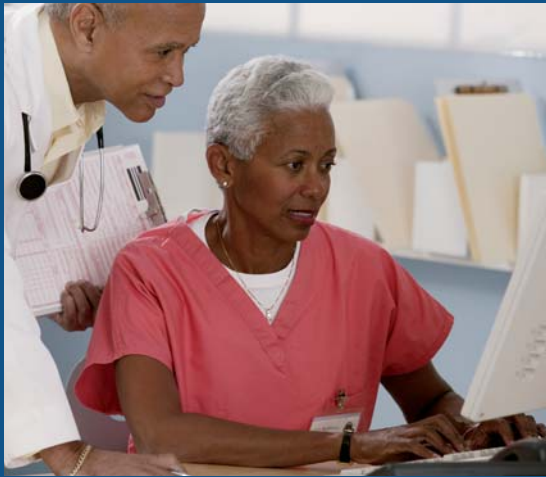




MEDICARE BILLING INFORMATION

FOR RURAL PROVIDERS, SUPPLIERS, AND PHYSICIANS



How to use this publication

This publication consists of rural billing information regarding Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), Skilled Nursing Facilities (SNF), Home Health Agencies (HHA), Critical Access Hospitals (CAH), and swing beds. It is divided into two sections:

- The Quick Reference Rural Billing Charts, which begin on page 1. These charts provide basic quick reference rural billing information for each provider type regarding ambulance services, office visits, hospital services, radiology and diagnostics, clinical lab tests, supplies and drugs, and preventive services; and
- The Detailed Rural Billing Charts, which begin on page 8. These charts provide comprehensive rural billing information and Centers for Medicare & Medicaid Services (CMS) manual references for each provider type.

Within each section, the provider types are color coded to assist the user in finding information of interest. For example, the SNF provider type is color coded blue in the Quick Reference Rural Billing Charts Section, and it is also color coded blue in the Detailed Rural Billing Charts Section.

Disclaimers

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

In 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. Providers may access the most current MCR information to determine the impact of these changes and to view the list of current MACs for each jurisdiction 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 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 Carrier 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 using base provider's ID number*</p> <p>Non-provider based Bill Carrier or A/B MAC using practitioner's ID number*</p>	RHCs receive no additional payment; costs included in encounter rate	<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 using base provider's ID number*</p> <p>Non-provider based Bill Carrier or A/B MAC using practitioner's ID number*</p>	<p>Provider based Professional component Bill FI or A/B MAC</p> <p>Technical component of EKGs 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 of EKGs Bill Carrier using practitioner's ID number</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	RHCs receive no additional payment; costs included in encounter rate	<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>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 SNF and bill for the encounter.

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

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
FEDERALLY QUALIFIED HEALTH CENTER	N/A	Bill FI or A/B MAC	N/A	<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 Carrier 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 using base provider's ID number*</p> <p>Non-provider based Bill Carrier or A/B MAC using practitioner's ID number*</p>	FQHCs receive no additional payment; costs included in encounter rate	<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 using base provider's ID number*</p> <p>Non-provider based Bill Carrier or A/B MAC using practitioner's ID number*</p>	<p>Provider based Professional component Bill FI or A/B MAC</p> <p>Technical component of EKGs 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 of EKGs Bill Carrier or A/B MAC using practitioner's ID number*</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	FQHCs receive no additional payment; costs included in encounter rate	<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>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, 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 SNF and bill for the encounter.

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

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
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.

**Additional SNF billing information on selected services can be found in the Skilled Nursing Facility Consolidated Billing MLN Matters Articles Section.

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
SKILLED NURSING FACILITY— RESIDENTS IN NON-COVERED STAYS OR OUTPATIENTS	<p>Services furnished by (or under arrangements by) SNF Bill FI or A/B MAC</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate</p>	<p>Servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate</p>	<p>Services furnished by (or under arrangements by) SNF Bill FI or A/B MAC</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate</p>	<p>Technical component, if furnished by (or under arrangements made by) SNF Bill FI or A/B MAC on TOB 22X or 23X</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>	<p>Services furnished by (or under arrangements by) SNF Bill FI or A/B MAC</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate</p>	<p>Bill FI or A/B MAC</p> <p>Includes surgical dressings, drugs, orthotics, & prosthetics</p> <p>Part B does not cover DME furnished to SNF residents during non-covered stays</p> <p>SNF must qualify & enroll as supplier to bill DME MAC for DMEPOS</p>	<p>Technical component, if furnished by (or under arrangements made by) SNF Bill FI or A/B MAC on TOB 22X or 23X</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate</p>	<p>Services furnished by (or under arrangements by) SNF Bill FI or A/B MAC on TOB 22X or 23X</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate</p>	<p>Technical component, if furnished by (or under arrangements made by) SNF Bill FI or A/B MAC on TOB 22X or 23X</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate</p>	<p>Services furnished by (or under arrangements by) SNF Bill FI or A/B MAC on TOB 22X or 23X</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate</p>	<p>Vaccine plus administration Bill FI on TOB 22X or 23X</p>	<p>Services furnished by (or under arrangements by) SNF Bill FI or A/B MAC on TOB 22X or 23X</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate</p>	<p><u>All provider types</u> No separable technical component</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, Carrier, or A/B MAC, as appropriate</p>

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

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
HOME HEALTH AGENCY	N/A	N/A	<p>Bill RHHI</p> <p>Only outpatient therapy services requiring equipment too cumbersome to bring to the home</p>	N/A	<p>Bill Carrier or A/B MAC</p> <p>HHA must have CLIA & billing numbers</p>	<p>Bill RHHI</p> <p>Bill RHHI for DME on TOB 32X or 34X</p> <p>Supplier Bill DME MAC servicing that jurisdiction for DME</p> <p>HHA approved & enrolled as DME supplier Bill DME MAC for DME</p> <p>HHA in area with DME competitive bidding program & contract to furnish such items Bill DME MAC</p>	N/A	N/A	N/A	Bill RHHI on TOB 34X	Bill RHHI on TOB 34X	BMMs only Bill RHHI on TOB 34X	<u>All provider types</u> No separable technical component

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
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.

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
CRITICAL ACCESS HOSPITAL— OPTIONAL (ELECTIVE) PAYMENT METHOD (METHOD 2)*	<p>Provider based CAH bills FI or A/B MAC Show separately on bill</p> <p>Independent ambulance company Bill Carrier or A/B MAC as supplier</p>	<p>CAH bills FI or A/B MAC</p> <p>Professional & technical components Show separately on bill</p>	<p>CAH bills FI or A/B MAC</p> <p>Professional & technical components Show separately on bill</p>	<p>CAH bills FI or A/B MAC</p> <p>Professional & technical components Show separately on bill</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>Show separately on bill</p>	<p>CAH bills FI or A/B MAC Show separately on bill</p> <p>Hospital approved & enrolled as DME supplier Bill DME MAC for DME</p>	<p>CAH bills FI or A/B MAC</p> <p>Professional & technical components Show separately on bill</p>	<p>CAH bills FI or A/B MAC Show separately on bill</p>	<p>Professional & technical components of IPPEs & EKGs 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>Professional component of colorectal cancer screenings CAH bills FI or A/B MAC Show separately on bill</p> <p>Technical component of colorectal cancer screenings 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.

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>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 in home health shortage areas</p>	<p>Generally, RHCs cannot bill for non-RHC services.</p> <p>Bill FI or A/B MAC servicing the RHC.</p>	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Benefit Policy Manual Chapter 13</p>
PREVENTIVE SERVICES		
DSMT	Not separately billable by RHCs.	<p>Medicare Claims Processing Manual Chapters 9 and 18</p> <p>Medicare Benefit Policy Manual Chapters 13 and 15</p>
MNT	Not separately billable by RHCs.	Medicare Claims Processing Manual Chapters 4 and 9
<p>Screening mammography services</p> <p>Pelvic screening exams</p>	<p>Generally, RHCs cannot bill for non-RHC services.</p> <p>PROVIDER BASED – Professional component – Bill FI or A/B MAC servicing the 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>NON-PROVIDER BASED – Professional component – Bill FI or A/B MAC servicing the RHC.</p> <p>Technical component – Individual practitioner bills their 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>

DETAILED RURAL BILLING CHARTS

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 bills FI or A/B MAC servicing the base provider using base provider’s ID number for lab tests. NON-PROVIDER BASED – Individual practitioner bills their Carrier or A/B MAC using practitioner’s ID number.	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 – Professional component – Bill FI or A/B MAC servicing the RHC. Technical component of EKGs – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number. NON-PROVIDER BASED – Professional component – Bill FI or A/B MAC servicing the RHC. Technical component of EKGs – Individual practitioner bills their 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 for either vaccination. Payment is made at cost settlement.	Medicare Claims Processing Manual Chapters 9 and 18
HBVs	RHCs receive no additional payment. Costs are included in the encounter rate.	Medicare Claims Processing Manual Chapters 9 and 18

DETAILED RURAL BILLING CHARTS

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>PROVIDER BASED – Professional component – Bill FI or A/B MAC servicing the RHC. Technical component – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number.</p> <p>NON-PROVIDER BASED – Professional component – Bill FI or A/B MAC servicing the RHC. Technical component – Individual practitioner bills their Carrier or A/B MAC using their practitioner 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>ALL PROVIDER TYPES – No separable technical component.</p>	<p>Medicare Claims Processing Manual Chapters 9 and 18</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 servicing the RHC.</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>

DETAILED RURAL BILLING CHARTS

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 in home health shortage areas</p>	<p>Generally, FQHCs cannot bill for non-FQHC services.</p> <p>Bill FI or A/B MAC servicing the FQHC.</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 servicing the FQHC.</p> <p>FQHC must meet all coverage requirements to become an accredited provider of DSMT services</p> <p>If the beneficiary had another qualifying FQHC visit on the same day, the FQHC must bill using the DSMT HCPCS codes to be paid for the second encounter on the same date of service.</p>	<p>Medicare Claims Processing Manual Chapters 9 and 18</p> <p>Medicare Benefit Policy Manual Chapters 13 and 15</p>
MNT	<p>Bill FI or A/B MAC servicing the FQHC.</p> <p>To receive payment for providing MNT services, the FQHC must meet all coverage requirements and the practitioner must be an accredited provider of MNT services.</p> <p>If the beneficiary had another qualifying FQHC visit on the same day, the FQHC must bill using the MNT HCPCS codes to be paid for the second encounter on the same date of service.</p>	<p>Medicare Claims Processing Manual Chapters 4 and 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>PROVIDER BASED – Professional component – Bill FI or A/B MAC servicing the FQHC. Technical component – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number.</p> <p>NON-PROVIDER BASED – Professional component – Bill FI or A/B MAC servicing the FQHC. Technical component – Individual practitioner bills their 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>

DETAILED RURAL BILLING CHARTS

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 servicing the base provider using base provider’s ID number for lab tests. NON-PROVIDER BASED – Individual practitioner bills their 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 the FQHC. Technical component of EKGs – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number. NON-PROVIDER BASED – Professional component – Bill FI or A/B MAC servicing FQHC. Technical component of EKGs – Individual practitioner bills their 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 for either vaccination. Payment is made at cost settlement.	Medicare Claims Processing Manual Chapters 9 and 18
HBVs	FQHCs receive no additional payment. Costs are included in the encounter rate.	Medicare Claims Processing Manual Chapters 9 and 18

DETAILED RURAL BILLING CHARTS

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>PROVIDER BASED – Professional component – Bill FI or A/B MAC servicing the FQHC. Technical component – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number.</p> <p>NON-PROVIDER BASED – Professional component – Bill FI or A/B MAC servicing the FQHC. Technical component – Individual practitioner bills their 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>ALL PROVIDER TYPES – No separable technical component.</p>	<p>Medicare Claims Processing Manual Chapters 9 and 18</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 servicing the FQHC.</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>

DETAILED RURAL BILLING CHARTS

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. Bill FI or A/B MAC servicing the FQHC.</p>	<p>Medicare Claims Processing Manual Chapter 9 Medicare Benefit Policy Manual Chapter 13</p>

DETAILED RURAL BILLING CHARTS

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>

DETAILED RURAL BILLING CHARTS

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	Technical component, if furnished by (or under arrangements made by) SNF – 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	Services furnished by (or under arrangements made by) SNF – 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, 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	Services furnished by (or under arrangements made by) SNF – 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. For beneficiaries that are in a non-covered stay, therapies must be billed by the SNF.	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.

DETAILED RURAL BILLING CHARTS

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.

DETAILED RURAL BILLING CHARTS

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
<p>Screening mammography services</p> <p>Pelvic screening exams</p> <p>Cardiovascular screening tests</p> <p>Diabetes screening tests</p> <p>Screening Pap tests</p> <p>IPPEs – Effective January 1, 2007, includes AAA screening for at risk beneficiaries</p> <p>Vaccinations</p> <p>Colorectal cancer screenings – Screening colonoscopies are not covered when furnished in a SNF</p> <p>Prostate cancer screenings</p> <p>BMMs</p> <p>Glaucoma screenings</p> <p>Smoking and tobacco-use cessation counseling services</p>	<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>	<p>Medicare Claims Processing Manual Chapters 7, 13, 18, and 32</p> <p>Medicare Benefit Policy Manual Chapter 15</p>

DETAILED RURAL BILLING CHARTS

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>
Competitively bid DME	<p>HHA in area with competitive bidding program and contract to furnish competitively bid items – Bill DME MAC for DME.</p>	<p>Medicare Claims Processing Manual Chapter 10</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>	<p>Not covered or billable under HH PPS.</p>	<p>Medicare Benefit Policy Manual Chapter 7</p>

DETAILED RURAL BILLING CHARTS

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

DETAILED RURAL BILLING CHARTS

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	<p>Professional medical services furnished by staff physician – CAH bills Carrier or A/B MAC.</p>	Medicare Claims Processing Manual Chapters 3 and 4
Hospital inpatient services	<p>Inpatient/Part A – CAH bills FI or A/B MAC.</p>	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

DETAILED RURAL BILLING CHARTS

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

DETAILED RURAL BILLING CHARTS

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

DETAILED RURAL BILLING CHARTS

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

DETAILED RURAL BILLING CHARTS

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

DETAILED RURAL BILLING CHARTS

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

DETAILED RURAL BILLING CHARTS

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



SKILLED NURSING FACILITY CONSOLIDATED BILLING MLN MATTERS ARTICLES

SE0432 – Skilled Nursing Facility Consolidated Billing as it Relates to Certain Types of Exceptionally Intensive Outpatient Hospital Services

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0432.pdf>

SE0433 – Skilled Nursing Facility Consolidated Billing as it Relates to Ambulance Services

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0433.pdf>

SE0436 – Skilled Nursing Facility Consolidated Billing and Preventive/Screening Services

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0436.pdf>

SE0438 – Medicare Prescription Drug, Improvement, and Modernization Act (MMA) – Skilled Nursing Facility Consolidated Billing and Services of Rural Health Clinics and Federally Qualified Health Centers

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0438.pdf>

SE0440 – Skilled Nursing Facility Consolidated Billing as it Relates to Certain Diagnostic Tests

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0440.pdf>

HELPFUL WEBSITES

Ambulance Services Center

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

Critical Access Hospitals Center

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

Federally Qualified Health Centers Center

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

Home Health Agency Center

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

Hospital 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 Facilities PPS

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

Skilled Nursing Facilities PPS Swing Bed Providers

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

ACRONYMS

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



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