

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13943	Date: September 1, 2026
	Change Request 14561

Transmittal 13881 issued August 21, 2026, is being rescinded and replaced by Transmittal 13943, dated September 1, 2026, to revise the policy section, which should be effective July 01, 2026, and not July 01, 2025, for the Part A file updates. All other information remains the same.

SUBJECT: October 2026 Quarterly Update to Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide updates to the lists of HCPCS codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS). Changes to Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) codes and Medicare Physician Fee Schedule designations will be used to revise the Common Working File (CWF) edits to allow the Medicare Administrative Contractors (MACs) to make appropriate payments in accordance with policy for SNF consolidated billing in chapter 6, section 20.6.

This CR also corrects the assignment of certain therapy HCPCS codes that were inadvertently included in both Part B SNF CB File #1 and Part B SNF CB File #4. The affected HCPCS codes will be removed from File #1 and will remain assigned to File #4.

EFFECTIVE DATE: October 1, 2026

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

IMPLEMENTATION DATE: October 5, 2026

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	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in

your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted 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.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 13943	Date: September 1, 2026	Change Request: 14561
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II. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of HCPCS codes that are excluded from the CB provision of the SNF Prospective Payment System (PPS). Services excluded from SNF PPS and CB may be paid to providers, other than SNFs, for beneficiaries, even when in a SNF stay. Services not appearing on the exclusion lists submitted on claims to MACs, including Durable Medical Equipment MACs (DME MACs), will not be paid by Medicare to any providers other than a SNF. 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. 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.

The updated lists for institutional and professional billing are available at: <https://www.cms.gov/medicare/coding-billing/skilled-nursing-facility-snf-consolidated-billing>.

Administrative Note: As part of this quarterly update, CMS is correcting the assignment of certain therapy HCPCS codes. These codes were erroneously included in both the Part B SNF CB File #1 and the Part B SNF CB File #4. Effective, with this quarterly implementation, the codes identified as erroneously added to File #1 will be removed and will remain on File #4.

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.

The Part A file updates are as follows:

Effective July 01, 2026

Major Category I. E. — Angiography, Lymphatic, Venous and Related Procedures

ADD

1027T PRQ INS/RPLC NSTM CTH VNT PT

Major Category I.I. Additional HCPCS EXCLUSIONS

ADD

C1609 VERT DEV MOTION-PRESERV

1050T INS SUBQ HRT FAIL DCOMP MNTR

1051T RMV SUBQ HRT FAIL DCOMP MNTR

Major Category IV.B. Vaccines (Pneumococcal, Flu, Hepatitis B, or Covid-19)

ADD

90616 TIRV VACC MRNA 37.5/0.38 IM

90639 VACC QIRV MRNA 50MCG/.5ML IM

Major Category IV.I. Cardiovascular Screening

ADD

1036T N-INVAS HEMODYN ASMT PLM PRS

The Part B file updates are as follows:

File #1:

Effective July 01, 2026

ADD

1027T PRQ INS/RPLC NSTM CTH VNT PT

C1609 VERT DEV MOTION-PRESERV

1050T INS SUBQ HRT FAIL DCOMP MNTR

1051T RMV SUBQ HRT FAIL DCOMP MNTR

90616 TIRV VACC MRNA 37.5/0.38 IM

90639 VACC QIRV MRNA 50MCG/.5ML IM

1036T N-invas hemodyn asmt plm prs

Effective January 1st, 2026

ADD

98978 RTM DEV SPLY CBT 16-30

File #4:

Effective June 17, 2026

ADD

92618 EX FOR NONSPEECH DEV RX ADD

Effective December 31, 2025

Terminate

98978 REM THER MNTR DEV SPLY CBT

Effective December 31st, 2011

Terminate

96110 DEVELOPMENTAL SCREEN W/SCORE

HCPCS code(s) removed from File#1 and retained on File #4:

90901 BIOFEEDBACK TRAIN ANY METH

90912 BFB TRAINING 1ST 15 MIN

90913 BFB TRAINING EA ADDL 15 MIN

97129 THER IVNTJ 1ST 15 MIN

97130 THER IVNTJ EA ADDL 15 MIN

97550 CAREGIVER TRAING 1ST 30 MIN

97551 CAREGIVER TRAINING EA ADDL 15

97552 GROUP CAREGIVER TRAINING

97597 DBRDMT OPN WND 1ST 20 CM/<

97598 DBRDMT OPN WND ADDL 20CM/<

97605 NEG PRS WND THER DME<=50SQCM

97606 NEG PRS WND THER DME>50 SQCM

97607 NEG PRS WND THR NDME<=50SQCM

97608 PH1 ASSMT&MGMT NQHP 21-30

97610 LOW FREQUENCY NON-THERMAL US

98966 PH1 ASSMT&MGMT NQHP 5-10

98967 PH1 ASSMT&MGMT NQHP 11-20

98968 PH1 ASSMT&MGMT NQHP 21-30

98970 NQHP OL DIG ASSMT&MGMT 5-10

98971 NQHP OL DIG ASSMT&MGMT 11-20

98972 NQHP OL DIG ASSMT&MGMT 21+

98975 RTM 1ST SET-UP&PT EDUCAJ EQP

98976 RTM DEV SPLY RESP SYS 16-30D

98977 RTM DEV SPLY MSCSKL 16-30 D

98979 RTM TX MGMT 1ST 10 MIN

98980 RTM TX MGMT 1ST 20 MIN

98981 RTM TX MGMT EA ADDL 20 MIN

98984 RTM DEV SPLY RESP SYS 2-15 D

98985 RTM DEV SPLY MSCSK SYS 2-15D

95992 CANALITH REPOSITIONING PROC

96105 ASSESSMENT OF APHASIA

95851 RANGE OF MOTION MEASUREMENTS

95852 RANGE OF MOTION MEASUREMENTS

92520 LARYNGEAL FUNCTION STUDIES

92612 ENDOSCOPY SWALLOW (FEES) VID

92614 LARYNGOSCOPIC SENSORY VID

92616 FEES W/LARYNGEAL SENSE TEST

29580 STRAPPING UNNA BOOT

29581 APPL MULTILAYER CMPRN SYS LEG

29584 APPL MLTLAY CMPRN SYS UP ARM

G0541 NO PT PRSNT TRAIN INITIAL 30

G0542 NO PT PRSNT TRAIN ADD 15

G0543 GROUP TRAIN W/O PATIENT

G2250 REMOT IMG SUB BY PT, NON E/M

G2251 BRIEF CHKIN, 5-10, NON-E/M

Revise short descriptor

0805T TCAT S&/IVC PRSTC VL IMP PRQ

0806T TCAT S&/IVC PRSTC VL IMP OPN

0882T INTRAOP THER ESTIM PN 1ST

0883T INTRAOP THER ESTIM PN EA

96110 DEVELOPMENTAL SCREEN W/SCORE

98978 RTM DEV SPLY CBT 16-30 D

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	29581 APPL MULTILAYER CMPRN SYS LEG 29584 APPL MLTLAY CMPRN SYS UP ARM G0541 NO PT PRSNT TRAIN INITIAL 30 G0542 NO PT PRSNT TRAIN ADD 15 G0543 GROUP TRAIN W/O PATIENT G2250 REMOT IMG SUB BY PT, NON E/M G2251 BRIEF CHKIN, 5-10, NON-E/M										
14561.11	Contractors shall not search their files for incorrectly paid claims for HCPCS codes listed in business requirements 1-12. However, they shall reopen and reprocess claims when brought to their attention.	X	X								

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Pre-Implementation Contact(s): Valeri Ritter, 410-786-8652 or valeri.ritter@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

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ATTACHMENTS: 0