

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 4093</b>	<b>Date: July 20, 2018</b>
	<b>Change Request 10852</b>

**SUBJECT: October Quarterly Update to 2018 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement**

**I. SUMMARY OF CHANGES:** This notification provides updates to the lists of Healthcare Common Procedure Coding System (HCPCS) codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS).

Changes to CPT/HCPCS codes and Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow MACs to make appropriate payments in accordance with policy for SNF consolidated billing in Chapter 6, section 20.6.

**EFFECTIVE DATE: October 1, 2018 - For claims processed on or after October 1, 2018 for claims with dates of service on or after January 1, 2016**

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

**IMPLEMENTATION DATE: October 1, 2018**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. 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 is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

# Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 4093	Date: July 20, 2018	Change Request: 10852
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**EFFECTIVE DATE: October 1, 2018 - For claims processed on or after October 1, 2018 for claims with dates of service on or after January 1, 2016**

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**IMPLEMENTATION DATE: October 1, 2018**

## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of Healthcare Common Procedure Coding System (HCPCS) codes that are **excluded** from the consolidated billing (CB) provision of the SNF Prospective Payment System (PPS). Services **excluded** from SNF PPS and CB may be paid to providers, other than SNFs, for beneficiaries, even when in a SNF stay. Services not appearing on the **exclusion** lists submitted on claims to Medicare Administrative Contractors (MACs), including Durable Medical Equipment MACs (DME MACs), will not be paid by Medicare to any providers other than a SNF. For non-therapy services, SNF CB applies only when the services are furnished to a SNF resident during a covered Part A stay; however, SNF CB applies to physical and occupational therapies and speech-language pathology services whenever they are furnished to a SNF resident, regardless of whether Part A covers the stay. In order to assure proper payment in all settings, Medicare systems must edit for services provided to SNF beneficiaries both included and excluded from SNF CB.

The updated lists for institutional and professional billing are available at:

<http://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html?redirect=/SNFConsolidatedBilling/>

Certain codes are included as services that are not subject to SNF CB. These codes can be submitted globally (no modifier), professional component only (modifier 26), or technical component only (modifier TC). When the codes listed below are submitted globally or just for the technical component, the claims submitted to the A/BMACs Part B are being rejected by the Common Working File (CWF). That is to say, they are not allowed to pay separately outside of the consolidated payment that is made to the SNF. When submitted with the 26 modifier for just the professional component, the claims have been allowed to pay.

G0491, G0500, J9034, J9301, Q0083, Q0084, Q0085, 00731, 00732, 00811, 00812, 00813, 36598, 77385, 77386, 77770, 77771, 77772, 79005, 79101, 79445, 96446, 99151, 99152, 99155, 99156, and 99157.

This error is occurring because the codes were not added by CMS to the appropriate coding lists with the 2016, 2017 and 2018 SNF CB Annual Updates. Therefore, when brought to their attention, for claims with dates of service on or after January 1, 2016, the A/BMACs Part B are instructed to re-open and reprocess claims. A/BMACs Part B shall notify providers that should they have already received payment for these services from the SNF, they need to return that payment to the SNF in order to receive payment from CMS. Providers may not be paid twice for the same service and such a request could be construed as a fraudulent claim.

**B. Policy:** Section 1888 of the Social Security Act codifies SNF PPS and CB. 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; that is, new updates are required by changes to the coding system, not because the services subject to SNF CB are being redefined. Other regulatory changes beyond code list updates will be noted when and if they occur.



Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	Category 1.I exclusions retroactive to July 1, 2018.  · Q5105 Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units  · Q5106 Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units										
10852.5.1	For claims processed on or after the implementation of the October 2018 release on October 1, 2018, for 2018, the CWF shall add the following HCPCS codes to File #1 - Physician Services for SNF Consolidated Billing with an effective date of July 1, 2018:  Q5105 and Q5106.								X		
10852.5.2	When brought to their attention, for claims with dates of service on or after July 1, 2018 that have previously been denied/rejected prior to the implementation of this CR, A/BMACs Part B shall re-open and re-process the claims.		X								

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
10852.6	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X			

#### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
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**Section B: All other recommendations and supporting information: N/A**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Leslie Trazzi, 410-786-7544 or Leslie.Trazzi@cms.hhs.gov , Mark Baldwin, mark.baldwin@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**