

Summary of Notification Requirements for FFS Expedited Determinations for Each Affected Provider Type

Provider Type Subject to Expedited Determination	Medicare Payment Source for Covered Services	Affected Types of Bill (TOBs)	Triggers for Expedited Notice	Usual Service/Terminations Cases Not Triggering Expedited Notice* in Benefit**
Swing Bed	Part A	18x	End of Part A covered level of care with benefit days remaining	<ul style="list-style-type: none"> No notice given when benefit days expire/ have expired No notice given for transfers to comparable providers, including SNFs No notice given for leave of absence
SNF Prospective Payment System (PPS)	Part A	21x	End of Part A covered level of care with benefit days remaining	<ul style="list-style-type: none"> No notice given when benefit days expire/ have expired No notice given for transfers to comparable providers No notice given for leave of absence
Other SNF	Part B	22x, 23x	End of <u>all</u> Part B services on plan of care	<ul style="list-style-type: none"> No notice given if care in question is one-time or intermittent in nature, such as services available to all Part B beneficiaries independent of the setting of care/ residence
Hospice	Part A	81x, 82x	Provider discharge from hospice benefit for coverage reasons	<ul style="list-style-type: none"> No notice given when beneficiary revokes the benefit No notice given for transfer to other hospice
Home Health PPS	Part A and/or B	32x, 33x	Provider discharge from home health benefit for coverage reasons	<ul style="list-style-type: none"> No notice given for transfer to other home health agency (HHA) No notice given for mid-episode hospitalization whether HHA discharges or not
Other Home Health	Part B	34x	End of <u>all</u> Part B services on plan of care, i.e., therapy plan of care	<ul style="list-style-type: none"> No notice given if care in question is one-time or intermittent in nature, such as services available to all Part B beneficiaries independent of the setting of care/ residence. Examples: <ul style="list-style-type: none"> DME provided when HHA is acting like an independent supplier Roster billing of vaccines
CORF	Part B	75x	End of all Part B services on plans of care	<ul style="list-style-type: none"> No notice given if care in question is one-time or intermittent in nature, such as services available to all Part B beneficiaries independent of the setting of care/ residence

Information provided by the Centers for Medicare & Medicaid Services.

*“Notice” only means expedited determination process requirements, NOT other notice requirements, such as for SNFs with the delivery of SNFABNs, denial, or “cut” letters.

**Expedited Notice is not given in any benefit when termination of covered services is: (1) the result of a beneficiary, not a provider, deciding to end coverage; (2) when termination is for reasons other than medical necessity under Medicare coverage policy; and (3) when the beneficiary requires treatment at a higher level of care, such as transfer to an acute-care hospital.

Note: **bolding** represents significant change from current instructions.