

# CMS Manual System

## Pub 100-04 Medicare Claims Processing

Transmittal 696

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: OCTOBER 7, 2005

Change Request 4086

**SUBJECT: 2006 Annual Update of HCPCS Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) for the Common Working File (CWF), Medicare Carriers and Fiscal Intermediaries (FIs)**

**I. SUMMARY OF CHANGES:** The changes to Healthcare Common Procedure Coding System codes and Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow carriers to make appropriate payments in accordance with policy for SNF consolidated billing.

### NEW/REVISED MATERIAL

**EFFECTIVE DATE: January 01, 2006**

**IMPLEMENTATION DATE: January 03, 2006**

*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
R	6/Table of Contents
N	6/20.6/SNF CB Annual Update Process for Fiscal Intermediaries (FIs)

### III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

### IV. ATTACHMENTS:

Recurring Update Notification

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



Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4086.1	The CWF contractor shall compare the new <b>Carrier</b> code list for category 75 to the codes in the current edit. Codes that appear on the new list, but not in the current edit, shall be added to the edit.								X	
4086.2	The CWF contractor shall compare the new <b>Carrier</b> code list for codes that require the 26 modifier to the codes in the current edit. Codes that appear on the new list, but not in the current edit, shall be added to the edit.								X	
4086.3	The CWF contractor shall compare the new <b>Carrier</b> code list for ambulance codes to the codes in the current edit. Codes that appear on the new list, but not in the current edit, shall be added to the edit.								X	
4086.4	The CWF contractor shall compare the new <b>Carrier</b> code list for the Part B therapy codes to the codes in the current edit. Codes that appear on the new list, but not in the current edit, shall be added to the edit.								X	
4086.5	The CWF contractor shall compare the new <b>FI</b> code list for Major Categories I-V to the codes in the current edit. Codes that appear on the new list, but not in the current edit, shall be added to the edit.								X	
4086.6	After it has compared all codes on the new edit lists to those in the current edits, the CWF contractor shall provide CMS with a list of codes by edit that were formerly on the edits, but do not appear on the new code lists.								X	
4086.7	The CWF contractor will delete codes from the edits per the CMS determination.								X	
4086.8	Carriers and FIs shall continue to respond to rejects and unsolicited responses received from CWF per current methodology.	X		X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
4086.9	Carriers and FIs shall reopen and reprocess any claims brought to their attention for services that prior to this update were mistakenly not considered to be excluded from consolidated billing and therefore, not separately payable. Carriers and FIs need not search claims history to identify these claims. Any of these changes will be listed on the web sites.	X		X					

### III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
4086.10	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/medlearn/matters">www.cms.hhs.gov/medlearn/matters</a> 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 shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. 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. (NOTE: The Medlearn Matters	X		X					

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	article must just focus on the release of updated coding files effective January 1, 2006. Specific business requirements need not be included.)								

**IV. 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: N/A**

**F. Testing Considerations: N/A**

**V. SCHEDULE, CONTACTS, AND FUNDING**

<p><b>Effective Date*:</b> January 1, 2006</p> <p><b>Implementation Date:</b> January 3, 2006</p> <p><b>Pre-Implementation Contact(s):</b> April Billingsley, <a href="mailto:April.Billingsley@cms.hhs.gov">April.Billingsley@cms.hhs.gov</a> for carrier billing; Jason Kerr, <a href="mailto:Jason.Kerr@cms.hhs.gov">Jason.Kerr@cms.hhs.gov</a> for FI billing.</p> <p><b>Post-Implementation Contact(s):</b> The appropriate regional office</p>	<p><b>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</b></p>
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# Medicare Claims Processing Manual

## Chapter 6 - SNF Inpatient Part A Billing

### Table of Contents

*(Rev. 696, 10-07-05)*

*20.6 – SNF CB Annual Update Process for Fiscal Intermediaries (FIs)*

## ***20.6 – SNF CB Annual Update Process for Fiscal Intermediaries (FIs)***

***(Rev. 696, Issued: 10-07-05; Effective: 01-01-06; Implementation: 01-03-06)***

*Barring any delay in the Medicare Physician Fee Schedule, CMS will provide the new Annual Update code file to CWF by November 1. Should this date change, CWF will be notified through the appropriate mechanism.*

*The CWF contractor must compare the new code list for Major Categories I through V to the codes in the current edits. Codes that appear on the new list, but not in the current edit, must be added to the edit.*

*CMS will make a determination as to which codes should be deleted from which edits. This mechanism will allow for any changes in professional component/technical component designations to be correctly coded for edits and for deleted codes and codes no longer valid for Medicare purposes as of the end of the calendar year, to continue to pay correctly for prior dates of service.*

*CMS will respond to the list provided by the CWF contractor and provide the determination on the codes to the CWF contractor.*

*The CWF contractor will delete codes from the edits per the CMS determination.*

*FIs must continue to respond to rejects and unsolicited responses received from CWF per current methodology. FIs must reopen and reprocess any claims brought to their attention for services that prior to this update were mistakenly considered to be subject to consolidated billing and therefore, not separately payable. FIs need not search claims history to identify these claims. Prior to January 1 of each year, a new code file will be posted to the CMS Web site at: <http://www.cms.hhs.gov/providers/snfppts/snffi/>. Should this date change, FIs will be notified through the appropriate mechanism.*

*Coding changes throughout the year may also be made as necessary through a quarterly update process.*

*As soon as the new code file is posted to the CMS Web site, through their Web sites and list serves, FIs must notify providers of the availability of the new file.*