

Medlearn Matters Number: MM4298

Related Change Request (CR) #: 4298

Related CR Release Date: February 1, 2006

Effective Date: January 1, 2006

Related CR Transmittal #: R826CP

Implementation Date: April 3, 2006

April Quarterly Update to the 2006 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers, including durable medical equipment regional carriers (DMERCs) and/or fiscal intermediaries (FIs), for services provided to Medicare beneficiaries in skilled nursing facilities (SNFs)

Provider Action Needed



STOP – Impact to You

This article is based on Change Request (CR) 4298, which provides updates to the lists of HCPCS codes that are subject to the Consolidated Billing (CB) provision of the SNF Prospective Payment System (PPS).



CAUTION – What You Need to Know

Services included on the SNF consolidated billing enforcement list will be paid to SNF Medicare providers only. Services excluded from the SNF consolidated billing enforcement list may be paid to Medicare providers other than SNFs. See *Background* and *Additional Information* sections for further explanation.



GO – What You Need to Do

See the *Background* section of this article for further details regarding these changes.

Background

The Social Security Act (Section 1888, http://www.ssa.gov/OP_Home/ssact/title18/1883.htm) codifies both the SNF PPS and CB. The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of Healthcare Common Procedure Coding System (HCPCS) codes subject to the CB provision of the SNF PPS.

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Services that appear on this HCPCS code list (that are submitted on claims to both Medicare fiscal intermediaries (FIs) and carriers, including durable medical equipment regional carriers (DMERCs)) will not be paid by Medicare to providers (other than an SNF) when included in SNF CB.

For non-therapy services, SNF CB applies only when the services are furnished to an SNF resident during a covered Part A stay. However, SNF CB applies to the following services whenever they are furnished to an SNF resident, regardless of whether Part A covers the stay:

- Physical and occupational therapies; and
- Speech-language pathology.

Services for beneficiaries that are excluded from SNF PPS and CB may be paid to providers (other than SNFs) even when in an SNF stay. To assure proper payment in all settings, Medicare systems must edit for services provided to SNF beneficiaries both included and excluded from SNF CB.

2006 Annual Update

Each January, CMS publishes a combined instruction for FIs and Carriers/DMERCs for the annual notice on SNF CB. The 2006 Annual Update file for FIs can be found at http://www.cms.hhs.gov/SNFConsolidatedBilling/01a_SNFCBforFIs.asp#TopOfPage on the CMS web site. This 2006 file will be updated with the changes addressed in CR4298 by March 1, 2006.

Information on the 2006 Annual Update for carriers can be found at <http://cms.hhs.gov/SNFConsolidatedBilling/> on the CMS web site.

Note: Quarterly updates apply to FIs and carriers/DMERCs. The update provided by CR4298 affects claims with dates of service on or after the effective date of CR4298 unless otherwise indicated. The following HCPCS codes are listed as being added or removed from the Annual Update:

HCPCS Codes Added or Removed from Annual Update

Computerized Axial Tomography (CT) Scans (Major Category I, FI Annual Update, EXCLUSION)

HCPCS Code REMOVED	HCPCS Code REMOVED
76375	3D/holograph reconstr add-on

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Radiation Therapy (Major Category I, FI Annual Update, EXCLUSION)

HCPCS Code REMOVED	Descriptor
C9722	KV imaging w/ir tracking
G0242	Lultisource photon ster plan
G0338	Linear accelerator stereo pln

Angiography, Lymphatic, Venous (Major Category I, FI Annual Update, EXCLUSION)

HCPCS Code ADDED	Descriptor
36598	Contrast injection, radiologic eval of existing cent venous access device

Note: This code should be added to the SNF CB file effective April 1, 2006.

Outpatient Surgery and Related Procedures (Major Category I, FI Annual Update, INCLUSION)

HCPCS Code REMOVED	Descriptor
15810	Salabrasion
15811	Salabrasion
G0345	Intravenous infusion, hydration; initial, up to one hour

Ambulance Trips w/ Application to Major Category II (Major Category I, FI Annual Update, EXCLUSION)

HCPCS Code REMOVED	Descriptor
Q3019	ALS vehicle used, emergency transport, no ALS service furnished
Q3020	ALS vehicle used, non-emergency transport, no ALS service furnished service furnished

Dialysis Supplies (Major Category II, FI Annual Update, EXCLUSION)

HCPCS Code REMOVED	Descriptor
A4656	Needle, any size, for dialysis, each

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Chemotherapy Administration (Major Category III, FI Annual Update, EXCLUSION)

HCPCS Code REMOVED	Descriptor
96408	Chemotherapy, push technique
96410	Chemotherapy, infusion method
96412	Chemo, infuse method add-on
96414	Chemo, infuse method add-on
96520	Pump refilling, maintenance
96530	Pump refilling, maintenance
G0357	Intravenous, push technique, single or initial substance/drug
G0358	Intravenous, push technique, each additional substance/drug
G0359	Chemotherapy administration, intravenous infusion technique, up to one hour, single or initial substance/drug
G0360	Each additional hour, one to eight hours
G0361	Initiation of prolonged chemotherapy infusion (more than 8 hours)
G0362	Each additional sequential infusion (different substance /drug), up to one hour

HCPCS Code ADDED	Descriptor
96409	Chemo admin; IV, push; single/initial drug
96411	Chemo admin; IV, push; each add'l drug
96413	Chemo admin; IV, infusion; up to 1 hr; single/initial drug
96415	Chemo admin; IV, infusion; each add'l hr, 1-8 hrs
96416	Chemo admin; IV, infusion; initiation of prolonged chemo, requiring pump
96417	Chemo admin; IV infusion; each add'l sequential infusion, up to 1 hr
C8953	Chemo admin; IV, push
C8954	Chemo admin; IV, infusion; up to 1 hr
C8955	Chemo admin; IV, infusion; each add'l hr

Implementation

The implementation date for the instruction is April 3, 2006.

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Additional Information

For complete details, please see the official instruction issued to your carrier/intermediary regarding this change. That instruction may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R826CP.pdf> on the CMS web site.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/apps/contacts/> on the CMS web site.

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