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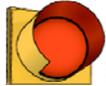
April Quarterly Update to 2005 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

Note: This article was updated on March 28, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Institutional providers billing claims to Medicare fiscal intermediaries and physicians, practitioners, and suppliers billing Medicare carriers for services

Provider Action Needed



STOP – Impact to You

HCPCS codes are being added to or removed from the SNF consolidated billing enforcement list.



CAUTION – What You Need to Know

Services included on the SNF consolidated billing enforcement list will be paid to SNF Medicare providers only. Services excluded from the SNF consolidated billing enforcement list may be paid to Medicare providers other than SNFs. See *Background* and *Additional Information* sections for further explanation.



GO – What You Need to Do

Be aware of the requirements explained below and how they can impact your Medicare payment.

Disclaimer

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Background

The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of Healthcare Common Procedure Coding System (HCPCS) codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (SNF PPS).

Quarterly updates now apply to both Fiscal Intermediaries (FIs) and Carriers/Durable Medical Equipment Regional Carriers (DMERCs)

This is the first joint FI/Carrier/DMERCs quarterly update published subsequent to the 2005 Annual Updates. These updates affect claims with dates of service on or after the effective date of the instructions printed below unless otherwise indicated. **Services appearing on this HCPCS list** (that are submitted on claims to both Medicare FIs and Carriers, including DMERCs), **will not be paid by Medicare to providers, other than a SNF, when included in SNF CB.**

For the annual notice on SNF CB each January, separate instructions are published for FI and Carriers/DMERCs. The 2005 Annual Update for FIs can be found on the CMS web site at <http://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html> on the CMS website. Information on the 2005 annual update for Carriers can be found at <http://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html> on the CMS website.

Please note the following important points:

- For non-therapy services, SNF CB applies only when the services are furnished to a SNF resident during a covered Part A stay.
- For physical, occupational or speech-language therapy services, SNF CB applies whenever they are furnished to a SNF resident, regardless of whether Part A covers the stay.
- Services excluded from SNF PPS and CB may be paid to providers, other than SNFs, for beneficiaries, even when in a SNF stay.
- Medicare systems must edit for services provided to SNF beneficiaries both included and excluded from SNF CB to assure proper payment in all settings.

This notification provides a list of the exclusions, and some inclusions, to SNF CB, and the codes below are being added or removed from the annual update. Note the following:

Major Category I additions noted below means these codes:

- May only be billed by hospitals and critical access hospitals (CAHs) for beneficiaries in SNF Part A stays, and
- Will only be paid when billed by these providers.

Major Category III additions noted below means these services:

- May be provided by any Medicare provider licensed to provide them, except a SNF, and
- Are excluded from SNF PPS and CB.

Major Category IV additions noted below means these services:

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- Are covered as Part B benefits and not included in SNF PPS, however
- Must be billed by the SNF for beneficiaries in a Part A stay with Part B eligibility on type of bill (TOB) 22x.

Major Category V additions to therapy inclusions noted below means:

- SNFs alone can bill and be paid for these services when delivered to beneficiaries in a SNF, whereas codes being removed from this therapy inclusion list now can be billed and potentially paid to other types of providers for beneficiaries **NOT** in a Part A stay or in a SNF bed receiving ancillary services billed on TOB 22x.

Computerized Axial Tomography (CT) Scans

(Major Category I, FI Annual Update, EXCLUSION)

- **Remove G0131** - computerized tomography, bone mineral density study, one or more sites; axial skeleton
- **Remove G0132** - computerized tomography, bone mineral density study, one or more sites; appendicular skeleton
- **Add 76070*** - computed tomography, bone mineral density study, one or more sites; axial skeleton
- **Add 76071*** - computed tomography, bone mineral density study, one or more sites; appendicular skeleton

Note on Codes above:

* Codes replaced HCPCS codes G0131 and G0132. The professional components of these codes were already added with the 2005 annual update as separately payable by the carrier for claims with dates of service on or after January 1, 2005.

Radiation Therapy

(Major Category I, FI Annual Update, EXCLUSION)

- **Remove C9714^** - Placement of balloon catheter into the breast for interstitial radiation therapy following a partial mastectomy; concurrent/immediate
- **Remove C9715^** - Placement of balloon catheter into the breast for interstitial radiation therapy following a partial mastectomy; delayed
- **Remove G0256▶** - prostate brachytherapy
- **Add 19296^^** - placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance
- **Add 19297 ^^**- placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent
- **Add C1715** - brachytherapy needle
- **Add C1717** - brachytx seed, HDR Ir-192

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- **Add C1728** - Cath, brachytx seed adm
- **Add C2633**- brachytx source, Cesium-131
- **Add C2634** - Brachytx source, HA, I-125
- **Add C2635** - Brachytx source, HA, P-103
- **Add C2636** - Brachytx linear source, P-103
- **Add C9722** - KV imaging w/IR tracking

Note on Codes above:

^ These codes were discontinued December 31, 2004.

► HCPCS code G0256 was discontinued December 31, 2003

^^ These codes are effective January 1, 2005 and replaced codes C9714 and C9715 and these codes were already added with the 2005 annual update as separately payable by the carrier for claims with dates of service on or after January 1, 2005.

Dialysis Supplies

(Major Category II, FI Annual Update, EXCLUSION)

- **Remove A4712** - water, sterile, for injection

Note: HCPCS code A4712 was discontinued December 31, 2003.

Chemotherapy Administration

(Major Category III, FI Annual Update, EXCLUSION)

- **Add G0357+** - Intravenous, push technique, single or initial substance/drug
- **Add G0358+** - Intravenous, push technique, each additional substance/drug
- **Add G0359+** - chemotherapy administration, intravenous infusion technique, up to one hour, single or initial substance/drug
- **Add G0360+** - Each additional hour, 1 to 8 hours
- **Add G0361+** - initiation of prolonged chemotherapy infusion (more than 8 hours)
- **Add G0362+** - Each additional sequential infusion (different substance/drug), up to 1 hour
- **Add G0363+** - Irrigation of implanted venous access device for drug delivery systems

Note on Codes above:

+ These codes were effective January 1, 2005. These codes were already added with the 2005 annual update as separately payable by the Medicare carrier for claims with dates of service on or after January 1, 2005.

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*Mammography***(Major Category IV, FI Annual Update, EXCLUSIONS)**

- **Remove G0203** - screening mammography

Note: HCPCS code G0203 was discontinued December 31, 2001.

*Diabetic Screening***(Major Category IV, FI Annual Update, EXCLUSIONS)**

- **Add 82950** - Glucose; post glucose dose

Note: This is not a physician service and will not be added as separately payable by the Medicare carrier.

*New Preventive Benefit (Per section 611 of the Medicare Modernization Act (MMA)– Initial Preventive Physical Exam***(Major Category IV, FI Annual Update, EXCLUSIONS)**

- **Add G0344** – Initial prev exam
- **Add G0367**• - EKG tracing for initial prev

Note on Code above:

- HCPCS code G0367 was effective January 1, 2005. Only the corresponding professional component of this code, G0368, will be separately payable by the carrier. It was already added with the 2005 annual update. G0367 is the technical component only and will be subject to consolidated billing.

*Therapies***(Major Category V, FI Annual Update, INCLUSIONS)**

- **Update for HCPCS 92605 and 92606 already included in the 2005 annual update.** Payment for these codes is bundled with other rehabilitation services. They may be bundled with any therapy code. No payment can be made for these codes.
- **Remove 92601** - Cochlear implant w/ programming
- **Remove 92602** - Cochlear implant, subsequent programming
- **Remove 92603** - Diagnostic analysis, cochlear implant w/ programming
- **Remove 92604** - Diagnostic analysis, cochlear implant, subsequent programming
- **Remove 92525** - Evaluation of swallowing
- **Remove 97014** - E stim unattended (not payable by Medicare)(this was replaced by G0283)
- **Remove 97545** - Work hardening, initial 2 hrs
- **Remove 97546** - Work hardening, each add'l hr
- **Add 96110** - Development testing, limited

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- **Add 96111** - Developmental testing, extended
- **Add 96115** - Neurobehavioral status exam

Note: HCPCS code 92525 was discontinued December 31, 2002.

Note: Section 1888 of the Social Security Act codifies SNF PPS and CB. The new coding identified in each update describes the same services that are subject to SNF PPS payment by law. No additional services will be added by these routine updates; that is, new updates are required by changes to the coding system, not because the services subject to SNF CB are being redefined. Other regulatory changes beyond code list updates will be noted when and if they occur.

Additional Information

For complete details, please see the official instruction issued to your carrier/intermediary regarding this change. That instruction may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R449CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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