



## **Internet Only Manual Updates to Pub. 100-01, 100-02 and 100-04 to Correct Errors and Omissions (SNF) (2018 Q4)**

MLN Matters Number: MM11004

Related Change Request (CR) Number: 11004

Related CR Release Date: November 2, 2018 Effective Date: December 4, 2018

Related CR Transmittal Number: R120GI, R249BP, and R4163CP Implementation Date: December 4, 2018

### **PROVIDER TYPE AFFECTED**

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This MLN Matters Article is intended for physicians, providers, and suppliers, including hospitals and Skilled Nursing Facilities (SNFs) billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

### **WHAT YOU NEED TO KNOW**

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CR 11004 updates the Medicare manuals to clarify existing content about SNF policy. These changes correct various omissions and minor technical errors. No policy, processing, or system changes are anticipated.

### **BACKGROUND**

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**The Medicare General Information, Eligibility, and Entitlement Manual (Pub. 100-01) is revised as follows:**

Chapter 4, Section 40.1: This section is revised by adding appropriate cross-references.

Chapter 5, Section 10.2: This section is revised by adding an appropriate cross-reference.

**The Medicare Benefit Policy Manual (Pub. 100-02) is revised as follows:**

Chapter 8, Section 10.1: This section is revised to correct a cross-reference.

Chapter 8, Section 20.1: This section is revised to clarify that “general inpatient care” under the hospice benefit can count toward meeting the SNF benefit’s qualifying hospital stay requirement only when actually furnished in the hospital setting.

Chapter 8, Section 30.6: This section is revised to correct a typographical error.

Chapter 8, Section 70.4: This section is revised to clarify that HHS’s Office of the Inspector

General (OIG) is the component that addresses questions on interpreting and enforcing the statutory anti-kickback provisions, and by adding an appropriate cross-reference.

**The Medicare Claims Processing Manual (Pub. 100-04) is revised as follows:**

Chapter 1, Section 30.1.3: This section is revised by adding appropriate cross-references.

Chapter 6, Section 10: This section is revised to clarify that the exclusion of certain customized devices from consolidated billing applies solely to designated prosthetic devices and not to orthotics (which, as a class, remain subject to consolidated billing), and by adding appropriate cross-references.

Chapter 6, Section 10.1: This section is revised in order to abbreviate the term “consolidated billing” (CB) consistently throughout the section, and by adding an appropriate cross-reference.

Chapter 6, Section 10.4.1: This section is revised to clarify the language on sample agreements between SNFs and their suppliers, and by adding an appropriate cross-reference.

Chapter 6, Section 20.2.2: This section is revised to clarify the explanation of why hospice services are not subject to consolidated billing.

Chapter 6, Section 20.4: This section is revised to clarify the explanation of why certain Part-D-only preventive vaccines are not subject to consolidated billing.

## ADDITIONAL INFORMATION

The official instruction, CR11004, issued to your MAC regarding this change consists of three transmittals, one for each revised manual. The transmittal for the Medicare General Information, Eligibility, and Entitlement Manual is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R120GI.pdf>. The transmittal for the Medicare Benefit Policy Manual is at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R249BP.pdf>. The transmittal for the Medicare Claims Processing Manual is <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4163CP.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

## DOCUMENT HISTORY

Date of Change	Description
November 2, 2018	Initial article released.

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