



**News Flash** - The Skilled Nursing Facility Consolidated Billing Web-Based Training Course (October 2007) can now be accessed at the Centers for Medicare & Medicaid Services Medicare Learning Network at <http://go.cms.gov/MLNGenInfo> by scrolling down to "Related Links Inside CMS and selecting "Web Based Training (WBT) Modules." The course includes general information about Skilled Nursing Facilities (SNFs), SNF Consolidated Billing, and "under arrangement" agreements between Skilled Nursing Facilities and other providers or suppliers.

MLN Matters Number: MM5840

Related Change Request (CR) #: 5840

Related CR Release Date: December 14, 2007

Effective Date: October 1, 2006

Related CR Transmittal #: R1394CP

Implementation Date: March 17, 2008

**Note:** This article was updated on September 25, 2012, to reflect current Web addresses. All other information remains the same.

## **Manual Updates to Chapter 6, Skilled Nursing Facility (SNF) Inpatient Part A Billing, for No-Payment and Medicare Advantage (MA) Claims**

### **Provider Types Affected**

Skilled nursing facilities (SNFs) that bill Medicare Administrative Contractors (A/B MACs) or fiscal intermediaries (FIs) for SNF services provided to Medicare beneficiaries enrolled in traditional Medicare or a Medicare Advantage (MA) plan.

### **Impact on Providers**

This article is informational in nature and meant to clarify existing Medicare policies.

### **Background**

A SNF is required to submit a bill for a beneficiary that has started a spell of illness under the SNF Part A benefit for every month of the related stay even though no benefits may be payable. In addition, SNF providers must submit no-payment bills

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for beneficiaries that have previously received Medicare-covered skilled care and subsequently dropped to a non-covered level of service but continue to reside in a Medicare-certified area of the facility. CMS maintains a record of all inpatient services whether covered or not to provide input to national healthcare planning and to keep track of the beneficiary's Part A benefit period.

## Key Points

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This article is based on Change Request (CR) 5840, which provides clarification to Chapter 6 of the Medicare Claims Processing Manual, SNF Inpatient Part A Billing. There is no change in policy. The key points clarified by CR5840 are:

- If a facility has a separate, distinct non-skilled area or wing, then beneficiaries may be discharged to this area using the appropriate patient discharge status code and no-payment bills would not be required. In addition, SNF consolidated billing legislation for therapy services would not apply to these beneficiaries.
- SNF providers are not required to submit no-payment bills for non-skilled beneficiary admissions.
- SNF providers must submit no-payment bills for beneficiaries that have previously received Medicare-covered skilled care and drop to a non-covered level of care but continue to reside in a Medicare-certified area of the facility.
- Note that providers may bill benefits exhaust and no payment claims using the default HIPPS code of AAA00 in addition to an appropriate room and board revenue code only.
- SNF providers are not required to submit no-payment bills for beneficiaries that are in current Medicare Advantage (MA) plans and no longer require skilled care while still under the plan.
- If a beneficiary no longer requires skilled care under the MA plan, the SNF may discharge the patient using a patient status code of 04. If the beneficiary then requires skilled care again after a period of non-skilled care, the SNF should begin a new admission claim for Medicare to continue the spell of illness.
- When admitting an MA beneficiary, if a SNF is non-participating with the MA plan, the beneficiary must be notified of his or her status because he/she may be private pay in this circumstance, depending upon the type of MA plan in which the beneficiary is enrolled.
- No-payment bills may span both Medicare and the provider's fiscal year end dates.

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## Additional Information

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To see the official instruction, CR5840, issued to your Medicare FI or A/B MAC, go to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1394CP.pdf> on the CMS website.

If you have questions, please contact your Medicare FI or A/B MAC 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.

**News Flash** - It's seasonal flu time again! If you have Medicare patients who haven't yet received their flu shot, you can help them reduce their risk of contracting the seasonal flu and potential complications by recommending an annual influenza and a one-time pneumococcal vaccination. Medicare provides coverage for flu and pneumococcal vaccines and their administration. – And don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. Get Your Flu Shot – Not the Flu! Remember - Influenza vaccination is a covered Part B benefit but the influenza vaccine is NOT a Part D covered drug. Health care professionals and their staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition *MLN Matters* article SE0748 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0748.pdf> on the CMS website.

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