Medicare Learning Network
MLN Matters
CMS
CENTERS for MEDICARE & MEDICAID SERVICES
Information for Medicare Fee-for-Service Health Care Professionals

NEWS FLASH	News Flash - If you treat a Medicare Advantage enrolled beneficiary and you have questions about their Medicare Advantage Plan, you may wish to contact that plan. A plan directory and MA claims processing contact directory are available at *http://www.cms.hhs.gov/MCRAdvPartDEnrolData/* on the CMS website. CMS updates this site on a monthly basis.

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Related Change Request (CR) #: 5653
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Related CR Transmittal #: R1290CP
Implementation Date: January 7, 2008

Clarification of Skilled Nursing Facility (SNF) Billing Requirements for Beneficiaries Enrolled in Medicare Advantage (MA) Plans

Provider Types Affected

Skilled Nursing Facilities (SNFs) billing either a Medicare Administrative Contractor (A/B MAC) or fiscal intermediary (FI) for SNF services provided to Medicare beneficiaries enrolled in a Medicare Advantage (MA) plan.

Provider Action Needed

This article is based on Change Request (CR) 5653, which clarifies the Medicare billing requirements for beneficiaries enrolled in MA Plans. CR5653 reminds SNFs (and Swing Bed (SB)) providers of the need to submit claims for such beneficiaries enrolled in MA plans and receiving skilled care in order to take benefit days from the beneficiary and/or update the beneficiary's spell of illness information in Medicare systems.

Background

This instruction incorporates SNF billing requirements for beneficiaries that are enrolled in MA plans into the *Medicare Claims Processing Manual*. SNF providers must submit bills for beneficiaries enrolled in MA plans and receiving skilled care in order to take benefit days from the beneficiary and/or update the beneficiary's spell of illness in the Medicare's Common Working File (CWF) System.

In addition, Medicare is making system changes to allow hospital qualifying stay edits to be overridden by contractors. This change is necessary in case of a disaster or emergency-related situation, or some other circumstance indicated by the Centers for Medicare & Medicaid Services (CMS), which requires special processing of claims.

Key Points of 5653

Be aware that if a Medicare beneficiary chooses an MA plan as their form of Medicare, he/she cannot look to traditional "fee for service" Medicare to pay the claim if the MA plan denies coverage. SNF providers will apply the following policies to MA beneficiaries who are admitted to a SNF:

- If the SNF is non-participating with the plan, the beneficiary must be notified of their status because they are private pay in this circumstance.
- If the SNF is participating with the plan, pre-approve the SNF stay with the plan.
- If the plan denies coverage, appeal to the plan, not to the "fee for service" FI or A/B MAC.
- Count the number of days paid by the plan as Part A days used. (This counts as part of the beneficiary's 100 days of Medicare SNF benefits.)
- Submit a claim to the "fee for service" FI or A/B MAC to take benefit days from the CWF records. (Note: The MA plans do not send claims to Medicare for SNF stays). Failure to send a claim to the FI or A/B MAC will inaccurately show days available.
- Submit the claim using bill type 18X or 21X and include a HIPPS code (use default code AAA00 if no assessment was done), room and board charges and condition code 04 (informational only bill).

Note: If the beneficiary drops their MA plan participation, beneficiaries have the balance of their 100 SNF days available to use under Medicare fee-for-service.

Additional Information

For complete details regarding this Change Request (CR) please see the official instruction (CR5653) issued to your Medicare FI or A/B MAC. That instruction may be viewed by going to *http://www.cms.hhs.gov/Transmittals/downloads/R1290CP.pdf* on the CMS website.

If you have questions, please contact your Medicare FI or A/B MAC at their toll-free number which may be found at *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.