CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 449 **Date: JANUARY 21, 2005**

CHANGE REQUEST 3683

SUBJECT: April Quarterly Update to 2005 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 (SNF PPS).

NEW/REVISED MATERIAL - EFFECTIVE DATE*: April 1, 2005
IMPLEMENTATION DATE: April 4, 2005

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 = 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 2005 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.**

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 449	Date: January 21, 2005	Change Request: 3683

SUBJECT: April Quarterly Update to 2005 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 Healthcare Common Procedure Coding System (HCPCS) codes that are subject to the consolidated billing provision of the SNF 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.**

For the annual notice on SNF CB each January, separate instructions are published for FI and Carriers/DMERCs. The 2005 Annual Update for FIs can be found on the CMS Web site at www.cms.hhs.gov/manuals/, select the link for 2004 transmittals, and select transmittal # R360CP dated November 5, 2004. Information on the 2005 annual update for carriers can be found at www.cms.hhs.gov/medlearn/snfcode.asp. **Quarterly updates now apply to both FIs and Carriers/DMERCs.** This is the first joint FI/Carrier/DMERCs quarterly update published subsequent to the 2005 Annual Updates. 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. Additions to what is noted as Major Category I below means these codes may only be billed by hospitals and critical access hospitals (CAHs) for beneficiaries in SNF Part A stays, and will only be paid when billed by these providers. Additions to Major Category III below means these services may be provided by any Medicare provider licensed to provide them, except a SNF, and are excluded from SNF PPS and CB. Additions to Major Category IV below means these services are covered as Part B benefits and not included in SNF PPS, however, 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. Additions to therapy inclusions, Major Category V below, mean SNFs alone can bill and be paid for these services when delivered to beneficiaries in a SNF, whereas codes being removed from this therapy inclusion list now can be billed and potentially paid to other types of providers for beneficiaries NOT in a Part A stay or in a SNF bed receiving ancillary services billed on TOB 22x.

Important Note to Physicians: The CMS has recently initiated a demonstration project related to chemotherapy administered in a physician's office. Physicians providing chemotherapy services to beneficiaries in Part A stays are eligible to participate in this demonstration project. For more information on the demonstration, please see Change Request 3670.

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

Remove G0131- computerized tomography, bone mineral density study, one or more sites; axial skeleton
Remove G0132- computerized tomography, bone mineral density study, one or more sites; appendicular skeleton

Add 76070 - computed tomography, bone mineral density study, one or more sites; axial skeleton
Add 76071 - computed tomography, bone mineral density study, one or more sites; appendicular skeleton

Note: HCPCS Codes 76070 and 76071 replaced HCPCS codes G0131 and G0132. The professional components of these codes were already added with the 2005 annual update as separately payable by the carrier for claims with dates of service on or after 1/1/05.

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

Remove C9714^ - Placement of balloon catheter into the breast for interstitial radiation therapy following a partial mastectomy; concurrent/immediate
Remove C9715^ - Placement of balloon catheter into the breast for interstitial radiation therapy following a partial mastectomy; delayed
Remove G0256► - prostate brachytherapy

Add 19296^^ - placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance
Add 19297 ^^- placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent
Add C1715 - brachytherapy needle
Add C1717 - brachytx seed, HDR Ir-192
Add C1728 - Cath, brachytx seed adm
Add C2633- brachytx source, Cesium-131
Add C2634 - Brachytx source, HA, I-125
Add C2635 - Brachytx source, HA, P-103
Add C2636 - Brachytx linear source, P-103
Add C9722 - KV imaging w/IR tracking

Note: ^ These codes were discontinued 12/31/2004.
► HCPCS code G0256 was discontinued 12/31/2003
^^ These codes were effective 1/1/2005 and replaced codes C9714 and C9715. These codes were already added with the 2005 annual update as separately payable by the carrier for claims with dates of service on or after 1/1/05.

Dialysis Supplies *(Major Category II, FI Annual Update, EXCLUSION)*

Remove A4712 - water, sterile, for injection

Note: HCPCS code A4712 was discontinued 12/31/2003

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

Add G0357 - Intravenous, push technique, single or initial substance/drug
Add G0358- Intravenous, push technique, each additional substance/drug
Add G0359- chemotherapy administration, intravenous infusion technique, up to one hour, single or initial substance/drug
Add G0360 - Each additional hour, one to eight hours
Add G0361 - initiation of prolonged chemotherapy infusion (more than 8 hours)
Add G0362 - Each additional sequential infusion (different substance/drug), up to one hour
Add G0363 - Irrigation of implanted venous access device for drug delivery systems

Note: These codes were effective 1/1/2005. These codes were already added with the 2005 annual update as separately payable by the carrier for claims with dates of service on or after 1/1/05.

Mammography *(Major Category IV, FI Annual Update, EXCLUSIONS)*

Remove G0203 - screening mammography

Note: HCPCS code G0203 was discontinued 12/31/2001.

Diabetic Screening *(Major Category IV, FI Annual Update, EXCLUSIONS)*

Add 82950 - Glucose; post glucose dose

Note: This is not a physician service and will not be added as separately payable by the carrier.

New Preventive Benefit (Per section 611 of the Medicare Modernization Act (MMA)– Initial Preventive Physical Exam *(Major Category IV, FI Annual Update, EXCLUSIONS)*

Add G0344 – Initial prev exam
Add G0367 - EKG tracing for initial prev

Note: HCPCS code G0367 was effective 1/1/2005. Only the corresponding professional component of this code, G0368, will be separately payable by the carrier. It was already added with the 2005 annual carrier update. G0367 is the technical component only and will be subject to consolidated billing.

Therapies *(Major Category V, FI Annual Update, INCLUSIONS)*

Update for HCPCS 92605 and 92606 already included in the 2005 Annual Update: 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.

Remove 92525 - evaluation of swallowing
Remove 92601 - Cochlear implant w/ programming
Remove 92602 - Cochlear implant, subsequent programming
Remove 92603 - Diagnostic analysis, cochlear implant w/ programming
Remove 92604 - Diagnostic analysis, cochlear implant, subsequent programming
Remove 97014 - E stim unattended (not payable by Medicare)(this was replaced by G0283)
Remove 97545 - Work hardening, initial 2 hrs
Remove 97546 - Work hardening, each add'l hr

Add 96110 - Development testing, limited
Add 96111 - Developmental testing, extended
Add 96115 - Neurobehavioral status exam

Note: HCPCS code 92525 was discontinued 12/31/2002.

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)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3683.1	For FI processing, Medicare systems shall modify the existing list of codes used to enforce consolidated billing using the list of HCPCS and revenue codes in the background section of this business requirement document.								X	
3683.2	For carrier processing, effective for claims with dates of service on or after April 1, 2005, CWF shall remove the following codes from the carrier therapy edit: 92601, 92602, 92603, 92604, 92605, 92606, 97014, 97545, and 97546.								X	
3682.3	For carrier claims processing, effective for claims with dates of service on or after April 1, 2005, CWF shall add the following codes to category 75: 92601, 92602, 92603, and 92604.								X	
3682.4	For carrier claims processing, effective for claims with dates of service on or after April 1, 2005, CWF shall add the following codes to the carrier therapy edit: 96110, 96111, and 96115.								X	
3682.5	For carrier claims processing, effective for claims with dates of service on or after April 1, 2005, CWF shall remove the following codes from category 75: 96110, 96111, and 96115.								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*: April 1, 2005 **Implementation Date:** April 4, 2005 **Pre-Implementation Contact(s):** Jason Kerr, (410) 786-2123, jkerr3@cms.hhs.gov or Yvonne Young, (410) 786-1886, yyoung@cms.hhs.gov for FI billing; Leslie Trazzi, (410) 786-7544, LTrazzi@cms.hhs.gov for Carrier billing; **Post-Implementation Contact(s):** Appropriate Regional Office	**Medicare contractors shall implement these instructions within their current operating budgets.**

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