



News Flash – The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), enacted on July 15, 2008, made limited changes to the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program, including a requirement that competition to re-bid Round 1 occur in 2009. On January 16, 2009, the Centers for Medicare & Medicaid Services (CMS) issued an interim final rule with comment period that incorporates into regulations only those provisions of MIPPA related to the DMEPOS competitive bidding program that are self-implementing and necessary to conduct the Round 1 rebid competition in 2009. That rule became effective on April 18, 2009 and is available at <http://edocket.access.gpo.gov/2009/pdf/E9-863.pdf> on the Internet. It is crucial that DME suppliers be accredited in order to submit bids for the competitive bidding program. Further information on the DMEPOS accreditation requirements along with a list of the accreditation organizations and those professionals/persons exempted from accreditation may be found at http://www.cms.hhs.gov/MedicareProviderSupEnroll/DMEPOS_DeemedAccreditationOrganizations.asp on the CMS website.

MLN Matters® Number: MM6503

Related Change Request (CR) #: 6503

Related CR Release Date: June 5, 2009

Effective Date: January 1, 2009

Related CR Transmittal #: R1750CP

Implementation Date: October 5, 2009

October Quarterly Update to 2009 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

Provider Types Affected

Suppliers submitting claims to DME Medicare Administrative Contractors (DME MACs) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6503 which provides the October quarterly update to the 2009 Healthcare Common Procedure Coding System (HCPCS) codes for Skilled Nursing Facility (SNF) consolidated billing (CB). Be sure your billing staff know of the one change related to HCPCS L5670 as noted below.

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Background

The Social Security Act (Section 1888; see http://www.ssa.gov/OP_Home/ssact/title18/1888.htm on the Internet) codifies Skilled Nursing Facility (SNF) Prospective Payment System (PPS) and Consolidated Billing (CB), and the Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of Healthcare Common Procedure Coding System (HCPCS) codes that are subject to the CB provision of the SNF PPS. The new coding identified in each update describes the same services that are subject to SNF PPS payment by law.

Services appearing on these lists of HCPCS will not be paid by Medicare to any providers other than a SNF **when included** in SNF CB. **Services excluded** from SNF PPS and CB may be paid to providers, other than SNFs, for beneficiaries, even when in a SNF 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.

For October 1, 2009, the only change is that HCPCS code L5670 (Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)) will be added to the File 1 Coding List for SNF CB for dates of service on or after January 1, 2009. Your Medicare DME MAC will re-open and re-process the claims you bring to their attention, that contain HCPCS L5670 with dates of service on or after January 1, 2009 and that have been previously denied prior to the implementation CR 6503.

Additional Information

The official instruction, CR 6503, issued to your DME MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1750CP.pdf> on the CMS website.

If you have any questions, please contact your DME MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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