



## 2009 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) for the Common Working File (CWF), Medicare Administrative Contractors (MACs), Medicare Carriers, and Fiscal Intermediaries (FIs) – JA6220

Related CR Release Date : October 3, 2008

Date Job Aid Revised: October 31, 2008

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

### Key Words

MM6220, CR6220, R1608CP, HCPCS, SNF, CB, CWF, Consolidated

### Contractors Affected

- Medicare Carriers
- Durable Medical Equipment Medicare Administrative Contractors (DME MACs)
- Fiscal Intermediaries (FIs)
- Part A/B Medicare Administrative Contractors (A/B MACs)

### Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare Carriers, DME MACs, FIs, and/or A/B MACs for services provided to Medicare beneficiaries who are in a Part A covered SNF stay.



Change Request (CR) 6220 provides the 2009 annual update of HCPCS Codes for SNF CB and how the updates affect edits in Medicare claims processing systems.

### Provider Needs to Know...

- By the first week in December 2008, new code files will be posted at <http://www.cms.hhs.gov/SNFConsolidatedBilling/> on the Centers for Medicare & Medicaid Services (CMS) website.
- Institutional providers should note that this site will include new Excel® and PDF format files.
- It is important for the provider community to view the "General Explanation of the Major Categories" PDF file located at the bottom of each year's FI update listed at <http://www.cms.hhs.gov/SNFConsolidatedBilling/> on the CMS website to understand the Major Categories including additional exclusions not driven by HCPCS codes.

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**Background**

- Medicare's claims processing systems currently have edits in place for claims received for beneficiaries in a Part A covered SNF stay as well as for beneficiaries in a non-covered stay.
- Changes to HCPCS codes and Medicare Physician Fee Schedule designations are used to revise these edits to allow carriers, A/B MACs, DME MACs, and FIs to make appropriate payments in accordance with policy for SNF CB contained in the *Medicare Claims Processing Manual* (Chapter 6, Section 110.4.1 for carriers and Chapter 6, Section 20.6 for FIs).
- This manual is available at <http://www.cms.hhs.gov/Manuals/IOM/list.asp> on the CMS website. These edits only allow services that are excluded from CB to be separately paid by Medicare contractors.

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**Operational  
Impact**

N/A

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**Reference  
Materials**

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6220.pdf> on the CMS website.

The official instruction (CR6220) regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1608CP.pdf> on the CMS website.

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