

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



NEW product from the Medicare Learning Network® (MLN)

- [“The CMS Value-Based Payment Modifier: What Medicare Eligible Professionals Need to Know in 2014”](#) Web-Based Training (WBT)

MLN Matters® Number: MM8943

Related Change Request (CR) #: CR 8943

Related CR Release Date: October 3, 2014

Effective Date: January 1, 2015

Related CR Transmittal #: R3088CP

Implementation Date: January 5, 2015

**2015 Annual Update of Healthcare Common Procedure Coding System (HCPCS)
Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update**

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs), including Home Health & Hospice (HH&H) MACs and Durable Medical Equipment (DME) MACs, for services provided to Medicare beneficiaries who are in a Part A covered Skilled Nursing Facility (SNF) stay.

Provider Action Needed



STOP – Impact to You

If you provide services to Medicare beneficiaries in a Part A covered SNF stay, information in Change Request (CR) 8943 could impact your payments.

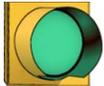
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**CAUTION – What You Need to Know**

CR 8943 provides the 2015 annual update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility Consolidated Billing (SNF CB) and explains how the updates affect edits in Medicare claims processing systems.

By the first week in December 2014, the new code files for B MAC processing, and the new Excel and PDF files for A MAC processing will be available at <http://www.cms.gov/SNFConsolidatedBilling> on the Centers for Medicare & Medicaid Services (CMS) website; and become effective on January 1, 2015.

**GO – What You Need to Do**

It is **important and necessary** to read the "General Explanation of the Major Categories" PDF file located at the bottom of each year's MAC update in order to understand the Major Categories, including additional exclusions not driven by HCPCS codes.

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. These edits allow separate payment for only those services that are excluded from consolidated billing.

Changes to HCPCS codes and Medicare Physician Fee Schedule designations are used to revise these edits to allow MACs to make appropriate payments in accordance with policy for SNF CB, found in the "Medicare Claims Processing Manual," Chapter 6 (SNF Inpatient Part A Billing and SNF Consolidated Billing), Sections 20.6 and 110.4.1. You may view this manual at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c06.pdf> on the CMS website.

Additional Information

The official instruction, CR 8943, issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3088CP.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Net-work-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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