

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



**Raising Awareness of Diabetes in November** - American Diabetes Month®, Diabetic Eye Disease Month, and World Diabetes Day promote diabetes awareness and the impact of diabetes on public health. Take this opportunity to recommend appropriate Medicare preventive services for detection and treatment, including Diabetes Screening, Diabetes Self-Management Training, Medical Nutrition Therapy, and Glaucoma Screening.

- [Preventive Services](#) Educational Tool
- [Medicare Vision Services](#) Fact Sheet

MLN Matters® Number: MM9336

Related Change Request (CR) #: CR 9336

Related CR Release Date: October 16, 2015

Effective Date: November 16, 2015

Related CR Transmittal #: R3379CP, R211BP,  
and R94GI

Implementation Date: November 16, 2015

## Internet Only Manual Updates to Pub. 100-01, 100-02 and 100-04 to Correct Errors and Omissions (2015)

### Provider Types Affected

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This MLN Matters® Article is intended for physicians and other providers submitting claims to Part A and Part B Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

### Provider Action Needed

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The purpose of Change Request (CR) 9336 is to update the Medicare manuals to correct various minor technical errors and omissions. These changes are intended only to clarify the existing content and no policy, processing, or system changes are anticipated.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2014 American Medical Association. All rights reserved.

## Background

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CR9336 revises the following Medicare manuals:

- “Medicare General Information, Eligibility, and Entitlement Manual” (Publication 100-01);
- “Medicare Benefit Policy Manual” (Publication 100-02); and
- “Medicare Claims Processing Manual” (Publication 100-04).

### **“Medicare General Information, Eligibility, and Entitlement Manual” Revision Summary**

#### **Chapter 1: General Overview**

In Section 10.1, the final paragraph’s discussion about tracking the utilization of Part A benefit days (as added previously by CR8044) is clarified by removing the inappropriate reference to utilization of home health services, which is actually measured in terms of visits rather than benefit days.

#### **Chapter 4: Physician Certification and Recertification of Services**

Section 10.6 is revised to explain more completely the reference to “alternate placement” days that CRs 8044 and 8669 had previously added to the fifth paragraph of Section 20.1 of the “Medicare Benefit Policy Manual.” The revised section now reads:

- “A physician who certifies or recertifies to the need for continued inpatient stay should use the same criteria that apply to the hospital’s utilization review committee. These criteria include not only medical necessity, but also the availability of out-of-hospital facilities and services which will assume continuity of care. In accordance with the regulations at 42 CFR 424.13(c), a physician should certify or recertify need for continued hospitalization if the physician finds that the patient could receive treatment in a SNF but no bed is available in the participating SNF. Where the basis for the certification or recertification is the need for continued inpatient care because of the lack of SNF accommodations, the certification or recertification should so state. The physician is expected to continue efforts to place the patient in a participating SNF as soon as the bed becomes available. Coverage of these additional, ‘alternate placement’ days in the hospital can continue until the earliest of the following events occurs:
  - A bed becomes available in a participating SNF;
  - The beneficiary’s care needs drop below SNF-level; or
  - The beneficiary has exhausted all of the available days of Part A inpatient hospital benefits in that benefit period.”

### **“Medicare Benefit Policy Manual” Revision Summary**

#### **Chapter 8: Coverage of Extended Care (SNF) Services Under Hospital Insurance**

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In Section 20.1, the fourth paragraph's reference (as added previously by CR8044) to the limitation of liability policy discussed in the "Medicare Claims Processing Manual," Chapter 30, Section 130.2.A. is clarified to reflect the referenced policy more accurately. Specifically, Chapter 8, Section 20.1 now clarifies that in some instances, the limitation of beneficiary liability for a hospital stay may apply to only a portion of the hospital stay, so that it would still be possible for the remainder of the hospital stay to count toward a "qualifying," medically necessary 3-day stay for SNF benefit purposes.

### **"Medicare Claims Processing Manual" Revision Summary**

#### **Chapter 6: Inpatient Part A Billing and SNF Consolidated Billing**

Sections 20.1.2 and 20.1.2.1 are each revised by removing a parenthetical reference to revenue codes (originally added in CR3070) that has become obsolete.

In Section 20.4 (Screening and Preventive Services), the description of screening services in the first paragraph (as added by CR8044) is revised for greater clarity. Also, for a phrase (under Part B) that appears near the end of the sixth paragraph of that section, the emphasized font that was inadvertently removed in the course of manualizing CR 8669 is now restored. The updated paragraph now reads as follows:

**Paragraph Six:** "Further, it is worth noting that unlike preventive services covered under Part B, those preventive vaccines covered under Part D are not subject to SNF CB, even when furnished to an SNF's Part A resident. This is because Section 1862(a)(18) of the Act specifies that SNF CB applies to ' . . . covered skilled nursing facility services described in Section 1888(e)(2)(A)(i) . . . ' Section 1888(e)(2)(A)(i) of the Act, in turn, defines 'covered skilled nursing facility services' specifically in terms of (I) Part A SNF services, along with (II) those non-excluded services that (if not for the enactment of SNF CB) would be types of services ' . . . for which payment may be made **under Part B** . . . ' "

### **Additional Information**

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The official instruction, CR9336, issued to your MAC regarding this change consists of three transmittals. Those are:

- [R3379CP](#), which updates the "Medicare Claims Processing Manual;"
- [R211BP](#), which updates the "Medicare Benefit Policy Manual;" and
- [R94GI](#), which updates the "Medicare General Information, Eligibility, and Entitlement Manual."

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-Network-MLN/MLNMattersArticles/index.html> under "How Does It Work" on the CMS website.

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