



Related MLN Matters Article #: MM3910

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Changes for Medicare's Skilled Nursing Facility (SNF) Consolidated Billing (CB) Edits for Evaluation and Management (E&M) Services Billed by Hospitals to Fiscal Intermediaries (FIs)

Key Words

MM3910, CR3910, R740CP, SNF, E&M, CB, Edit, 0510, Revenue, Code, 13x, 85x, CAH, Evaluation, Management, Consolidated, Billing

Provider Types Affected

Hospitals billing affected services to Medicare fiscal intermediaries (FIs)

Key Points

- The effective date of the instruction is January 1, 2006.
- The implementation date is April 3, 2006.
- CR3910 revises the claims processing procedures to follow when a hospital submits an outpatient claim containing "facility charges" (overhead expenses) in connection with clinic services of hospital-based physicians.
- When a hospital bills for these facility charges and the beneficiary involved is a Part A SNF resident, the claim for the facility charge is being rejected by Medicare and the SNF is responsible for the charge.
- Hospitals, including critical access hospitals (CAHs), billing for these facility charges must bill them on Types of Bill (TOB) 13x or 85x with revenue code 0510 (clinic visit) when an E & M code in the range of 99201-99245 is appropriate.
- Because of Medicare's implementation date of April 3, 2006, hospitals should wait until that date before submitting such charges for dates of service on or after January 1, 2006.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3910.pdf>

<http://www.cms.hhs.gov/transmittals/downloads/R740CP.pdf>