



Provider Inquiry Assistance

Implementation of a New Skilled Nursing Facility (SNF) Consolidated Billing (CB) Edit for Facility Services Billed by Ambulatory Surgical Centers (ASCs) – JA6702

Related CR Release Date: February 5, 2010

Date Job Aid Revised: February 15, 2010

Effective Date: January 1, 2008

Implementation Date: July 6, 2010

Key Words	MM6702, CR6702, R1911CP, SNF, CB, ASC
Contractors Affected	<ul style="list-style-type: none"> • Medicare Carriers • Part A/B Medicare Administrative Contractors (A/B MACs)
Provider Types Affected	Providers who submit claims to A/B MACs and carriers for services provided to Medicare beneficiaries paid under the ASC payment system



Change Request (CR) 6702 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.

Denial of Claims by Medicare from an ASC

- 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.

Provider Needs to Know...

Previously Paid ASC Claims

- 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.
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Services Excluded From the CB Provision

- 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.
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Background

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

Medicare contractors will not search files but will reopen and reprocess claims applying this new edit when brought to their attention

**Reference
Materials**

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6702.pdf> on the CMS website.

The official instruction (CR6702) regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1911CP.pdf> on the CMS website.
