
Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal AB-02-101

Date: JULY 24, 2002

CHANGE REQUEST 2270

SUBJECT: Changes to Common Working File (CWF) Edits for Skilled Nursing Facility (SNF) Consolidated Billing (CB)

This Program Memorandum (PM) details the balance of the requirements for editing institutional claims for SNF CB. The 7252 edit was not implemented with CR 2034, PM AB-02-023.

There are four areas in which changes are needed for CWF edit 7252 and the parallel edit for unsolicited responses:

1. We have identified several issues with the edit on outpatient hospital claims for emergency department visits. The CWF was rejecting outpatient claim lines (against SNF inpatient stays) that are excluded from SNF CB. When the outpatient claim contains revenue code 045x or any of the following HCPCS (Table 1, attached), all services with the same LIDOS as the 045x line are also excluded from SNF CB. This was coded wrong and rejected everything on the claim except the 045x and the HCPCS on the table attached as table 1. It also rejected either unless both were on the same claim.
2. We failed to specify the following as exclusions from SNF CB:
 - a) Drugs incident to radiology or surgery;
 - b) Supplies, including surgical dressings, incident to radiology and surgery;
 - c) Anesthesia for surgery and radiology, and
 - d) Laboratory services for surgery.
3. We need to specify that all HCPCS beginning with C are to be excluded from SNF CB and added to **each** edit bypass condition. The range of HCPCS C codes to be excluded is C0001 – C9999, since they change every quarter.
4. Preventive services (e.g., vaccines and screening services) provided to beneficiaries in a covered Part A stay must be billed by the SNF on a separate Part B bill (TOB 22x). This includes the administration of vaccines as well as the vaccines themselves. Preventive services provided to a SNF beneficiary not in a covered Part A stay may be billed by the SNF or rendering provider. These HCPCS codes were identified in Table 6 of PM AB-02-023 and are also included in Table 3, attached.

The following specific changes will be made to the CWF edits:

1. Change the edit for revenue code 045x as follows:
 - a) If revenue code 045x (regardless of HCPCS code) is on the claim, bypass all revenue code lines with same LIDOS as well as revenue codes 037x, 027x, and 062x (these generally will not have HCPCS codes and LIDOSs);
 - b) If the HCPCS codes in table 1 are on the claim, bypass all lines with same LIDOS as well as revenue codes 037x, 027x, and 062x (these generally will not have HCPCS codes and LIDOSs); and
 - c) If a bill containing revenue code 045x or the HCPCS codes in table 1, contains services with a different LIDOS, deny those services with a different LIDOSs unless the service is in table 1, then pay all services on that LIDOS as well.
2. Change the bypass to allow services listed in PM AB-02-023 in table C.5 (CT Scans, Cardiac Catheterization, MRI, Radiation Therapy, Angiography, Surgery HCPCS codes 0001T – 0021T, 0024T – 0026T, or 10021 - 69990 (except HCPCS codes listed in table 4f which are included in SNF PPS)) to process and pay. Include all other revenue code lines on the incoming claim that have the same LIDOS as the services listed above in the bypass.
3. Add a bypass for Revenue Code 037x when billed with:
 - a) Surgery HCPCS codes 0001T – 0021T, 0024T – 0026T, or 10021 - 69990 (except those listed in table 4f of PM AB-02-023); and
 - b) CT Scans, Cardiac Catheterizations, MRIs, Radiation Therapies, or Angiographies as listed in PM AB-02-023.
4. Add a bypass for revenue code 0255 when billed with CT Scans, Cardiac Catheterizations, MRIs, Radiation Therapies, or Angiographies as listed in PM AB-02-023.
5. Add a bypass for revenue codes 027x and 062x when billed with:
 - a) Surgery HCPCS codes 0001T – 0021T, 0024T – 0026T, or 10021 - 69990 (except those listed in table 4f of PM AB-02-023); or
 - b) CT Scans, Cardiac Catheterizations, MRIs, Radiation Therapies, or Angiographies as listed in PM AB-02-023.
6. Add a bypass for revenue codes 030x when billed with:
 - a) Surgery HCPCS codes 0001T – 0021T, 0024T – 0026T; or
 - b) 10021 - 69990 (except those listed in table 4f of PM AB-02-023).
7. Add a bypass for revenue code 0250 when billed with:
 - a) Surgery HCPCS codes 0001T – 0021T, 0024T – 0026T; or
 - b) Surgery HCPCS codes 10021 – 69990 (except those listed in table 4f of PM AB-02-023).
8. Add to each bypass condition all HCPCS codes beginning with “C”. This is the range C0001 – C9999.
9. Change the bypass to allow services listed in PM AB-02-023 in table 6 (Preventive, screening services and their administration) to include administration HCPCS codes G0008, G0009, and G0010.

10. Change the bypass to allow two additional codes for ambulance, when used to go to and from another facility for excluded services:

Q3019 - ALS Vehicle Used, Emergency Transport, No ALS Service Furnished; and

Q3020 - ALS Vehicle Used, Non-Emergency Transport, No ALS Service Furnished.

3 Attachments

The *effective date* for this PM is April 1, 2001 for claims received on or after January 1, 2003.

The *implementation date* for this PM is January 1, 2003.

These instructions should be implemented within your current operating budget.

This PM may be discarded after January 1, 2004.

If you have any questions, contact Cindy Murphy at cmurphy1@cms.hhs.gov, or 410-786-5733.

TABLE 1

This table is cut from PM AB-02-023, where it was designated as 4.

4. Emergency and Intensive Services Excluded from Consolidated Billing--Hospital Outpatient ('13X'), and Critical Access Hospital (CAH) '85X' claims that contain revenue code '045X' (Emergency Room) or any of the following HCPCS codes may be paid. Other services are allowed on the same claim. This includes all services with the same LIDOS as the described service that appears on the same claim.

a. CT SCANS HCPCS CODES

70450	70460	70470	70480	70481	70482	70486	70487	70488
70490	70491	70492	70496	70498	71250	71260	71270	71275
72125	72126	72127	72128	72129	72130	72131	72132	72133
72191	72192	72193	72194	73200	73201	73202	73206	73700
73701	73702	73706	74150	74160	74170	74175	75635	76355
76360	76362	76370	76375	76380	G0131	G0132		

b. CARDIAC CATHETERIZATION HCPCS CODES

93501	93503	93505	93508	93510	93511	93514	93524	93526
93527	93528	93529	93530	93531	93532	93533	93539	93540
93541	93542	93543	93544	93545	93555	93556	93561	93562
93571	93572							

c. MRI HCPCS CODES

70336	70540	70542	70543	70544	70545	70546	70547	70548
70549	70551	70552	70553	71550	71551	71552	71555	72141
72142	72146	72147	72148	72149	72156	72157	72158	72195
72196	72197	73218	73219	73220	73221	73222	73223	73718
73719	73720	73721	73722	73723	73725	74181	74182	74183
74185	75552	75553	75554	75555	76093	76094	76390	76394
76400								

d. RADIATION THERAPY HCPCS CODES

77261	77262	77263	77280	77285	77290	77295	77299	77300
77301	77305	77310	77315	77321	77326	77327	77328	77331
77332	77333	77334	77336	77370	77399	77401	77402	77403
77404	77406	77407	77408	77409	77411	77412	77413	77414
77416	77417	77418	77427	77431	77432	77470	77499	77520
77522	77523	77525	77600	77605	77610	77615	77620	77750
77761	77762	77763	77776	77777	77778	77781	77782	77783
77784	77789	77790	77799	G0173	G0242	G0243		

e. ANGIOGRAPHY HCPCS CODES

75600	75605	75625	75630	75635	75650	75658	75660	75662
75665	75671	75676	75680	75685	75705	75710	75716	75722
75724	75726	75731	75733	75736	75741	75743	75746	75756
75774	75790	75801	75803	75805	75807	75809	75810	75820
75822	75825	75827	75831	75833	75840	75842	75860	75870
75872	75880	75885	75887	75889	75891	75893	75894	75896
75898	75900	75940	75960	75961	75962	75964	75966	75968
75970	75978	75980	75982	75992	75993	75994	75995	75996

f. Outpatient surgery HCPCS codes ranging from 0001T – 0021T, 0024T – 0026T, and 10021 - 69990 EXCEPT those HCPCS codes below, which should reject because they are included in the Part A SNF payment.

NOTE THAT THIS TABLE IS THE REVERSE OF ALL THE OTHERS; IT REFLECTS WHAT IS INCLUDED IN SNF CB, NOT WHAT IS EXCLUDED.

THESE HCPCS CODES MAY NOT BE PAID SEPARATELY

10040	10060	10080	10120	11040	11041	11042	11043	11044
11055	11056	11057	11200	11300	11305	11400	11719	11720
11721	11740	11900	11901	11920	11921	11922	11950	11951
11952	11954	11975	11976	11977	15780	15781	15782	15783
15786	15787	15788	15789	15792	15793	15810	15811	16000
16020	17000	17003	17004	17110	17111	17250	17340	17360
17380	17999	20000	20551	20552	20553	20974	21084	21085
21497	26010	29058	29065	29075	29085	29086	29105	29125
29126	29130	29131	29200	29220	29240	29260	29280	29345
29355	29358	29365	29405	29425	29435	29440	29445	29450
29505	29515	29540	29550	29580	29590	29700	29705	29710
29715	29720	29730	29740	29750	29799	30300	30901	31720
31725	31730	36000	36002	36140	36400	36405	36406	36430
36468	36469	36470	36471	††36489	††36491	36600	36620	36680
38220	38221	44500	◆51772	◆51784	◆51785	◆51792	◆51795	◆51797
53601	53660	53661	53670	53675	54150	54235	◆54240	◆54250
55870	57160	57170	58301	58321	58323	◆59020	◆59025	59425
59426	59430	◆62367	◆62368	64550	65205	69000	69200	69210
95970	95971	95972	95973	95974	95975	99183	G0167	G0168

For Part A inpatients the professional portion of these services are billed by the rendering provider to the carrier. Any hospital outpatient charges are bundled to the SNF.

†† These HCPCS codes are included in Part A payment when performed alone or with other surgery, but are excluded if they occur with the same LIDOS as an excluded chemotherapy agent.

TABLE 2

Additional services excluded when surgery or radiology are excluded.

NOTE: All services must be performed in any provider approved for provision of the service **except** the SNF.

Revenue codes to Add to the Bypass for Edit 7252	For excluded surgical services the following related services are also excluded	For excluded radiological services the following related services are also excluded
Revenue Code 37x (Anesthesia)	X	X
Revenue Code 255 (drugs in support of radiological services)		X
Revenue Code 027x and 062x (supplies and extension of supplies)	X	X
Rev Code 250 (pharmacy)	X	

X = Services may be paid to any provider except the SNF

TABLE 3

6. Preventive and Screening Service--These services are specifically covered as Part B benefits and are not included in SNF PPS. They must be billed by the SNF for SNF Part A inpatients on TOB 22X.

Preventive, screening services and their administration are identified by the following HCPCS codes:

76092	G0202	G0203	Mammography screening HCPCS codes are billed with revenue code '0403' and no other services on the bill.
90657	90658	90659	Pneumococcal, Flu or Hepatitis B vaccines are billed with revenue code '0636'.
90723	90732	90740	
90743	90744	90746	
90747	90748		
G0008	G0009	G0010	Vaccine administration HCPCS codes are billed with revenue code '0771'
Q0091	P3000	G0123	Screening Pap smear and pelvic examination HCPCS codes are billed with ICD-9-CM diagnosis codes V76.2 or V15.89.
G0143	G0144	G0145	
G0147	G0148	G0101	
G0107	G0104	G0105	Colorectal screening services are billed with any of the following ICD-9-CM diagnosis codes: 'V10.05', 'V10.06', '555.0', '555.1', '555.2', '555.9', '556.0', '556.1', '556.2', '556.3', '556.8', '556.9', '558.2', '558.9'
G0106	G0120	G0121	
G0102			Prostate cancer screening digital rectal examination is billed with revenue code '0770'.
G0103			Prostate cancer screening specific antigen testing is billed with revenue code '030x'.
G0117	G0118		Glaucoma screening
76075	76076	76078	Bone mass screening
78350	76977	G0130	