

General Explanation of the Major Categories for Skilled Nursing Facility (SNF) Consolidated Billing (CB)

The SNF annual update file contains a comprehensive list of HCPCS codes involved in editing institutional claims submitted to A/B MACs for services subject to SNF Consolidated Billing (CB). CMS divides these codes into five major categories.

Major Category I – Exclusion of Services Beyond the Scope of a SNF

These services must be provided on an outpatient basis at a hospital, including Critical Access Hospitals (CAHs), but not by a SNF. They are excluded from SNF PPS and SNF CB for beneficiaries in a Part A stay. Services directly related to them, billed at the same place and date, are also excluded from SNF CB, with certain exceptions.

Generally, exclusions also allow the processing and payment of CT scans, cardiac catheterization, MRI, radiation therapy, angiography, and outpatient surgery HCPCS codes 0001T–0021T, 0024T–0026T, and 10021–69990 (excluding codes listed under Major Category I.F). This includes all other revenue code lines on the submitted claim with the same Line-Item Date of Service (LIDOS).

NOTE: Services billed by providers to the MAC represent the *facility* charge portion for those services.

Major Category I includes the following subcategories:

A. Computerized Axial Tomography (CT) Scans

B. Cardiac Catheterization

C. Magnetic Resonance Imaging (MRIs)

D. Radiation Therapy

E. Angiography, Lymphatic, Venous, and Related Procedures

F. Outpatient Surgery and Related Procedures – *Inclusion*

In this case, inclusions are listed because the majority of surgical procedures are excluded and must be performed in a hospital. This smaller list identifies minor procedures that may be performed in the SNF itself. Physician services for these codes may be excluded, but when billed by a hospital, they represent the technical/facility charge.

G. Emergency Services

Hospitals or CAHs identify emergency services on Part A MAC claims using revenue code 045x (Emergency Room). Services with the same LIDOS are also excluded.

A match requires both a LIDOS and HCPCS reported on the revenue code 045x line.

To ensure post-ER visit services are excluded, hospitals should append modifier ET (Emergency Services).

H. Ambulance Trips – With Application to Major Category II

Ambulance trips associated with Major Category I.A–E and I.G services are excluded from SNF CB. Ambulance trips associated with Major Category II.A services provided in Renal Dialysis Facilities (RDFs) are also excluded.

I. Additional Surgery HCPCS

These codes include additional surgery exclusions not captured within the outpatient surgery code ranges 0001T–0021T, 0024T–0026T, or 10021–69990, except for codes specifically included under Category I.F.

Major Category II – Additional Services Excluded When Rendered to Specific Beneficiaries

These services must be provided to one of the following beneficiary groups and are excluded from SNF PPS and SNF CB:

- 1. End Stage Renal Disease (ESRD) beneficiaries**
- 2. Beneficiaries who have elected hospice**

SNFs will not be paid for Category II.A services (dialysis, etc.) when the SNF is the place of service, as Medicare requires these services to be furnished in a renal dialysis facility. Hospice services must also be billed only by a hospice provider.

This category also excludes non-ESRD acute dialysis, per §20.2.1 of the Medicare Claims Processing Manual, Chapter 6.

A. Dialysis, EPO, Aranesp, and Other Dialysis-Related Services for ESRD Beneficiaries

Specific coding is used to differentiate ESRD-related dialysis services excluded from SNF CB in three scenarios:

1. Services provided in a Renal Dialysis Facility (RDF)
2. Home dialysis, when the SNF is considered the beneficiary's home
3. Administration of EPO or Aranesp

Note: SNFs may *not* be paid for home dialysis supplies.

1. Coding Applicable in a RDF or SNF as Home

Institutional dialysis services billed only by a RDF use Type of Bill (TOB) 72X. Claims for ESRD beneficiaries must include the diagnosis code N18.6.

2. Coding for EPO and Aranesp

- Epoetin alfa (EPO) and darbepoetin alfa (Aranesp) are approved only for ESRD beneficiaries.
- CMS has created separate codes for ESRD vs non-ESRD use. Billing instructions for non-ESRD use appear in Pub. 100-4, Ch. 17, §80.9.

Beginning January 2026, HCPCS for Major Category II.A will no longer appear in the Part A file.

B. Hospice Care for a Beneficiary's Terminal Illness

Hospice services are identified with TOB 81X or 82X.

Major Category III – Additional Excluded Services Rendered by Certified Providers

These services may be furnished by any Medicare-licensed provider except SNFs and are excluded from SNF PPS and consolidated billing.

Statutory HCPCS code ranges apply to the following:

A. Chemotherapy

B. Chemotherapy Administration

*Codes with an asterisk * are included in SNF PPS when performed alone or with other surgery—but excluded if performed on the same date as an excluded chemotherapy agent. Codes without an asterisk are excluded surgery codes except in hospital settings, where they may be billed alone.*

C. Radioisotopes and Their Administration

D. Customized Prosthetic Devices

E. Certain Blood Clotting Factors and Related Services

Major Category IV – Additional Excluded Preventive and Screening Services

These services are Part B benefits and not included in SNF PPS.

They must be billed on TOB 22X for beneficiaries in a Part A SNF stay with Part B eligibility.

Swing bed providers must use TOB 12X.

Refer to the Claims Processing Manual, Chapter 18 for detailed billing guidance.

Includes:

A. Mammography

B. Vaccines (Pneumococcal, Influenza, Hepatitis B, COVID-19)

C. Vaccine Administration

D. Screening Pap Smear and Pelvic Exam

E. Colorectal Screening

F. Prostate Cancer Screening

G. Glaucoma Screening

H. Diabetic Screening

I. Cardiovascular Screening

J. Initial Preventive Physical Exam

K. Abdominal Aortic Aneurysm (AAA) Screening

Beginning January 2026, HCPCS for Category IV-B will no longer appear in the Part A file.

Current lists: <https://www.cms.gov/medicare/payment/part-b-drugs/vaccine-pricing>

Major Category V – Part B Services Included in SNF CB

Therapy services are included in SNF PPS and CB for Part A residents and must be billed by the SNF alone for Part B residents.

A. Therapy Services with Revenue Codes

- 42X – Physical Therapy
- 43X – Occupational Therapy
- 44X – Speech-Language Pathology

Beginning January 2026, HCPCS for Category V will no longer be listed in the Part A file.
Current list: <https://www.cms.gov/medicare/coding-billing/therapy-services/annual-therapy-update>