CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 826

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: FEBRUARY 1, 2006 Change Request 4298

SUBJECT: April Quarterly Update to the 2006 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).

NEW/REVISED MATERIAL

EFFECTIVE DATE: January 1, 2006

IMPLEMENTATION DATE: April 3, 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
N/A	

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.

Attachment – Recurring Update Notification

Pub. 100-04 | Transmittal: 826 | Date: February 1, 2006 | Change Request: 4298

SUBJECT: April Quarterly Update to 2006 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

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 now publishes a combined instruction for FI and Carrier/DMERCs. The 2006 Annual Update file for FIs can be found on the CMS Web site at http://www.cms.hhs.gov/SNFConsolidatedBilling/01a_SNFCBforFIs.asp#TopOfPage. This 2006 file will be updated with the changes addressed in this instruction by March 1, 2006. Information on the 2006 annual update for carriers can be found at http://cms.hhs.gov/SNFConsolidatedBilling/. Quarterly updates apply to both FIs and carriers/DMERCs. Note that these updates affect claims with dates of service on or after the effective date of the instructions printed below unless otherwise indicated.

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

Computerized Axial Tomography (CT) Scans (Major Category I, FI Annual Update, EXCLUSION)

Remove 76375 - 3D/holograph reconstr add-on

Radiation Therapy (Major Category I, FI Annual Update, EXCLUSION)

Remove C9722 - KV imaging w/ir tracking

Remove G0242 - Lultisource photon ster plan

Remove G0338 - Linear accelerator stero pln

Angiography, Lymphatic, Venous (Major Category I, FI Annual Update, EXCLUSION)

ADD 36598 – Contrast injection, radiologic eval of existing cent venous access device

Note: This code should be added to the SNF CB file effective April 1, 2006.

Outpatient Surgery and Related Procedures (Major Category I, FI Annual Update, INCLUSION)

Remove 15810 – Salabrasion

Remove 15811 – Salabrasion

Remove G0345 - Intravenous infusion, hydration; initial, up to one hour

<u>Ambulance Trips w/ Application to Major Category II</u> (Major Category I, FI Annual Update, EXCLUSION)

Remove Q3019 - ALS vehicle used, emergency transport, no ALS service furnished

Remove Q3020 - ALS vehicle used, non-emergency transport, no ALS service furnished

<u>Dialysis Supplies</u> (Major Category II, FI Annual Update, EXCLUSION)

Remove A4656 - Needle, any size, for dialysis, each

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

Remove 96408 - Chemotherapy, push technique

Remove 96410 - Chemotherapy, infusion method

Remove 96412 - Chemo, infuse method add-on

Remove 96414 - Chemo, infuse method add-on

Remove 96520 - Pump refilling, maintenance **Remove 96530** - Pump refilling, maintenance

Remove G0357 - Intravenous, push technique, single or initial substance/drug

 $\textbf{Remove G0358} \text{ - } Intravenous, push technique, each additional substance/drug}$

Remove G0359 - Chemotherapy administration, intravenous infusion technique, up to one hour, single or initial substance/drug

 $Remove\ G0360$ - Each additional hour, one to eight hours

Remove G0361 - Initiation of prolonged chemotherapy infusion (more than 8 hours)

Remove G0362 - Each additional sequential infusion (different substance /drug), up to one hour

ADD 96409 – Chemo admin; IV, push; single/initial drug

ADD 96411 - Chemo admin; IV, push; each add'l drug

ADD 96413 – Chemo admin; IV, infusion; up to 1 hr; single/initial drug

ADD 96415 - Chemo admin; IV, infusion; each add'l hr, 1-8 hrs

ADD 96416 - Chemo admin; IV, infusion; initiation of prolonged chemo, requiring pump

ADD 96417 - Chemo admin; IV infusion; each add'l sequential infusion, up to 1 hr

ADD C8953 - Chemo admin; IV, push

ADD C8954 – Chemo admin; IV, infusion; up to 1 hr **ADD C8955** – Chemo admin; IV, infusion; each add'l hr

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

"Shall" denotes a mandatory requirement

[&]quot;Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
Number		FI	R H H I	C a r r i e	D M E R C	Sha	red S intair M	C W F	Other
4298.1	For FI processing, Medicare systems shall modify the existing list of codes used to enforce consolidated billing using the list of HCPCS in the background section of this business requirement document.							X	
4298.2	Medicare systems shall include an effective date of April 1, 2006 for HCPCS 36598 only. All other HCPCS shall be aligned with the effective date of this instruction which is January 1, 2006.							X	
4298.3	CWF shall delete codes Q3019 and Q3020 from the SNF CB Ambulance edit for services submitted with the NN modifier for dates of service on or after January 1, 2006.							X	
4298.4	Contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X		X					

III. PROVIDER EDUCATION

Requirement	Requirements	Responsibility ("X" indicates the							
Number		columns that apply)							
		FI	R H H I	r r i e r	D M E R C		med Sintain M C S	С	Other
4298.5	A 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 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.	X		X	X				

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

Effective Date*: January 1, 2006

Implementation Date: April 3, 2006

Pre-Implementation Contact(s): Jason Kerr, (410) 786-2123 or jason.kerr@cms.hhs.gov for FI billing;

April Billingsley (410) 786-0140 or

april.billingsley@cms.hhs.gov for carrier billing

Post-Implementation Contact(s): Regional offices

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

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