

# HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing Enforcement: April 2024 Quarterly Update

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Effective Date: April 1, 2024 Related Change Request (CR) Number: CR 13501

Implementation Date: April 1, 2024 Related CR Transmittal Number: R12449CP

Related CR Title: April 2024 Healthcare Common Procedure Coding System (HCPCS) Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement: April 2024

**Quarterly Update** 

#### **Affected Providers**

- SNFs
- Other providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients

#### **Action Needed**

Make sure your billing staff knows:

- Updates to the lists of HCPCS codes that are subject to the CB provision of the SNF prospective payment system (PPS)
- Additions and deletions of certain angiography, chemotherapy, radioisotope, customized prosthetic devices, and blood clotting factors from the Medicare Part A and Part B SNF files

# **Background**

CMS periodically updates the lists of HCPCS codes excluded from the CB provision of the SNF PPS. We may pay providers, other than SNFs, for services excluded from SNF PPS and CB for patients, even in a SNF stay. Medicare won't pay for services not on the exclusion lists to any providers other than a SNF.

For non-therapy services, SNF CB applies only when you provide 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 provided to a SNF resident, regardless of whether Part A covers the stay. To make sure we make proper payment





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in all settings, Medicare systems must edit for services provided to SNF patients both included and excluded from SNF CB.

The updated lists for institutional and professional billing are available on the CMS website.

### Part B File Updates - Additions effective January 1, 2024

This quarterly update includes additions to the Medicare Part B SNF CB files to add the following:

#### File 1

- C7557 Cor angio/vent w/ffr
- C7558 Cor angio/vent w/drug admin
- J9072 Inj cyclophos dr.reddy's 5mg
- J9172 Docetaxel (ingenus), 1 mg
- J9255 Inj, methotrexate (accord)
- J9258 Paclitaxel (teva)
- J9324 Inj, pemrydi rtu, 10 mg
- A9608 Flotufolastat f18 diag 1 mci
- A9609 F18 fdg, 15 millicuries
- J1412 Inj roctavian ml 2x10^13vc g
- L3161 Foot, adductus position, adj
- L5615 Ak 4 bar link hydl swg/stanc
- L5926 Endoskel posit rotat unit

#### File 4

- 97550 Caregiver training 1st 30 min
- 97551 Caregiver training ea addl 15
- 97552 Group caregiver training

## Part A File Updates - Effective January 1, 2024

#### Major Category I. E. - Angiography, Lymphatic, Venous & Related Procedures - Additions

- C7557 Cor angio/vent w/ffr
- C7558 Cor angio/vent w/drug admin

#### Major Category III. A. - Chemotherapy - Additions

- J9072 Inj Cyclophos Dr.Reddy's 5mg
- J9172 Docetaxel (ingenus), 1 mg
- J9255 Inj, methotrexate (accord)





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- J9258 Paclitaxel (teva)
- J9324 Inj, pemrydi rtu, 10 mg

Deletion - J9160 - Denileukin diftitox inj

#### Major Category III. C. – Radioisotopes & Their Administration - Additions

- A9608 Flotufolastat f18 diag 1 mci
- A9609 F18 fdg, 15 millicuries

#### Major Category III. D. - Customized Prosthetic Devices - Additions

- L3161 Foot, adductus position, adj
- L5615 Ak 4 bar link hydl swg/stanc
- L5926 Endoskel posit rotat unit

# Major Category III. E. - Certain Blood Clotting Factors Indicated for the Treatment of Hemophilia & Other Bleeding Disorders - Addition

J1412 - Inj roctavian ml 2x10^13vc

**Note:** MACs won't search their files for incorrectly paid claims for HCPCS codes listed in CR 13501. They'll reopen and reprocess claims you bring to their attention.

#### **More Information**

We issued CR 13501 to your MAC as the official instruction for this change.

For more information, find your MAC's website.

# **Document History**

Date of Change		Description	
January 11, 2024	Initial article released.		

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