



## SKILLED NURSING FACILITY

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
<b>SERVICES EXCLUDED FROM PART A SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM</b>		
<p>Services of physicians, <i>other than</i> PT, OT, and SLP services</p> <p>Hospice care related to a terminal condition</p>	<p>Servicing provider, nonphysician practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.</p>	<p>Medicare Claims Processing Manual Chapter 6</p> <p>Medicare Benefit Policy Manual Chapter 8</p>
<p>The following certain exceptionally intensive types of outpatient hospital services are <i>not</i> excluded when furnished in other, freestanding (nonhospital) settings:</p> <ul style="list-style-type: none"> <li>• Cardiac catheterization, emergency, and angiography services</li> <li>• CT scans</li> <li>• MRIs</li> <li>• Radiation therapy</li> <li>• Ambulatory services involving use of a hospital operating room</li> <li>• Lymphatic and venous procedures</li> </ul>	<p><b>If furnished in a hospital</b> – Bill FI or A/B MAC.</p> <p>Otherwise, services are not separately payable.</p>	<p>Medicare Claims Processing Manual Chapter 6</p> <p>Medicare Benefit Policy Manual Chapter 8</p>
<p>Part B dialysis services</p> <p>EPO for certain dialysis patients</p>	<p><b>Renal dialysis facility</b> – Bill FI or A/B MAC; if furnished in the SNF, bundled to PPS payment.</p>	<p>Medicare Claims Processing Manual Chapters 6 and 7</p>
<p>Services of physicians or certain nonphysician providers at RHCs or FQHCs</p>	<p><b>Professional component</b> – Bill FI or A/B MAC.</p>	<p>Medicare Claims Processing Manual Chapter 6</p>

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TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
<b>RESIDENTS IN NON-COVERED STAYS OR OUTPATIENTS*</b>		
Diagnostic X-ray tests, including portable X-ray tests Diagnostic lab tests Other diagnostic tests	<b>Technical component, if furnished by (or under arrangements made by) SNF</b> – SNF bills FI or A/B MAC.  Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.  Some radiological procedures are excluded from SNF PPS.	Medicare Claims Processing Manual Chapters 7 and 13
Lab tests	<b>Services furnished by (or under arrangements made by) SNF</b> – SNF bills FI or A/B MAC.  Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.	Medicare Claims Processing Manual Chapters 7 and 16
DME	Bill as a supplier to DME MAC. However, Part B does not cover DME furnished to SNF residents during non-covered stays, as a SNF cannot be considered a patient’s “home” for this purpose.  SNF must qualify and enroll as a supplier with the NSC in order to bill DME MAC for DMEPOS.	Medicare Claims Processing Manual Chapters 7 and 20
Orthotic and prosthetic devices Supplies	<b>Services furnished by (or under arrangements made by) SNF</b> – SNF bills FI or A/B MAC.  Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.	Medicare Claims Processing Manual Chapter 7
Part B PT, OT, or SLP services	SNF bills FI or A/B MAC.  <b>For beneficiaries that are in a non-covered stay, therapies must be billed by the SNF.</b>	Medicare Claims Processing Manual Chapters 5 and 6  Medicare Benefit Policy Manual Chapter 15

\*For beneficiaries in a non-covered stay or outpatients, services may be billed by the SNF on TOB 22X or 23X or by the servicing provider, practitioner, or supplier.

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TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
<b>RESIDENTS IN NON-COVERED STAYS OR OUTPATIENTS*</b>		
Ambulance services	<p><b>Services furnished by (or under arrangements made by) SNF</b> – SNF bills FI or A/B MAC.</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.</p>	Medicare Claims Processing Manual Chapter 6
Drugs and biologicals, including immunosuppressive drugs for renal transplant patients	<p><b>Services furnished by (or under arrangements made by) SNF</b> – SNF bills FI or A/B MAC.</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.</p>	Medicare Claims Processing Manual Chapter 7
Audiologic function tests	<p><b>Services furnished by (or under arrangements made by) SNF</b> – SNF bills FI or A/B MAC.</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.</p>	Medicare Claims Processing Manual Chapter 7
Screening colonoscopies	Not covered when furnished in a SNF.	Medicare Claims Processing Manual Chapter 7

\*For beneficiaries in a non-covered stay or outpatients, services may be billed by the SNF on TOB 22X or 23X or by the servicing provider, practitioner, or supplier.

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TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
<b>PREVENTIVE SERVICES—SKILLED NURSING FACILITY PART B FOR RESIDENTS IN A COVERED PART A STAY</b>		
DSMT	<b>Part A residents</b> – SNF bills FI or A/B MAC on TOB 22X.	Medicare Benefit Policy Manual Chapter 15
Screening mammography services Pelvic screening exams Cardiovascular screening tests Diabetes screening tests Screening Pap tests IPPEs – Effective January 1, 2007, includes AAA screening for at risk beneficiaries Vaccinations Colorectal cancer screenings – Screening colonoscopies are not covered when furnished in a SNF Prostate cancer screenings BMMs Glaucoma screenings Smoking and tobacco-use cessation counseling services	<p><b>All others</b> – Services furnished by (or under arrangements made by) SNF, SNF bills FI or A/B MAC.</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.</p> <p><b>During a non-covered SNF stay</b> – Per CB rules only PT, OT, and SLP services are required to be billed by the SNF to FI or A/B MAC.</p> <p><b>Non-therapy services</b> – SNF bills only services furnished by (or under arrangements made by) the SNF itself.</p> <p><b>ALL PROVIDER TYPES</b> – No separable technical component.</p>	Medicare Claims Processing Manual Chapters 7, 13, 18, and 32  Medicare Benefit Policy Manual Chapter 15