

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



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MLN Matters® Number: MM7856 **Revised**

Related Change Request (CR) #: CR 7856

Related CR Release Date: June 27, 2012

Effective Date: : January 1, 2012

Related CR Transmittal #: R2492CP

Implementation Date: October 1, 2012

October Quarterly Update to 2012 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

Note: This article was revised on June 29, 2012, to reflect the revised CR7856, issued on June 27. The CR was revised to show that it also applied to providers/suppliers submitting claims to DME MACs. Also, the CR release date, transmittal number, and the Web address for accessing the CR have been revised. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to Medicare contractors (carriers and/or A/B Medicare Administrative Contractors (A/B MACs) and Durable Medical Equipment (DME) MACs) for Skilled Nursing Facility (SNF) services provided to Medicare beneficiaries.

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Provider Action Needed

The changes noted in Change Request (CR) 7856, which apply to the "Medicare Claims Processing Manual," Chapter 6 (SNF Inpatient Part A Billing and SNF Consolidated Billing), Section 10.1 (Consolidated Billing Requirement for SNFs), allow for correct processing of claims under the Skilled Nursing Facility Consolidated Billing provisions. For the October 2012 update, the only change is the addition of Healthcare Common Procedure Coding System (HCPCS) code J9033 (Injection, bendamustine hcl, 1 mg) to the File 1 Coding List for SNF Consolidated Billing (CB) for dates of service on or after January 1, 2012. Please note that, when brought to their attention, your Medicare contractor will re-open and re-process claims for J9033 with dates of service on or after January 1, 2012, that have been previously denied prior to the implementation of CR7856.

Background

Section 1888 of the Social Security Act (see http://www.ssa.gov/OP_Home/ssact/title18/1888.htm) 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 HCPCS codes that are subject to the CB provision of the SNF PPS. These updates (which do not add any additional services) 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.

To assure proper payment in all settings, Medicare systems must edit for services provided to SNF beneficiaries that are both included and excluded from SNF CB. You should be aware that Medicare will not pay any providers (other than SNFs) for services included in SNF CB that appear on claims submitted to Medicare Carriers, A/B MACs, and Durable Medical Equipment MACs (DME MACs). However services excluded from SNF PPS and CB may be paid to providers (other than SNFs) for beneficiaries, even when in a SNF stay.

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; but applies to non-therapy services only when the services are furnished to a SNF resident during a covered Part A stay.

Additional Information

The official instruction, CR7856 issued to your carrier, DME MAC, or A/B MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2492CP.pdf> on the CMS website.

If you have any questions, please contact your carrier, DME MAC, or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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