

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 926

Department of Health &
Human Services (DHHS)

Centers for Medicare &
Medicaid Services (CMS)

Date: APRIL 28, 2006

Change Request 4390

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

I. SUMMARY OF CHANGES: This CR will simplify the carrier CWF SNF CB annual update. The coding files will be revised to a date of service basis and four files (Physician services, Physician Services Submitted with a 26 Modifier, Ambulance Services, and Therapy Services) will be maintained for each year. This CR will be split over the October 2006 and the January 2007 releases. CWF will perform the analysis and design for October and the coding, testing, and implementation for January.

NEW/REVISED MATERIAL

EFFECTIVE DATE: January 1, 2007

IMPLEMENTATION DATE: October 2, 2006

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
R	6/110/4.1/Annual Update Process

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

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

NOTE: This CR will be split over the October 2006 and the January 2007 releases. CWF will perform the analysis and design for October and the coding, testing, and implementation for January.

I. GENERAL INFORMATION

A. Background: Currently, CWF has to do a comparison between the new annual files and the current files for all 4 SNF CB coding files (Physician Services, Professional Component of Physician Services to be Submitted with the 26 Modifier, Ambulance Services, and Therapy Services) for carrier claims processing. This revision will allow CWF to just accept what is given them for the next years' dates of service without having to do this comparison. It will also make clearer what is payable for dates of service in a particular year.

B. Policy: This CR makes no change to SNF CB policy.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
				F I S S	M C S	V M S	C W F		
4390.1	CWF shall revise their programming to accept 4 new SNF CB coding files (Physician Services, Physician Services Submitted with the 26 Modifier, Ambulance Services, and Therapy Services) for each calendar year for carrier claims processing.							X	
4390.1.1	Beginning with dates of service on and after January 1, 2007, CWF shall apply SNF CB coding edits based on dates of service.							X	

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4390.2	For dates of service prior to January 1, 2007, CWF shall use the files provided to them for January 1, 2006, along with any 2006 quarterly updates, to process carrier claims.								X	
4390.3	CWF shall continue to accept quarterly updates for April, July, and October of each year.								X	
4390.4	CWF shall continue to receive the annual and quarterly coding files by way of a recurring change request.								X	

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	None.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 1, 2007</p> <p>Implementation Date: October 2, 2006 for the analysis and design; January 2, 2007 for the coding, testing, and implementation</p> <p>Pre-Implementation Contact(s): Leslie Trazzi; leslie.trazzi@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Leslie Trazzi; leslie.trazzi@cms.hhs.gov</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.</p>
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110.4.1 - Annual Update Process

(Rev. 926, Issued: 04-28-06, Effective: 01-01-07, Implementation: 10-02-06)

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.

The CWF contractor must compare the new code list for category 75 to the codes in the current edit. Codes that appear on the new list, but not in the current edit, must be added to the edit.

The CWF contractor must compare the new code list for codes that require the 26 modifier to the codes in the current edit. Codes that appear on the new list, but not in the current edit, must be added to the edit.

The CWF contractor must compare the new code list for ambulance codes to the codes in the current edit. Codes that appear on the new list, but not in the current edit, must be added to the edit.

The CWF contractor must compare the new code list for the Part B therapy codes to the codes in the current edit. Codes that appear on the new list, but not in the current edit, must be added to the edit.

After it has compared all codes on the new edit list to those in the current edits, the CWF contractor must provide CMS with a list of codes by edit that were formerly on the edits, but do not appear on the new code lists.

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.

Beginning with 2007, 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. This will eliminate the requirements as stated above for CWF to compare current files to prior years. Quarterly updates to the four files will continue as usual.

Carriers must continue to respond to rejects and unsolicited responses received from CWF per current methodology.

Carriers 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 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 www.cms.hhs.gov/SNFPPS. Should this date change, carriers 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 must notify physician, non-physician practitioners, and suppliers of the availability of the files.