

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1182	Date: FEBRUARY 9, 2007
	Change Request 5502

SUBJECT: April Quarterly Update to 2007 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

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

NEW / REVISED MATERIAL

EFFECTIVE DATE: *January 1, 2007

IMPLEMENTATION DATE: April 2, 2007

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	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

Recurring Update Notification

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

Attachment – Recurring Update Notification

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SUBJECT: April Quarterly Update to 2007 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

Effective Date: January 1, 2007

Implementation Date: April 2, 2007

I. GENERAL INFORMATION

A. Background: The CMS periodically updates the lists of HCPCS codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS). Services appearing on this list submitted on claims to both Medicare fiscal intermediaries (FIs) and carriers, including durable medical equipment regional carriers (DMERCs), will not be paid by Medicare to providers, other than a SNF, when **included** in SNF CB. 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. Services **excluded** from SNF PPS and CB may be paid to providers, other than SNFs, for beneficiaries, even when in a SNF 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.

For the annual notice on SNF CB each January, the CMS publishes a combined instruction for FI and Carrier/DMERCs. The 2007 Annual Update file for FIs can be found on the CMS Web site at: http://www.cms.hhs.gov/SNFConsolidatedBilling/75_2007_FI_Update.asp#TopOfPage. This 2007 file will be updated with the changes addressed in this instruction by March 1, 2007. Information on the 2007 annual update for carriers can be found at: http://www.cms.hhs.gov/SNFConsolidatedBilling/021_2007Update.asp#TopOfPage. Quarterly updates typically apply to both FIs and carriers/DMERCs, however in this case codes were omitted from the FI file for January 2007 that were included in the carrier file. As a result, this CR only affects FIs. Note that these updates affect claims with dates of service on or after the effective date.

The codes below are listed as being added or removed from the annual update, mentioned above.

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

Add 96521 – Refilling and Maintenance of Portable Pump

Add 96522 – Refilling and Maintenance of Implantable Pump or Reservoir for Drug Delivery, Systemic (e.g. intravenous, intra-arterial)

Add 96523 – Irrigation of Implanted Venous Access Device for Drug Delivery Systems

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 (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R E R	D M E R C	R E H R I	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
	the Medicare program correctly.										

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

B. For all other recommendations and supporting information, use the space below: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wil Gehne (410) 786-6148 wilfried.gehne@cms.hhs.gov, or Wendy Tucker (410) 786-3004 wendy.tucker@cms.hhs.gov

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):
No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC):

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified 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.