CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2146	Date: October 5, 2018
	Change Request 10922

SUBJECT: Update to Common Working File (CWF) Benefit Period Logic for Occurrence Code 22 on Skilled Nursing Facility (SNF) and Swing Bed Inpatient Claims

I. SUMMARY OF CHANGES: This Change Request (CR) describes systems changes necessary to ensure SNFs and Swing Beds bill Occurrence Code 22 correctly. It also ensures the same benefit period logic used for SNF claims is used for Swing Bed claims.

EFFECTIVE DATE: April 1, 2019
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: April 1, 2019

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: The Common Working File (CWF) Maintainer recently discovered that an incoming inpatient claim was applied to the wrong benefit period when Occurrence code (OC) '22' was submitted incorrectly on a Skilled Nursing Facility (SNF) claim in history. This CR will ensure OC '22' is billed correctly so that CWF can apply the appropriate benefit period. In addition we are adding logic in CWF to swing bed claims billed with OC '22' to mirror the logic for SNF claims.

B.   Policy: This Change Request contains no new policy. It improves the implementation of the existing policy in the Medicare Claims Processing Manual, Publication 100-04, Chapter 6.

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	
10922.1	The Medicare contractor shall create a reason code to return to provider (RTP) SNF claims with type of bill (TOB) 21X or Swing Bed claims with TOB 18X with OC 22 and: • OC 22 date is equal to the through date of the claim and • the patient discharge status code is not 30.					X				
10922.1.1	Medicare contractors shall RTP the claim.	X								
10922.2	The Medicare contractor shall include a claim with TOB 18x (swing bed) with any date of service processed on or after April 1, 2019, in the same logic as TOB 21x in applying the date of last billing activity (DOLBA) to a beneficiary's benefit period when an OC '22' is present on a claim.								X	

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
10922.3	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: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Valeri Ritter, 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