



Hospital and Critical Access Hospital (CAH) Swing-Bed Manual Revisions

MLN Matters Number: MM10962

Related Change Request (CR) Number: 10962

Related CR Release Date: November 2, 2018 Effective Date: April 1, 2019

Related CR Transmittal Number: R4157CP Implementation Date: April 1, 2019

PROVIDER TYPES AFFECTED

This MLN Matters Article is intended for hospitals, including Critical Access Hospitals (CAHs), billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 10962 clarifies policies related to hospitals and CAHs with respect to services furnished to swing-bed patients, including policies related to pass-through reimbursement for Certified Registered Nurse Anesthetist (CRNA) services. Make sure your billing staffs are aware of these changes.

BACKGROUND

CAH swing-bed services are not subject to the Skilled Nursing Facility (SNF) prospective payment system. Instead, CAHs are paid based on 101 percent of reasonable cost for swing-bed services. As is the case with CAH inpatient services, CAH swing-bed services are subject to the hospital bundling requirements at section 1862(a)(14) of the Social Security Act and in the regulations at 42 CFR § 411.15(m). Therefore, because CAH swing-bed services are subject to the hospital bundling requirements, the Centers for Medicare & Medicaid Services (CMS) is clarifying that nonprofessional services provided to a CAH swing-bed patient must be included on the CAH's swing-bed bill.

In addition, CRNA pass-through payments (42 CFR § 412.113 (c)) provide qualifying hospitals and CAHs with reasonable cost-based payments for CRNA services. CMS is clarifying that qualifying hospitals and CAHs are eligible to receive pass-through payments for CRNA services provided to hospital and CAH swing-bed patients since these patients are considered inpatients for Medicare payment purposes. CRNA pass-through services provided to swing-bed patients must be included on the hospital's or CAH's swing-bed bill.

As a result of CR 10962:

- MACs will allow CAHs to bill for: (1) bed and board; (2) such nursing services and other related services, such use of hospital facilities, and such medical social services as are ordinarily furnished by the hospital for the care and treatment of inpatients, and such drugs, biologicals, supplies, appliances, and equipment, for use in the hospital, as are ordinarily furnished by such hospital for the care and treatment of inpatients; and (3) such other diagnostic or therapeutic items or services, furnished by the hospital or by others under arrangements with them made by the hospital, as are ordinarily furnished to inpatients either by such hospital or by others under such arrangements; which are rendered in a CAH swing-bed on Type of bill (TOB) 18x where the Provider number range begins with Z300 through Z399,
- MACs will allow for services rendered by a CRNA in a CAH swing-bed, where the CAH has CRNA pass-through using TOB 18x; Revenue Code (REV) 0964 professional service; REV: 037x technical; and a Provider Number range beginning with Z300 through Z399.
- MACs will allow for services rendered by a CRNA in a hospital swing-bed, where the short-term acute care hospital has CRNA pass-through, using TOB 18x; REV 0964 professional service; REV: 037x technical; and a Provider Number range beginning with U001 through U879.

ADDITIONAL INFORMATION

The official instruction, CR 10962, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4157CP.pdf>. CR 10962 updates Chapters 3, 4, and 6 of the Medicare Claims Processing Manual. These updated chapters are attached to the CR.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
November 2, 2018	Initial article released.

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