
CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 121

Date: September 19, 2014

SUBJECT: Update to State Operations Manual (SOM), Publication 100-07, Chapter 3, to Provide Language-Only Changes for Updating ICD-10

I. SUMMARY OF CHANGES: This transmittal contains language-only changes for updating ICD-10 language in Pub 100-07. It also updates the reference from DMS 3 to DSM 4, the current CMS standard in 42 CFR 412.27(a). There are no new policies or procedures introduced. Specific policy changes have been announced previously in various communications.

NEW/REVISED MATERIAL:

EFFECTIVE DATE: September 19, 2014

IMPLEMENTATION DATE: Upon Implementation of ICD-10

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	3/3106B - Specific Criteria for Psychiatric Units/3106B1 - Patient Criteria

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

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

3106B - Specific Criteria for Psychiatric Units

(Rev. 121, Issued: 09-19-14, Effective: 09-19-14, Implementation; Upon Implementation of ICD-10)

An SA onsite verification or reverification survey for PPS exclusion of a psychiatric unit is required for a hospital filing a first-time request for PPS exclusion for its psychiatric unit, a psychiatric unit that has been selected as part of a sample for an annual validation survey, and/or a complaint against a psychiatric unit. For cost reporting periods following the first cost reporting period, the hospital is to self-attest that its psychiatric unit is in compliance with the requirements at [42 CFR 412.27](#).

3106B1 - Patient Criteria

The unit admits only patients requiring admission for active treatment, of an intensity that can be provided only in an inpatient hospital setting. The psychiatric principal diagnosis must be one contained in

- the *Fourth* Edition of the American Psychiatric Association Diagnostic and Statistical Manual;
- Chapter 5 (“Mental Disorders”) of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM); *or*
- *Chapter 5 (“Mental and Behavioral Disorders”) of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM.), upon implementation of ICD-10.*