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Patient Driven Payment Model: Claim Edit Enhancements

MLN Matters Number: MM12896 Revised

Related Change Request (CR) Number: 12896

Related CR Release Date: March 29, 2023

Related CR Transmittal Number: R11932OTN

Effective Date: Dates of service on or after October 1, 2019

Implementation Date: April 3, 2023

Related CR Title: Enhancements to Patient Driven Payment Model (PDPM) Claim Edits to Improve Claim Processing

What's Changed: We revised the Article due to an updated CR. We didn't add any substantive changes to the Article.

Provider Types Affected

This MLN Matters Article is for Skilled Nursing Facilities (SNFs) billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

Provider Action Needed

Make sure your billing staff knows about:

- Corrections to edits of SNF Type of Bill (TOB) 21X claims
- Changes to certain hospital overlap edits

Background

CR 12896 implements changes to correct claims processing edits. SNFs billing on (TOB) 21X (subject to SNF Prospective Payment System (PPS)) are subject to these requirements. There aren't any policy changes. Instead, this corrects Medicare systems to agree with existing policy.

Specifically, effective October 2019, Medicare systems won't set the Fiscal Year End edit when you submit a no-pay Type of Bill (TOB) 210 or 180.

Also, effective October 2019, MACs will process and pay an inpatient claim (TOB 11X) and process and pay the inpatient SNF claim (TOB 21X), when the 11X contains a condition code 40, indicating a same day transfer.



More Information

We issued CR12896 to your MAC as the official instruction for this change.

For more information, find your MAC's website.

Document History

Date of Change	Description
March 29, 2023	We revised the Article due to an updated CR. We didn't add any substantive changes to the Article.
March 1, 2023	We deleted references to occurrence span code 74 and the M1 condition code.
October 20, 2022	Initial article released.

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