) or **N** (no)
11-16	X(6)	SPEC-WI	Input item (if applicable): Special Wage Index
17-21	X(5)	HIPPS-CODE	Input Item: Health Insurance Prospective Payment System Code – Medicare claims processing systems must copy the HIPPS code reported by the provider on each 0022 revenue code line
22-29	9(8)	FROM-DATE	Input item: The statement covers period “from” date, copied from the claim form. Date format must be CCYYMMDD.
30-37	9(8)	THRU-DATE	Input item: The statement covers period “through” date, copied from the claim form. Date format must be CCYYMMDD.
38	X	*QRP-IND*	*Input Item-Effective January 1, 2022 field renamed QRP-IND from FED-PPS-BLEND.* Input Item: Effective October 1, 2017, MACs shall populate the FED PPS BLEND IND field in the PSF with a

File Position	Format	Title	Description
			"1" to indicate the SNF did not meet the quality reporting requirements.-
39-45	9(05)V9(02)	SNF-FACILITY RATE	Input item: Rate based on each SNF's historical costs (from (from A/B MAC (A) audited cost reports) including exception payments. **NOTE**: All facilities have been paid at the full federal rate since FY 2002.
46-52	X(7)	SNF-PRIN-DIAG-CODE	Input item: The principle diagnosis code, copied from the claim form. Must be three to seven positions left justified with no decimal points.
53-59	X(7)	SNF-OTHER-DIAG-CODE2	Input item: Additional Diagnosis Code, copied from the claim form, if present, must be three to seven positions left justified with no decimal points.
60-220	Defined above	Additional Diagnosis data	Input item: Up to twenty-three additional diagnosis codes accepted from claim. Copied from the claim form. Must be three to seven positions left justified with no decimal points.
221-228	9(06)V9(02)	SNF-PAYMENT RATE	Output Item: The Calculated TOTAL amount received by the SNF based on the days received. Effective FY 2018, this amount reflects VBP adjustment. **NOTE:** Effective October 1, 2019, the previously calculated RUG per diem rate is replaced by the PDPM Calculated TOTAL amount received by the SNF.
229-230	9(2)	SNF-RTC	Output item: A return code set by Pricer to define the payment circumstances of the claim or an error in input data. **Payment return code:** 00 *HIPPS* rate returned **Error return codes:** *20 INVALID RATE COMPONENT*

File Position	Format	Title	Description
			30 Bad *CBSA* code 40 Thru date < July 1, 1998 or Invalid 50 Invalid federal blend for that Year-*NO LONGER IN USE* *60* Invalid federal blend-*NO LONGER IN USE* 61 Federal blend = 0 and SNF Thru date < January 1, 2000-*NO LONGER IN USE* 70 Invalid VBP Multiplier- *80 SNF-PDPM-UNITS = ZERO* *90 INVALID HIPPS CODE* *01 CURRENT-DAYS > 100*
231-242	S9V9(11)	VBP-MULTIPLIER	Input item: Medicare systems move this information from field 52 of the provider specific file.
243-250	S9(06)V9(02)	VBP-PAY-DIFF	Output item: The total SNF VBP adjustment amount, determined by subtracting the SNF VBP adjustment total payment from the SNF PPS payment that would otherwise apply to the line. Added to the claim as a value code QV amount. **NOTE:** Effective October 1, 2019, the previously calculated VBP difference per day is replaced by the TOTAL VBP difference amount.
251-252	9(02)	SNF-PDPM-UNITS	Input item: The number of service units reported by the SNF on the revenue code 0022 line that is being priced.
253-255	9(03)	SNF-PDPM-PRIOR-DAYS	Input item: When pricing the first revenue code 0022 line on a claim, this is the number of prior SNF days identified by FISS from claims history. On later dated revenue code 0022 lines, this is the days from claims history plus any units from any earlier dated.
256-300	X(45)	FILLER	Blank

Input records on claims must include all input items. Output records will contain all input and output items. The Medicare claims processing systems will move the following Pricer output items to the claim record. The return code will be placed in the claim header. The SNF-PAYMENT-RATE amount for each HIPPS code will be placed in the rate field of the appropriate revenue code 0022 line. The Medicare claims processing systems will multiply the rate on each 0022 line by the number of units that correspond to each line. The system will sum all 0022 lines and place this amount in the "Provider Reimbursement" field minus any coinsurance due from the patient. For claims with dates of service on or after July 1, 2002, Pricer will compute payment only where the SNF-RTC is 00.