

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12052	Date: May 18, 2023
	Change Request 13192

SUBJECT: July 2023 Quarterly Update to Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide updates to the lists of HCPCS codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS).

Changes to Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) codes and Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow MACs to make appropriate payments in accordance with policy for SNF consolidated billing in chapter 6, section 20.6.

EFFECTIVE DATE: July 1, 2023

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

IMPLEMENTATION DATE: July 3, 2023

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	N/A

III. FUNDING:

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

Attachment - Recurring Update Notification

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EFFECTIVE DATE: July 1, 2023

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IMPLEMENTATION DATE: July 3, 2023

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of Healthcare Common Procedure Coding System (HCPCS) codes that are **excluded** from the CB provision of the SNF Prospective Payment System (PPS). Services **excluded** from SNF PPS and CB may be paid to providers, other than SNFs, for beneficiaries, even when in a SNF stay. Services not appearing on the **exclusion** lists submitted on claims to Medicare Administrative Contractors (MACs), including Durable Medical Equipment MACs (DME MACs), will not be paid by Medicare to any providers other than a SNF. For non-therapy services, SNF CB applies only when the services are furnished 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 they are furnished to a SNF resident, regardless of whether Part A covers the stay. In order to assure proper payment in all settings, Medicare systems must edit for services provided to SNF beneficiaries both included and excluded from SNF CB.

The updated lists for institutional and professional billing are available at:

<http://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html?redirect=/SNFConsolidatedBilling/>

Part B File Update(s)

Additions

This quarterly update includes additions to the Part B SNF CB files to add the following chemotherapy codes.

File 1

J9196 Inj gemcitabine hcl (accord)

J9294 Inj pemetrexed, hospira 10mg

J9296 Inj pemetrexed (accord) 10mg

J9297 Inj pemetrexed (sandoz) 10mg

Q5129 Inj, vegzelma, 10 mg

C9146 Inj, elahere, 1 mg

Deletions

This quarterly update includes revisions to the Part B SNF CB files to remove COVID-19 related vaccine, vaccine administration, monoclonal antibody treatment codes, and monoclonal antibody treatment administration codes from File #1 effective for claims after June 30, 2023. The deletions include codes that have been effectuated and reserved. The changes are as follows:

File 1

0001A - 0309A

91300 - 91330

M0201 - M0250

Q0201 - Q0250

The Part A file updates are:

Major Category III. A. -Chemotherapy

ADD-EFFECTIVE April 1, 2023

C9146 INJ, ELAHERE, 1 MG

J9196 INJ GEMCITABINE HCL (ACCORD)

J9294 INJ PEMETREXED, HOSPIRA 10MG

J9296 INJ PEMETREXED (ACCORD) 10MG

J9297 INJ PEMETREXED (SANDOZ) 10MG

Q5129 INJ, VEGZELMA, 10 MG

Major Category IV. B. - Vaccines (Pneumococcal, Flu, Hepatitis B, or Covid-19)

DELETE/REMOVE

M0220 TIXAGEV AND CILGAV INJ Termed 12/08/2021

M0222 BEBTELOVIMAB INJECTION Termed 2/11/2022

Q0220 TIXAGEV AND CILGAV, 300MG Termed 12/08/2021

Q0221 TIXAGEV AND CILGAV, 600MG Termed 2/24/2022

Q0222 BEBTELOVIMAB 175 Termed 2/11/2022

Q2033 INFLUENZA VACCINE, (FLUBLOK) Termed 1/1/2014

Number	Requirement	Responsibility									
		A/B MAC		D M E	Shared-System Maintainers				Other		
		A	B		H H H	F I S S	M C S	V M S		C W F	
13192.11	Contractors shall deny claims for COVID-19 vaccines, monoclonal treatments, and their administrations for beneficiaries in a Part A stay for dates of service July 1, 2023 and later.		X								
13192.12	Contractors shall use their current messaging when applying CWF error codes 7260 and 7261 to claims for COVID-19 vaccines, monoclonal treatments, and their administration for beneficiaries in a SNF Part A Stay.		X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
13192.13	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X	X			

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

V. CONTACTS

Pre-Implementation Contact(s): Bridgitte Davis-Hawkins, 410-786-4573 or bridgitte.davis-hawkins@cms.hhs.gov , Valeri Ritter, 410-786-8652 or valeri.ritter@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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