

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



"The Medicare Billing Certificate Program for Part B Providers" Web-Based Training Program (C00164) is revised and is now available. This WBT is designed to provide education on Part B of the Medicare program. It includes required web-based training courses and readings and a helpful list of resources. Upon successful completion of this program, you will receive a certificate in Medicare billing for Part B providers from the Centers for Medicare & Medicaid Services. To access the WBT, go to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html> and click on "Web-Based Training Courses" under "Related Links" at the bottom of the web page.

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Billing for Visits to Patients in Swing Bed Facilities

Provider Types Affected

This MLN Matters® Special Edition (Article) is intended for physicians and other providers who submit claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), and/or A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

What You Need to Know

The CMS Comprehensive Error Rate Testing (CERT) program has identified a significant number of claims paid in error relating to Evaluation and Management (E/M) services provided in swing bed settings.

Background

Hospitals, as defined in the Social Security Act (Section 1861(e); see http://www.ssa.gov/OP_Home/ssact/title18/1861.htm), or Critical Access Hospitals (CAHs) with a

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Medicare provider agreement that includes CMS approval to furnish swing bed services, may use their beds as needed to furnish either acute or Skilled Nursing Facility (SNF) levels of care.

Through the review of previous Comprehensive Error Rate Testing (CERT) Reports, CMS has learned that there have been a high percentage of errors occurring in billing for E/M services rendered in swing bed facilities. Some providers are inappropriately billing hospital visit codes for E/M services rendered in swing bed facilities (with nursing facility levels of care) when they should be billing nursing facility visit E/M codes. Physicians should bill hospital care codes when the facility is providing inpatient hospital care to the beneficiary, and nursing facility care codes when the swing bed is being used to provide skilled nursing services. The Current Procedure Terminology (CPT) codes involved include:

- 99221-99223 (Initial Hospital Care),
- 99231-99233 (Subsequent Hospital Care), and
- 99238-99239 (Hospital Discharge Day Management)

Example:

A 92 year old female was admitted to a hospital with swing bed approval for nursing facility care on April 30, 2010, and was discharged on May 6, 2010.

A physician billed CPT Code 99232 (Subsequent hospital care) for a date of service May 5, 2010, a day on which the facility was providing services at a skilled nursing level. The date of service (May 5, 2010), was during the stay for nursing facility care at a swing bed approved facility. Therefore, CPT Code 99232 was an overpaid claim.

Additional Information

You can review the "Medicare Claims Processing Manual," Chapter 12, Section 30.6.9) at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf> on the CMS website. This section of the manual provides details on proper coding of hospital visits and swing bed visits.

If you have any questions, please contact your carriers, FIs, or A/B MACs at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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