
Program Memorandum Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal B-02-002

Date: JANUARY 11, 2002

CHANGE REQUEST 1997

SUBJECT: Notification to Carriers and Providers of Skilled Nursing Facility (SNF) Consolidated Billing (CB) Coding Information on CMS Web site

As of January 1, 2002, coding information for SNF CB may be found on the CMS Web site at www.hcfa.gov/medlearn/refsnf.htm under the topic "Consolidated Billing for Skilled Nursing Facility Residents Claims Billed to Medicare Carriers or DMERCs by Physicians, Non-Physician Practitioners, and Suppliers." This information may be used by carriers and providers to determine by procedure code whether services rendered to beneficiaries in Part A covered SNF stays or non-Part A covered SNF stays, (Part A benefits exhausted), are included or excluded from CB. You will reimburse services that are excluded from CB. Services that are included in CB, must be billed to the SNF for payment. These files are for services rendered in calendar year 2002. Carriers and providers will be notified of any subsequent coding changes.

Four code files will be found on the Web site:

? Codes for physician professional services (other than the interpretation of diagnostic tests) that when rendered to beneficiaries in a Part A covered stay are not included in CB and must be submitted to the carrier or DMERC for payment.

? Codes for the physician interpretation of diagnostic tests that when rendered to beneficiaries in a Part A covered stay and submitted with a 26-professional component modifier are not included in CB. These services must be submitted to the carrier for payment.

? Codes for ambulance services that will always be included in CB when submitted with an NN modifier and must not be submitted to the carrier for payment. These services must be submitted to the SNF for payment. There are additional situations in which ambulance services are consolidated. Refer to Program Memorandum AB-01-159 to identify these situations.

? Codes for physical, occupational, and speech therapy services that, when rendered to a beneficiary in a non-Part A covered stay, (i.e., Part A benefits exhausted), are included in CB and may not be submitted to the carrier for payment. They must be submitted to the SNF for payment.

Notify providers of this Web site in your next regularly scheduled bulletin. By January 14, 2002, post the information on any Internet sites or bulletin boards you maintain.

The *effective date* for this Program Memorandum (PM) is January 31, 2002.

The *implementation date* for this PM is January 31, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after December 1, 2002.

If you have any questions, contact your local regional office.