October Quarterly Update to 2021 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

MLN Matters Number: MM12272 Revised Related Change Request (CR) Number: 12272
Related CR Release Date: June 29, 2021 Effective Date: October 1, 2021
Related CR Transmittal Number: R10866OTN Implementation Date: October 4, 2021

Note: We revised this Article due to a revised CR. The CR revision adds codes J7200, J7204 and Q5123 to the list of codes we exclude from SNF CB. You'll find substantive content updates in dark red font on pages 2 and 3, although the initial Article already listed code J7200. All other information is the same.

Provider Types Affected

This MLN Matters Article is for health care providers and suppliers who bill Medicare Administrative Contractors (MACs) for services provided to Medicare patients in a covered Part A stay in a SNF.

Provider Action Needed

This Article updates the list of HCPCS codes subject to the CB provision of the SNF Prospective Payment System (PPS). CMS uses changes to CPT/HCPCS codes and Medicare Physician Fee Schedule (MPFS) designations to revise Common Working File (CWF) edits. This allows the MACs to make correct payments in accordance with policy for SNF CB. Make sure your billing staff is aware of these changes.

Background

CMS periodically updates the lists of HCPCS codes that we exclude from the CB billing under the SNF PPS. We pay providers, other than SNFs, for services we excluded from SNF PPS and CB for patients, even when in a SNF stay. Medicare won’t pay any providers other than the SNF for services not appearing on the exclusion lists.

For non-therapy services, SNF CB applies only when you provide the services to a SNF resident during a covered Part A stay. However, SNF CB applies to physical and occupational therapies and speech-language pathology services whenever you provide them to a SNF resident, regardless of whether Part A covers the stay. To assure proper payment in all settings, Medicare edits for services provided to SNF patients both included and excluded from SNF CB.
We offer you more information about institutional and professional billing under SNF CB.

Section 1888 of the Social Security Act codifies SNF PPS and CB. Typically, the new coding we identify in each update describes the same services subject to SNF PPS payment by law. We don’t add additional services by these routine updates. These updates are due to coding system changes, not because we’re redefining the services subject to SNF CB. We’ll note other regulatory changes beyond code list updates when and if they occur.

Effective for items and services provided on or after October 1, 2021, Section 134 in Division CC of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260) added certain blood clotting factors indicated for the treatment of hemophilia and other bleeding disorders to the statutory list of excluded service codes below:

- J7170 INJ., EMICIZUMAB-KXWH 0.5 MG
- J7175 INJ, FACTOR X, (HUMAN), 1IU
- J7179 VONVENDI INJ 1 IU VWF:RCO
- J7180 FACTOR XIII ANTI-HEM FACTOR
- J7181 FACTOR XIII RECOMB A-SUBUNIT
- J7182 FACTOR VIII RECOMB NOVOEIGHT
- J7183 WILATE INJECTION
- J7185 XYNTHA INJ
- J7186 ANTIHEMOPHILIC VIII/VWF COMP
- J7187 HUMATE-P, INJ
- J7188 FACTOR VIII RECOMB OBIZUR
- J7189 FACTOR VIIIA RECOMB NOVOSEVEN
- J7190 FACTOR VIII
- J7191 FACTOR VIII (PORCINE)
- J7192 FACTOR VIII RECOMBINANT NOS
- J7193 FACTOR IX NON-RECOMBINANT
- J7194 FACTOR IX COMPLEX
- J7195 FACTOR IX RECOMBINANT NOS
- J7196 ANTITHROMBIN RECOMBINANT
- J7197 ANTITHROMBIN III INJECTION
- J7198 ANTI-INHIBITOR
- J7199 HEMOPHILIA CLOT FACTOR NOC
- J7200 FACTOR IX RECOMBINAN RIXUBIS
- J7201 FACTOR IX ALPROLIX RECOMB
- J7202 FACTOR IX IDELVION INJ
- J7203 FACTOR IX RECOMB GLY REBINYN
- J7204 INJ., FACTOR VIII, ANTIHEMOPHILIC FACTOR (RECOMBINANT), (ESPEROCT), GLYCOPEGYLATED-EXEI
- J7205 FACTOR VIII FC FUSION RECOMB
- J7207 FACTOR VIII PEGYLATED RECOMB
- J7209 FACTOR VIII NUWIQ RECOMB 1IU
• J7210 INJ, AFSTYLA, 1 I.U.
• J7211 INJ, KOVALTRY, 1 I.U.
• J7212 FACTOR VIIA RECOMB SEVENFACT

We added the following HCPCS chemotherapy code to the appropriate edits to exclude it from SNF CB effective for claims with dates of service on or after July 1, 2021:

• Q5123 INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG

MACs will reprocess any incorrectly denied claims for Q5123 processed before the implementation of CR 12272, if you tell your MAC about those claims.

Additional Information

We issued CR 12272 to your MAC as the official instruction for this change.

For more information, contact your MAC.

Document History

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Description</th>
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<tr>
<td>June 29, 2021</td>
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<td>May 11, 2021</td>
<td>Initial article released.</td>
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