

<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 2174</b>	<b>Date: October 26, 2018</b>
	<b>Change Request 10960</b>

**SUBJECT: Correction to Common Working File (CWF) Informational Unsolicited Response (IUR) 7272 for Intervening Stay**

**I. SUMMARY OF CHANGES:** This CR ensures CWF bypasses IUR 7272 when there is an intervening stay in a swing bed and there is a post acute transfer to home health within 3 days of the Inpatient Prospective Payment System (IPPS) hospital admission.

**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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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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**SUBJECT: Correction to Common Working File (CWF) Informational Unsolicited Response (IUR) 7272 for Intervening Stay**

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**I. GENERAL INFORMATION**

**A. Background:** The Centers for Medicare & Medicaid Services (CMS) was recently made aware that CWF IUR 7272 is setting on an IPPS hospital claim in history with patient discharge status code ‘61’ (Discharged/transferred within this institution to a hospital-based Medicare approved swing bed) when a home health claim is received with an admission date equal to or within 3 days of the history IPPS claim’s discharge date and there is an intervening swing bed claim in history. This CR ensures CWF bypasses IUR 7272 for this scenario.

**B. Policy:** This Change Request contains no new policy.

**II. BUSINESS REQUIREMENTS TABLE**

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

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	
10960.1	<p>The Medicare contractor shall modify IUR 7272 logic to bypass if the IPPS hospital claim in history has a discharge date equal to or within 3 days of an incoming Home Health (HH) claim, and has a patient discharge status code equal to ‘61’ AND the history IPPS claim's discharge date is equal to the admit date of an inpatient swing bed history claim.</p> <p>Example:</p> <p>History Claim: 11X 08/03 to 08/07, PT ST 61</p> <p>History Claim: 18X 08/07 to 08/09</p> <p>Incoming Claim: 32X 08/09</p> <p>Note: This instruction affects all dates of service processed on or after the implementation date of this CR.</p>							X		

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C I
		A	B	H H H		
10960.2	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: N/A

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

### V. CONTACTS

**Pre-Implementation Contact(s):** Cami DiGiacomo, Cami.DiGiacomo@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**