

Related Change Request (CR) #: 3096

Medlearn Matters Number: MM3096

Related CR Release Date: September 24, 2004

Related CR Transmittal #: 302

Effective Date: November 13, 2003

Implementation Date: October 25, 2004

Nursing Facility Visits (Codes 99301 – 99313)

Provider Types Affected

Physicians, Non-Physician Practitioners (NPP), Skilled Nursing Facilities (SNFs).

Provider Action Needed

This article conveys revised payment policy so that NPPs may provide other covered, medically necessary visits prior to and after the initial visit by the physician in a SNF. This instruction states that Medicare policy requires a face-to-face visit with the resident for the SNF/Nursing Facility (NF) discharge day management service. The instruction also clarifies that a split/shared evaluation and management visit may not be reported in the SNF or NF setting.

Background

Section 483.40 (c)(4) at Title 42 of the Code of Federal Regulations (CFR) did not define what the law meant by "initial" physician visit and therefore left the meaning open to interpretation, which impacted access to medically necessary care by other providers.

Therefore, the Centers for Medicare & Medicaid Services (CMS) has increasingly been asked to clarify "initial" visit and to allow NPPs to provide medically necessary visits when needed prior to the initial visit by the physician.

To ensure that all residents of nursing facilities have appropriate access to medical care, CMS has defined "initial visit" (comprehensive assessment) according to Survey and Certification memorandum (S&C-04-08) released on November 13, 2003 to State Survey Agencies and Medicare Part A and B contractors. Prior to release of that memorandum, NPP visits could not be paid prior to the initial visit by the physician in a SNF per 42 CFR 483.40 (c)(4) and (e) and in a NF per requirements at 42 CFR 483.40(f).

The Medicare Claims Processing Manual is now being revised per the Survey and Certification memorandum (S&C-04-08, dated November 13, 2003) so that NPPs may provide other covered, medically necessary visits prior to and after the initial visit by the physician. This instruction states that Medicare policy requires a face-to-face visit with the resident for the SNF/NF discharge day management service.

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The revision also states that a split/shared evaluation and management visit may not be reported in the SNF/NF setting.

This definition will now permit medically necessary visits to be provided by NPPs prior to and after the "initial (comprehensive assessment) by the physician. Medicare contractors are being instructed to implement this payment policy revision as soon as possible.

CMS reminds providers of the following:

- Payment requirements for NPPs may differ from Federal survey and certification requirements.
- Medicare will pay only a physician for the initial/comprehensive evaluation and management visit in a SNF or NF.
- When an NPP reports this service (using a CPT code in the 99301-99303 range) prior to the performance of the initial visit and reporting by the physician, the Medicare carrier should not pay it as billed. Accurate billing can be determined through a post pay medical review.
- The Medicare carrier will pay the physician who reports the initial visit (comprehensive assessment) using one of the SNF/NF CPT codes in the 99301-99303 range, and generally 99303 is used for this purpose.
- Medicare will pay the NPP for covered, medically necessary evaluation and management visits prior to and after the initial/comprehensive visit reported by the physician and also for other required visits to comply with federal regulations at the option of the physician in the SNF setting and at the option of the State in the NF setting. Such visits should be reported with the appropriate CPT code in the 99301-99302 and 99311-99313 range.
- Medicare will pay for annual NF assessments (other than the initial comprehensive assessment performed and reported by the physician), readmissions to the facility, or a major change in status in the resident when such services are submitted by the physician/NPP using CPT code of 99301 or 99302.
- Payment for services rendered by nurse practitioners (NP) and clinical nurse specialists (CNS) employed at an NF may be reassigned to the NF by the NP or CNS. In such cases, the NF should bill the appropriate Medicare carrier for the professional service using the UPIN of the NP or CNS.
- When a NF employs a physician assistant (PA), the NF will always bill the Medicare carrier for the professional service using the PA's UPIN.
- Medicare will pay for the SNF/NF discharge day management day service when it is performed face-to-face by the physician or NPP with the patient and is reported for the actual day of service.
- A split/shared service is not applicable in the SNF/NF setting.

Implementation

Medicare will implement these instructions on October 25, 2004.

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Related Instructions

Survey and Certification memorandum (S&C-04-08), dated November 13, 2003, entitled *Physician Delegation of Tasks in Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs)* can be found at:

<http://www.cms.hhs.gov/medicaid/survey-cert/sc0408.pdf>

Additional Information

The Medicare Claims Processing Manual (Pub 100-4), Chapter 12 (Physician/Nonphysician Practitioners), Section 30 (Correct Coding Policy), Subsection 6.13 (Nursing Facility Visits (Codes 99301-99313)) is being revised. The updated manual instructions are included in the official instruction issued to your carrier, and can be found by going to:

http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp

From that Web page, look for CR3096 in the CR NUM column on the right, and click on the file for that CR. If you have any questions, please contact your intermediary at their toll-free number, which may be found at:

<http://www.cms.hhs.gov/medlearn/tollnums.asp>

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