

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2802</b>	<b>Date: October 25, 2013</b>
	<b>Change Request 8474</b>

**SUBJECT: 2014 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update**

**I. SUMMARY OF CHANGES:** Changes to HCPCS codes and Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow A/B MACs, Carriers and FIs to make appropriate payments in accordance with policy for SNF CB in Chapter 6, Section 110.4.1 for Carriers/B MACs and Chapter 6, Section 20.6 for FIs/A/B MACs.

**EFFECTIVE DATE: January 1, 2014**

**IMPLEMENTATION DATE: January 6, 2014**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	6/20.6/SNF CB Annual Update Process for Fiscal Intermediaries (FIs)/A/B MACs
R	6/110.4.1/Annual Update Process

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

**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 obliged 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  
Manual Instruction**

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



Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
	added to the edit.												
8474.3	After comparing all codes on the new edit lists to those in the current edits, the CWF contractor shall provide CMS with a list of codes by edit that were formerly on the edits, but do not appear on the new code lists.												X
8474.4	The CWF contractor shall delete codes from the edits per CMS' determination.												X
8474.5	The CWF contractor shall terminate CPT codes 11042, 11043, and 11044 from the FI/A/B/MAC Minor Surgery INCLUSION list effective 12/31/2012.												X
8474.6	Medicare contractors shall continue to respond to rejects and unsolicited responses received from CWF per current methodology.	X	X	X	X			X					

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I	C A R R I E R	R H I	Other				
		A	B	H H H					F I S S	M C S	V M S	C W F	
8474.7	MLN Article : A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized	X	X	X	X			X					

Number	Requirement	Responsibility							
		A/B MAC			D M E	F I	C A R R I E R	R H H I	Other
		A	B	H H H	M A C				
	information that would benefit their provider community in billing and administering the Medicare program correctly.								

#### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Jason Kerr, Jason.Kerr@cms.hhs.gov , Chanelle Jones, Chanelle.Jones@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

#### VI. FUNDING

**Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:**

No additional funding will be provided by CMS; Contractors activities are to be carried out with 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 do 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.

## **20.6 - SNF CB Annual Update Process for Fiscal Intermediaries (FIs)/A/B MACs** *(Rev. 2802, Issued: 10-25-13, Effective: 01-01-14, Implementation: 01-06-14)*

Barring any delay in the Medicare Physician Fee Schedule, CMS will provide the new Annual Update code file to CWF by November 1. Should this date change, CWF will be notified through the appropriate mechanism. *All future updates will be submitted via a Recurring Update Notification form. These Recurring Update Notifications also describe how the changes will be implemented.*

The CWF contractor shall compare the new code list for Major Categories I through V to the codes in the current edits. Codes that appear on the new list, but not in the current edit, shall be added to the edit.

CMS will make a determination as to which codes should be deleted from which edits. This mechanism will allow for any changes in professional component/technical component designations to be correctly coded for edits and for deleted codes and codes no longer valid for Medicare purposes as of the end of the calendar year, to continue to pay correctly for prior dates of service.

CMS will respond to the list provided by the CWF contractor and provide the determination on the codes to the CWF contractor.

The CWF contractor will delete codes from the edits per the CMS determination.

FIs/A/B MACs shall continue to respond to rejects and unsolicited responses received from CWF per current methodology. FIs/A/B MACs shall reopen and reprocess any claims brought to their attention for services that prior to this update were mistakenly considered to be subject to consolidated billing and therefore, not separately payable. FIs/A/B MACs need not search claims history to identify these claims. Prior to January 1 of each year, a new code file will be posted to the CMS Web site at: <http://www.cms.hhs.gov/SNFConsolidatedBilling/>. Should this date change, FIs/A/B MACs will be notified through the appropriate mechanism.

Coding changes throughout the year may also be made as necessary through a quarterly update process.

As soon as the new code file is posted to the CMS Web site, through their Web sites and list serves, FIs /AB/MACs shall notify providers of the availability of the new file.

### **110.4.1 - Annual Update Process**

*Rev. 2802, Issued: 10-25-13, Effective: 01-01-14, Implementation: 01-06-14)*

Barring any delay in the Medicare Physician Fee Schedule, CMS will provide the new code files to CWF by November 1. Should this date change, CWF will be notified through the appropriate mechanism. *All future updates will be submitted via a Recurring Update Notification form. These Recurring Update Notifications also describe how the changes will be implemented.*

CWF will be provided with 4 coding files (Physician Services, Professional Component of Physician Services to be Submitted with the 26 Modifier, Ambulance, and Therapy) that are effective based on dates of service January 1 through December 31 for that year. New files shall be provided for each calendar year. Quarterly updates to the four files will continue as usual.

Carriers/Part B MACs/DMEMACs must continue to respond to rejects and unsolicited responses received from CWF per current methodology.

Carriers/Part B MACs/DMEMACs must reopen and reprocess any claims brought to their attention for services that prior to this update were mistakenly considered to be subject to consolidated billing and therefore, not separately payable. Carriers/Part B MACs/DMEMACs need not search claims history to identify these claims.

Prior to January 1 of each year, new codes files will be posted to the CMS Web site at <http://www.cms.hhs.gov/SNFCConsolidatedBilling/>. Should this date change, carriers/Part B MACs/DMEMACs will be notified through the appropriate mechanism.

Coding changes throughout the year may also be made as necessary through a quarterly update process.

As soon as the new code files are posted to the CMS Web site, through their Web sites and list serves, carriers/Part B MACs/DMEMACs must notify physician, non-physician practitioners, and suppliers of the availability of the files.