

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



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Related Change Request (CR) #: CR 9688

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Effective Date: October 1, 2016

Related CR Transmittal #: R3546CP

Implementation Date: October 3, 2016

## October Quarterly Update to 2016 Annual Update of HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing Enforcement

### Provider Types Affected

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This MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to all Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries who are in a Part A Skilled Nursing Facility (SNF) stay.

### Provider Action Needed

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This article is based on Change Request (CR) 9688 updates to the lists of Healthcare Common Procedure Coding System (HCPCS) codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS). Changes to Current Procedure Terminology (CPT)/HCPCS codes and Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow MACs to make appropriate payments in accordance with policy for SNF consolidated billing in the “Medicare Claims Processing Manual,” Chapter 6, Section 20.6 at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c06.pdf>. Make sure your staffs are aware of these updates.

### Background

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The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of HCPCS codes that are **excluded** from the Consolidated Billing (CB) provision of the SNF PPS. Services **excluded** from SNF PPS and CB may be paid to providers, other than SNFs, for beneficiaries, even when in a SNF stay. Services not appearing on the **exclusion** lists submitted on claims to MACs, including Durable Medical Equipment MACs (DME

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MACs), will not be paid by Medicare to any providers other than a SNF. For non-therapy services, SNF CB applies only when the services are 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. 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.

The updated lists for institutional and professional billing are available at <http://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html>.

Section 1888 of the Social Security Act codifies SNF PPS and CB. The new coding identified in each update describes the same services that are subject to SNF PPS payment by law. No additional services will be added by these routine updates; that is, new updates are required by changes to the coding system, not because the services subject to SNF CB are being redefined. Other regulatory changes beyond code list updates will be noted when and if they occur.

Your MAC will re-open and re-process claims which you bring to their attention, for claims with dates of service on or after January 1, 2016, that have previously been denied/rejected incorrectly prior to the implementation of CR9688.

## Additional Information

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The official instruction, CR9688, issued to your MAC regarding this change, is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3546CP.pdf>.

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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