

Related Change Request (CR) #: 3333

Medlearn Matters Number: MM3333

Related CR Release Date: June 18, 2004

Related CR Transmittal #: 209

Effective Date: July 1, 2004

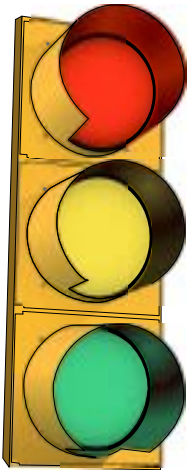
Implementation Date: July 6, 2004

Correction to CR 2944, Transmittal 90, Issued on February 6, 2004

Provider Types Affected

Physicians, suppliers, and providers

Provider Action Needed



STOP – Impact to You

Change Request (CR) 2944, Transmittal 90, issued on February 6, 2004, entitled “Implementation of Skilled Nursing Facility Consolidated Billing CWF Edit for Therapy Codes Considered Separately Payable Physician Services” incorrectly indicated that services provided in a non-covered skilled nursing facility stay are reimbursed through the prospective payment system.

CAUTION – What You Need to Know

This instruction corrects the business requirements of CR 2944 and the relevant Internet Only Manual (IOM). In addition, the associated Medlearn Matters article number MM2944 also was incorrect and will need to be reissued. Though this change is necessary, claims will be processed correctly according to the business requirements established in CR 2944 and CR 3156.

GO – What You Need to Do

Refer to the *Background* and *Additional Information* sections of this instruction for additional information regarding these changes.

Background

This instruction corrects Section 1B of the Business Requirements of CR 2944, Transmittal 90, issued on February 6, 2004, entitled “Implementation of Skilled Nursing Facility Consolidated Billing CWF Edit for Therapy Codes Considered Separately Payable Physician Services,” which incorrectly indicated that services provided in a non-covered skilled nursing facility stay are reimbursed through the prospective payment system.

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Language contained in CR 2944 incorrectly indicated that services provided in a non-covered skilled nursing facility stay are both subject to consolidated billing and reimbursed through the prospective payment system. This instruction provides the corrected language (by removing the language indicating that the services are subject to the prospective payment system when provided to beneficiaries in a non-covered SNF stay) as follows:

“Physical, occupational, and speech therapy services are subject to consolidated billing when provided to beneficiaries in either a Part A covered skilled nursing facility (SNF) stay or during a non-covered stay. A small number of these services are considered surgery when performed by a physician and may be separately paid by the carrier. They are considered therapy when performed by a physical and occupational therapist and continue to be subject to consolidated billing.”

A complete list of the services affected by SNF consolidated billing can be found on the CMS website at:

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

Lastly, the Medlearn Matters article number MM2944 associated with CR 2944 was incorrect and will need to be reissued.

Also, note that even though this change is necessary to correct the concept, claims will be processed correctly according to the business requirements established in CR 2944 and CR 3156.

Implementation

The implementation date for this instruction is July 6, 2004.

Related Instructions

The Medicare Claims Processing Manual (Pub 100-4), Chapter 6 (SNF Inpatient Part A Billing) Section 110 (Carrier Claims Processing for Consolidated Billing for Physician and Non-Physician Practitioner Services Rendered to Beneficiaries in a SNF Part A Stay), Subsection 2.6 (Edit for Therapy Services Separately Payable When Furnished by a Physician) is being revised. The updated manual instructions are included in the official instruction issued to your carrier, and it can be found by going to:

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

From that website, look for CR3333 in the CR NUM column on the right, and click on the file for that CR.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at:

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

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