

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1608	Date: October 3, 2008
	Change Request 6220

SUBJECT: 2009 Annual Update of HCPCS Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) for the Common Working File (CWF), A/B MACs, Medicare Carriers and Fiscal Intermediaries (FIs)

I. SUMMARY OF CHANGES: This instruction provides a modified current list of HCPCS excluded from SNF CB. The attached Recurring Update Notification applies to Chapter 6, Section 110.4.1 for Carriers and Chapter 6, Section 20.6 for FIs.

NEW / REVISED MATERIAL

EFFECTIVE DATE: *January 1, 2009

IMPLEMENTATION DATE: January 5, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Recurring Update Notification

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I. GENERAL INFORMATION

CWF currently has edits in place for claims received for beneficiaries in a Part A covered SNF stay as well as for beneficiaries in a non-covered stay. These edits only allow services that are excluded from consolidated billing to be separately paid by the carrier and/or FI. Barring any delay in the Medicare Physician Fee Schedule, the new code files will be provided to CWF by November 1, 2008.

A. Background:

For Carrier/A/B MAC processing only: By the first week in December 2008, new code files will be posted to the CMS Web site at: <http://www.cms.hhs.gov/SNFConsolidatedBilling/>.

For FI/A/B MAC processing only: By the first week in December 2008, new Excel and PDF files will be posted to the CMS Web site at: <http://www.cms.hhs.gov/SNFConsolidatedBilling/>. It is **important and necessary** for the provider/contractor community to view the “General Explanation of the Major Categories” pdf file located at the bottom of each year’s FI update in order to understand the Major Categories including additional exclusions not driven by HCPCS codes.

B. Policy: Changes to Healthcare Common Procedure Coding System codes and Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow carriers and FIs to make appropriate payments in accordance with policy for SNF consolidated billing in Chapter 6, Section 110.4.1 for Carriers and Chapter 6, Section 20.6 for FIs.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)												
		A	D	F	C	R	Shared-System Maintainers				OTHE R			
		B	E	I	A	H	R	H	I	F	M	V	C	
		M	M	I	E	R	S	S	S	I	C	M	W	
		A	A	E	R	S	S	S	F	S	S	S	F	
		C	C	R	R	S	S	S	F	S	S	S	F	
6220.1	The CWF contractor shall accept new carrier SNF coding													X

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jason Kerr, Jason.Kerr@cms.hhs.gov (for FI/A/B MAC Billing) or April Billingsley; April.Billingsley@cms.hhs.gov (for Carrier/A/B MAC Billing).

Post-Implementation Contact(s): Appropriate Regional Office
http://www.cms.hhs.gov/RegionalOffices/01_Overview.asp

VI. FUNDING

A. For Fiscal Intermediaries and Carriers:

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B. For Medicare Administrative Contractors (MACs):

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