



Related MLN Matters Article #: SE0518

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Skilled Nursing Facility (SNF) Consolidated Billing (CB) as It Relates to Therapy Services

Key Words

SNF, CB, Therapy, Part B, Physical, Occupational, Speech-language, Non-covered, Stay, Covered, SE0518, Global, Per, Diem

Provider Types Affected

Skilled nursing facilities (SNFs), physicians, practitioners, physical and occupational therapists, speech language pathologists, rehabilitation agencies, hospitals, and home health agencies

Key Points

- Consolidated billing assigns to the SNF itself the Medicare billing responsibility for virtually all of the services that the SNF's residents receive during the course of a covered Part A stay.
- A covered Part A stay occurs when:
 - A beneficiary meets all of the requirements for coverage under Part A's extended care benefit; and
 - Resides in an institution or part thereof that is Medicare-certified as an SNF.
- Payment for this full range of services is included in the SNF Prospective Payment System (PPS) global per diem rate.
- Services that are specifically excluded from this consolidated billing provision remain separately billable to Medicare Part B by the entity that actually furnished the service.
- Physical therapy, occupational therapy, and speech-language services furnished to SNF residents are always subject to consolidated billing.
- Consolidated billing applies even when a resident receives the therapy during a non-covered stay in which a beneficiary who is not eligible for Part A extended care benefits still resides in an institution (or Part thereof) that is Medicare-certified as an SNF.
- Consolidated billing also applies regardless of whether or not the services are performed by or under the supervision of a practitioner whose services would otherwise be excluded from consolidated billing.

- Therapy services that are furnished to residents of a Medicare-certified SNF are subject to the SNF consolidated billing provision.
- Payment for therapy services furnished during a covered Part A stay is included in the SNF's global per diem PPS rate.
- In a **non-covered SNF stay**, the beneficiary may be eligible for coverage of individual medical and other health services under Part B.
 - Since the beneficiary still resides in a Medicare-certified institution (or part thereof), the therapy services are subject to the SNF consolidated billing provision.
 - Under this provision, claims for therapy services furnished during a non-covered SNF stay must be submitted to Medicare by the SNF itself.
 - The SNF is responsible for reimbursing the provider.
 - The SNF would bill its fiscal intermediary under the Medicare fee schedule
- When a beneficiary resides in a nursing home (or part thereof) that is **not certified as an SNF** by Medicare, the Part A extended care benefit cannot cover the beneficiary's stay.
 - The beneficiary may still be eligible for Part B coverage of certain individual services, including therapy, but the beneficiary is not considered an SNF resident for Medicare billing purposes, and
 - The therapy services are not subject to consolidated billing.
 - Either the therapy provider or the facility may bill the Medicare carrier for Part B directly.

Important Links

<http://www.cms.hhs.gov/MLNmattersArticles/downloads/SE0518.pdf>

<http://www.cms.hhs.gov/MLNmattersArticles/downloads/SE0431.pdf>

<http://www.cms.hhs.gov/SNFConsolidatedBilling/>

<http://www.cms.hhs.gov/SNFPPS/>