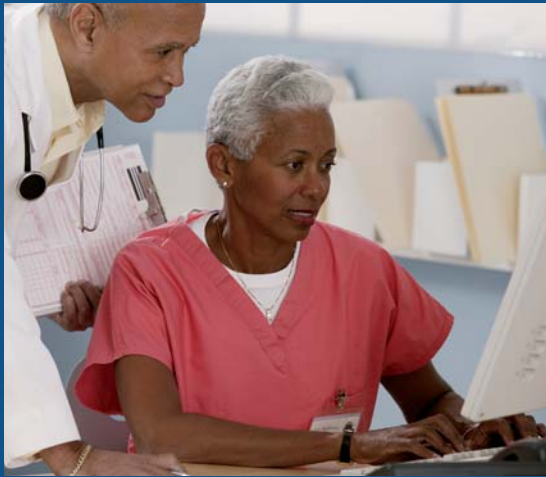




MEDICARE BILLING INFORMATION

FOR RURAL PROVIDERS, SUPPLIERS, AND PHYSICIANS



Medicare Billing Information for Rural Providers, Suppliers, and Physicians

This publication was prepared as a service to the public and is not intended to grant rights or impose obligations. This publication may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare fee-for-service providers. For additional information visit the Medicare Learning Network's web page at <http://www.cms.hhs.gov/MLNGenInfo> on the CMS website.

Medicare Contracting Reform (MCR) Update

Section 911 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) Congress mandated that the Secretary of the Department of Health and Human Services replace the current contracting authority under Title XVIII of the Social Security Act with the new Medicare Administrative Contractor (MAC) authority. This mandate is referred to as Medicare Contracting Reform. Medicare Contracting Reform is intended to improve Medicare's administrative services to beneficiaries and health care providers. Currently, there are four Durable Medical Equipment (DME) MACs that handle the processing of DME claims and one A/B MAC (Jurisdiction 3) to handle the processing of both Part A and Part B claims for those beneficiaries located within the states included in Jurisdiction 3. All Medicare work performed by Fiscal Intermediaries and Carriers will be replaced by the new A/B MACs by 2011. Providers may access the most current MCR information to determine the impact of these changes at <http://www.cms.hhs.gov/MedicareContractingReform/> on the CMS website.



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QUICK REFERENCE RURAL BILLING CHARTS

	Ambulance Services	Office Visits**	Hospital Services	Radiology & Diagnostics	Clinical Lab Tests	Supplies & Drugs	PREVENTIVE SERVICES						
							Screening Mammography Services & Pelvic Screening Exams	Cardio-vascular Screening, Diabetes Screening, & Screening Pap Tests	IPPEs	Influenza & PPVs	HBVs	Colorectal & Prostate Cancer Screenings & BMMs***	Glaucoma Screenings
RURAL HEALTH CLINIC	N/A	Bill FI or A/B MAC	N/A	<p>Provider based Bill FI or A/B MAC*</p> <p>Non-provider based Bill Carrier or A/B MAC*</p>	<p>Provider based Bill FI or A/B MAC using base provider's ID number*</p> <p>Non-provider based Bill Carrier or A/B MAC using practitioner's ID number*</p>	<p>Bill FI or A/B MAC</p> <p>May not bill for DMEPOS</p>	<p>Provider based Professional component Bill FI or A/B MAC</p> <p>Technical component Bill FI or A/B MAC using base provider's ID number*</p> <p>Non-provider based Professional component Bill FI or A/B MAC*</p> <p>Technical component Bill Carrier or A/B MAC using practitioner's ID number*</p>	<p>Provider based Bill FI or A/B MAC*</p> <p>Non-provider based Bill Carrier or A/B MAC*</p>	<p>Bill FI or A/B MAC*</p> <p>Provider based Technical component of EKGs Bill FI or A/B MAC*</p> <p>Non-provider based Technical component of EKGs Bill Carrier*</p>	<p>Costs for vaccines included in cost report; no line items for vaccines are billed to FI or A/B MAC in addition to encounter</p>	<p>RHCs receive no additional payment; costs included in encounter rate if beneficiary has an otherwise covered encounter</p>	<p>Provider based Professional component Bill FI or A/B MAC using base provider's ID number*</p> <p>Technical component Bill FI or A/B MAC using base provider's ID number*</p> <p>Non-provider based Professional component Bill FI or A/B MAC</p> <p>Technical component Bill Carrier or A/B MAC using practitioner's ID number*</p>	<p>If & only if beneficiary has an otherwise covered encounter Bill FI or A/B MAC</p> <p>All provider types No separable technical component</p>

*Generally, RHCs cannot bill for non-RHC services. Base provider or individual practitioner bills for such services using base provider or practitioner's ID number.

**RHC physicians and mid-level professionals may visit beneficiaries in a hospital or SNF and bill for the encounter.

***Screening colonoscopies are not covered when furnished in a RHC.

	Ambulance Services	Office Visits**	Hospital Services	Radiology & Diagnostics	Clinical Lab Tests	Supplies & Drugs	PREVENTIVE SERVICES						
							Screening Mammography Services & Pelvic Screening Exams	Cardio-vascular Screening, Diabetes Screening, & Screening Pap Tests	IPPEs	Influenza & PPVs	HBVs	Colorectal & Prostate Cancer Screenings & BMMs***	Glaucoma Screenings
FEDERALLY QUALIFIED HEALTH CENTER	N/A	Bill FI or A/B MAC	N/A	<u>Provider based</u> Bill FI or A/B MAC* <u>Non-provider based</u> Bill Carrier or A/B MAC*	<u>Provider based</u> Bill FI or A/B MAC* <u>Non-provider based</u> Bill Carrier or A/B MAC*	Bill FI or A/B MAC* May not bill for DMEPOS	<u>Provider based</u> Professional component Bill FI or A/B MAC Technical component Bill FI or A/B MAC using base provider's ID number* <u>Non-provider based</u> Professional component Bill FI or A/B MAC* Technical component Bill Carrier or A/B MAC using practitioner's ID number*	<u>Provider based</u> Bill FI or A/B MAC using base provider's ID number* <u>Non-provider based</u> Bill Carrier or A/B MAC using practitioner's ID number*	<u>Provider & non-provider based</u> Professional component Bill FI or A/B MAC* <u>Provider based</u> Technical component of EKGs Bill FI or A/B MAC* <u>Non-provider based</u> Technical component of EKGs Bill Carrier* Preventive primary services Bill FI or A/B MAC	Costs for vaccines included in cost report; no line items for vaccines are billed to FI or A/B MAC in addition to encounter	FQHCs receive no additional payment; costs included in required primary services; costs included in encounter rate if & only if beneficiary has an otherwise covered encounter	<u>Provider based</u> Professional component Bill FI or A/B MAC Technical component Bill FI or A/B MAC using base provider's ID number* <u>Non-provider based</u> Professional component Bill FI or A/B MAC Technical component Bill Carrier or A/B MAC using practitioner's ID number*	If & only if beneficiary has an otherwise covered encounter Bill FI or A/B MAC All provider types No separable technical component

*Generally, FQHCs cannot bill for non-FQHC services. Base provider or individual practitioner bills for such services using base provider or practitioner's ID number.

**FQHC physicians and mid-level professionals may visit beneficiaries in a hospital or SNF and bill for the encounter.

***Screening colonoscopies are not covered when furnished in a FQHC.

	Ambulance Services	Office Visits	Hospital Services	Radiology & Diagnostics	Clinical Lab Tests	Supplies & Drugs	PREVENTIVE SERVICES						
							Screening Mammography Services & Pelvic Screening Exams	Cardio-vascular Screening, Diabetes Screening, & Screening Pap Tests	IPPEs	Influenza & PPVs	HBVs	Colorectal & Prostate Cancer Screenings & BMMs*	Glaucoma Screenings
SKILLED NURSING FACILITY — RESIDENTS IN COVERED PART A STAYS	Provider based Bill FI or A/B MAC	If furnished by RHC, FQHC, or physician Bill FI or A/B MAC	Bill FI or A/B MAC	Professional component Servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Bill FI or A/B MAC	Bill FI or A/B MAC Includes surgical dressings, drugs, orthotics, & prosthetics	Professional component Servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Bill FI or A/B MAC on TOB 22X	Professional component of EKGs Servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Bill FI or A/B MAC on TOB 22X	Bill FI or A/B MAC on TOB 22X	Technical component of colorectal & prostate cancer screenings Bundled into SNF PPS payment BMMs Bill on TOB 22X	All provider types No separable technical component
	Independent ambulance company Bill Carrier or A/B MAC												

*Screening colonoscopies furnished in SNFs are not covered. SNFs may bill for colonoscopies furnished in a hospital.

	Ambulance Services	Office Visits	Hospital Services	Radiology & Diagnostics	Clinical Lab Tests	Supplies & Drugs	PREVENTIVE SERVICES						
							Screening Mammography Services & Pelvic Screening Exams	Cardio-vascular Screening, Diabetes Screening, & Screening Pap Tests	IPPEs	Influenza & PPVs	HBVs	Colorectal & Prostate Cancer Screenings & BMMs*	Glaucoma Screenings
SKILLED NURSING FACILITY— RESIDENTS IN NON-COVERED STAYS OR OUTPATIENTS	Services furnished by (or under arrangements by) SNF Bill FI or A/B MAC	Servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Services furnished by (or under arrangements by) SNF Bill FI or A/B MAC	Technical component, if furnished by (or under arrangements made by) SNF Bill FI or A/B MAC on TOB 22X or 23X	Services furnished by (or under arrangements by) SNF Bill FI or A/B MAC	Bill FI or A/B MAC Includes surgical dressings, drugs, orthotics, & prosthetics Part B does not cover DME furnished to SNF residents during non-covered stays SNF must qualify & enroll as supplier to bill DME MAC for DMEPOS	Technical component, if furnished by (or under arrangements made by) SNF Bill FI or A/B MAC on TOB 22X or 23X	Services furnished by (or under arrangements by) SNF Bill FI or A/B MAC on TOB 22X or 23X	Technical component, if furnished by (or under arrangements made by) SNF Bill FI or A/B MAC on TOB 22X or 23X	Services furnished by (or under arrangements by) SNF Bill FI or A/B MAC on TOB 22X or 23X	Vaccine plus administration Bill FI on TOB 22X or 23X	Services furnished by (or under arrangements by) SNF Bill FI or A/B MAC on TOB 22X or 23X	<u>All provider types</u> No separable technical component Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate
	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate		Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate Some radiological procedures are excluded from SNF PPS	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate	Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate

*Screening colonoscopies furnished in SNFs are not covered. SNFs may bill for colonoscopies furnished in a hospital.

	Ambulance Services	Office Visits	Hospital Services	Radiology & Diagnostics	Clinical Lab Tests	Supplies & Drugs	PREVENTIVE SERVICES						
							Screening Mammography Services & Pelvic Screening Exams	Cardio-vascular Screening, Diabetes Screening, & Screening Pap Tests	IPPEs	Influenza & PPVs	HBVs	Colorectal & Prostate Cancer Screenings & BMMs	Glaucoma Screenings
HOME HEALTH AGENCY	N/A	N/A	Bill RHHI Only outpatient therapy services requiring equipment too cumbersome to bring to the home	N/A	Bill Carrier or A/B MAC HHA must have CLIA & billing numbers	Bill RHHI Bill RHHI for DME on TOB 32X or 34X Supplier Bill DME MAC servicing that jurisdiction for DME HHA approved & enrolled as DME supplier Bill DME MAC for DME	N/A	N/A	N/A	Bill RHHI on TOB 34X	Bill RHHI on TOB 34X	BMMs only Bill RHHI on TOB 34X	All provider types No separable technical component

	Ambulance Services	Office Visits	Hospital Services	Radiology & Diagnostics	Clinical Lab Tests	Supplies & Drugs	PREVENTIVE SERVICES						
							Screening Mammography Services & Pelvic Screening Exams	Cardio-vascular Screening, Diabetes Screening, & Screening Pap Tests	IPPEs	Influenza & PPVs	HBVs	Colorectal & Prostate Cancer Screenings & BMMs	Glaucoma Screenings
CRITICAL ACCESS HOSPITAL— STANDARD PAYMENT METHOD*	<p>Provider based CAH bills FI or A/B MAC</p> <p>Independent ambulance company Bill Carrier or A/B MAC as supplier</p>	<p>Professional medical services furnished by staff physician CAH bills Carrier or A/B MAC</p>	<p>Outpatient/ Part B CAH bills FI or A/B MAC</p> <p>Inpatient/ Part A CAH bills FI or A/B MAC</p> <p>Professional medical services furnished by staff physician CAH bills Carrier or A/B MAC</p> <p>Professional medical services furnished by non-staff physician Physician bills Carrier or A/B MAC</p>	<p>Professional services CAH bills Carrier or A/B MAC</p> <p>Technical services CAH bills FI or A/B MAC</p>	<p>Outpatient CAH bills FI or A/B MAC</p> <p>Inpatient with & without Part A coverage CAH bills FI or A/B MAC</p>	<p>CAH bills FI or A/B MAC</p> <p>Hospital approved & enrolled as DME supplier Bill DME MAC for DME</p>	<p>Professional component CAH bills Carrier or A/B MAC if & only if furnished by staff physician</p> <p>Technical component CAH bills FI or A/B MAC</p>	<p>CAH bills FI or A/B MAC</p>	<p>CAH bills FI or A/B MAC</p>	<p>CAH bills FI or A/B MAC</p>	<p>CAH bills FI or A/B MAC</p>	<p>CAH bills FI or A/B MAC</p> <p>Technical component CAH bills FI or A/B MAC</p>	<p>All provider types No separable technical component</p>

*Hospital bundling applies to both inpatient and outpatient services and applies to CAHs just like any hospital.

	Ambulance Services	Office Visits	Hospital Services	Radiology & Diagnostics	Clinical Lab Tests	Supplies & Drugs	PREVENTIVE SERVICES						
							Screening Mammography Services & Pelvic Screening Exams	Cardio-vascular Screening, Diabetes Screening, & Screening Pap Tests	IPPEs	Influenza & PPVs	HBVs	Colorectal & Prostate Cancer Screenings & BMMs	Glaucoma Screenings
CRITICAL ACCESS HOSPITAL— OPTIONAL (ELECTIVE) PAYMENT METHOD (METHOD 2)*	Provider based CAH bills FI or A/B MAC Show separately on bill Independent ambulance company Bill Carrier or A/B MAC as supplier	CAH bills FI or A/B MAC Professional & technical components Show separately on bill	CAH bills FI or A/B MAC Professional & technical components Show separately on bill	CAH bills FI or A/B MAC Professional & technical components Show separately on bill	Outpatient CAH bills FI or A/B MAC Inpatient with & without Part A coverage CAH bills FI or A/B MAC Show separately on bill	CAH bills FI or A/B MAC Show separately on bill Hospital approved & enrolled as DME supplier Bill DME MAC for DME	CAH bills FI or A/B MAC Professional & technical components Show separately on bill	CAH bills FI or A/B MAC Show separately on bill	Professional & technical components of IPPEs & EKGs CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	Professional component of colorectal cancer screenings CAH bills FI or A/B MAC Show separately on bill Technical component of colorectal cancer screenings CAH bills FI or A/B MAC	All provider types No separable technical component

*Hospital bundling applies to both inpatient and outpatient services and applies to CAHs just like any hospital.

DETAILED RURAL BILLING CHARTS

RURAL HEALTH CLINIC		
TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
<p>Physician, PA, NP, CP, CSW, and CNM services</p> <p>RD or nutritional professional services for diabetes training services and MNT</p> <p>Services and supplies (including drugs) incident to the services of a physician, PA, NP, CP, CSW, or CNM</p> <p>Visiting nurse services to the homebound</p>	<p>Generally, RHCs cannot bill for non-RHC services.</p> <p>PROVIDER BASED – Bill FI or A/B MAC servicing base provider.</p> <p>NON-PROVIDER BASED – Bill FI or A/B MAC for that jurisdiction.</p>	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Benefit Policy Manual Chapter 13</p>
PREVENTIVE SERVICES		
DSMT	<p>If and only if the beneficiary has an otherwise covered encounter – Bill FI or A/B MAC.</p> <p>RHC must meet all coverage requirements to become an accredited provider of DSMT services.</p>	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Benefit Policy Manual Chapters 13 and 15</p>
MNT	<p>If and only if the beneficiary has an otherwise covered encounter – Bill FI or A/B MAC.</p> <p>RHC must meet all coverage requirements to become an accredited provider of MNT services.</p>	<p>Medicare Claims Processing Manual Chapter 9</p>
<p>Screening mammography services</p> <p>Pelvic screening exams</p>	<p>Generally, RHCs cannot bill for non-RHC services.</p> <p>PROVIDER BASED –</p> <p>Professional component – Bill FI or A/B MAC.</p> <p>Technical component – Bill FI or A/B MAC using base provider’s ID number.</p> <p>NON-PROVIDER BASED –</p> <p>Professional component – Bill FI or A/B MAC.</p> <p>Technical component – Individual practitioner bills Carrier or A/B MAC using practitioner’s ID number.</p>	<p>Medicare Claims Processing Manual Chapters 9 and 18</p> <p>Medicare Benefit Policy Manual Chapter 13</p>

RURAL HEALTH CLINIC

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
PREVENTIVE SERVICES		
Cardiovascular screening tests Diabetes screening tests Screening Pap tests	Generally, RHCs cannot bill for non-RHC services. PROVIDER BASED – Base provider or individual practitioner bills FI or A/B MAC using base provider or practitioner’s ID number for lab tests. NON-PROVIDER BASED – Base provider or individual practitioner bills Carrier or A/B MAC using base provider or practitioner’s ID number for lab tests.	Medicare Claims Processing Manual Chapters 9 and 18
IPPEs – Effective January 1, 2007, AAA screenings for at risk beneficiaries are not included but may be furnished at same encounter	Generally, RHCs cannot bill for non-RHC services. PROVIDER BASED – Bill FI or A/B MAC servicing base provider. Technical component of EKGs – Bill FI or A/B MAC using base provider’s ID number. NON-PROVIDER-BASED – Bill FI or A/B MAC. Technical component of EKGs – Individual practitioner bills Carrier or A/B MAC using practitioner’s ID number.	Medicare Claims Processing Manual Chapters 9 and 18
Influenza and PPVs	Costs are included in the cost report. No line items are billed to FI or A/B MAC in addition to encounter.	Medicare Claims Processing Manual Chapters 9 and 18
HBVs	RHCs receive no additional payment. Costs are included in the encounter rate if the beneficiary has an otherwise covered encounter.	Medicare Claims Processing Manual Chapters 9 and 18

RURAL HEALTH CLINIC

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
PREVENTIVE SERVICES		
<p>Colorectal cancer screenings – Screening colonoscopies are not covered when furnished in a RHC</p> <p>Prostate cancer screenings</p> <p>BMMs</p>	<p>Generally, RHCs cannot bill for non-RHC services.</p> <p><u>PROVIDER BASED</u> –</p> <p>Professional component – Bill FI or A/B MAC servicing RHC.</p> <p>Technical component – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number.</p> <p><u>NON-PROVIDER BASED</u> –</p> <p>Professional component – Base provider or individual practitioner bills FI or A/B MAC.</p> <p>Technical component – Individual practitioner bills Carrier or A/B MAC.</p>	<p>Medicare Claims Processing Manual Chapters 9 and 18</p> <p>Medicare Benefit Policy Manual Chapters 13 and 15</p>
<p>Glaucoma screenings</p>	<p>If and only if the beneficiary has an otherwise covered encounter – Bill FI or A/B MAC.</p> <p><u>ALL PROVIDER TYPES</u> – No separable technical component.</p>	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Benefit Policy Manual Chapters 13 and 15</p>
<p>Smoking and tobacco-use cessation counseling services</p>	<p>Bill FI or A/B MAC.</p> <p>Services furnished by a CNS are considered incident to and do not constitute a billable visit although they may be combined with a billable encounter.</p>	<p>Medicare Claims Processing Manual Chapter 32</p>

FEDERALLY QUALIFIED HEALTH CENTER

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
<p>Physician, PA, NP, CP, CSW, and CNM services</p> <p>RD or nutritional professional services for diabetes training services and MNT</p> <p>Services and supplies (including drugs) incident to the services of a physician, PA, NP, CP, CSW, or CNM</p> <p>Visiting nurse services to the homebound</p>	<p>Generally, FQHCs cannot bill for non-FQHC services.</p> <p><u>PROVIDER BASED</u> – Bill FI or A/B MAC.</p> <p><u>NON-PROVIDER BASED</u> – Bill FI or A/B MAC.</p>	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Benefit Policy Manual Chapter 13</p>
PREVENTIVE SERVICES		
DSMT	<p>Bill FI or A/B MAC.</p> <p>FQHC must meet all coverage requirements to become an accredited provider of DSMT services</p> <p>FQHC must bill the HCPCS codes to be paid for two encounters on the same date of service.</p>	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Benefit Policy Manual Chapters 13 and 15</p>
MNT	<p>Bill FI or A/B MAC.</p> <p>FQHC must meet all coverage requirements to become an accredited provider of MNT services.</p> <p>FQHC must bill the HCPCS codes to be paid for two encounters on the same date of service.</p>	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Benefit Policy Manual Chapter 13</p>
<p>Screening mammography services</p> <p>Pelvic screening exams</p>	<p>Generally, FQHCs cannot bill for non-FQHC services.</p> <p><u>PROVIDER BASED</u> –</p> <p>Professional component – Bill FI or A/B MAC.</p> <p>Technical component – Bill FI or A/B MAC using base provider’s ID number.</p> <p><u>NON-PROVIDER BASED</u> –</p> <p>Professional component – Bill FI or A/B MAC.</p> <p>Technical component – Individual practitioner bills Carrier or A/B MAC using practitioner’s ID number.</p>	<p>Medicare Claims Processing Manual Chapters 9 and 18</p> <p>Medicare Benefit Policy Manual Chapter 13</p>

FEDERALLY QUALIFIED HEALTH CENTER

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
PREVENTIVE SERVICES		
Cardiovascular screening tests Diabetes screening tests Screening Pap tests	Generally, FQHCs cannot bill for non-FQHC services. PROVIDER BASED – Base provider bills FI or A/B MAC using base provider’s ID number. NON-PROVIDER BASED – Individual practitioner bills Carrier or A/B MAC using practitioner’s ID number.	Medicare Claims Processing Manual Chapters 9 and 18 Medicare Benefit Policy Manual Chapter 13
IPPEs – Effective January 1, 2007, AAA screenings for at risk beneficiaries are not included but may be furnished at same encounter	Generally, FQHCs cannot bill for non-FQHC services. PROVIDER BASED – Professional component – Bill FI or A/B MAC servicing provider. Bill FI or A/B MAC for preventive primary services. Technical component of EKGs – Bill FI or A/B MAC using base provider’s ID number. NON-PROVIDER-BASED – Professional component – Bill FI or A/B MAC. Technical component of EKGs – Individual practitioner bills Carrier or A/B MAC using practitioner’s ID number.	Medicare Claims Processing Manual Chapters 9 and 18
Influenza and PPVs	Costs are included in cost report. No line items are billed to FI or A/B MAC in addition to encounter.	Medicare Claims Processing Manual Chapters 9 and 18
HBVs	FQHCs receive no additional payment. Costs are included in required primary services. Costs are included in the encounter rate if and only if the beneficiary has an otherwise covered encounter.	Medicare Claims Processing Manual Chapters 9 and 18

FEDERALLY QUALIFIED HEALTH CENTER

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
PREVENTIVE SERVICES		
<p>Colorectal cancer screenings – Screening colonoscopies are not covered when furnished in a FQHC</p> <p>Prostate cancer screenings</p> <p>BMMs</p>	<p>Generally, FQHCs cannot bill for non-FQHC services.</p> <p><u>PROVIDER BASED</u> –</p> <p>Professional component – Bill FI or A/B MAC servicing FQHC.</p> <p>Technical component – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number.</p> <p><u>NON-PROVIDER BASED</u> –</p> <p>Professional component – Bill FI or A/B MAC servicing FQHC.</p> <p>Technical component – Individual practitioner bills Carrier or A/B MAC using practitioner’s ID number.</p>	<p>Medicare Claims Processing Manual Chapters 9 and 18</p> <p>Medicare Benefit Policy Manual Chapters 13 and 15</p>
<p>Glaucoma screenings</p>	<p>If and only if the beneficiary has an otherwise covered encounter – Bill FI or A/B MAC.</p> <p><u>ALL PROVIDER TYPES</u> – No separable technical component.</p>	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Benefit Policy Manual Chapters 13 and 15</p>
<p>Smoking and tobacco-use cessation counseling services</p>	<p>Bill FI or A/B MAC.</p> <p>Services furnished by a CNS are considered incident to and do not constitute a billable visit although they may be combined with a billable encounter.</p>	<p>Medicare Claims Processing Manual Chapter 32</p>

FEDERALLY QUALIFIED HEALTH CENTER

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
PREVENTIVE PRIMARY HEALTH SERVICES		
<p>The following preventive primary health services are covered when furnished by or under the direct supervision of a physician, PA, NP, CP, CSW, or CNM:</p> <ul style="list-style-type: none"> • Medical social services • Nutritional assessments and referrals • Preventive health education • Children’s eye and ear exams • Well child care including periodic screenings • Immunizations including tetanus-diphtheria boosters and influenza vaccines • Voluntary family planning services • Taking patient histories • Blood pressure and weight measurements • Physical exams targeted to risk • Visual acuity, hearing, and cholesterol screenings • Stool testing for occult blood • Dipstick urinalysis • Risk assessment and initial counseling regarding risks • For women only: <ul style="list-style-type: none"> ○ Clinical breast exams ○ Referrals for mammography ○ Thyroid function tests ○ Prenatal and post-partum care ○ Prenatal services 	<p>Generally, FQHCs cannot bill for non-FQHC services.</p> <p><u>PROVIDER BASED</u> – Bill FI or A/B MAC.</p> <p><u>NON-PROVIDER BASED</u> – Bill FI or A/B MAC.</p>	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Benefit Policy Manual Chapter 13</p>

SKILLED NURSING FACILITY

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
SERVICES EXCLUDED FROM PART A SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM		
<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"> • Cardiac catheterization, emergency, and angiography services • CT scans • MRIs • Radiation therapy • Ambulatory services involving use of a hospital operating room • Lymphatic and venous procedures 	<p>If furnished in a hospital – 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>Renal dialysis facility – 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>Professional component – Bill FI or A/B MAC.</p>	<p>Medicare Claims Processing Manual Chapter 6</p>

SKILLED NURSING FACILITY

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
RESIDENTS IN NON-COVERED STAYS OR OUTPATIENTS*		
Diagnostic X-ray tests, including portable X-ray tests Diagnostic lab tests Other diagnostic tests	<p>Technical component, if 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>Some radiological procedures are excluded from SNF PPS.</p>	Medicare Claims Processing Manual Chapters 7 and 13
Lab tests	<p>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>	Medicare Claims Processing Manual Chapters 7 and 16
DME	<p>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.</p> <p>SNF must qualify and enroll as a supplier with the NSC in order to bill DME MAC for DMEPOS.</p>	Medicare Claims Processing Manual Chapters 7 and 20
Orthotic and prosthetic devices Supplies	<p>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>	Medicare Claims Processing Manual Chapter 7
Part B PT, OT, or SLP services	<p>SNF bills FI or A/B MAC.</p> <p>For beneficiaries that are in a non-covered stay, therapies must be billed by the SNF.</p>	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.

SKILLED NURSING FACILITY

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
RESIDENTS IN NON-COVERED STAYS OR OUTPATIENTS*		
Ambulance services	<p>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>	Medicare Claims Processing Manual Chapter 6
Drugs and biologicals, including immunosuppressive drugs for renal transplant patients	<p>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>	Medicare Claims Processing Manual Chapter 7
Audiologic function tests	<p>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>	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.

SKILLED NURSING FACILITY

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
PREVENTIVE SERVICES—SKILLED NURSING FACILITY PART B FOR RESIDENTS IN A COVERED PART A STAY		
DSMT	Part A residents – 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>All others – 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>During a non-covered SNF stay – 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>Non-therapy services – SNF bills only services furnished by (or under arrangements made by) the SNF itself.</p> <p>ALL PROVIDER TYPES – No separable technical component.</p>	Medicare Claims Processing Manual Chapters 7, 13, 18, and 32 Medicare Benefit Policy Manual Chapter 15

HOME HEALTH AGENCY

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
EXCLUDED HOME HEALTH PROSPECTIVE PAYMENT SYSTEM SERVICES		
DME	<p>HHA – Bill RHHI on TOB 32X or 34X.</p> <p>Supplier – Bill DME MAC servicing that jurisdiction.</p> <p>HHA approved and enrolled as a DME supplier – Bill DME MAC for DME.</p>	<p>Medicare Claims Processing Manual Chapter 10</p> <p>Medicare Benefit Policy Manual Chapter 7</p>
<p>Dietary and nutrition personnel</p> <p>Drugs and biologicals</p> <p>Housekeeping services</p> <p>Medical social services for family members</p> <p>Respiratory care services</p> <p>Services covered under ESRD</p> <p>Transportation services</p> <p>Telehealth HH services</p> <p>Medical and other health services furnished by HHAs</p>	Not covered or billable under HH PPS.	<p>Medicare Benefit Policy Manual Chapter 7</p>

HOME HEALTH AGENCY

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
SERVICES NOT INCLUDED UNDER HOME HEALTH PROSPECTIVE PAYMENT SYSTEM PLAN OF CARE		
Medical and other health services furnished by HHAs Surgical dressings, splints, casts, and other devices used for reduction of fractures and dislocations Rental or purchase of DME Prosthetic devices Leg, arm, back, and neck braces; trusses; and artificial legs, arms, and eyes Outpatient PT, OT, and SLP services Osteoporosis drugs – Administration is covered under HH PPS	HHA – Bill RHHI on TOB 34X.	Medicare Claims Processing Manual Chapter 10 Medicare Benefit Policy Manual Chapter 7
Lab Services	Bill Carrier or A/B MAC. HHA must have a CLIA number and a billing number.	Medicare Claims Processing Manual Chapter 10
PREVENTIVE SERVICES		
DSMT	HHA bills RHHI on TOB 34X.	Medicare Benefit Policy Manual Chapter 15
Vaccinations		Medicare Claims Processing Manual Chapter 18
BMMs		Medicare Claims Processing Manual Chapter 13
Smoking and tobacco-use cessation counseling services	HHA bills RHHI on TOB 34X.	Medicare Claims Processing Manual Chapter 32

CRITICAL ACCESS HOSPITAL STANDARD PAYMENT METHOD

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
Part B ambulance services	<p>PROVIDER BASED – CAH bills FI or A/B MAC.</p> <p>Independent ambulance company – Bill Carrier or A/B MAC as a supplier.</p> <p>Inpatient/Part A – Separately billed by ambulance supplier.</p>	Medicare Claims Processing Manual Chapters 3 and 15
Office visits	Professional medical services furnished by staff physician – CAH bills Carrier or A/B MAC.	Medicare Claims Processing Manual Chapters 3 and 4
Hospital inpatient services	Inpatient/Part A – CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapter 3
Hospital outpatient services	<p>Professional medical services furnished by staff physician – CAH bills Carrier or A/B MAC.</p> <p>Professional medical services furnished by non-staff physician – Physician bills Carrier or A/B MAC.</p> <p>Outpatient/Part B – CAH bills FI or A/B MAC. Hospital bundling applies to both inpatient and outpatient services and applies to CAHs just like any hospital.</p> <p>Technical component – CAH bills FI or A/B MAC.</p>	Medicare Claims Processing Manual Chapter 4
Radiology and diagnostics	<p>Professional services – CAH bills Carrier or A/B MAC.</p> <p>Technical services – CAH bills FI or A/B MAC.</p>	Medicare Claims Processing Manual Chapter 13
Clinical lab tests	<p>Outpatient – CAH bills FI or A/B MAC.</p> <p>Inpatient with and without Part A coverage – CAH bills FI or A/B MAC.</p>	Medicare Claims Processing Manual Chapters 4 and 16
Supplies and drugs	<p>CAH bills FI or A/B MAC.</p> <p>Hospital approved and enrolled as a DME supplier – Bill DME MAC for DME.</p>	Medicare Claims Processing Manual Chapter 4

CRITICAL ACCESS HOSPITAL STANDARD PAYMENT METHOD

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
PREVENTIVE SERVICES		
DSMT and MNT	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapter 4
Screening mammography services Pelvic screening exams	Professional component – CAH bills Carrier or A/B MAC if and only if furnished by a staff physician. Technical component – CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Cardiovascular screening tests Diabetes screening tests Screening Pap tests	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
IPPEs – Effective January 1, 2007, includes AAA screenings for at risk beneficiaries	Professional component of IPPEs and EKGs – CAH bills Carrier or A/B MAC if and only if furnished by staff physician. Technical component of IPPEs and EKGs – CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Vaccinations	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Colorectal cancer screenings including screening colonoscopies Prostate cancer screenings BMMs	Technical component – CAH bills FI or A/B MAC. CAH bills FI or A/B MAC. CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Glaucoma screenings	ALL PROVIDER TYPES – No separable technical component.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15

**CRITICAL ACCESS HOSPITAL
STANDARD PAYMENT METHOD**

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
PREVENTIVE SERVICES		
Smoking and tobacco-use cessation counseling services	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15

CRITICAL ACCESS HOSPITAL
OPTIONAL (ELECTIVE) PAYMENT METHOD (METHOD 2)

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
Part B ambulance services	<p>PROVIDER BASED – CAH bills FI or A/B MAC. Show separately on bill.</p> <p>Services furnished by independent ambulance company – Bill Carrier or A/B MAC as a supplier.</p>	Medicare Claims Processing Manual Chapters 3 and 15
Office visits Hospital services Radiology and diagnostics	<p>CAH bills FI or A/B MAC.</p> <p>Professional and technical components – Show separately on bill.</p>	Medicare Claims Processing Manual Chapter 4
Clinical lab tests	<p>Outpatient – CAH bills FI or A/B MAC.</p> <p>Inpatient with and without Part A coverage – CAH bills FI or A/B MAC.</p> <p>Show separately on bill.</p>	Medicare Claims Processing Manual Chapters 4 and 16
Supplies and drugs	<p>CAH bills FI or A/B MAC. Show separately on bill.</p> <p>Hospital approved and enrolled as a DME supplier – Bill DME MAC for DME.</p>	Medicare Claims Processing Manual Chapter 4

**CRITICAL ACCESS HOSPITAL
OPTIONAL (ELECTIVE) PAYMENT METHOD (METHOD 2)**

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
PREVENTIVE SERVICES		
DSMT and MNT	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapter 4
Screening mammography services Pelvic screening exams	Professional and technical components – CAH bills FI or A/B MAC. Show separately on bill.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Cardiovascular screening tests Diabetes screening tests Screening Pap tests	CAH bills FI or A/B MAC. Show separately on bill.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
IPPEs – Effective January 1, 2007, includes AAA screenings for at risk beneficiaries	Professional and technical components of IPPEs and EKGs – CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Vaccinations	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Colorectal cancer screenings including screening colonoscopies Prostate cancer screenings BMMs	Professional component – CAH bills FI or A/B MAC. Show separately on bill. Technical component – CAH bills FI or A/B MAC. CAH bills FI or A/B MAC. CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Glaucoma screenings	ALL PROVIDER TYPES – No separable technical component.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15

**CRITICAL ACCESS HOSPITAL
OPTIONAL (ELECTIVE) PAYMENT METHOD (METHOD 2)**

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
PREVENTIVE SERVICES		
Smoking and tobacco-use cessation counseling services	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15

SWING BED

CRITICAL ACCESS HOSPITAL—SWING BED APPROVAL POST-HOSPITAL SKILLED NURSING FACILITY CARE

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
CAH swing bed exempt from Part A SNF PPS	CAH swing bed bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 3 and 6 Medicare Benefit Policy Manual Chapter 8

SWING BED

HOSPITAL—SWING BED APPROVAL POST-HOSPITAL SKILLED NURSING FACILITY CARE

TYPE OF SERVICE	BILLING INFORMATION	CMS MANUAL REFERENCE
SNF PPS included services	Swing bed hospital bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 3 and 6 Medicare Benefit Policy Manual Chapter 8
SNF PPS excluded services – Part B inpatient services	Servicing providing, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate.	Medicare Claims Processing Manual Chapters 3 and 6 Medicare Benefit Policy Manual Chapter 8



HELPFUL WEBSITES

Ambulance Services Provider Center

<http://www.cms.hhs.gov/center/ambulance.asp>

Critical Access Hospital Provider Center

<http://www.cms.hhs.gov/center/cah.asp>

Federally Qualified Health Centers Provider Center

<http://www.cms.hhs.gov/center/fqhc.asp>

Home Health Agency Provider Center

<http://www.cms.hhs.gov/center/hha.asp>

Hospital Provider Center

<http://www.cms.hhs.gov/center/hospital.asp>

Internet-Only Manuals

<http://www.cms.hhs.gov/Manuals/IOM/list.asp>

Medicare Learning Network

<http://www.cms.hhs.gov/MLNGenInfo>

Prevention—General Information

<http://www.cms.hhs.gov/PrevntionGenInfo>

Rural Health Center

<http://www.cms.hhs.gov/center/rural.asp>

Skilled Nursing Facility PPS

http://www.cms.hhs.gov/SNFPPS/01_Overview.asp

Skilled Nursing Facility PPS Swing Bed Providers

http://www.cms.hhs.gov/SNFPPS/03_SwingBed.asp

ACRONYMS

AAA	Abdominal Aortic Aneurysm	DSMT	Diabetes Self-Management Training	MNT	Medical Nutrition Therapy
BMM	Bone Mass Measurement	EKG	Electrocardiogram	MRI	Magnetic Resonance Imaging
CAH	Critical Access Hospital	EPO	Erythropoietin	N/A	Not Applicable
CB	Consolidated Billing	ESRD	End-Stage Renal Disease	NP	Nurse Practitioner
CLIA	Clinical Laboratory Improvement Amendments	FI	Fiscal Intermediary	NSC	National Supplier Clearinghouse
CMS	Centers for Medicare & Medicaid Services	FQHC	Federally Qualified Health Center	OT	Occupational Therapy
CNM	Certified Nurse Midwife	HBV	Hepatitis B Vaccine	PA	Physician Assistant
CNS	Clinical Nurse Specialist	HCPCS	Healthcare Common Procedure Coding System	PPV	Pneumococcal Polysaccharide Vaccine
CP	Clinical Psychologist	HH	Home Health	PT	Physical Therapy
CSW	Clinical Social Worker	HHA	Home Health Agency	RD	Registered Dietitian
CT	Computed Tomography	HH PPS	Home Health Prospective Payment System	RHC	Rural Health Clinic
DME	Durable Medical Equipment	ID	Identification	RHHI	Regional Home Health Intermediary
DME MAC	Durable Medical Equipment Medicare Administrative Contractor	IPPE	Initial Preventive Physical Examination	SLP	Speech-Language Pathology
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	MAC	Medicare Administrative Contractor	SNF	Skilled Nursing Facility
				SNF PPS	Skilled Nursing Facility Prospective Payment System
				TOB	Type of Bill



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