



News Flash – Are you wondering how to find the latest and greatest Medicare resources by subject? The REVISED Guided Pathways (November 2009) booklets incorporate existing Medicare Learning Network (MLN) products and other resources into well organized sections that can help Medicare Fee-for-Service (FFS) providers and suppliers find information to understand and navigate the Medicare Program. These booklets guide learners to Medicare program resources, FFS policies and requirements. You can access the REVISED Guided Pathways (November 2009) booklets at http://www.cms.hhs.gov/MLNEdWebGuide/30_Guided_Pathways.asp on the Medicare Learning Network.

MLN Matters® Number: MM6702

Related Change Request (CR) #: 6702

Related CR Release Date: February 5, 2010

Effective Date: January 1, 2008

Related CR Transmittal #: R1911CP

Implementation Date: July 6, 2010

Implementation of a New Skilled Nursing Facility (SNF) Consolidated Billing (CB) Edit for Facility Services Billed by Ambulatory Surgical Centers (ASCs)

Provider Types Affected

This article is for providers who submit claims to Medicare contractors, i.e., Medicare Administrative Contractors (MACs) and carriers, for services provided to Medicare beneficiaries paid under the ASC payment system.

Provider Action Needed

This article is based on Change Request (CR) 6702 which describes a new edit that will be created to prevent separate payment for facility costs billed by ASCs for Medicare beneficiaries in Part A SNF stays. Be sure your billing staff is aware of these changes.

Background

The Balanced Budget Act (BBA) of 1997 required the Centers for Medicare & Medicaid Services (CMS) to implement a Medicare SNF Prospective Payment System (PPS). Additionally, the BBA of 1997 required consolidated billing (CB) for

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SNFs. Under the CB provision, an outside supplier must bill and receive payment from the SNF rather than from Medicare for services provided to a beneficiary in a Part A SNF CB stay.

Effective for claims with dates of service on or after January 1, 2008, Medicare will deny claims from an ASC that is enrolled as a provider specialty type 49, where the service has a Type of Service of F, and the patient is in a Part A SNF CB stay. Also, where Medicare receives a SNF claim for a patient in a Part A SNF CB stay and has previously paid an ASC claim incorrectly due to SNF CB, Medicare will follow current processes to recoup any overpayment from the ASC.

Services excluded from the CB provision include ambulatory surgeries performed at an outpatient hospital. However, this exception does not apply to the facility service provided by a freestanding, (non-hospital), ASC. Physicians' professional services are also excluded from consolidated billing.

Additional Information

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

The official instruction (CR6702) issued to your Medicare MAC and/or carrier is available at <http://www.cms.hhs.gov/Transmittals/downloads/R1911CP.pdf> on the CMS website.

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