



October Quarterly Update to 2019 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

MLN Matters Number: MM11381

Related Change Request (CR) Number: 11381

Related CR Release Date: August 2, 2019

Effective Date: October 1, 2019

Related CR Transmittal Number: R4341CP

Implementation Date: October 7, 2019

PROVIDER TYPE AFFECTED

This MLN Matters article is an update to alert physicians, providers, and suppliers who bill Medicare Administrative Contractors (MACs) of CPT code adjustments for services provided to Medicare beneficiaries in a Skilled Nursing Facility (SNF).

PROVIDER ACTION NEEDED

CR 11381 provides updates to the lists of HCPCS codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS).

CR11381 alerts providers of incorrectly categorized CPT codes 29580, 29581, and 29584. CR 11381 provides instructions to categorize these codes correctly on the SNF CB files.

Section 1888 of the Social Security Act codifies SNF PPS and Consolidated Billing (CB). The new coding identified in each update describes the same services that are subject to SNF PPS payment by law. No additional services are in place because of these routine updates; that is, the new updates occur because of changes to the coding system, not because of redefined services subject to SNF CB. There are no other regulatory changes beyond code list updates.

Make sure your billing staffs are aware of these changes.

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of HCPCS codes excluded from the CB provision of the SNF PPS. There are services excluded from SNF PPS and CB paid to providers, other than SNFs, for beneficiaries, even when in a SNF stay. If

services not appearing on the exclusion list appear on claims to MACs, including Durable Medical Equipment MACs (DME MACs), Medicare will not pay to any providers other than a SNF. For non-therapy services, SNF CB applies only to the services furnished to a SNF resident during a covered Part A stay; however, SNF CB applies to physical and occupational therapies and speech-language pathology services whenever furnished to a SNF resident, regardless of whether Part A covers the stay. To assure proper payment in all settings, Medicare systems must edit for services provided to SNF beneficiaries both included and excluded from SNF CB.

The updated lists for institutional and professional billing are available at <https://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html>.

CR 11381 instructs Medicare's Common Working File (CWF) maintainer to remove the following HCPCS from processing file #1 (Physician Services for SNF CB), effective October 1, 2019:

- 29580 - paste/unna boot
- 29581-29584 - application of multi compression systems

The CWF will add the following HCPCS to processing file #4 (Part B Stay Only – Therapy Services), effective October 1, 2019

- 29580 - paste/unna boot
- 29581 - Lower Extremity Application of Strapping-Any Age
- 29584 - Lower Extremity Application of Strapping-Any Age

MACs will not search their files for incorrectly paid claims. They will reopen and reprocess claims when you bring such claims to their attention.

ADDITIONAL INFORMATION

The official instruction, CR 11381, issued to your MAC regarding this change, is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4341CP.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
August 2, 2019	Initial article released.

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