



News Flash - National Provider Identifier (NPI) News – Medicare is now asking that submitters send a small number of claims using only the NPI. If no claims are rejected, the submitter can gradually increase the volume. Additional information can be found at the CMS NPI website at <http://www.cms.hhs.gov/NationalProvidentStand/>.

MLN Matters Number: MM5624

Related Change Request (CR) #: 5624

Related CR Release Date: July 13, 2007

Effective Date: April 1, 2001

Related CR Transmittal #: R1289CP

Implementation Date: January 7, 2008

Additional Common Working File (CWF) Editing for Skilled Nursing Facility (SNF) Consolidated Billing (CB)

Provider Types Affected

Physicians, providers, and suppliers who bill Medicare carriers, Medicare Administrative Contractors (A/B MAC), or Durable Medical Equipment Medicare Administrative Contractors (DME MAC) for services provided to Medicare beneficiaries in SNF stays.

What Providers Need to Know

Effective for dates of service on or after April 1, 2001, CR 5624, from which this article is taken, instructs Medicare carriers, A/B MACs, and DME MACs to bypass certain current SNF consolidated billing (CB) Part B and Part B/DMEMAC edits in order to enable the identification of periods when SNF CB edits should not be applied.

Background

CR 5624 instructs Medicare carriers, A/B MACs, and DME MACs (effective April 1, 2001) to bypass SNF CB Part B and Part B/DMEMAC edits when certain inpatient claims are present on Medicare's history.

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These revisions will allow Medicare SNF CB editing to take into account periods of SNF stays that are non-covered by Medicare Part A when services should be payable outside of CB by the Medicare Part B contractor.

Note: *CR 5624 does not change the policy for SNF CB. It adjusts Medicare's claims systems to be in line with current policy.*

Medicare contractors (carrier, A/B MAC, or DME MAC) will re-open and re-process inappropriately denied claims for dates of service on or after April 1, 2001 through January 1, 2008 when you bring such claims to their attention. You should contact your Medicare contractor to have claims re-processed that you feel were erroneously subject to these consolidated billing edits, and denied. The change will be implemented on January 7, 2008 and claims will be processed correctly as of that date.

Additional Information

You can find the official instruction, CR5624, issued to your carrier, A/B MAC, or DME MAC on the CMS website at <http://www.cms.hhs.gov/Transmittals/downloads/R1289CP.pdf>. As an attachment to CR5624, you will find updated *Medicare Claims Processing Manual* (100-04), Chapter 6 (SNF Inpatient Part A Billing), Sections 110.2.2 (A/B Crossover Edits), 110.2.4 (Edit for Ambulance Services), and 110.2.5 (Edit for Clinical Social Workers (CSWs)).

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>.

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