
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 328

Date: October 22, 2004

CHANGE REQUEST 3535

SUBJECT: 2005 Annual Update for Skilled Nursing Facility (SNF) Consolidated Billing for the Common Working File (CWF) and Medicare Carriers

I. SUMMARY OF CHANGES: The changes to Healthcare Common Procedure Coding System codes and Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow carriers to make appropriate payments in accordance with policy for SNF consolidated billing.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 1, 2005
IMPLEMENTATION DATE: January 3, 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/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: Medicare contractors shall implement these instructions within their current 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

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SUBJECT: 2005 Annual Update for Skilled Nursing Facility (SNF) Consolidated Billing for the Common Working File (CWF) and Medicare Carriers

I. GENERAL INFORMATION

A. Background:

CWF currently has edits in place for claims received for beneficiaries in a Part A covered SNF stay as well as for beneficiaries in a non-covered stay. These edits only allow services that are excluded from consolidated billing to be separately paid by the carrier. Barring any delay in the Medicare Physician Fee Schedule, the new code files will be provided to CWF by November 1, 2004. By the first week in December 2004, new codes files will be posted to the CMS Web site at www.cms.hhs.gov/medlearn/snfcode.asp.

B. Policy:

Changes to Healthcare Common Procedure Coding System codes and Medicare Physician Fee Schedule designations will be used to revise CWF edits to allow carriers to make appropriate payments in accordance with policy for SNF consolidated billing in Chapter 6, Section 110.4.1.

C. Provider Education:

A Medlearn Matters provider education article related to this instruction will be available at <http://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 one week of the availability of the provider education article. In addition, the provider education article shall 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. (**NOTE:** The Medlearn Matters article must just focus on the release of updated coding files effective January 1, 2005. Specific business requirements need not be included.)

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	Car r ier	DMERC	Shared System Maintainers				Other
						F I S S	MCS	VMS	CWF	
3535.1	The CWF contractor shall compare the new code list for category 75 to the codes in the current edit. Codes that appear on the new list, but not in the current edit, shall be added to the edit.								X	
3535.2	The CWF contractor shall compare the new code list for codes that require the 26 modifier to the codes in the current edit. Codes that appear on the new list, but not in the current edit, shall be added to the edit.								X	
3535.3	The CWF contractor shall compare the new code list for ambulance codes to the codes in the current edit. Codes that appear on the new list, but not in the current edit, shall be added to the edit.								X	
3535.4	The CWF contractor shall compare the new code list for the Part B therapy codes to the codes in the current edit. Codes that appear on the new list, but not in the current edit, shall be added to the edit.								X	
3535.5	After it has compared all codes on the new edit list to those in the current edits, the CWF contractor shall provide CMS with a list of codes by edit that were formerly on the edits, but do not appear on the new code lists.								X	
3535.6	The CWF contractor will delete codes from the edits per the CMS determination.								X	
3535.7	Carriers shall continue to respond to rejects and unsolicited responses received from CWF per current methodology.			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CBF	
3535.8	Carriers shall reopen and reprocess any claims brought to their attention for services that prior to this update were mistakenly not considered to be excluded from consolidated billing and therefore, not separately payable. Carriers need not search claims history to identify these claims.			X						
3535.9	Carriers shall perform provider education per Section I.C.			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

<p>Effective Date*: January 1, 2005</p> <p>Implementation Date: January 3, 2005</p> <p>Pre-Implementation Contact(s): April Billingsley, 410-786-0140, Abillingsley@cms.hhs.gov</p> <p>Post-Implementation Contact(s): The appropriate regional office</p>	<p>Medicare Contractors shall implement these instructions within their current operating budgets.</p>
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