CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4341	<b>Date: August 2, 2019</b>
	<b>Change Request 11381</b>

SUBJECT: October Quarterly Update to 2019 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, 2019**

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

**IMPLEMENTATION DATE: October 7, 2019** 

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*.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
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: 4341 Date: August 2, 2019 Change Request: 11381

SUBJECT: October Quarterly Update to 2019 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

**EFFECTIVE DATE: October 1, 2019** 

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

The CPT codes 29580, 29581, and 29584 addressed in this CR are incorrectly categorized. This CR will provide instruction to correctly categorize 29580, 29581, and 29584 on the SNF CB files.

**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.

## II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Nun	nber	Requirement	Responsibility								
			A/B		D	Shared-				Other	
			MAC		M	System					
					Е	Maintainers			ers		
			Α	В	Н		F	M	V	С	
					Н	M	I	C	M	W	
					Н	A	S	S	S	F	
						C	S				
1138	31.1	Effective with the implementation of the October 2019								X	
		release on October 7, 2019, the CWF shall remove the									
		following HCPCS codes from 2018 and 2019									

Number	Requirement	Re	espo	nsil	bilit	v							
		A/B MAC		A/B I MAC I			A/B D			Sys	red- tem aine		Other
		A	В	H H H	M A C	F	M C S		С				
	processing File #1 - Physician Services for SNF Consolidated Billing:												
	29580, 29581, and 29584.												
11381.2	Effective with the implementation of the October 2019 release on October 7, 2019, the CWF shall add the following HCPCS codes to the 2018 and 2019 processing File #4 – Part B Stay Only – Therapy Services:  29580, 29581, and 29584								X				
11381.3	Contractors shall not search their files for incorrectly paid claims. However, they shall reopen and reprocess claims when brought to their attention.		X										
11381.4	The CWF shall remove the following HCPCS to Major Category I.F ambulatory surgery inclusions retroactive to January 1, 2015.  29580 - paste/unna boot								X				
	29581-29584 - application of multi compression systems												
11381.4.1	The CWF shall add the following HCPCS to Major Category V Part B Therapy Inclusions retroactive to January 1, 2015:  29580 - paste/unna boot								X				
	29581 - Lower Extremity Application of Strapping-Any Age												
	29584 - Upper Extremity Application of Strapping-Any Age.												
11381.4.2	Contractors shall not search their files for incorrectly paid claims. However, A/B MACs Part A shall re-open and adjust claims that have previously been denied/rejected when brought to their attention.	X											

#### III. PROVIDER EDUCATION TABLE

Number	Requirement Responsib				bilit	y
			A/B MA(		D M E	C E D
		A	В	H H H	M A C	Ι
11381.5	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

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Bridgitte Davis-Hawkins, bridgitte.davis-hawkins@cms.hhs.gov , Valeri Ritter, valerie.ritter@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**