Medicare Claims Processing Manual Clarifications for Skilled Nursing Facility (SNF) and Therapy Billing – JA6407

Note: MLN Matters® article MM6407 was revised to reflect a revised Change Request (CR) 6407 issued by the Centers for Medicare & Medicaid Services on May 8, 2009. The CR release date, transmittal number, and the Web address for accessing CR6407 were revised.

Related CR Release Date: May 8, 2009 Revised

Date Job Aid Revised: May 12, 2009

Effective Date: October 1, 2006

Implementation Date: April 27, 2009

Key Words	MM6407, CR6407, R1733CP, SNF, Therapy, Billing
Contractors Affected	• Part A/B Medicare Administrative Contractors (A/B MACs) • Fiscal Intermediaries (FIs)
Provider Types Affected	SNFs and other providers submitting claims to Medicare FIs and/or A/B MACs for services provided to Medicare beneficiaries

- CR6407 updates the *Medicare Claims Processing Manual*, Chapter 5 (Part B Outpatient Rehabilitation Billing), Section 20 (HCPCS Coding Requirements) to indicate that effective January 1, 2009, the new Current Procedural Terminology (CPT) code 95992 (*Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day*) is bundled under the Medicare Physician Fee Schedule.
- CR6407 updates the *Medicare Claims Processing Manual* (Pub 100-04), Chapter 6 (Skilled Nursing Facility (SNF) Inpatient Part A Billing), Section 40 (Special Inpatient Billing Instructions) to indicate that ***both full and partial benefits exhaust claims must be submitted by SNFs monthly.***

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New CPT Code

- Regardless of whether CPT code 95992 is billed alone or in conjunction with another therapy code, separate Medicare payment is never made for this code.
- If billed alone, this code will be denied.
- For claims that are denied, the remittance advice notices will contain group code Contractual Obligation (CO) and claim adjustment reason code 97 ("Payment is included in the allowance for another service/procedure.").
- Alternatively, reason code B15, which has the same intent, may also be used by Medicare contractor.

Benefit Exhaust Bills

- For benefits exhaust bills, a SNF must submit a benefits exhaust bill monthly for those patients who continue to receive skilled care and also when there is a change in the level of care, regardless of whether the benefits exhaust bill will be paid by Medicaid, a supplemental insurer, or private payer.
- There are two types of benefits exhaust claims:
  - Full benefits exhaust claims: No benefit days remain in the beneficiary's applicable benefit period for the submitted statement covers from/through date of the claim; and
  - Partial benefits exhaust claims: Only one or some benefit days, in the beneficiary's applicable benefit period, remain for the submitted statement covers from/through date of the claim.

Provider Needs to Know...

- Monthly claim submission of both types of benefits exhaust bills are required in order to extend the beneficiary's applicable benefit period. Furthermore, when a change in level of care occurs after exhaustion of a beneficiary's covered days of care, the provider must submit the benefits exhaust bill in the next billing cycle indicating that active care has ended for the beneficiary.

> Note: Part B 22x (SNF inpatient part B) bill types must be submitted after the benefits exhaust claim has been submitted and processed.

- In addition, SNF providers must submit no-payment bills for beneficiaries that have previously received Medicare-covered skilled care and subsequently dropped to a non-covered level of care but continue to reside in a Medicare-certified area of the facility.
- Consolidated Billing (CB) legislation indicates that physical therapy, occupational therapy, and speech-language pathology services furnished to SNF residents are always subject to SNF CB.
- This applies even when a resident receives the therapy during a non-covered stay in which the beneficiary who is not eligible for Part A extended care benefit still resides in an institution (or part thereof) that is Medicare-certified as a SNF. SNF CB edits require the SNF to bill for these services on a 22x (SNF inpatient part B) bill type.

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Note: Unlike with benefits exhaust claims, Part B 22x bill types may be submitted prior to the submission of bill type 210 (SNF no-payment *bill type*).

Background	CR6407 updates the *Medicare Claims Processing Manual*, Chapter 5 (Part B Outpatient Rehabilitation Billing), Section 20 (HCPCS Coding Requirements) and Chapter 6 (Skilled Nursing Facility (SNF) Inpatient Part A Billing), Section 40 (Special Inpatient Billing Instructions).
Operational Impact	N/A
Reference Materials	The related MLN Matters® article can be found at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6407.pdf* on the CMS website. The official instruction (CR6407) issued regarding this change may be viewed at *http://www.cms.hhs.gov/transmittals/downloads/R1733CP.pdf* on the CMS website. .

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