



Attention Skilled Nursing Facilities!

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Related Change Request (CR) #: 5220

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Note: This article was updated on November 6, 2012, to reflect current Web addresses. All other information remains unchanged.

Correction to Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement if SNF Inpatient Claims Are Partially Non-Covered

Provider Types Affected

Skilled nursing facilities (SNFs) that bill Medicare fiscal intermediaries (FIs) for SNF services

Provider Action Needed



STOP – Impact to You

If you submit 22x bill type claims to your FI that contain **therapy services** (Physical therapy, speech language pathology services, and occupational therapy) subject to SNF consolidated billing (CB), the claims may be rejected inappropriately by SNF CB when they fall within partially non-covered periods identified on inpatient SNF bill types (i.e., 21x bill types).

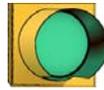


CAUTION – What You Need to Know

To address this issue, under certain conditions (outlined below) the Centers for Medicare & Medicaid Services (CMS) systems will bypass line item dates of service reported on 22x bill types from the SNF CB therapy edit.

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GO – What You Need to Do

Please refer to the *Background* and section of this article for further information.

Background

When Part A program payment is not possible (e.g., the beneficiary's benefits have been exhausted or the inpatient SNF stay is partially non-covered), some or all services provided in these non-covered periods may be medically necessary and may be covered as ancillary services under Part B.

Section 1888 of the Social Security Act requires SNF consolidated billing. Under the SNF CB provision, therapy services are subject to SNF CB during non-covered SNF stays and are only billable on a 22x (SNF inpatient part B) bill type.

To ensure that 22x bill type claims containing therapy services subject to SNF CB will not be rejected as a result of the circumstance described above, the CMS systems will bypass line item dates of service reported on 22x bill types from the SNF CB therapy edit when the dates of service:

- Fall within reported non-covered periods on overlapping SNF 21x bill types (identified by occurrence span codes 74, 76 or 77, 79 and/or M1);
- Are greater than the benefit exhaust date or date active care ended reported on overlapping SNF 21x bill types (greater than the occurrence code A3, B3, C3, or 22 reported on the 21x SNF inpatient claim) .

Please note that your FI will not search their files to retroactively pay claims that were incorrectly rejected. However, they will adjust claims that you bring to their attention.

Additional Information

CR5220, containing the attached manual revision to Publication 100-04, *Medicare Claims Processing Manual*, Chapter 6 (SNF Inpatient Part A Billing), Section 20.5 (Therapy Services), is the official instruction issued to your Medicare FI regarding changes mentioned in this article. CR5220 may be found at

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1009CP.pdf> on the CMS website.

If you have questions, please contact your local Medicare FI 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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