CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 898	**Date: May 13, 2011**
	Change Request 7151

SUBJECT: Processing Claims Spanning More than Ten Years with Unlimited Occurrence Span Codes (OSCs): Final Completion

I. SUMMARY OF CHANGES: This CR is the final CR in a series of four CRs to fully implement system modfications in the Common Working File (CWF) that will allow a claim to span a benefit period over ten years. This CR also instructs the Fiscal Intermediary Shared System (FISS) and CWF to fully test the process outlined in CR 6777.

EFFECTIVE DATE: October 1, 2002
IMPLEMENTATION DATE: October 3, 2011 (Coding)
January 3, 2012 (Coding and Implementation)

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	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs): N/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.

IV. ATTACHMENTS:
One-Time Notification
**Unless otherwise specified, the effective date is the date of service.*

One-Time Notification

Pub. 100-20	Transmittal: 898	Date: May 13, 2011	Change Request: 7151

SUBJECT: Processing Claims Spanning More than Ten Years with Unlimited Occurrence Span Codes (OSCs): Final Completion

Effective Date: October 1, 2002
Implementation Date: October 3, 2011 (Coding)
January 3, 2012 (Coding and Implementation)

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) implemented Change Request (CR) 6777 to provide claims processing instructions for claims to be processed that have OSCs beyond the currently billable amount of ten.

The Common Working File (CWF) will need to implement changes in three phases over a period of three releases to comply with allowing a claim where the Dates of Service span a benefit period of 10 or more years. Once the implementation is complete for the three phases, CWF will no longer return Utilization edit 5711 to the Contractors but process under the new BENE Spell Auxiliary File. This will not impact FISS since CWF will continue to return the existing error codes and trailers based on the benefit periods. NCH will also not be impacted and continue to receive same format.

Note: Phase I was instituted in Change Request (CR) 7088. Phase II was implemented in CR 7122. Phase III implementation began with CR 7150. This October release CR instructs the CWF to complete Phase III implementation (to allow a claim to span a benefit period over ten years) and for FISS and CWF to complete full testing for all work outlined in CR 6777.

B. Policy: Long Term Care Hospital (LTCH), Inpatient Psychiatric Facility (IPF), and Inpatient Rehabilitation Facility (IRF) Prospective Payment Systems (PPSs) requires a single claim to be billed for an entire stay. Interim claims may be submitted to continually adjust all prior submitted claims for the stay until the beneficiary is discharged. In some instances, significantly long stays having numerous OSCs may exceed the amount of OSCs allowed to be billed on a claim.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement.

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7151.1	CWF shall complete the coding and implementing of Phase III (to allow a claim to span a benefit period over ten years). NOTE: Claims will no longer return Utilization Edit									X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	5711.										
7151.2	FISS and CWF shall fully implement CR 6777 so that claims with more than ten OSCs can process accurately.						X			X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements:
"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

Section B: For all other recommendations and supporting information: See CR 6777, CR 7088, CR 7122, and CR 7150

V. CONTACTS

Pre-Implementation Contact(s):
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Post-Implementation Contact(s):
Same as Pre-Implementation Contacts

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs)*: N/A

Section B: *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.