



News Flash – The Centers for Medicare & Medicaid Services (CMS) has released MLN Matters Special Edition Article #SE1017 to assist all providers that will be affected by Medicare Administrative Contractor (MAC) implementations, or DME MAC transitions due to re-competing DME MAC Contracts. This article updates material contained in MLN Matters Article #SE0837, which was originally issued in November 2008, to reflect current experiences with transitions to a MAC. For more details, please read the article at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1017.pdf> on the CMS website.

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Related Change Request (CR) #: 7002

Related CR Release Date: June 18, 2010

Effective Date: October 1, 2010

Related CR Transmittal #: R1989CP

Implementation Date: October 4, 2010

Note: This article was updated on December 6, 2012, to reflect current Web addresses. All other information remains unchanged.

October Quarterly Update to 2010 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

Provider Types Affected

This article is for physicians, skilled nursing facilities, suppliers, and other providers submitting claims to Medicare contractors (fiscal intermediaries (FI), or Part A/B Medicare Administrative Contractors (A/B MAC)) for services provided to Medicare beneficiaries.

What You Need to Know

CR 7002, from which this article is taken, provides the October quarterly update to the 2010 Healthcare Common Procedure Coding System (HCPCS) codes for Skilled Nursing Facility (SNF) consolidated billing (CB). You should make sure your billing staffs are aware of the HCPCS code changes (effective October 1, 2010) that are provided in the Background section, below.

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Background

Section 1888 of the Social Security Act (see http://www.ssa.gov/OP_Home/ssact/title18/1888.htm on the Internet) codifies the SNF Prospective Payment System (PPS) and CB; and the Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of HCPCS codes that are subject to the CB provision of the SNF PPS.

The SNF CB file reflects new codes that have been developed, and those that have been discontinued, for 2010, and any additions and deletions to categories of services excluded from CB. Please note that these new updates are required by changes to the coding system, not because the services subject to SNF CB are being redefined; nor will any additional services be added by these routine updates. Other regulatory changes beyond code list updates will be noted when, and if, they occur.

Medicare will pay SNF claims submitted to Medicare contractors for HCPCS codes **only when they are included** in SNF CB (in other words, do not appear on the **exclusion list**) Conversely, services **excluded** from SNF PPS and CB may be paid to providers (other than SNFs) for beneficiaries, even when in a SNF stay. Regardless, in order to assure proper payment in all settings, Medicare systems must edit for services provided to SNF beneficiaries both included and excluded from SNF CB. Further, SNF CB applies to non-therapy services, only when they are furnished to a SNF resident during a covered Part A stay; however, it 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.

The Current Procedural Terminology (CPT) codes in the following table will be terminated from the annotated Major Categories in the F/A/B MAC file effective December 31, 2009:

Table 1
CPT Codes Terminated in the F/A/B MAC File, Effective December 31, 2009*

Major Category I.C – Magnetic Resonance Imaging (MRI)	
CPT Code	Long Description
75558	Cardiac magnetic resonance imaging for morphology and function without contrast material; with flow/velocity quantification
75560	Cardiac magnetic resonance imaging for morphology and function without contrast material; with flow/velocity quantification and stress
75562	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification

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75564	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification and stress
Major Category I.E – Angiography, Lymphatic, Venous and Related Procedures	
CPT Code	Long Description
75790	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation

The CPT codes in the following table will be added to the annotated Major Categories in the FI/A/B MAC file effective December 31, 2009:

Table 2
CPT Codes Added to the FI/A/B MAC File, Effective January 1, 2010*

Major Category I.C – Magnetic Resonance Imaging (MRI)	
CPT Code	Long Description
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
Major Category I.E – Angiography, Lymphatic, Venous and Related Procedures	
CPT Code	Long Description
75791	Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis).

*Codes added or terminated with this update are available at

<http://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html> on the CMS website.

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Finally, for Indian Health Service (IHS) providers, your FI or MAC will bypass 13x bill types containing emergency care Evaluation & Management (E&M) codes 99281, 99282, 99283, 99284, 99285 (effective January 1, 2010) using the same bypass logic as currently done when a revenue code 045x is present on an outpatient hospital claim (this includes the usage of modifier 'ET' for emergency services that span multiple service dates).

Additional Information

You can find the official instruction, CR 7002, issued to your FI, carrier, or A/B MAC by visiting <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1989CP.pdf> on the CMS website.

If you have any questions, please contact your FI, carrier, 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.

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