



**News Flash - National Provider Identifier (NPI) NEWS** – Medicare is now asking that submitters send a small number of claims using only the NPI. If no claims are rejected, the submitter can gradually increase the volume. Additional information can be found at the CMS NPI website at <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html> on the CMS website.

MLN Matters Number: MM5636

Related Change Request (CR) #: 5636

Related CR Release Date: June 15, 2007

Effective Date: April 1, 2002

Related CR Transmittal #: R1266CP

Implementation Date: October 1, 2007

**Note:** This article was updated on September 10, 2012, to reflect current Web addresses. All other information remains the same.

## October Quarterly Update to 2007 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

### Provider Types Affected

SNFs and other providers submitting claims to Medicare carriers, Fiscal Intermediaries (FIs) and Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries in SNFs.

### What Providers Need to Know

- The 2007 Fiscal Intermediary (FI) annual update Major Category IV A. Mammography Screening codes **(77055 and 77056)**, that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS) are **REMOVED** with a retroactive effective date of January 1, 2007. CR5636, on which this article is based, removes these two codes from the FI file.
- Healthcare Common Procedure Coding System (HCPCS) codes **Q1001 and Q1002** are **added** to the File 1 Coding file and are effective for dates of service prior to June 30, 2005. Please refer to the *Background* and *Additional Information* sections for more information.

#### Disclaimer

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## Background

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Periodically, the Centers for Medicare & Medicaid Services (CMS) updates the lists of HCPCS codes (for FIs carriers and DME/MACs) that are subject to the consolidated billing provision of the SNF PPS. This particular update, however, applies to providers who bill for NTIOLs furnished in ASCs as well as providers billing Medicare FIs for Major Category IV. A. Mammography Screening.

The mammography codes for screening and diagnostic mammography services that are **no longer valid as of January 1, 2007** are:

- Diagnostic mammography, unilateral—CPT code **77055**
- Diagnostic mammography, bilateral—CPT code **77056**.

NTIOLs that are now reimbursable separately by the carrier/MAC for dates of service prior to June 30, 2005 are:

- **Q1001** (Category 1, AMO Array Multifocal lens: Model # SA40N); and
- **Q1002** (Category 2, Elastic Ultraviolet-Absorbing Silicone Posterior Chamber Lens).

In addition, Medicare edits allow the payment of the \$50 additional fee for Category 3 NTIOLs for dates of service prior to January 1, 2007, when billed with HCPCS code **Q1003**. (See MM4361 for additional information about NTIOLs and **Q1003** and the article may be found at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM4361.pdf> on the CMS website.)

Remember that:

- With the exception of SNFs, Medicare will not pay providers for services appearing on the list of services included in SNF CB.
- Conversely, Medicare will pay non- SNF providers for beneficiary services excluded from SNF PPS and CB, even when in a SNF stay.
- SNF CB applies to non-therapy services only when 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 they are furnished to a SNF resident, regardless of whether Part A covers the stay.
- FIs, carriers and A/B MACs will not search their files for claims affected by this change to either retract payment for claims already paid or to retroactively pay claims, but will adjust such claims that you bring to their attention.

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## Additional Information

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To see the official instruction (CR5636) issued to your Medicare carrier, FI or A/B MAC, go to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1266CP.pdf> on the CMS website.

If you have questions, please contact your Medicare carrier, FI or A/B MAC, 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.

Also, MM3901 is the article that announced the cessation of the additional \$50 payment for NTIOLs for codes Q1001 and Q1002 and that article may be viewed at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM3901.pdf> on the CMS website.

You can find more information about the new 2007 mammography CPT codes by going to CR5327, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1070CP.pdf> on the CMS website. There, as an attachment to that CR, you will find revised Chapter 18 (Preventive and Screening Services), Section 20 (Mammography Services) of the Medicare Claims Processing Manual (100-04).

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