



## May 23<sup>rd</sup> is Only Two Months Away, Be Prepared! TEST NPI-only NOW

- Now that the NPI is required on all Medicare claims in the primary provider fields, if your claims are being successfully processed with NPI/legacy pairs (and most are) now is the time to begin testing claims using the NPI alone. If the Medicare NPI Crosswalk cannot match your NPI to your Medicare legacy number, the claim with an NPI-only will reject. You can and should do this test now! If the claim is processed and you are paid, continue to increase the volume of claims sent with only your NPI. If the claims reject, go into your NPPES record and validate that the information you are sending on the claim is consistent with the information in NPPES. If it is different, make the updates in NPPES and resend a small batch of claims 3-4 days later. If your claims are still rejecting, you may need to update your Medicare enrollment information to correct this problem. Call the Customer Service Representative at your Medicare carrier, FI, or A/B MAC enrollment staff or your DME MAC to discuss your situation and, if necessary, have it investigated. Have a copy of your NPPES record or your NPI Registry record available. The contractor telephone numbers are likely to be quite busy, so don't wait. Doing this testing now will allow time for any needed corrections prior to May 23, 2008, the date when only the NPI will be accepted in all provider fields.

MLN Matters Number: MM5968

Related Change Request (CR) #: 5968

Related CR Release Date: April 11, 2008

Effective Date: July 1, 2008

Related CR Transmittal #: R1489CP

Implementation Date: July 7, 2008

## Nursing Facility Services (Codes 99304 - 99318)

**Note:** This article was updated on July 12, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

Physicians and qualified non-physician practitioners who bill Medicare contractors (Carriers or Medicare Administrative Contractors A/B MAC) for services provided to Medicare beneficiaries in skilled nursing facilities (SNF) or nursing facilities (NF)

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## What You Need to Know

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CR 5986, from which this article is taken, updates the *Medicare Claims Processing Manual*, Chapter 12, (Physicians/Non-physician Practitioners), Section 30.6.13 (Nursing Facility Services (Codes 99304 - 99318) Subsection F (Use of the Prolonged Services Codes and Other Time-Related Services) by noting that the typical/average time units for Evaluation and Management (E/M) visit codes in the Nursing Facility Services code family are reestablished and applicable, as of January 1, 2008.

Effective for services on or after July 1, 2008, you may bill Medicare for medically necessary prolonged services for E/M visits (codes 99356 and 99357) in a SNF or NF with Nursing Facility Services codes (99304 – 99306, 99307 – 99310 and 99318). Additionally, you may use these prolonged services codes (99356 and 99357) with Nursing Facility Services in the code range (99304 – 99306, 99307 – 99310, and 99318) to bill for counseling and/or coordination of care services that are based on time.

Make sure that your billing staffs are aware of these new billing changes.

## Background

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Effective January 1, 2006, the American Medical Association (AMA) Current Procedural Terminology (CPT) Panel removed the typical/average time units for evaluation and management (E/M) services in the Nursing Facility code family. Until these typical/average times were reestablished, this action precluded the billing of: 1) prolonged services for E/M visits in a skilled nursing facility or nursing facility; and 2) time-based counseling and/or coordination of care for Nursing Facility Services.

CR 5986, from which this article is taken, updates the *Medicare Claims Processing Manual*, Chapter 12, (Physicians/Non-physician Practitioners), Section 30.6.13 (Nursing Facility Services (Codes 99304 - 99318)), Subsection F (Use of the Prolonged Services Codes and Other Time-Related Services) by announcing that the AMA CPT Panel has reestablished these typical/average time units beginning January 1, 2008.

Further, CR 5968 announces that, effective July 1, 2008, you may bill for medically necessary prolonged services for SNF or NF E/M visits (CPT codes 99356 and 99357) with Nursing Facility Services (code range 99304 – 99306, 99307 – 99310 and 99318); and you may also use the medically necessary prolonged services CPT codes (99356 and 99357) to bill for medically necessary E/M visits for time-

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based counseling and/or coordination of care for Nursing Facility Services in the code range 99304 – 99306, 99307 – 99310, and 99318.

## Additional Information

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You can find more information about using the prolonged services codes CPT codes (99356 and 99357) billing for medically necessary prolonged services for E/M visits in a SNF or NF, and for time-based counseling and/or coordination of care for Nursing Facility Services by going to CR 5968, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1489CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website. You will find the updated *Medicare Claims Processing Manual*, Chapter 12, (Physicians/Non-physician Practitioners), Section 30.6.13 (Nursing Facility Services (Codes 99304 - 99318) Subsection F (Use of the Prolonged Services Codes and Other Time-Related Services) as an attachment to that CR.

If you have any questions, please contact your carrier or A/B MAC 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.

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