

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10693</b>	<b>Date: March 25, 2021</b>
	<b>Change Request 12212</b>

**Transmittal 10678, dated March 16, 2021, is being rescinded and replaced by Transmittal 10693, dated, March 25, 2021 to remove business requirement 12212.2, to modify business requirement 12212.3 to remove the reference to any action being performed on the 2021 SNF Part B File #4, and any reference to these actions in the background section of the document. All other information remains the same.**

**SUBJECT: April 2021 Quarterly Update to 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).

Changes to Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) codes and Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow MACs to make appropriate payments in accordance with policy for SNF consolidated billing in chapter 6, section 20.6.

**EFFECTIVE DATE: April 1, 2021**

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

**IMPLEMENTATION DATE: April 5, 2021**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 10693	Date: March 25, 2021	Change Request: 12212
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## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services (CMS) periodically updates the lists of Healthcare Common Procedure Coding System (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 Medicare Administrative Contractors (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:

<http://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html?redirect=/SNFConsolidatedBilling/>

This quarterly update will include revisions to the Part B SNF CB files for 2021, 2020, 2019, and 2017. The changes are as follows:

### Revisions to the 2021 Files

#### File 1

- Addition of COVID-19 vaccine and vaccine administration codes to File 1. This list includes codes that have been reserved for future use and codes recently implemented:

COVID-19 Vaccine Codes Q0201 - Q0250, COVID-19 Vaccine Administration Codes M0201 - M0250.

#### File 4

Administrative Note: 97129 & 97130 were on this file two times. We corrected the file to show one entry for both codes. Additionally, codes 97607 and 97608 are already on the Common Working File (CWF) processing file but were not added to the CMS web files.

Deleted the following HCPCS codes effective January 1, 2020 per Change Request (CR) 11501: 95831 - 95834, G8978-G8999, G9158-G9176, and G9186

### **Revisions to 2020 Files**

File 1

Addition of COVID-19 Vaccine and Vaccine Administration Codes and Monoclonal Antibody Treatment and Treatment Administration Codes per previously issued bt technical direction:

Effective November 9, 2020 - Bamlanivimab – Q0239, M0239;

Effective November 21, 2020 - Casirivimab + Imdevimab – Q0243, M0243;

Effective December 11, 2020 - Pfizer – 91300, 0001A, 0002A

Effective December 18, 2020 - Moderna – 91301, 0011A, 0012A

The following HCPCS codes have also been added: 98966 Hc pro phone call 5-10 min; 98967 Hc pro phone call 11-20 min; and 98968 Hc pro phone call 21-30 min.

File 4

Deleted the following HCPCS codes effective January 1, 2020 per CR 11501:

95831 - 95834

G8978-G8999

G9158-G9176

G9186

### **Revisions to 2019 Files**

File 4

Deleted the following HCPCS codes effective January 1, 2020: 0019T and 64550

### **Revisions to 2017 Files**

File 4

Deleted the following HCPCS codes effective January 1, 2020: 0019T and 64550

**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									
		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		
	Effective December 18, 2020 - Moderna COVID-19 vaccine code 91301, Moderna COVID-19 vaccine admin. dose 1 - 0011A, and Moderna COVID-19 vaccine admin dose 2 - 0012A retroactive to December 18, 2020 per; and  98966 - 98968										
12212.5	Effective with the implementation of the April 2021 release on April 5, 2021, the CWF shall remove the following HCPCS codes from the 2019 and 2017 processing File #4 – Part B Stay Only – Therapy Services: 0019T and 64550 retroactive to January 1, 2020 per CR 11501.									X	
12212.6	Contractors shall not search their files for incorrectly paid claims. However, they shall reopen and reprocess claims when brought to their attention.		X								

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	
		A	B	H H H			
12212.7	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.		X				

#### IV. 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**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Bridgitte Davis-Hawkins, [bridgitte.davis-hawkins@cms.hhs.gov](mailto:bridgitte.davis-hawkins@cms.hhs.gov)

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

#### VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**