



April 2021 Quarterly Update to HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement

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Related Change Request (CR) Number: 12212

Related CR Release Date: March 25, 2021

Effective Date: April 1, 2021

Related CR Transmittal Number: R10693CP

Implementation Date: April 5, 2021

PROVIDER TYPES AFFECTED

This MLN Matters Article is for Skilled Nursing Facilities (SNFs), physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs), including Home Health & Hospice (HH&H) MACs and Durable Medical Equipment (DME) MACs, for services they provide to Medicare patients in a Part A covered SNF stay.

PROVIDER ACTION NEEDED

This article tells you about updates to the lists of HCPCS codes that are subject to the consolidated billing provision of the SNF Prospective Payment System (PPS). Specifically, this quarterly update includes revisions to the Part B SNF CB files for 2021, 2020, 2019, and 2017.

These changes to HCPCS codes and Medicare Physician Fee Schedule designations will be used to revise Common Working File (CWF) edits to allow MACs to make appropriate payments in accordance with policy for SNF consolidated billing. This policy is contained in the Medicare Claims Processing Manual, [Chapter 6, Section 20.6](#). Make sure your billing staffs are aware of these changes.

BACKGROUND

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.

[Section 1888](#) of the Social Security Act codifies SNF PPS and CB. The new coding identified in each routine coding update describes the same services that are subject to SNF PPS payment by law, and do not add any additional services. Rather, we make new updates when there are changes to the coding system, not because the services subject to SNF CB are being redefined. We will note other regulatory changes beyond code list updates when and if they occur.

Services not appearing on the exclusion lists submitted on claims to MACs, including DME

MACs, won't be paid by Medicare to any providers other than a SNF. For non-therapy services, SNF CB applies only when you furnish the services 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 you furnish them to a SNF resident, regardless of whether Part A covers the stay. 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/>.

The revisions to the Part B SNF CB files for 2021, 2020, 2019, and 2017 included in this update (effective with the April 5, 2021 implementation of CR 12212) are as follows:

Revisions to the 2021 Files

File 1

Addition of COVID-19 vaccine and vaccine administration codes. 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

- Correction of code duplication – codes 97129 & 97130 were on this file twice. CMS 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 weren't added to the CMS web files.

Revisions to 2020 Files

File 1

- Addition of COVID-19 Vaccine and Vaccine Administration Codes and Monoclonal Antibody Treatment and Treatment Administration Codes:
 - 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 (dose 2)
- We also added the following HCPCS codes:
 - 98966 Hc pro phone call 5-10 min
 - 98967 Hc pro phone call 11-20 min
 - 98968 Hc pro phone call 21-30 min.

File 4

Deletion of the following HCPCS codes effective January 1, 2020 per [CR 11501](#):

- 95831 - 95834
- G8978-G8999
- G9158-G9176
- G9186

Revisions to 2019 Files

File 4

Deletion of the following HCPCS codes effective January 1, 2020:

- 0019T
- 64550

Revisions to 2017 Files

File 4

Deletion of the following HCPCS codes effective January 1, 2020:

- 0019T
- 64550

ADDITIONAL INFORMATION

The official instruction, CR 12212 issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10693cp.pdf>.

Please note that MACs won't search their files for incorrectly paid claims. However, they will reopen and reprocess claims, where appropriate, if you bring those claims to their attention.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
March 25, 2021	Initial article released.

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