CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 360 **Date: November 05, 2004**

CHANGE REQUEST 3542

NOTE: These instructions were previously released under RO-2937/CI-2741 dated November 05, 2004, with instructions not to post until you receive further guidance from CMS. These instructions are no longer Sensitive and can now be posted to your Intranet and Internet.

SUBJECT: Annual Update of HCPCS Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB)

I. SUMMARY OF CHANGES: This is the annual update of HCPCS codes used for SNF CB enforcement.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 1, 2005, for services provided on or after that date.

IMPLEMENTATION DATE: January 3, 2005, with fiscal intermediary standard systems release.

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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	**Recurring Update Notification**

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

Recurring Update Notification

Pub. 100-04	Transmittal: 360	Date: November 05, 2004	Change Request: 3542

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

I. GENERAL INFORMATION

A. Background: In several past instructions, CMS established the process of periodically updating the lists of HCPCS codes that are subject to the CB provision of the Skilled Nursing Facility Prospective Payment System (SNF 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. **This notification provides a list of the exclusions, and some inclusions, to SNF CB, and only applies to codes affected by editing in Medicare FI claims processing.** A separate notification is published for codes affecting Medicare carrier claims processing.

This one time notification is the next annual update in the routine and comprehensive process CMS has established for updating SNF CB edits affected by HCPCS coding changes in each quarter. This one time notification is the first quarterly SNF consolidated billing update for fiscal year (FY) 2005. It incorporates a list of new temporary codes (such as K codes, if applicable), as well as the annual update of all HCPCS codes. Since this is the only quarter in which new permanent HCPCS codes are produced, this one time notification is referred to as an annual update. Other updates for the remaining quarters of the FY will occur **as needed** due to the creation of new temporary codes prior to the next annual update. In lieu of any other update, editing based on these codes remains in effect.

SNF Help File

A revised SNF Help File, separate from the code list, is **not** attached to this notification. The Help File, which provides billing guidance **only** to FIs, SNFs and suppliers on HCPCS codes, and includes codes affected by SNF CB and many other codes, will be updated from the current version **separately** after release of this notification with the new code list.

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.

C. Provider Education: A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters 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 must be included in your next regularly scheduled bulletin. 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.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
						Shared System Maintainers				Other
		FI	RHHI	Carrier	DMERC	FISS	MCS	VMS	CWF	
3542.1	The Common Working File (CWF), part of Medicare claims processing systems, shall use the attached list of codes to enforce existing SNF CB edits on claims with dates of service on or after January 1, 2005. **[Systems Requirement]**								X	

III. 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

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2005 **Implementation Date:** January 3, 2005 **Pre-Implementation Contact(s):** Jason Kerr (410) 786-2123 or Jkerr3@cms.hhs.gov or Elizabeth Carmody (410) 786-7533 or Ecarmody@cms.hhs.gov. **Post-Implementation Contact(s):** Appropriate regional office	**Medicare contractors shall implement these instructions within their current operating budgets.**

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

Attachment

ATTACHMENT

SNF Consolidated Billing HCPCS Coding List

The following is a comprehensive list of HCPCS codes involved in editing claims submitted to FIs for services subject to SNF consolidated billing (CB). **New codes listed subsequent to prior publications appear in bold in HCPCS code charts. Boldface is also used outside of the code charts in cases as noted when type of bill (i.e., bill type) or revenue codes, rather than HCPCS codes, are used to perform editing. Bolding is also used to highlight titles, captions and other billing information for SNFs.** Codes from previous lists not appearing here have been deleted.

Major Category I

Exclusion of Services Beyond the Scope of a SNF

The services must be provided on an outpatient basis at a hospital, including a critical access hospital (CAH), **not by a SNF**, and are excluded from SNF PPS and CB for beneficiaries in a Part A stay. Services directly related to these services, defined as services billed for the same place of service and with the same line item date of service as the services listed below, are also excluded fro SNF CB, with exceptions as listed below.

- Note that anesthesia, drugs incident to radiology and supplies (**revenues codes 037x, 0255, 027x and 062x**) will be bypassed by enforcement edits when billed with CT Scans, Cardiac Catheterizations, MRIs, Radiation Therapies, or Angiographies or surgeries.

- In general, bypasses also allow CT Scans, Cardiac Catheterization, MRI, Radiation Therapy, Angiography, and Outpatient Surgery **HCPCS codes 0001T – 0021T, 0024T – 0026T, or 10021 - 69990** (except HCPCS codes listed in the table below) to process and pay. This includes all other revenue code lines on the incoming claim that have the same line item date of service (LIDOS).

A. Computerized Axial Tomography (CT) Scans

70450	70460	70470	70480	70481	70482	70486	70487	70488
70490	70491	70492	70496	70498	71250	71260	71270	71275
72125	72126	72127	72128	72129	72130	72131	72132	72133
72191	72192	72193	72194	73200	73201	73202	73206	73700
73701	73702	73706	74150	74160	74170	74175	75635	76355
76360	76362	76370	76375	76380	76497	G0131	G0132	

B. Cardiac Catheterization

33967	33968	93501	93503	93505	93508	93510	93511	93514
93524	93526	93527	93528	93529	93530	93531	93532	93533
93539	93540	93541	93542	93543	93544	93545	93555	93556
93561	93562	93571	93572					

C. Magnetic Resonance Imaging (MRIs)

70336	70540	70542	70543	70544	70545	70546	70547	70548
70549	70551	70552	70553	70557	70558	70559	71550	71551
71552	71555	72141	72142	72146	72147	72148	72149	72156

72157	72158	72195	72196	72197	**72198	73218	73219	73220
73221	73222	73223	73718	73719	73720	73721	73722	73723
73725	74181	74182	74183	74185	75552	75553	75554	75555
*75556	76093	76094	76390	76394	76400	76498	C8900	C8901
C8902	C8903	C8904	C8905	C8906	C8907	C8908	C8909	C8910
C8911	C8912	C8913	C8914	C8918	C8919	C8920		

* This service is not covered by Medicare.
****** While this code can be submitted by CAHs and hospitals not subject to OPPS, OPPS hospitals submit C8918-C8920 instead, and these alternate codes are already edited for SNF CB.

D. Radiation Therapy

77261	77262	77263	77280	77285	77290	77295	77299	77300
77301	77305	77310	77315	77321	77326	77327	77328	77331
77332	77333	77334	77336	77370	77399	77401	77402	77403
77404	77406	77407	77408	77409	77411	77412	77413	77414
77416	77417	77418	77427	77431	77432	77470	77499	77520
77522	77523	77525	77600	77605	77610	77615	77620	77750
77761	77762	77763	77776	77777	77778	77781	77782	77783
77784	77789	77790	77799	C1716	C1718	C1719	C1720	C2616
C2632	**C9714**	**C9715**	G0173	G0242	G0243	G0251	G0256	G0338
G0339	G0340							

E. Angiography, Lymphatic, Venous and Related Procedures

75600	75605	75625	75630	75635	75650	75658	75660	75662
75665	75671	75676	75680	75685	75705	75710	75716	75722
75724	75726	75731	75733	75736	75741	75743	75746	75756
75774	75790	75801*	75803*	75805*	75807*	75809*	75810*	75820*
75822*	75825*	75827*	75831*	75833*	75840*	75842*	75860*	75870*
75872*	75880*	75885*	75887*	75889*	75891*	75893*	75894	75896
75898	75900	75940	75960	75961	75962	75964	75966	75968
75970	75978	75980	75982	75992	75993	75994	75995	75996
G0269	**G0275**	G0278						

* Lymphatic procedures are Codes 75801 through 75807, and venous procedures are Codes 75809 through 75893.

F. Outpatient Surgery and Related Procedures– INCLUSION

Inclusions, rather than exclusions, are given in this one case, because of the great number of surgery procedures that are excluded and can only be safely performed in a hospital operating room setting. It is easier to automate edits around the much shorter list of inclusions under this category, representing **minor procedures that can be performed in the SNF itself**. Additionally, this was the approach originally taken in regulation to present this information. *Procedures associated with splints and casts* are included with minor surgical procedures and appear *with an asterisk (*).*

- Note that anesthesia, drugs, supplies and lab services (**revenues codes 037x, 0250, 027x, 062x and 030x**) will be bypassed by enforcement edits when billed with outpatient surgeries excluded from SNF CB.

THESE HCPCS CODES MAY NOT BE PAID SEPARATELY FROM SNF PPS

10040	10060	10080	10120	11040	11041	11042	11043	11044
11055	11056	11057	**11100**	**11101**	11200	**11201**	11300	11305
11400	**11420**	**11440**	11719	11720	11721	11740	11900	11901
11920	11921	11922	11950	11951	11952	11954	11975	11976
11977	15780	15781	15782	15783	15786	15787	15788	15789
15792	15793	15810	15811	16000	16020	17000	17003	17004
17110	17111	17250	17340	17360	17380	17999	20000	20526
20550	20551	20552	20553	20974	21084	21085	21497	26010
29058	29065	29075	29085	29086	29105	29125	29126	29130
29131	29200	29220	29240	29260	29280	29345	29355	29358
29365	29405	29425	29435	29440	29445	29450	29505	29515
29520	**29530**	29540	29550	29580	29590	29700	29705	29710
29715	29720	29730	29740	29750	29799	30300	30901	31720
31725	31730	**32019**	**32020**	36000	36002	36140	36400	36405
36406	36430	36468	36469	36470	36471	36540	36550	36600
36620	36680	38220	38221	**51701**	**51702**	**51703**	51772	51784
51785	51792	51795	51797	**51798**	53660	53601	53660	53661
54150	54235	54240	54250	55870	57160	57170	58301	58321
58323	59020	59025	59425	59426	59430	62367	62368	*64550
65205	69000	69200	69210	91123	95970	95971	95972	95973
95974	95974	G0168	95975	95990	99183	G0168		

* For Part B, this code is defined as therapy when rendered by a therapist, but when rendered by physicians (including nurse practitioners, clinical nurse specialists, or physician assistants), it is defined as surgery and may be billed by the rendering provider. See V. A. for therapy inclusions.

G. Emergency Services

These services are identified on claims submitted to FIs by a hospital or CAH using **revenue code 045x** (Emergency Room—"x" represents a varying third digit). Related services with the same line item date of service (LIDOS) are also excluded. Note that in order to get a match on the LIDOS there must **be** a LIDOS and HCPCS in revenue code 045x.

H. Ambulance Trips – With Application to Major Category II

Note that ambulance trips associated with Major Category II A. services provided in renal dialysis facilities (RDFs) are also excluded from SNF consolidated billing.

A0425	A0426	A0427	A0428	A0429	A0430	A0431	A0432	A0433
A0434	A0435	A0436	Q3019	Q3020				

Major Category II

Additional Services Excluded when Rendered to Specific Beneficiaries

These services must be provided to specific beneficiaries, either: (A) End Stage Renal Disease (ESRD) beneficiaries, or (B) beneficiaries who have elected hospice, by specific licensed Medicare providers, and are excluded from SNF PPS and consolidated billing. **SNFs will not be paid for Category II.A. services** (dialysis, etc.) when the SNF is the place of service, as to receive Medicare payment, these services must be provided in a renal dialysis facility. Hospices must also be the only type of provider billing hospice services.

Note: Providers/Suppliers may bill their intermediary or carrier for an ESRD-related diagnostic test, provided the test is outside of the ESRD-facility composite rate. The use of the "CB" modifier would allow these services to be bypassed from the SNF CB edits. Please refer to Change Request 2475 for greater detail.

A. Dialysis, EPO, Aranesp, and Other Dialysis Related Services for ESRD Beneficiaries

Specific coding is used to differentiate dialysis and related services that are excluded from SNF consolidated billing for ESRD beneficiaries in three cases: (1) when the services are provided in a RDF (including ambulance services listed under Major Category I. above), (2) home dialysis when the SNF constitutes the home of the beneficiary, and (3) when the drugs EPO or Aranesp are used for ESRD beneficiaries. *Note that SNFs may not be paid for home dialysis supplies.*

1. Coding Applicable to Services Provided in a RDF

Institutional dialysis services billed only by a RDF are identified by **type of bill 72X**. Services for Method 2 ESRD beneficiaries billed by a RDF must be accompanied by the dialysis related **diagnosis code 585.**

1. and 2. Coding Applicable to Services Provided in a RDF or SNF as Home

RDFs, or suppliers only when billing for home dialysis services for beneficiaries who reside in the SNF, use the following **revenue codes** for such billing:

- **825** – Hemodialysis OPD/Home Support Services
- **835** – Peritoneal OPD/Home Support Services
- **845** – Continuous Ambulatory Peritoneal Dialysis OPD/HomeSupport Services
- **855** – Continuous Cycling Peritoneal Dialysis OPD/HomeSupport Services

HCPCS codes recognized for use with these revenue codes are:

Dialysis Supplies

A4651	A4652	A4653	A4656	A4657	A4660	A4663	A4670*	A4671
A4672	A4673	A4674	A4680	A4690	A4706	A4707	A4708	A4709
A4712	A4714	A4719	A4720	A4721	A4722	A4723	A4724	A4725
A4726	A4728	A4730	A4736	A4737	A4740	A4750	A4755	A4760
A4765	A4766	A4770	A4771	A4772	A4773	A4774	A4802	A4860
A4870	A4890	A4911	A4913**	A4918	A4927	A4928	A4929	A4930
A4931								

* Not covered by Medicare
** A4913 is a carrier priced code not billed by SNFs.

Dialysis Equipment

E1500	E1510	E1520	E1530	E1540	E1550	E1560	E1570	E1575
E1580	E1590	E1592	E1594	E1600	E1610	E1615	E1620	E1625
E1630	E1632	E1635	E1636	E1637	E1639	E1699*		

* E1699 is a carrier priced code not billed by SNFs.

3. Coding Applicable to EPO and Aranesp Services

Epoetin alfa (trade name EPO) is a drug Medicare approved for use by ESRD beneficiaries. Intermediary Epoetin alfa claims for ESRD beneficiaries are identified with the following **revenue codes when services are provided in RDF:**

- **634** (EPO with less than 10,000 units)
- **635** (EPO with 10,000 or greater units)

Darbepoetin alfa (trade name Aranesp) is covered for ESRD beneficiaries for treatment of anemia. **Darbepoetin alfa will always be billed in revenue code 636.** The HCPCS code for darbepoetin alfa for ESRD beneficiaries is **Q4054**. When epoetin alfa or darbepoetin alfa are given by the dialysis facility in conjunction with dialysis, these drugs are excluded.

To distinguish epoetin alfa or darbepoetin alfa given to ESRD beneficiaries from the same drugs given to non-ESRD beneficiaries CMS has developed separate codes. Epoetin for **non-ESRD** beneficiaries is shown with HCPCS code **Q0136,** and darbepoetin alfa for **non-ESRD** beneficiaries is shown with HCPCS code **Q0137.** These codes, like those for ESRD beneficiaries are billed in **revenue code 0636.** These non-ESRD codes (Q0136 and Q0137) are always bundled to the SNF for beneficiaries in a covered Part A stay.

B. Hospice Care for A Beneficiary's Terminal Illness

Hospice services for terminal conditions are identified with the following **bill types: 81X or 82X.**

Major Category III

Additional Excluded Services Rendered by Certified Providers

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.

- HCPCS code ranges for chemotherapy, chemotherapy administration, radioisotopes and customized prosthetic devices are set in statute. This statute also gives the Secretary authority to make modifications in the particular codes that are designated for exclusion within each of these service categories; accordingly, the minor and conforming changes in coding that appear in the instruction are made under that authority.

A. Chemotherapy

J9000	J9001	J9010	J9015	J9017	J9020	J9040	**J9041**	J9045
J9050	**J9055**	J9060	J9062	J9065	J9070	J9080	J9090	J9091
J9092	J9093	J9094	J9095	J9096	J9097	J9100	J9110	J9120
J9130	J9140	J9150	J9151	J9160	J9170	J9178	J9181	J9182
J9185	J9200	J9201	J9206	J9208	J9211	J9230	J9245	J9263
J9265	J9266	J9268	J9270	J9280	J9290	J9291	J9293	J9300
J9305	J9310	J9320	J9340	J9350	J9355	J9357	J9360	J9370

J9375	J9380	J9390	**J9395**	J9600				

B. Chemotherapy Administration

^36260	^36261	^36262	**36555**	**36556**	**36557**	**36558**	**36560**	**36561**
36563	**36565**	**36566**	**36568**	**36569**	**36570**	**36571**	**36575**	**36576**
36578	**36580**	**36581**	**36582**	**36583**	**36584**	**36585**	**36589**	**36590**
36595	**36596**	**36597**	^36640	^36823	^96405	^96406	^96408	^96410
^96412	^96414	^96420	^96422	^96423	^96425	^96440	^96445	^96450
^96520	^96530	^96542	^Q0083	^Q0084	^Q0085			

^ These codes are included in SNF PPS payment for beneficiaries in a Part A stay when performed alone or with other surgery, but are excluded if they occur with the same line item date of service as an excluded chemotherapy agent. A chemotherapy agent must also be billed when billing these services and physician orders must exist to support the provision of chemotherapy.

C. Radioisotopes and their Administration

78804	79200	79300	79403	79440	A9530	C1080†	C1081†	C1082†
C1083†	G3001†							

† These radiopharmaceutical and associated administration codes are used in cancer treatment and, in accordance with the SNF PPS final rule for FY 2004 (68 FR 46036, August 4, 2003), they are being added to the services excluded from consolidated billing, effective January 1, 2004. As explained in the final rule (68 FR 46060), a radiopharmaceutical is a radiotherapeutic substance linked to a radioisotope administered to deliver therapeutic radioactivity, and combines elements of both the chemotherapy and radioisotope categories excluded under the BBRA.

D. Customized Prosthetic Devices

L5050	L5060	L5100	L5105	L5150	L5160	L5200	L5210	L5220	L5230
L5250	L5270	L5280	L5301	L5311	L5321	L5331	L5341	L5500	L5505
L5510	L5520	L5530	L5535	L5540	L5560	L5570	L5580	L5585	L5590
L5595	L5600	L5610	L5611	L5613	L5614	L5616	L5617	L5618	L5620
L5622	L5624	L5626	L5628	L5629	L5630	L5631	L5632	L5634	L5636
L5637	L5638	L5639	L5640	L5642	L5643	L5644	L5645	L5646	L5647
L5648	L5649	L5650	L5651	L5652	L5653	L5654	L5655	L5656	L5658
L5661	L5665	L5666	L5668	L5670	L5671	L5672	**L5673**	L5676	L5677
L5678	**L5679**	L5680	L5681	L5682	L5683	L5684	**L5685**	L5686	L5688
L5690	L5692	L5694	L5695	L5696	L5697	L5698	L5699	L5700	L5701
L5702	L5704	L5705	L5706	L5707	L5710	L5711	L5712	L5714	L5716
L5718	L5722	L5724	L5726	L5728	L5780	**L5781**	L5782	L5785	L5790
L5795	L5810	L5811	L5812	L5814	L5816	L5818	L5822	L5824	L5826
L5828	L5830	L5840	L5845	L5848	L5850	L5855	**L5856**	**L5857**	L5910
L5920	L5925	L5930	L5940	L5950	L5960	L5962	L5964	L5966	L5968
L5970	L5972	L5974	L5975	L5976	L5978	L5979	L5980	L5981	L5982
L5984	L5985	L5986	L5988	L5990	L5995	L6050	L6055	L6100	L6110
L6120	L6130	L6200	L6205	L6250	L6300	L6310	L6320	L6350	L6360
L6370	L6400	L6450	L6500	L6550	L6570	L6580	L6582	L6584	L6586

L6588	L6590	L6600	L6605	L6610	L6615	L6616	L6620	L6623	L6625
L6628	L6629	L6630	L6632	L6635	L6637	L6638	L6640	L6641	L6642
L6645	L6646	L6647	L6648	L6650	L6655	L6660	L6665	L6670	L6672
L6675	L6676	L6680	L6682	L6684	L6686	L6687	L6688	L6689	L6690
L6691	L6692	L6693	**L6694**	**L6695**	**L6696**	**L6697**	**L6698**	L6700	L6705
L6710	L6715	L6720	L6725	L6730	L6735	L6740	L6745	L6750	L6755
L6765	L6770	L6775	L6780	L6790	L6795	L6800	L6805	L6806	L6807
L6808	L6809	L6810	L6825	L6830	L6835	L6840	L6845	L6850	L6855
L6860	L6865	L6867	L6868	L6870	L6872	L6873	L6875	L6880	L6881
L6882	L6920	L6925	L6930	L6935	L6940	L6945	L6950	L6955	L6960
L6965	L6970	L6975	L7010	L7015	L7020	L7025	L7030	L7035	L7040
L7045	L7170	L7180	**L7181**	L7185	L7186	L7190	L7191	L7260	L7261
L7266	L7272	L7274	L7362	L7364	L7366				

Major Category IV

Additional Excluded Preventive and Screening Services

These services are covered as Part B benefits and are not included in SNF PPS. **Such services must be billed by the SNF for beneficiaries in a Part A stay with Part B eligibility on type of bill (TOB) 22x**. Swing Bed providers must use TOB 12x for eligible beneficiaries in a Part A SNF level.

Formerly, b*one mass measurement* (screening) was listed as a preventive service excluded from SNF consolidated billing. This was incorrect. Such services are diagnostic, not screening, procedures, and therefore are bundled into SNF PPS payment and subject to consolidated billing.

A. Mammography

Mammography screening codes are billed with **revenue code 0403** and no other services on the bill.

G0202	G0203	76083	76090	76091	76092			

B. Vaccines (Pneumococcal, Flu or Hepatitis B)

Pneumococcal, flu or hepatitis B vaccines are billed with **revenue code 0636.**

90656	90657	90658	90732	90740	90743	90744	90746	90747

NOTE: Code removed from this table since the last annual update: **90659.**

C. Vaccine Administration

Vaccine administration codes are billed with **revenue code 0771.**

90465	**90466**	**90467**	**90468**	G0008	G0009	G0010		

D. Screening Pap Smear and Pelvic Exams

Screening Pap smear and pelvic examination codes are billed with diagnosis codes V76.2 or V15.89.

G0101	G0123	G0143	G0144	G0145	G0147	G0148	P3000	Q0091

E. Colorectal Screening Services

Colorectal screening services are billed with any of the following diagnosis codes: 'V10.05', 'V10.06', '555.0', '555.1', '555.2', '555.9', '556.0', '556.1', '556.2', '556.3', '556.8', '556.9', '558.2', '558.9'

G0104	G0106	G0107	G0120	*G0122	G0328			

* This service is not covered by Medicare.

F. Prostate Cancer Screening

G0102, prostate cancer screening digital rectal examination, is billed with **revenue code 0770**.
G0103, prostate cancer screening specific antigen testing, is billed with **revenue code 030x.**

G0102	G0103							

G. Glaucoma Screening

G0117	G0118							

H. Diabetic Screening – NEW PREVENTIVE BENEFIT

Billed with diagnostic code v77.1.

82947	**82951**							

I. Cardiovascular Screening – NEW PREVENTIVE BENEFIT

Billed with diagnostic codes 81.0, 81.1 or 81.2

80061	**82465**	**83718**	**84478**					

Major Category V

Part B Services Included in SNF Consolidated Billing. Therapy services are included in SNF PPS and consolidated billing for residents in a Part A stay, and **must be billed by the SNF alone for its Part B residents and non-residents**.

- The following debridement HCPCS codes were incorrectly shown as being billable by a therapist. Effective July 1, 2002, CWF removed the HCPCS codes 11040, 11041, 11042, 11043, and 11044 from the therapy code files used in CWF editing. These HCPCS codes are still listed as included in SNF PPS and CB as ambulatory surgery. There is no distinct technical portion for these HCPCS codes that should have been billed to the FI. Physicians or physician equivalents may continue to bill Medicare carriers for their professional services for these codes:

  11040, 11041, 11042, 11043 and 11044.

A. Therapies billed with revenues codes 42x (physical therapy), 43x (occupational therapy), 44x (speech-language pathology)

0029T	64550	90901	92506	92507	92508	†92510	†92525	92526
92597	92601	92602	92603	92604	92605	92606	92607	92608
92609	92610	92611	92612	92614	92616	95831	95832	95833
95834	95851	95852	96105	97001	97002	97003	97004	†97005
†97006	*97010	97012	97014	97016	97018	97020	97022	97024
97026	97028	97032	97033	97034	97035	97036	97039	97110
97112	97113	97116	97124	97139	97140	97150	97504	97520
97530	97532	97533	97535	97537	97542	97545	97546	**97597**
97598	*97602	***97605**	***97606**	97703	97750	97755	97799	G0279
G0280	G0281	G0283	**G0329**	†V5362	†V5363	†V5364		

* Payment for these codes is bundled with other rehabilitation services. They may be bundled with any therapy code. No payment can be made for these codes.

† Procedures not covered by Medicare.