

Program Memorandum Intermediaries

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

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CHANGE REQUEST 1642

SUBJECT: Clarification And HCPCS Coding Update: Part B Fee Schedule And Consolidated Billing For Skilled Nursing Facility (SNF) Services

This Program Memorandum (PM) updates and clarifies information included in Change Request 1323, and published in PM A-00-88. The issues addressed in this update are:

1. An update to the list of HCPCS codes included in PM A-00-88. The HCPCS codes in PM A-00-88, section II B, have been updated to reflect the 2001 HCPCS changes. In addition, as authorized under §103 of the Balanced Budget Refinement Act of 1999 (BBRA), we have updated the list of HCPCS codes excluded from consolidated billing by the BBRA, as shown in section IV.C of PM A-00-88, to reflect HCPCS updates for 2001.

2. Rescheduling the implementation of the Radiology and other Diagnostic Services fee schedule. The radiology fee schedule is still under development, and will not be available for use on April 1, 2001. SNF Part B radiology bills will continue to be paid using the existing payment methodology and will be cost settled. A PM will be issued as soon as the radiology schedule has been finalized and scheduled for implementation.

Fee schedules will go into effect April 1, 2001, as scheduled, for the following services:

- Therapy;
- Lab;
- Prosthetic and orthotic devices; and
- Surgical dressings.

All changes are shown in bold type. This PM includes only those service categories for which codes have changed from those shown in PM A-00-88. In addition, the codes identifying the excluded types of customized prosthetic devices, which were displayed by range in PM A-00-88, are listed here individually.

As specified in PM AB-01-33, the system changes and new contractor actions described in PM A-00-88 have been put on hold until further notice. However, this does not relieve providers and suppliers of their responsibilities to comply with all requirements for SNF consolidated billing. These program requirements are described in §4432(b) of the Balanced Budget Act of 1997, Part 42 of the Code of Federal Regulations §411.15(p)(3)(iii) published on May 12, 1998, §103 of the BBRA of 1999, and §313 of the Benefits Improvement and Protection Act of 2000.

"Part B" physical, occupational, and speech therapy services (that is, those services furnished to SNF patients during noncovered days) remain subject to consolidated billing regulations. SNFs may choose to bill for other Part B services and supplies, and will be paid in accordance with the provisions of this PM. However, SNFs may elect to have suppliers continue to bill Medicare directly for these non-therapy Part B services.

I. SNF Services Not Covered by the Part B Fee Schedule

PM A-00-88 listed the HCPCS codes for which an applicable Part B fee schedule has not yet been developed. This list has been updated to reflect coding modifications made in 2001. The changes to this list are shown below in bold type. Please add these changes to the coding list included in PM A-00-88.

HCFA-Pub. 60A

Therapeutic ShoesA5500 A5501 A5502 A5503 A5504 A5505 A5506 A5507 **A5508**

PEN Codes: See Medicare Intermediary Manual §3660.6 for Part B coverage. These services, if covered under Part B, continue to be billed to the DMERC.

B4034 B4035 B4036 B4081 B4082 B4083 B4084 B4085 B4150 B4151 B4152 B4153
 B4154 B4155 B4156 B4164 B4168 B4172 B4176 B4178 B4180 B4184 B4186 B4189
 B4193 B4197 B4199 B4216 B4220 B4222 B4224 B5000 B5100 B5200 B9000 B9002
 B9004 B9006 E0776XA **B9098 B9099**

Blood Products

P9010 P9011 P9012 P9013 P9016 P9017 P9018 P9019 P9020 P9021 P9022 **P9023 P9031
 P9032 P9033 P9034 P9035 P9036 P9037 P9038 P9039 P9040 P9041 P9042 P9043 P9044**

Codes deleted effective December 31, 2000: P9013 and P9018

Transfusion Medicine and Other Procedures

86850 86860 86870 86880 86885 86886 86890 86891 86900 86901 86903 86904 86905
 86906 86915 86920 86921 86922 86927 86930 86931 86932 86945 86950 86965 86970
 86971 86972 86975 86976 86977 86978 86985 89250 89251 89252 89253 89254 89255
 89256 89257 89258 89259 89260 89261 89264

II. Fee Schedule for SNF Part B Services

Fee schedules currently exist for the following services, and will go into effect on April 1, 2001:

- Therapy;
- Lab;
- Prosthetic and orthotic devices; and
- Surgical dressings.

The fee schedule for Radiology and Other Diagnostic Tests is not yet available. You will be notified by separate PM when this fee schedule will go into effect.

III. Services Not Included in SNF Part A PPS

Services excluded from SNF PPS that must be billed separately by the rendering provider or supplier are listed below.

A. Outpatient Services Furnished in a Medicare-participating Hospital or Critical Access Hospital

1. Computerized Axial Tomography (CT Scans): CT scans are not included in SNF PPS when furnished in a Medicare participating hospital or critical access hospital. The following HCPCS codes identify the excluded services.

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	76370	76375	76380	G0131	G0132			

2. Magnetic Resonance Imaging (MRIs): MRIs are not included in SNF PPS when furnished in a Medicare participating hospital or critical access hospital. The following HCPCS codes identify the excluded services.

70336	70540	70542	70543	70544	70545	70546	70547	70548
70549	70551	70552	70553	71550	71551	71552	71555	72141
72142	72146	72147	72148	72149	72156	72157	72158	72159
72195	72196	72197	72198	73721	73218	73219	73220	73221
73222	73223	73225	73718	73719	73720	73721	73722	73723
73725	74181	74182	74183	74185	75552	75553	75554	75555
75556	76093	76094	76390	76400				

NOTE: Codes 72198, 73225 and 75556 are valid HCPCS codes but are not covered under Medicare.

3. Radiation Therapy: Radiation therapy is not included in SNF PPS when furnished in a Medicare participating hospital or critical access hospital. The following HCPCS codes identify the excluded services.

77261	77262	77263	77280	77285	77290	77295	77299	77300
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	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							

4. Ambulatory Surgery Involving the Use of a Hospital Operating Room: Most ambulatory surgery services performed in a hospital or CAH operating room are excluded from SNF Part A consolidated billing. This exclusion does not apply to services provided in an ASC.

Generally, ambulatory surgery codes ranging from 10040 through 69979 are excluded from SNF Part A consolidated billing. However, there are some minor procedures that are included under SNF Part A consolidated billing, and must be billed by the SNF. The ambulatory surgery codes that are included under SNF PPS are listed below.

10040	10060	10080	10120	11040	11041	11042	11043	11044
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	20974	21084	21085	21497	26010	29058
29065	29075	29085	29105	29125	29126	29130	29131	29200
29220	29240	29260	29280	29345	29355	29358	29365	29405
29425	29435	29440	29445	29450	29505	29515	29540	29550
29580	29590	29700	29705	29710	29715	29720	29730	29740
29750	29799	30300	30901	31720	31725	31730	36000	36140
36400	36405	36406	36415	36430	36468	36469	36470	36471
36489	36600	36620	36680	44500	51772	51784	51785	51792
51795	51797	53601	53660	53661	53670	53675	54150	54235
54240	54250	55870	57160	57170	58300	58301	58321	58323
59020	59025	59425	59426	59430	62367	62368	64550	65205
69000	69090	69200	69210	95970	95971	95972	95973	95974
95977	95976							

Code 36415 is a valid HCPCS code but is not covered under Medicare.

B. Additional Excluded Services Rendered by a Certified Provider: The following services, when provided by any Medicare provider licensed to provide them, are excluded from PPS. The services referenced in this section were excluded from consolidated billing by the BBRA. As authorized under the BBRA, we have reviewed and updated the list of HCPCS codes. **These additions do not represent a change in policy to exclude additional types of services, but simply incorporate new HCPCS codes for the same types of services specified in the statute.**

1. Chemotherapy: Chemotherapy services identified by the following HCPCS codes, when provided by any Medicare provider licensed to provide them, are excluded from PPS.

J9000	J9001	J9015	J9020	J9040	J9045	J9050	J9060
J9062	J9065	J9070	J9080	J9090	J9091	J9092	J9093
J9094	J9095	J9096	J9097	J9100	J9110	J9120	J9130
J9140	J9150	J9151	J9160	J9170	J9180	J9181	J9182
J9185	J9200	J9201	J9206	J9208	J9211	J9230	J9245
J9265	J9266	J9268	J9270	J9280	J9290	J9291	J9293
J9310	J9320	J9340	J9350	J9355	J9357	J9370	J9375
J0939	J9390	J9600					

2. Certain Customized Prosthetic Devices: The following customized prosthetic devices are not considered included in the Part A PPS rate and are excluded from consolidated billing. They must be billed by the supplier furnishing the service. **In PM A-00-88, we included a range of codes. In this update, each valid HCPCS code is listed separately.**

L5050	L5060	L5100	L5105	L5150	L5160	L5200
L5210	L5220	L5230	L5250	L5270	L5280	L5300
L5310	L5320	L5330	L5340	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
L5660	L5661	L5662	L5663	L5664	L5665	L5666
L5667	L5668	L5669	L5670	L5672	L5674	L5675
L5676	L5677	L5678	L5680	L5682	L5684	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	L5785
L5790	L5795	L5810	L5811	L5812	L5814	L5816
L5818	L5822	L5824	L5826	L5828	L5830	L5840
L5845	L5846	L5850	L5855	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	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	L6640
L6641	L6642	L6645	L6650	L6655	L6660	L6665
L6670	L6672	L6675	L6676	L6680	L6682	L6684
L6686	L6687	L6688	L6689	L6690	L6691	L6692
L6693	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
L6920	L6925	L6930	L6935	L6940	L6945	L6950
L6955	L6960	L6965	L6970	L6975	L7010	L7015
L7020	L7025	L7030	L7035	L7040	L7045	L7170
L7180	L7185	L7186	L7190	L7191	L7260	L7261
L7266	L7272	L7274	L7362	L7364	L7366	

IV. Notification: Fiscal Intermediaries should notify their providers of the expanded list of HCPCS codes and the delay in implementing the Radiology and Other Diagnostic Services Fee Schedule in their next regularly scheduled bulletins. The updated HCPCS codes and related information should also be included in the SNF consolidated billing training programs, and be incorporated into provider training materials.

The *implementation date* of this PM is April 1, 2001.

The *effective date* of this PM is April 1, 2001.

These instructions should be implemented within your current operating budget.

This PM should be discarded after January 1, 2002.

For claims processing questions, please contact Lucinda Murphy at (410) 786-5733.