CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2184	Date: March 25, 2011
	Change Request 7345

SUBJECT: July Quarterly Update to 2011 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

**I. SUMMARY OF CHANGES:** Changes to CPT/HCPCS codes and Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow FIs/A/B MACs to make appropriate payments in accordance with policy for SNF consolidated billing in chapter 6, section 20.6, for FIs/A/B MACs.

EFFECTIVE DATE: January 1, 2011 IMPLEMENTATION DATE: July 5, 2011

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-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE	
N/A		

### III. FUNDING:

# For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

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

# 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. ATTACHMENT:**

**Recurring Update Notification** 

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

# **Attachment – Recurring Update Notification**

Pub 100-04	Transmittal: 2184	Date: March 25, 2011	Change Request: 7345
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**SUBJECT:** July Quarterly Update to 2011 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

Effective Date: January 1, 2011

**Implementation Date: July 5, 2011** 

### I. GENERAL INFORMATION

A. Background: The CMS periodically updates the lists of Healthcare Common Procedure Coding System (HCPCS) codes that are excluded from the consolidated billing (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 fiscal intermediaries (FIs), carriers, A/B Medicare administrative contractors (MACs) including durable medical equipment 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.

Codes added or terminated with this update are available at the following link: <a href="http://www.cms.gov/SNFConsolidatedBilling/71\_2011Update.asp#TopOfPage">http://www.cms.gov/SNFConsolidatedBilling/71\_2011Update.asp#TopOfPage</a>

**B. Policy:** Section 1888 of the Social Security Act codifies SNF PPS and CB. The new coding identified in each update describe the same services that are subject to SNF PPS payment by law. No additional services will be added by these routine updates; that is, new updates are required by changes to the coding system, not because the services subject to SNF CB are being redefined. Other regulatory changes beyond code list updates will be noted when and if they occur.

# II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable									
		col	umn	)							
		Α	D	F	C	R	Sł	nared-	Syste	m	OTHER
		/	M	I	Α	Н	]	Mainta	ainers		
		В	Е		R	Н	F	M	V	С	
					R	I	I	C	M	W	
		M	M		I		S	S	S	F	
		A	A		E		S				
		С	С		R						
7345.1	Medicare systems shall <b>terminate</b> CPT codes 93501,									X	

Number	Requirement			esponsibility (place an "X" in each applic lumn)							licable
		A	D	F	C	R		nared-			OTHER
		B	M E	I	A R	H H	F	Maint M	ainers V	C	
					R	I	I	С	M	W	
		M A	M A		I E		S	S	S	F	
		С	С		R		b				
	93508, 93510, 93511, 93514, 93524, 93526, 93527, 93528,										
	93529, 93539, 93540, 93541, 93542, 93543, 93544 and										
	93545 from Major Category I.B. in the FI/A/B MAC file										
	effective December 31, 2010.										
7345.2	Medicare systems shall <b>add</b> CPT codes 74176, 74177 and									X	
	74178 to Major Category I.A. in the FI/A/B MAC file										
	effective January 1, 2011.										
7345.3	Medicare systems shall <b>add</b> CPT codes 93451, 93452,									X	
	93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460,										
	93461, 93462, 93463, 93464, 93563, 93564, 93565, 93566,										
	93567 and 93568 to Major I.B. in the FI/A/B MAC file										
	effective January 1, 2011.										
7345.4	Medicare systems shall add CPT code 96446 to Major									X	
	Category III.B in the FI/A/B MAC file effective January 1,										
	2011.										
7345.5	Medicare systems shall <b>add</b> HCPCS codes Q2035, Q2036,									X	
	Q2037, Q2038 and Q2039 to Major Category IV.B. in the										
	FI/A/B MAC file effective January 1, 2011.										
7345.6	Medicare systems shall <b>terminate</b> CPT code 90658 from									X	
	Major Category IV.B in the FI/A/B MAC file effective										
	December 31, 2010.										
7345.7	Medicare systems shall <b>add</b> HCPCS code G0105 to Major									X	
	Category IV.E. in the FI/A/B MAC file effective January										
	1, 2011.										
7345.8	When brought to their attention, Medicare contractors shall	X		X							
	reprocess claims affected by this instruction.										

# III. PROVIDER EDUCATION TABLE

Numbe	Requirement	Responsibility (place an "X" in each									
r		applicable column)									
		A	D	F	C	R		Shai	red-		OTH
		/	M	I	A	Н		Syst	tem		ER
		В	E		R	Н	M	aint	aine	rs	
					R	I	F	M	V	C	
		M	M		I		I	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
7345.9	A provider education article related to this instruction will	X		X							
	be available at										
	http://www.cms.hhs.gov/MLNMattersArticles/ shortly										
	after the CR is released. You will receive notification of										
	the article release via the established "MLN Matters"										
	listserv.										

Numbe	Requirement	Responsibility (place an "X" in each									
r		applicable column)									
		Α	D	F	C	R	,	Shai	red-		OTH
		/	M	I	A	Н		Syst	tem		ER
		В	Е		R	Н	M	ainta	aine	rs	
					R	I	F	M	V	С	
		M	M		I		I	C	M	W	
		A	Α		Е		S	S	S	F	
		C	C		R		S				
	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.										

### IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

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

# Section B: For all other recommendations and supporting information, use this space:

### V. CONTACTS

**Pre-Implementation Contact(s):** Jason Kerr, Jason.Kerr@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

#### VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

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# **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.