

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12283	Date: October 5, 2023
	Change Request 13271

SUBJECT: Internet Only Manual Updates to Pub. 100-02 and 100-04 to Implement Consolidated Appropriations Act 2023 Changes for Skilled Nursing Facility (SNF)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the Medicare manuals to reflect provisions of the Consolidated Appropriations Act, 2023 (Pub. L. 117–328).

EFFECTIVE DATE: January 8, 2024

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

IMPLEMENTATION DATE: January 8, 2024

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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	8/10.2/Medicare SNF Coverage Guidelines Under PPS

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:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-02	Transmittal: 12283	Date: October 5, 2023	Change Request: 13271
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I. GENERAL INFORMATION

A. Background: The background that led to the need for this CR is that the Medicare manuals must be updated with regard to SNF policy changes in response to the Consolidated Appropriations Act, 2023 (Pub. L. 117–328), specifically, to note the exclusion of the services of marriage and family therapists and mental health counselors from consolidated billing as of January 1, 2024.

Pub 100-02, Chapter 8, §10.2:

This section is revised by adding marriage and family therapists and mental health counselors to the list of practitioners whose services are excluded from SNF consolidated billing.

B. Policy: The Consolidated Appropriations Act, 2023 (Pub. L. 117–328) is the legal policy that excluded the services of marriage and family therapists and mental health counselors from consolidated billing as of January 1, 2024. This CR updates the Medicare manuals to reflect the law.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F M V C	M C S S	V M S S	C W F		
13271 - 02.1	Contractors shall be aware of the updates to Pub 100-02, Chapter 8.	X	X								SNF Pricer

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
13271 - 02.2	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X	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:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

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

Medicare Benefit Policy Manual

Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance

10.2 - Medicare SNF Coverage Guidelines Under PPS

(Rev. 12283, Issued:10-05-2023 , Effective:01-08-2024 , Implementation:01-08-2024)

Under SNF PPS, covered SNF services include post-hospital SNF services for which benefits are provided under Part A (the hospital insurance program) and all items and services which, prior to July 1, 1998, had been paid under Part B (the supplementary medical insurance program) but furnished to SNF residents during a Part A covered stay other than the following:

- Physician services, physician assistant services, nurse practitioner and clinical nurse specialist services, certified mid-wife services, qualified psychologist services, *marriage and family therapist services, mental health counselor services*, certified registered nurse anesthetist services, certain dialysis-related services, erythropoietin (EPO) for certain dialysis patients, hospice care related to a terminal condition, ambulance trips that convey a beneficiary to the SNF for admission or from the SNF following discharge, ambulance transportation related to dialysis services, certain services involving chemotherapy and its administration, radioisotope services, certain customized prosthetic devices, certain blood clotting factors and, for services furnished during 1998 only, the transportation costs of electrocardiogram equipment for electrocardiogram test services.

Certain additional outpatient hospital services (along with ambulance transportation that conveys a beneficiary to a hospital or CAH to receive the additional services) are excluded from coverage under SNF PPS and are billed separately. The additional services are:

- Cardiac catheterization services;
- Computerized axial tomography (CT scans);
- Magnetic resonance imaging (MRIs);
- Radiation therapy;
- Ambulatory surgery involving the use of a hospital operating room;
- Emergency services;
- Angiography services; and
- Lymphatic and venous procedures.

The CMS identifies the above services using HCPCS codes that are periodically updated. The CMS publishes the HCPCS coding changes in each year via a Recurring Update Notification. Other updates for the remaining quarters of the FY will occur as needed due to the creation of new temporary codes representing services included in SNF PPS prior to the next annual update. To view the online code list of exclusions from consolidated billing (CB, the SNF “bundling” requirement), go to the CB

Overview page at www.cms.gov/Medicare/Billing/SNFCConsolidatedBilling/index.html and proceed as follows:

- In the left-hand column of the CB Overview page, scroll down to the applicable Part A MAC (Medicare Administrative Contractor) Update to access the list of excluded codes that are billable by institutional providers (similar information is available for practitioners and other noninstitutional suppliers on the applicable Part B MAC Update). To view the most current update (the one that displays the most recent set of revisions to the code list), click on the “Part A MAC Update” link for the current year. This directs to a page that lists by Major Category (indicating the type of service) the specific changes in coding for this year.
- To see a complete list of the CB exclusions (along with the ambulatory surgery and Part B therapy **inclusions**), scroll down the Part A MAC Update page to the “Downloads” section. Then, click on the link to the zipped file entitled “Annual SNF Consolidated Billing HCPCS Updates” for the current year. Once this file is unzipped, the complete exclusion list can be selected in either Microsoft Excel or Text formats, and can then be searched for individual codes.
- For a general explanation of the types of services encompassed by each of the Major Categories, scroll down the Part A MAC Update page to the “Downloads” section, and click on the link to the “General Explanation of the Major Categories.” (For example, Major Category III.A lists the excluded chemotherapy codes, and Major Category III.B lists the excluded chemotherapy administration codes.)

For further information on the SNF CB provision, see Pub. 100-04, Medicare Claims Processing Manual, chapter 6, sections 10 through 20.6.