

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



MLN Matters® Number: MM9561

Related Change Request (CR) #: CR 9561

Related CR Release Date: March 4, 2016

Effective Date: January 1, 2016

Related CR Transmittal #: R3473CP

Implementation Date: July 5, 2016

July Quarterly Update to 2016 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

Provider Types Affected

This MLN Matters® Article is intended for providers submitting claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries during a Skilled Nursing Facility (SNF) stay.

Provider Action Needed

Change Request (CR) 9561 provides updates to the lists of Healthcare Common Procedure Coding System (HCPCS) codes that are subject to the consolidated billing (CB) provision of the SNF Prospective Payment System (PPS), effective January 1, 2016. Make sure your billing staffs are aware of these HCPCS code updates.

Background

The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of HCPCS codes that are **excluded** from the CB provision of the SNF PPS.

You should be aware that providers other than SNFs may be paid for services that are excluded from SNF PPS and CB, even for those provided to beneficiaries in a SNF stay. However, Medicare will only pay SNFs for claims for services that do not appear on the exclusion lists.

Additionally, SNF CB applies to non-therapy services only when 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

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resident, regardless of whether Part A covers the stay. In order to assure proper payment in all settings, Medicare systems edit for services provided to SNF beneficiaries, both those that are included and those excluded from SNF CB.

The updated lists for institutional and professional billing are available at <http://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html?redirect=/SNFConsolidatedBilling/> on the CMS website.

CR 9561 adds HCPCS Codes 93600, 93602, 93603, 93609, 93610, 93612, 93613, 93615, 93616, 93618-93624, 93631, 93640 - 93642, 93644, 93650, 93653, 93654, 93655, 93656, 93657, 93660, and 93662 to the Major Category 1.B Coding List for SNF Consolidated Billing, effective for dates of service on or after January 1, 2016.

Note: If you have claims with dates of service on or after January 1, 2016, that are impacted by these changes and that were denied/rejected prior to the implementation of CR9561, your MAC will re-open and re-process those claims that you bring to your MAC's attention.

Additional Information

The official instruction, CR 9561 issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3473CP.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-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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