



Related MLN Matters Article #: MM5991

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Medical and Other Health Services Furnished to Skilled Nursing Facility (SNF) Patients

Key Words

MM5991, CR5991, R89BP, SNF

Provider Types Affected

SNFs submitting claims to Medicare Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs) for Part B services, including outpatient therapy services provided to Medicare beneficiaries

Key Points

- The effective date of the instruction is June 16, 2008.
- The implementation date is June 16, 2008.
- The Centers for Medicare & Medicaid Services (CMS) is making a slight modification to Chapter 8, Section 70 of the *Medicare Benefit Policy Manual*.
- Previously, that section of the manual began with the following paragraph:

“The medical and other health services listed below and described in the *Medicare Benefit Policy Manual*, Chapter 6, “Hospital Services Covered Under Part B,” Section 10, are covered under Part B when furnished by a participating SNF, either directly or under arrangements, to: inpatients who are not entitled to have payment made under Part A (e.g., benefits exhausted or 3-day prior-stay requirement not met); **or outpatients.**”
- CMS is deleting the words “or outpatients” from the end of the paragraph above as none of the other services listed in this section of the manual can be provided by an SNF on an outpatient basis other than physical and occupational therapy and speech-pathology services.
- Outpatient physical and occupational therapy and outpatient speech-pathology services may be provided by a SNF to its “outpatients,” including:
 - Those of its own patients in their homes;
 - Patients who come to the SNF’s outpatient department;
 - Inpatients of other institutions; and

- The SNFs own inpatients who have exhausted their Part A benefits or who are not otherwise eligible for Part A benefits.

CR5991 Reminders of Other Existing policies

- SNFs may furnish physical therapy, occupational therapy, or speech-language pathology services to their inpatients without having to set up facilities and procedures for furnishing the same services to outpatients. However, if the SNF chooses to furnish the therapy services mentioned in this article, the SNF must bill the program under Part B and may only charge the patient for the applicable deductible and coinsurance.
- In the case of a distinct part SNF, the certified part must bill the program under Part B for any outpatient physical therapy, occupational therapy, or speech-language pathology services that the certified distinct part itself furnishes to inpatients of the non-certified part.
- Alternatively, residents of the non-certified part can receive outpatient therapy services from a hospital that exceed the Part B therapy caps, in accordance with Publication 100-04, *Medicare Claims Processing Manual*, Chapter 7, Section 10.1 (<http://www.cms.hhs.gov/manuals/downloads/clm104c07.pdf>).

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5991.pdf> on the CMS website.

The official instruction (CR5991) regarding this change may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R89BP.pdf> on the CMS website.