CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11649	Date: October 20, 2022
	Change Request 12621

SUBJECT: User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM) Reason Code 31849

I. SUMMARY OF CHANGES: The purpose of this UECR is to modify the SNF PDPM editing in FISS to be more efficient and prevent incorrect payments. Reason code 31849 will be modified to reduce unnecessary claim suspension and unneeded history retrieval requests. To reduce incorrect PDPM prior days calculation, a new reason code will be created to assign when the incoming claim should be billed as a new admission.

EFFECTIVE DATE: April 1, 2023

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

IMPLEMENTATION DATE: April 3, 2023

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

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I. GENERAL INFORMATION

A. Background: FISS created reason code 31849 to suspend incoming SNF PDPM claims when one or more claims in the same inpatient stay are offline. The reason code unnecessarily suspends some claims when retrieval of the offline claim(s) is not necessary.

When an interrupted stay or change in level of care greater than three (3) days is present in the prior claim, the incoming claim should be returned to the provider to bill as a new stay. A new SNF inpatient stay is necessary to ensure correct payment to the provider. Currently, there is not a reason code in FISS to identify when the incoming claim is incorrectly billed as a continuation of an existing stay.

B. Policy: There is no policy impact. This is a MAC enhancement to improve reason code assignment and reduce unnecessary claim retrievals.

II. BUSINESS REQUIREMENTS TABLE

code 38119 should continue to assign).

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
			A/B		D	5	Shai	red-		Other
		N	/AA		M	,	Sys	tem		
					E	Ma	aint	aine	ers	
		A	В	Н		F	M		C	
				Н	M	_	C	M		
				Н	A	S	S	S	F	
					С	S				
12621.1	FISS shall modify reason code 31849 to not assign on SNF PDPM claims when any of the following conditions exist:					X				
	Incoming claim contains condition code 20 or 21									
	OR									
	History claim with the same admission date and through date 1 day less than the incoming claim from date is rejected, returned to provider or denied (reason									

Number	Requirement	Responsibility																																																																								
		A/B MAC																																																																			D M E		Sys	red- tem aine		Other
		A	В	H H H	M A C	F I S S	M C S	V M S	C W F																																																																	
12621.2	FISS shall create a new reason code to assign to SNF PDPM claims without condition code 21 when the prior claim is a no-pay claim that is greater than 3 days and has the same admit date as the incoming claim.					X																																																																				
12621.3	MACs shall return (RTP) claims when the new reason code is assigned to allow the provider to confirm a new admission is/isn't appropriate.	X																																																																								
12621.3.1	FISS shall make the new reason code overridable.					X																																																																				
12621.3.1 .1	MACs shall override the new reason code if a SNF provider confirms that the claim is billed correctly and a new admission isn't appropriate.	X																																																																								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	ility			
			A/B		D	С
		1	MAC	\mathbf{C}	M	E
					Е	D
		Α	В	Н		I
				Н	M	
				Н	A	
					C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: $\ensuremath{\mathrm{N/A}}$

V. CONTACTS

Pre-Implementation Contact(s): Rita Hazlip, 410-786-5755 or Rita.Hazlip@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