

Medicare Claims Processing Manual

Chapter 6 - SNF Inpatient Part A Billing

Crosswalk

New Chap.	New Sect.	Int. Pub. 13	Carrier Pub. 14	SNF Pub. 12	PM	Other	Description
6	10			SNF-515	A-02-016	CR-1666	Skilled Nursing Facility (SNF) Prospective Payment System (PPS) and Consolidated Billing Overview
6	10.1						Consolidated Billing Requirement for SNFs
6	10.2						Types of Facilities Subject to the Consolidated Billing Requirement for SNFs
6	10.3						Types of Services Subject to the Consolidated Billing Requirement for SNFs
6	20			SNF-515			Services Included in Part A PPS Payment Not Billable Separately by the SNF
6	20.1			SNF-516			Services Beyond the Scope of the Part A SNF Benefit
6	20.1.1			SNF-516, SNF-516.1			Physician's Services and Other Professional Services Excluded From Part A PPS Payment and the Consolidated Billing Requirement
6	20.1.1.1						Correct Place of Service (POS) Code for SNF Claims
6	20.1.2			SNF-516.3			Other Excluded Services Beyond the Scope of a SNF Part A Benefit

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6	20.1.2.1			SNF-516.3			Cardiac Catheterization
6	20.1.2.2			SNF-516.3			Computerized Axial Tomography (CT) Scans
6	20.1.2.3			SNF-516.3			Magnetic Resonance Imaging (MRIs)
6	20.1.2.4			SNF-516.3			Outpatient Surgery and Related Procedures– Inclusion
6	20.1.2.5			SNF-516.3			Radiation Therapy
6	20.1.2.6			SNF-516.3			Angiography, Lymphatic, Venous, and Related Procedures
6	20.1.2.7			SNF-516.3			Emergency Services
6	20.2			SNF-516			Services Excluded from Part A PPS Payment and the Consolidated Billing Requirement on the Basis of Beneficiary Characteristics and Election
6	20.2.1						Dialysis and Dialysis Related Services to a Beneficiary With ESRD
6	20.2.1.1			SNF-516.6	A-02-118		ESRD Services
6	20.2.1.2						Coding Applicable to Services Provided in a Renal Dialysis Facility (RDF)
6	20.2.1.3						Coding Applicable to Services Provided in a RDF or SNF as Home

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6	20.2.1.4			SNF-543			Coding Applicable to EPO Services
6	20.2.2			SNF-515.1			Hospice Care for a Beneficiary's Terminal Illness
6	20.3			SNF-515.1			Other Services Excluded from SNF PPS and Consolidated Billing
6	20.3.1			SNF-516.2			Ambulance Services
6	20.3.2			SNF-516.4			Chemotherapy, Chemotherapy Administration, and Radioisotope Services
6	20.3.3			SNF-516.5			Certain Customized Prosthetic Devices
6	20.4			SNF-515.7			Screening and Preventive Services
6	30			SNF-515.3	A-01-056, A-02-016	CR-1666	Billing SNF PPS Services
6	30.1						Health Insurance Prospective Payment System (HIPPS) Rate Code
6	30.2				A-01-56, A-01-124	CR-1655	Special Billing Requirements Where a Single OMRA, SCSA, or SCPA ARD is Set Within the Window of a Medicare-Required Assessment
6	30.3						Special Billing Requirements Where There are Multiple Assessments (i.e., OMRA, SCSA, or SCPA) Within the Window of a Medicare-Required Assessment

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6	30.4						Coding PPS Bills for Ancillary Services
6	30.5			SNF-515.5	A-00-46, A-01-121	CR-1224	Adjustment to Health Insurance Prospective Payment System (HIPPS) Codes Resulting From Long Term Care Resident Assessment Instrument (RAI) Corrections
6	30.5.1						Adjustment Requests
6	40			SNF-517, SNF-561			Special Inpatient Billing Instructions
6	40.1	A3-3603.2		SNF-517.13			Submit Bills in Sequence
6	40.2	A3-3603.2		SNF-517.14			Reprocessing Inpatient Bills in Sequence
6	40.3			SNF-515.4, SNF-515.4			Determining Part A Admission Date, Discharge Date, and Utilization Days
6	40.3.1						Date of Admission
6	40.3.2	A3-3630		SNF-517.5			Patient Readmitted Within 30 Days After Discharge
6	40.3.3	A3-3610.5, A3-3620		SNF-517.6			Same Day Transfer
6	40.3.4			SNF-517.6, SNF-515.4 (transmittal 368)			Day of Discharge, Death, or Leave of Absence

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6	40.3.5	A3-3103.4		SNF-517.6.B			Determine Utilization on Day of Discharge, Death, or Day Beginning a Leave of Absence
6	40.3.5.1			SNF-517.2			Day of Discharge or Death Is the Day Following the Close of the Accounting Year
6	40.3.5.2	SNF-517.4					Leave of Absence
6	40.4			SNF-517.1			Accommodation Charges Incurred in Different Accounting Years
6	40.5			SNF-517.7			Billing Procedures for Periodic Interim Payment (PIP) Method of Payment
6	40.6			SNF-517.9			Total and Noncovered Charges
6	40.6.1			SNF-517.10			Services in Excess of Covered Services
6	40.6.2			SNF-517.11			Showing Discounted Charges
6	40.6.3			SNF-517.12			Reporting Accommodations on the Claim
6	40.6.4	A3-3620		SNF-525			Bills with Covered and Noncovered Days
6	40.6.5			SNF-517.8			Notification of Limitation on Liability Decision

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6	40.7	A3-3624, A3-3630 A3-3630.1, A3-3630.4, A3-3620, A3-3624.B		SNF-517.3, SNF-526, SNF-527, SNF-527.1		HO-411	Other Billing Situations
6	50				AB-01-131		SNF Payment Bans, or Denial of Payment for New Admissions (DPNA)
6	50.1				AB-01-131		Effect on Utilization Days and Benefit Period
6	50.2				AB-01-131		Billing When Ban on Payment Is In Effect
6	50.2.1				AB-01-131		Tracking Days to Calculate the Part A Benefit Period
6	50.2.2				AB-01-131		Provider Liability Billing Instructions
6	50.2.3				AB-01-131		Beneficiary Liability Billing Instructions
6	50.2.4				AB-01-131		Part B Billing
6	50.3				AB-01-131		Sanctions Lifted: Procedures for Beneficiaries Admitted During the Sanction Period
6	50.3.1				AB-01-131		Tracking the Benefit Period
6	50.3.2				AB-01-131		Determining Whether Transfer Requirements Have Been Met

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6	50.4				AB-01-131		Conducting Resident Assessments
6	50.5				AB-01-131		Physician Certification
6	50.6				AB-01-131		Intermediary Responsibilities
6	50.7				AB-01-131		Retroactive Removal of Sanctions
6	60	A3-3600.5		SNF-520			Billing Procedures for a Provider With Multiple Provider Numbers or a Change in Provider Number
6	70			SNF-518			Billing for Services After Termination, Expiration, or Cancellation of Provider Agreement, or After Payment is Denied for New Admissions
6	70.1			SNF-518.1			General Rules
6	70.2			SNF-518.2			Billing for Covered Services
6	70.3			SNF-518.3			Part B Billing
6	80			SNF-502 updated with transmittal 368, SNF-275			Billing Related to Physician's Services
6	80.1			SNF-507			Reassignment Limitations
6	80.2			SNF-508, SNF-510			Payment to Employer of Physician

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6	80.3			SNF-510.1			Information Necessary to Permit Payment to a Facility
6	80.4			SNF-510.2			Services Furnished Within the SNF
6	80.5			SNF-510.2			Billing Under Arrangements
6	80.6			SNF-510.3			Indirect Contractual Arrangement
6	80.7			SNF-512			Establishing That a SNF Qualifies to Receive Part B Payment on the Basis of Reassignment
6	90			SNF-500	AB-01-132		SNF Billing to HMO
6	90.1				A-01-122, A-02-009		Beneficiary Involuntarily Disenrolled from Terminated Medicare+Choice (M+C) Plans
6	100				A-02-016		Part A SNF PPS for Hospital Swing Bed Facilities
6	100.1				A-02-016		Swing Bed Services Not Included in the Part A PPS Rate