



MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

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Related Change Request (CR) #: 3295

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Effective Date: June 28, 2004

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Implementation Date: June 28, 2004

Skilled Nursing Facility Consolidated Billing L Codes – Durable Medical Equipment Regional Carrier and Fiscal Intermediaries

Note: This article was updated on May 9, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Skilled nursing facilities (SNFs) and suppliers

Provider Action Needed



STOP – Impact to You

As of April 1, 2004, suppliers cannot get paid for codes L5673 and L5679 for services provided to a beneficiary in a Part A SNF stay. These codes have replaced codes K0557 and K0558. Codes L5673 and L5679 were inadvertently left off the April 2004 quarterly update edits for SNF consolidated billing.



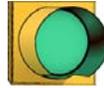
CAUTION – What You Need to Know

Once corrected, these codes will allow separate payment by Medicare durable medical equipment regional carriers (DMERCs) and fiscal intermediaries (FIs) outside the perspective payment rate for Medicare beneficiaries in Part A SNF stays. These codes will be added to the October quarterly update. When claims for L5679 and L5673 are rejected, the following incorrect messages will appear on your statement: *Remittance Advice American National Standards Institute (ANSI) Reason code 109, "Claims not covered by this payer/contractor. Claims must be sent to the correct payer/contractor;"* and remark code MA101, *"A SNF is responsible for payment of outside providers who furnish these services/supplies under arrangement to its residents."* Since these codes were mistakenly not added to the edits for services that are separately payable outside of

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consolidated billing and the PPS rate, the provider or supplier should not contact the SNF for payment on these claims.



GO – What You Need to Do

If your claim for L5679 or L5673 services is not paid from April 1 through September 30, 2004, notify your DMERC or intermediary and request they re-open the claim and use the appropriate override code to process your claim for payment.

Background

Due to an inadvertent programming error, Medicare systems will not process payments for HCPCS codes L5673 and L5679 as of April 1, 2004. These codes are described as follows:

- **L5673** - Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism, effective January 1, 2004.
- **L5679** - Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism, effective January 1, 2004.
- **L5673** and **L5679** replaced K0557 and K0558, which were terminated as of December 31, 2003. K0557 and K0558 are defined as follows:
 - K0557 - same definition as L5673, terminated December 31, 2003.
 - K0558 - Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557), terminated December 31, 2003.

Where appropriate, Medicare has instructed your DMERC or intermediary to pay interest for delayed payments.

Additional Information

If you have any questions regarding this issue, please contact your DMERC or intermediary at their toll free number. If you do not have that number, you may find it at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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To view the instruction issued to your carrier/intermediary regarding this issue, please visit <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R191CP.pdf> on the CMS website.

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