CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 302 **Date: SEPTEMBER 24, 2004**

CHANGE REQUEST 3096

SUBJECT: Nursing Facility Visits (Codes 99301 –99313)

I. SUMMARY OF CHANGES: This manual revision defines “initial visit” (comprehensive assessment) per the Survey and Certification Memorandum (S&C-04-08, dated November 13, 2003). The instruction states that the physician, only, may perform the initial visit. It revises payment policy so that nonphysician practitioners (NPPs) may provide other covered, medically necessary visits prior to and after this initial visit by the physician. The instruction states that payment requirements for NPPs may differ from Federal Survey and Certification Requirements. A face-to-face visit by the physician or NPP with the resident is required for the SNF/NF discharge day management service. The instruction also clarifies that a split/shared evaluation and management (E/M) visit may not be reported in the SNF/NF setting. (See Transmittal 1776, Change Request 2321, Evaluation and Management Service Codes - General - Codes 99201 - 99499)

NEW/REVISED MATERIAL - EFFECTIVE DATE*: November 13, 2003
IMPLEMENTATION DATE: October 25, 2004

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.*)
(R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	12/30.6.13/Nursing Facility Visits (Codes 99301 – 99313)

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 302	Date: September 24, 2004	Change Request 3096

SUBJECT: Nursing Facility Visits (Codes 99301 – 99313)

I. GENERAL INFORMATION

A. Background: To ensure that all residents of nursing facilities have appropriate access to medical care CMS has defined "initial visit" (comprehensive assessment) per the Survey and Certification Memorandum (S&C-04-08, dated November 13, 2003). Previously, nonphysician practitioner (NPP) visits could not be paid prior to the initial visit performed by the physician in a skilled nursing facility (SNF) per 42 CFR 483.40 (c) (4) and (e), and in a nursing facility (NF) per requirements at 42 CFR 483.40 (f).

B. Policy: This instruction revises payment policy so that NPPs may provide other covered, medically necessary visits prior to and after the initial visit performed by the physician. Payment requirements for NPPs may differ from the Federal Survey and Certification Requirements. This instruction states that Medicare policy requires a face-to-face visit with the resident for the SNF/NF discharge day management service. This instruction also clarifies that a split/shared evaluation and management (E/M) visit may not be reported in the SNF/NF setting.

C. Provider Education: A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
						Shared System Maintainers				Other
		FI	RHHI	Carrier	DMERC	FISS	MCS	VMS	CWF	
3096.1	Carriers shall pay only a physician for the initial/comprehensive evaluation and management visit in a SNF or NF. Accurate billing can be determined in a post pay medical review. The carrier should review when circumstances warrant post pay review. Applies to Part B contractor. Provider education is required. Educational only for Part A contractor.			X			X	X		
3096.2	The carrier shall pay a physician who reports the initial visit (comprehensive assessment) using one of the SNF/NF CPT codes from the range of CPT codes 99301 – 99303. Generally, CPT code 99303 is used for this purpose. Applies to Part B contractor. Provider education is required. Educational only for Part A contractor.			X			X	X		
3096.3	The carrier shall pay a NPP for all covered, and medically necessary E/M visits prior to and after the initial/comprehensive visit is performed and reported by a physician. The carrier shall also pay a NPP for other federally 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. These visits should be reported using CPT SNF/NF codes in the range of 99301 – 99302 and 99311 - 99313 depending on the clinical status of the patient and the circumstances of the visit in relation to the code description. Applies to Part B contractor. Provider education is required. Educational only for Part A contractor.			X			X	X		

Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
						Shared System Maintainers				Other
		FI	RHHI	Carrier	DMERC	FISS	MCS	VMS	CWF	
3096.4	The carrier shall pay for visits that involve the annual nursing facility assessments (other than the initial comprehensive assessment performed and reported by the physician), or readmissions to the facility or a major change of status in the resident when the service is reported using SNF/NF CPT codes 99301 or 99302. NPPs shall use these codes for these purposes. Accurate billing can be determined in a post pay medical review. The carrier should review when circumstances warrant post pay review. Applies to Part B contractor. Provider education is required. Educational only for Part A contractor.			X			X	X		
3096.5	Payment for services provided by NPs and clinical nurse specialists (CNSs) employed at a NF may be reassigned to the NF by the NPs and CNSs. The NF should bill and be paid by the appropriate Medicare Part B carrier under the NPs' or CNSs' UPIN for the professional service. Alternatively, the NPs or CNSs , employed by a NF, should bill and be paid by the carrier directly. Applies to Part B contractor. Provider education is required. Educational only for Part A contractor.			X			X	X		
3096.6	When a NF employs a physician assistant (PA) the NF shall always bill and be paid by the Part B carrier using the PA's UPIN for the PA's professional service in a NF. Applies to the Part B contractor. Provider education is required. Educational only for the Part A contractor.			X			X	X		

Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
						Shared System Maintainers				Other
		FI	RHHI	Carrier	DMERC	FISS	MCS	VMS	CWF	
3096.7	The carrier shall not pay for a split/shared E/M visit by a physician and nonphysician practitioner in a SNF or NF setting. This policy does not apply to the SNF/NF setting. Accurate billing can be determined in a post pay medical review. The contractor should review when circumstances warrant post pay review. Applies to the Part B contractor. Provider education is required. Educational only for Part A contractor.			X			X	X		
3096.8	The carrier shall pay for the SNF/NF discharge day management service reported with CPT codes 99315 – 99316 when it is performed face-to-face with the resident by the physician or NPP and reported for the actual date of service. Applies to the Part B contractor. Provider education is required. Educational only for Part A contractor.			X			X	X		

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: 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).

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: November 13, 2003 **Implementation Date:** October 25, 2004 **Pre-Implementation Contact(s):** Kit Scally (Cscally@cms.hhs.gov) **Post-Implementation Contact(s):** Regional Offices	**These instructions shall be implemented within your current operating budget.**

*__Unless otherwise specified, the effective date is the date of service.__

30.6.13 – Nursing Facility Visits (Codes 99301 - 99313)

(Rev. 302, Issued: 09-24-04, Effective: 11-13-03, Implementation: 10-25-04)

B3-15509-15509.1

A. Visits to Perform *the Initial Comprehensive Assessment and* Resident Assessments

Visits necessary to perform all Medicare required assessments are payable. *The required initial comprehensive visit in a skilled nursing facility (SNF) and nursing facility (NF) is the initial visit during which the physician completes a thorough assessment, develops a plan of care and writes or verifies admitting orders for the resident. This must take place no later than 30 days after admission. The physician may not delegate the initial comprehensive assessment visit. Only a physician may perform and report the initial comprehensive assessment visit. Generally, CPT code 99303 is used for this purpose. Other resident assessments may be performed and billed by a physician or a nonphysician practitioner (NPP). CPT codes (99301-99302) are used for other comprehensive nursing facility assessments to report the evaluation and management services (E/M) involved with the annual assessment or to report a significant complication or a significant new problem that results in a major permanent change in health status.* Evaluation and Management documentation guidelines apply. *(Refer to §30.6.14 for further clarification on the use of SNF/NF codes.) Payment requirements for NPPs may differ from Federal Survey and Certification Requirements.*

B. Visits to Comply With Federal Regulations (42 CFR 483.40 (c))

Payment is made for visits required to monitor and evaluate residents at least once every 30 days for the first 90 days after admission and at least once every 60 days thereafter. These visits and all other medically necessary visits for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member are covered under Medicare Part B. Generally, CPT codes for subsequent nursing facility care (99311-99313) should be used when reporting *these* evaluation and management services. *Annual assessment visits or visits to report a major change in the status of a resident may be reported by the physician or a NPP, using CPT codes 99301 or 99302, after the physician has performed and reported the initial comprehensive assessment, generally, using CPT code 99303.* Medicare does not pay for additional visits *that may be* required by state law for an admission or other purposes unless the visits are necessary to meet the medical needs of the individual resident.

C. Visits by the Nonphysician Practitioner

SNF

Visits to comply with Federal Regulations in SNFs after the initial visit by the physician may, at the option of the physician, be *delegated to a NPP,* (i.e., physician assistant (PA),

nurse practitioner (NP) or clinical nurse specialist (CNS) *who is working in collaboration with a physician*. *General supervision and billing requirements must be met for PA services.* (Refer to 42 CFR 483.40 (c) (4) and (e).) *NPPs may also provide other medically necessary visits prior to and after the physician performs and reports the initial comprehensive assessment visit. CPT codes in the range of 99301-99302 and 99311-99313 are used for these visits depending on the clinical status of the patient and circumstances of the visit and as related to the code description.*

NF

An NPP, who is not an employee of the facility in which he/she provides a Part B Medicare service, may be paid for medically necessary visits and other federally required visits, other than the initial visit provided by the physician, in a NF (including tasks which the regulations specify must be performed personally by the physician, i.e., visits), at the option of the state. (Refer to 42 CFR 483.40 (f).) NPPs employed by the NF may not perform or be paid for the initial comprehensive visit or any other federally required visits. Other medically necessary visits may be performed by NPPs who are employed by the NF. If NPs and CNSs employed by a NF opt to reassign payment for their professional services to the NF, the NF can bill the appropriate Medicare Part B carrier under the NPs' or CNSs' UPINs for their professional services. Alternatively, NPs or CNSs who are employed by a NF may bill the carrier directly for their services to NF residents. The NF must always bill the Part B carrier using the PA's UPIN for the PA's professional services to NF residents.

Where a physician establishes an office in a SNF/NF, the "incident to" services and requirements are confined to this discrete part of the facility designated as his/her office. "Incident to" services may not be billed in a hospital setting. Thus, services performed outside the "office" area would be subject to the coverage rules applicable to services provided outside the office setting, i.e., nursing home.

Services provided by physician-employed or independent *NPPs* must meet Medicare requirements and fall within the scope of services that *NPPs* are licensed to perform. A physician assistant *must provide services* under the general supervision of the physician. These visits and all other medically necessary visits for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member are covered under Medicare Part B.

D. Medically Complex Care

Payment is made for visits to residents in a SNF who are receiving services for medically complex care upon discharge from an acute care facility when the visits are medically necessary and documented in the medical record. Use CPT codes for subsequent nursing facility care (99311-99313) when reporting evaluation and management services.

E. Gang Visits

Although the selection of the level of service for an evaluation and management encounter is not based on time, the CPT codes provide an approximate time typically spent with a resident. The level of service and code billed must be medically necessary (§§1862 (a)(1)(A) of the Act) for each resident. Claims for an unreasonable number of visits to residents at a facility within a 24-hour period may indicate aberrancy and result in medical review to determine medical necessity. Medical records must document the specific services to each individual resident.

F. Split/Shared E/M Service

A split/shared E/M service cannot be reported in the SNF/NF setting. A split/shared E/M service occurs when a physician and an NPP who are in the same group practice or employed by the same employer each personally performs part of an E/M service to the same patient on the same date. The split/shared E/M service applies only to selected E/M visits (i.e., hospital inpatient, hospital outpatient, hospital observation, hospital emergency department visits, hospital discharge and prolonged services associated with these codes).

G. SNF/NF Discharge Day Management Service

Medicare policy requires a face-to-face visit with the resident provided by the physician or NPP for the SNF/NF discharge day management service. The visit shall be reported for the date of actual service. CPT codes 99315–99316 are used for this service.