

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



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MLN Matters® Number: MM7444

Related Change Request (CR) #: CR 7444

Related CR Release Date: September 13, 2011

Effective Date: January 1, 2011

Related CR Transmittal #: R2300CP

Implementation Date: October 3, 2011

October Quarterly Update to 2011 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

Note: This article was updated on August 22, 2012, to reflect current Web addresses. It was previously revised to reflect the revised CR7444 issued on September 23, 2011. The article was revised to add HCPCS codes J9033 and G0121 to the bullet points on page 2. Also, the CR transmittal number, release date, and the Web address for accessing the CR were revised. All other information is the same.

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs) and/or A/B Medicare Administrative Contractors (A/B MACs),) for Skilled Nursing Facility (SNF) services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 7444 which provides the October quarterly update to the 2011 Healthcare Common Procedure Coding System (HCPCS) codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB)

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enforcement. CR7444 instructs the Medicare system maintainers to add HCPCS code J0894 (Injection, decitabine, 1 mg) to the File 1 Coding List for SNF CB and to Major III.A Chemotherapy services list in the FI/A/B MAC file for dates of service on or after January 1, 2011.

Background

The Social Security Act (Section 1888; see http://www.ssa.gov/OP_Home/ssact/title18/1888.htm on the Internet) codifies the Skilled Nursing Facility Prospective Payment System (SNF 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. No additional services are added by these routine updates. 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.

Services excluded from the 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 Medicare contractors, including Durable Medical Equipment (DME) 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 must edit for services provided to SNF beneficiaries both included and excluded from SNF CB.

CR7444 instructs Medicare systems maintainers to:

- Add Healthcare Common Procedure Coding System (HCPCS) code J0894 to the File 1 Coding List for SNF Consolidated Billing for dates of service on or after January 1, 2011;
- Add HCPCS Code J9033 to the File 1 Coding list for SNF Consolidated Billing for dates of service on or after October 1, 2011;
- Add HCPCS code J0894 to Major Category III. A Chemotherapy services list in the FI/A/B MAC file effective January 1, 2011;
- Add HCPCS code J9033 to Major Category III. A Chemotherapy services list in the FI/A/B MAC file effective for dates of service on or after October 1, 2011; and
- Add HCPCS code G0121 to Major Category IV services effective January 1, 2011.

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Note that Medicare contractors will reprocess claims affected by CR7444 when brought to their attention.

Additional Information

The official instruction, CR7444, issued to your carriers, FIs, or A/B MACs regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2300CP.pdf> on the CMS website. If you have any questions, please contact your carriers, FIs, or A/B MACs at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

News Flash – Vaccinate Early to Protect Against the Flu. The Centers for Disease Control and Prevention (CDC) recommends a yearly flu vaccination as the first and most important step in protecting against flu viruses. Remind your patients that annual vaccination is recommended for optimal protection. Medicare pays for the flu vaccine and its administration for seniors and other Medicare beneficiaries with no co-pay or deductible. Take advantage of each office visit and start protecting your patients as soon as your 2011-2012 seasonal flu vaccine arrives. And, don't forget to immunize yourself and your staff. **Get the Flu Vaccination -- Not the Flu. Remember** – Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for health care professionals and their staff, please visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html> on the Centers for Medicare & Medicaid Services (CMS) website.

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