



## Updates to CR 1152 Implementation of the Skilled Nursing Facility (SNF) Patient Driven Payment Model (PDPM)

MLN Matters Number: MM11513 **Revised**

Related Change Request (CR) Number: 11513

Related CR Release Date: **January 9, 2020**

Effective Date: April 1, 2020

Related CR Transmittal Number: **R4491CP**

Implementation Date: April 6, 2020

Note: We revise this article on January 10, 2020, to reflect an updated CR that changed the CR type from a One Time Notification to a Standard CR type, which adds a manual attachment that updates Chapter 6 of CMS publication 100-04. This correction also revises the CR background section and adds two new requirements (11513.4 and 11513.5), which are included in this article at the end of the Background Section. All other information remains the same.

### PROVIDER TYPES AFFECTED

This MLN Matters Article is for Skilled Nursing Facilities (SNFs) that bill Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

### PROVIDER ACTION NEEDED

CR 11513 contains updates to handle Veterans Administration (VA) demonstration claims under the SNF Patient Driven Payment Model (PDPM). Make sure your billing staffs are aware of these changes.

### BACKGROUND

CR 11513 implements changes to the SNF Prospective Payment System (PPS), specifically implementing changes required for the PDPM.

SNFs billing on Type of Bill (TOB) 21X and hospital swing bed providers billing on TOB 18X (subject to SNF PPS) will be subject to these requirements. CR 1152 (See the related MLN Matters article at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM1152.pdf>.) **erroneously omitted the default Health Insurance Prospective Payment System (HIPPS) code from the CR. CR 11513 will implement change to include the instructions to bypass certain SNF PDPM edits.** There are no policy changes in CR 11513.

MACs will bypass the edit that requires an occurrence code 50 for each 0022 revenue code on TOB 021x for Demo 31 (VA demonstration) claims for all dates of service.

MACs will update the edit that ensures a default Health Insurance Prospective Payment System (HIPPS) code on VA demonstration claims of ZZZZZ, effective October 1, 2019. The MACs will

terminate use of code AAA00 as of October 1, 2019. MACs will also discontinue the workaround currently in place for this edit effective with the implementation of CR 11513.

MACs will bypass the edit that requires an occurrence code 50 for each 0022 revenue code on TOB 021x and 018X for the default HIPPS ZZZZZ claims for dates of service on and after October 1, 2019.

The MACs will discontinue the workaround currently in place for this edit effective with the implementation of CR 11513.

## ADDITIONAL INFORMATION

The official instruction, CR 11513, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/R4491cp.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

## DOCUMENT HISTORY

Date of Change	Description
January 10, 2020	We revise this article to reflect an updated CR that changed the CR type from a One Time Notification to a Standard CR type, which adds a manual attachment that updates Chapter 6 of CMS publication 100-04. This correction also revises the CR background section and adds two new requirements (11513.4 and 11513.5), which are included in this article at the end of the Background Section.
November 6, 2019	Initial article released.

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