

Related Change Request (CR) #: 3348

Medlearn Matters Number: MM3348

Related CR Release Date: July 9, 2004

Related CR Transmittal #: 224

Effective Date: October 1, 2004

Implementation Date: October 4, 2004

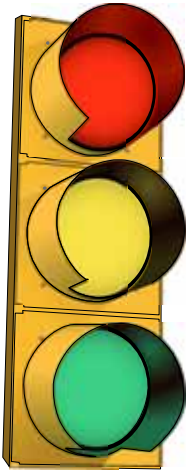
October 2004 Quarterly Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used For Skilled Nursing Facility (SNF) Consolidated Billing Enforcement

Provider Types Affected

Institutional providers billing claims to the Medicare Fiscal Intermediaries (FIs).

Physicians, practitioners, and suppliers billing Medicare carriers for services

Provider Action Needed



STOP – Impact to You

HCPCS codes are being added to or removed from the SNF consolidated billing enforcement list.

CAUTION – What You Need to Know

Services included on the SNF consolidated billing enforcement list will be paid to SNF Medicare providers only. Services excluded from the SNF consolidated billing enforcement list may be paid to Medicare providers other than SNFs. See *Background* and *Additional Information* sections for further explanation.

GO – What You Need to Do

Be aware of the requirements explained below and how they can impact your Medicare payment.

Background

The Centers for Medicare & Medicaid Services (CMS) periodically updates the list of HCPCS codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (SNF PPS). Services appearing on this list submitted on claims to Medicare Fiscal Intermediaries (FIs) and Carriers, including Durable Medical Equipment Regional Carriers (DMERCs) will not be paid to any Medicare providers, other than a SNF, when included in SNF consolidated billing.

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For non-therapy services, the SNF consolidated billing applies only when the services are furnished to a SNF resident during a covered Part A stay. However, the SNF consolidated billing applies to physical, occupational, or speech-language therapy services whenever they are furnished to a SNF resident, regardless of whether Part A covers the stay. Services excluded from the SNF consolidated billing may be paid to providers, other than SNFs, for beneficiaries, even when in a SNF stay.

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

The codes below are listed as being added or removed from the annual update, mentioned above. Deletions from Major Category I F. below, specifically HCPCS code 36489, is being removed because the HCPCS was discontinued as of December 31, 2003. additions to what is noted as Major Category III below means these services may be provided by any Medicare provider licensed to provide them, **except a SNF**, and are excluded from SNF PPS and consolidated billing. Additions to therapy inclusions, Major Category V below, mean SNFs alone can bill and be paid for these services when delivered to beneficiaries in a SNF, whereas codes being removed from this therapy inclusion list now can be billed and potentially paid to other types of providers for beneficiaries NOT in a Part A stay or in a SNF bed receiving ancillary services billed on TOB 22x.

Outpatient Surgery and Related Procedures (*Major Category I F., FI Annual Update, INCLUSION*)

Remove 36489♦ – placement of cv catheter

Note on Code above:

Code discontinued effective December 31, 2003.

Customized Prosthetic Devices (*Major Category III, FI Annual Update, EXCLUSION*)

For FI claims processing, remove K0556*, K0557*, K0558*, K0559* - Addition to lower extremity, below knee/above knee, custom fab. **For carrier claims processing**, these codes will remain payable for dates of service prior to January 1, 2004.

Add L5673** - addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism

Add L5679** - addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism

Chemotherapy Administration (*Major Category III, FI Annual Update, EXCLUSION*)

Remove 36489*** - placement of cv catheter

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Notes on Codes above:

- * Codes were replaced by L5673, L5679, L5681 and L5683.
- ** Codes are added to exclusion list retroactive to 1/1/04.
- *** Code discontinued effective 12/31/03.

Therapies (*Major Category V, FI Annual Update, for FI billing use revenues codes 42x (physical therapy), 43x (occupational therapy), 44x (speech-language pathology)*)

Remove G0295^ Electromagnetic stimulation, to one or more areas (Not covered by Medicare) (This code was not previously included on carrier coding files.)

Remove G0237^^ - Therapeutic procd strg endur

Remove G0238^^ - Oth resp proc, indiv

Remove G0239^^ - Oth resp proc, group

Remove G0302^^ - pre-op LVRS service

Remove G0303^^ - pre-op service LVRS 10-15dos

Remove G0304^^ - pre-op service LVRS 1-9dos

Remove G0305^^ - post-op service LVRS min 6dos

Add G0329 ^^– electromagnetic therapy, (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care

Notes on Codes above:

^ This code was erroneously added to file. Code was not previously included on carrier coding files.

^^ These codes are not considered therapy codes and are not payable to a SNF. They were inadvertently added to the table.

^^^ This code was added to the therapy inclusion list effective July 1, 2004. (Information concerning this code was not received in time to issue a July 2004 update.)

Additional Information

Each January, separate instructions are published for FIs, Carriers and DMERCs for the annual notice on the SNF consolidated billing. The 2004 Annual Updates for FIs can be found on the CMS web site at:

www.cms.hhs.gov/manuals/pm_trans/R19CP.pdf

This instruction is referred to as CR2926.

Overall information regarding SNF CB can be found at:

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

Quarterly updates now apply to FIs, Carriers and DMERCs. There has been one joint FI/Carrier/DMERC quarterly update published subsequent to the 2004 Annual Updates. This update can be found at:

www.cms.hhs.gov/manuals/pm_trans/R92CP.pdf

That instruction is also known as CR3070.

The official instruction issued to your carrier regarding this change may be found by going to:

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

From that web page, look for CR3348 in the CR NUM column on the right, and then click on the file for that CR.

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