



Related MLN Matters Article #: MM4079

Date Posted: February 10, 2006

Related CR #: 4079

*MMA - Revisions Relating to Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services Provided in a Skilled Nursing Facility (SNF) and Certification/Recertification of the Need for a Skilled Level of Care*

### Key Words

MM4079, CR4079, R40BP, MMA, RHC, SNF, health, clinic, FQHC, rural, skilled, nursing, certification, recertification

### Provider Types Affected

Physicians, nurse practitioners, clinical nurse specialists, RHCs, FQHCs, and SNFs billing Medicare carriers and fiscal intermediaries (FIs) for services supplied to SNF patients

### Key Points

- The effective date of the instruction is October 1, 2005.
- The implementation date is February 16, 2006.
- Prior to January 1, 2005, services furnished by an RHC/FQHC's physician and non-physician practitioners were generally considered to be "RHC/FQHC" services and were included within the SNF's Prospective Payment System (PPS) per diem payment when furnished to a Part A resident.
- However, under limited circumstances, these services were considered to be practitioner services that were excluded from SNF consolidated billing and separately billable to Part B.
- Specifically, visits to SNF residents by an RHC/FQHC's physicians and other excluded types of medical practitioners could be separately billed to the Medicare Part B carrier in those situations where the services were furnished off the RHC's premises and the RHC did not compensate the practitioner for them.
- As long as the practitioner was not under agreement with the RHC to provide services at the SNF, the practitioner could bill the Part B carrier directly for those services under his or her own Medicare provider number.
- Effective with services furnished on or after January 1, 2005, the MMA (Section 410) amended the law to specify that when an SNF Part A resident receives the services of a physician from an RHC or

FQHC, then those services are not subject to consolidated billing merely by virtue of being furnished under the auspices of the RHC or FQHC.

- This exclusion also applies to any other type of practitioner that the law identifies as being excluded from SNF consolidated billing.
- Accordingly, under the MMA (Section 410), services otherwise included within the scope of RHC and FQHC services that are also described in the Social Security Act (Section 1888(e)(2)(A)(ii)) are excluded from consolidated billing, effective with services furnished on or after January 1, 2005.
- Only this subset of RHC/FQHC services may be covered and paid separately when furnished to SNF residents during a covered Part A stay.

#### Who May Sign the Certification or Recertification for Extended Care Services?

- Payment for covered post-hospital extended care services may be made only if a physician (or one of the other authorized types of practitioners described below) makes the required certification and, where services are furnished over a period of time, the required recertification regarding the services furnished.
- The SNF is responsible for obtaining the required certification and recertification statements and for retaining them in a file for verifications, if needed, by the intermediary.
- A certification or recertification statement must be signed by:
  - The attending physician or a physician on the staff of the SNF who has knowledge of the case; or
  - A nurse practitioner (NP) or clinical nurse specialist (CNS) who does not have a direct or indirect employment relationship with the facility, but who is working in collaboration with the physician.

#### Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4079.pdf>

For a more complete description of SNF Prospective Payment System (PPS) provisions, affected providers should see the *Medicare Claims Processing Manual* (Pub. 100-04), Chapter 6 (SNF Inpatient Billing). This manual is available at <http://www.cms.hhs.gov/Manuals/IOM/list.asp#TopOfPage> on the Centers for Medicare & Medicaid Services (CMS) website.

For complete details, affected providers should see the official instruction (CR4079) issued to their carrier/intermediary regarding this change. This instruction included the revised portions of the Medicare Benefit Policy Manual affected by these changes. That instruction may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R40BP.pdf> on the CMS website.