CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1608	Date: October 3, 2008
	Change Request 6220

SUBJECT: 2009 Annual Update of HCPCS Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) for the Common Working File (CWF), A/B MACs, Medicare Carriers and Fiscal Intermediaries (FIs)

**I. SUMMARY OF CHANGES:** This instruction provides a modified current list of HCPCS excluded from SNF CB. The attached Recurring Update Notification applies to Chapter 6, Section 110.4.1 for Carriers and Chapter 6, Section 20.6 for FIs.

## **NEW / REVISED MATERIAL**

**EFFECTIVE DATE: \***January 1, 2009

**IMPLEMENTATION DATE:** January 5, 2009

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	

#### III. FUNDING:

# **SECTION A: For Fiscal Intermediaries and Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within 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 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** 

<sup>\*</sup>Unless otherwise specified, the effective date is the date of service.

# **Attachment – Recurring Update Notification**

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**EFFECTIVE DATE**: January 1, 2009

**IMPLEMENTATION DATE:** January 5, 2009

#### I. GENERAL INFORMATION

CWF currently has edits in place for claims received for beneficiaries in a Part A covered SNF stay as well as for beneficiaries in a non-covered stay. These edits only allow services that are excluded from consolidated billing to be separately paid by the carrier and/or FI. Barring any delay in the Medicare Physician Fee Schedule, the new code files will be provided to CWF by November 1, 2008.

## A. Background:

**For Carrier/A/B MAC processing only**: By the first week in December 2008, new code files will be posted to the CMS Web site at: http://www.cms.hhs.gov/SNFConsolidatedBilling/.

**For FI/A/B MAC processing only:** By the first week in December 2008, new Excel and PDF files will be posted to the CMS Web site at: <a href="http://www.cms.hhs.gov/SNFConsolidatedBilling/">http://www.cms.hhs.gov/SNFConsolidatedBilling/</a>. It is **important and necessary** for the provider/contractor community to view the "General Explanation of the Major Categories" pdf file located at the bottom of each year's FI update in order to understand the Major Categories including additional exclusions not driven by HCPCS codes.

**B. Policy:** Changes to Healthcare Common Procedure Coding System codes and Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow carriers and FIs to make appropriate payments in accordance with policy for SNF consolidated billing in Chapter 6, Section 110.4.1 for Carriers and Chapter 6, Section 20.6 for FIs.

## II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R		Sha	red-		OTHE
		/	N	Ι	A	Н		Sys	tem		R
		В	Е		R	Н	M	aint	aine	ers	
					R	I	F	M	V	С	
		M	N		I		Ι	C	M	W	
		A	A		Ε		S	S	S	F	
		C	C		R		S				
6220.1	The CWF contractor shall accept new carrier SNF coding									X	

	files and process SNF CB claims for dates of service on or after January 1, 2009 through December 31, 2009 using these files.								
6220.2	The CWF contractor shall compare the new <b>FI</b> code list for Major Categories I-V to the codes in the current edit. Codes that appear on the new list, but not in the current edit, shall be added to the edit.							X	
6220.3	After it has compared 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	
6220.4	The CWF contractor will delete codes from the edits per the CMS determination.							X	
6220.5	Medicare contractors shall continue to respond to rejects and unsolicited responses received from CWF per current methodology.	X	X	X	X				

# III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)							each		
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I		Shar Syst aint M C S	tem aine	rs C	OTH ER
6220.6	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/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 site 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 your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X						

#### IV. SUPPORTING INFORMATION

# A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

*Use "Should" to denote a recommendation.* 

X-Ref	Recommendations or other supporting information:
Requireme	
nt	
Number	

## B. For all other recommendations and supporting information, use this space: N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Jason Kerr, <u>Jason.Kerr@cms.hhs.gov</u> (for FI/A/B MAC Billing) or April Billingsley; <u>April.Billingsley@cms.hhs.gov</u> (for Carrier/A/B MAC Billing).

**Post-Implementation Contact(s):** Appropriate Regional Office <a href="http://www.cms.hhs.gov/RegionalOffices/01\_Overview.asp">http://www.cms.hhs.gov/RegionalOffices/01\_Overview.asp</a>

#### VI. FUNDING

#### A. For Fiscal Intermediaries and Carriers:

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