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

MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

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CRITICAL ACCESS HOSPITAL (CAH)
Standard Payment Method

Type of Service	Billing Information	Manual Reference
Part B ambulance transports	CAH bills Medicare Administrative Contractor (MAC) for CAH owned and operated transports. Independent ambulance company bills MAC as a supplier. Ambulance supplier separately bills for inpatient/Part A transports.	"Medicare Claims Processing Manual" Chapters 4 and 15
Office visits	CAH bills MAC for professional medical services furnished by staff physician.	"Medicare Claims Processing Manual" Chapters 3 and 4
Hospital inpatient services	CAH bills MAC for inpatient/Part A services.	"Medicare Claims Processing Manual" Chapter 3
Hospital outpatient services	CAH bills MAC for professional medical services furnished by staff physician. Physician bills MAC for professional medical services furnished by non-staff physician. CAH bills MAC for outpatient/Part B services. CAH bills MAC for technical component.	"Medicare Claims Processing Manual" Chapter 4
Radiology and diagnostics	CAH bills MAC for professional and technical services.	"Medicare Claims Processing Manual" Chapter 13
Telehealth services	Originating site located in a rural Health Professional Shortage Area, either located outside of a Metropolitan Statistical Area (MSA) or in a rural census tract, or a county outside of a MSA bills MAC for originating site facility fee. Show separately on bill.	"Medicare Claims Processing Manual" Chapter 12 "Medicare Benefit Policy Manual" Chapter 15
Clinical laboratory tests	CAH bills MAC for outpatient tests. CAH bills MAC for inpatient tests with and without Part A coverage.	"Medicare Claims Processing Manual" Chapters 4 and 16
Supplies and drugs	CAH bills MAC. Hospital approved and enrolled as a durable medical equipment (DME) supplier bills DME MAC for DME.	"Medicare Claims Processing Manual" Chapter 4

CRITICAL ACCESS HOSPITAL (CAH) (cont.)
Standard Payment Method

Preventive Services

Type of Service	Billing Information	Manual Reference
Screening mammography services Pelvic screening examinations	CAH bills MAC for professional component if and only if furnished by a staff physician. CAH bills MAC for technical component.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Cardiovascular screening tests Diabetes screening tests Screening Pap tests	CAH bills MAC.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Initial Preventive Physical Examinations (IPPE) Includes abdominal aortic aneurysm screenings for at risk patients	CAH bills MAC. Physician bills MAC for professional component of IPPEs and electrocardiograms (EKG). CAH bills MAC for technical component of IPPEs and EKGs.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Vaccinations	CAH bills MAC.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Colorectal cancer screenings, including screening colonoscopies	CAH bills MAC for technical component.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Prostate cancer screenings Bone mass measurements	CAH bills MAC.	
Glaucoma screenings	No separable technical component (all provider types).	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Diabetes Self-Management Training and Medical Nutrition Therapy services	CAH bills MAC.	"Medicare Claims Processing Manual" Chapter 4

CRITICAL ACCESS HOSPITAL (CAH) (cont.)
Standard Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Manual Reference
Intensive behavioral therapy (IBT) for cardiovascular disease	CAH bills MAC.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
IBT for obesity	CAH bills MAC.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Annual Wellness Visits	CAH bills MAC. Physician bills MAC for professional component of EKGs. CAH bills MAC for technical component of EKGs.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Counseling to prevent tobacco use for asymptomatic patients	CAH bills MAC.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Screening for depression	CAH bills MAC.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Screening and behavioral counseling interventions in primary care to reduce alcohol misuse	CAH bills MAC.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Screening for sexually transmitted infections (STI) and high intensity behavioral counseling to prevent STIs	CAH bills MAC.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15

CRITICAL ACCESS HOSPITAL (CAH)
Optional Payment Method

Type of Service	Billing Information	Manual Reference
Part B ambulance transports	CAH bills Medicare Administrative Contractor (MAC) for CAH owned and operated transports. Independent ambulance company bills MAC as a supplier.	"Medicare Claims Processing Manual" Chapters 4 and 15
Office visits Hospital services Radiology and diagnostics	CAH bills MAC. Show professional and technical components separately on bill.	"Medicare Claims Processing Manual" Chapter 4
Telehealth services	Originating site located in a rural Health Professional Shortage Area, either located outside of a Metropolitan Statistical Area (MSA) or in a rural census tract, or a county outside of a MSA bills MAC for originating site facility fee. Show separately on bill.	"Medicare Claims Processing Manual" Chapter 12 "Medicare Benefit Policy Manual" Chapter 15
Clinical laboratory tests	CAH bills MAC for outpatient tests. CAH bills MAC for inpatient tests with and without Part A coverage. Show separately on bill.	"Medicare Claims Processing Manual" Chapters 4 and 16
Supplies and drugs	CAH bills MAC. Show separately on bill. Hospital approved and enrolled as a durable medical equipment (DME) supplier bills DME MAC for DME.	"Medicare Claims Processing Manual" Chapter 4

Preventive Services

Type of Service	Billing Information	Manual Reference
Screening mammography services Pelvic screening examinations	CAH bills MAC for professional and technical components. Show separately on bill.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Cardiovascular screening tests Diabetes screening tests Screening Pap tests	CAH bills MAC. Show separately on bill.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15

CRITICAL ACCESS HOSPITAL (CAH) (cont.)
Optional Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Manual Reference
Initial Preventive Physical Examinations (IPPE) Includes abdominal aortic aneurysm screenings for at risk patients	CAH bills MAC for professional and technical components of IPPEs and electrocardiograms.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Vaccinations	CAH bills MAC.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Colorectal cancer screenings, including screening colonoscopies Prostate cancer screenings Bone mass measurements	CAH bills MAC for professional and technical components of colorectal cancer screenings. Show separately on bill. CAH bills MAC. CAH bills MAC.	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Glaucoma screenings	No separable technical component (all provider types).	"Medicare Claims Processing Manual" Chapters 18 and 32 "Medicare Benefit Policy Manual" Chapter 15
Diabetes Self-Management Training and Medical Nutrition Therapy services	CAH bills MAC.	"Medicare Claims Processing Manual" Chapter 4
Intensive behavioral therapy (IBT) for cardiovascular disease	CAH bills MAC.	"Medicare Claims Processing Manual" Chapter 18 "Medicare Benefit Policy Manual" Chapter 15
IBT for obesity	CAH bills MAC.	"Medicare Claims Processing Manual" Chapter 18 "Medicare Benefit Policy Manual" Chapter 15

CRITICAL ACCESS HOSPITAL (CAH) (cont.)
Optional Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Manual Reference
Annual Wellness Visits	If physician has reassigned his or her billing rights to CAH, CAH bills MAC for both professional and technical components. If physician has not reassigned his or her billing rights to CAH, CAH bills for technical component and physician bills separately for professional component.	"Medicare Claims Processing Manual" Chapter 18 "Medicare Benefit Policy Manual" Chapter 15
Counseling to prevent tobacco use for asymptomatic patients	CAH bills MAC.	"Medicare Claims Processing Manual" Chapter 18 "Medicare Benefit Policy Manual" Chapter 15
Screening for depression	CAH bills MAC.	"Medicare Claims Processing Manual" Chapter 18 "Medicare Benefit Policy Manual" Chapter 15
Screening and behavioral counseling interventions in primary care to reduce alcohol misuse	CAH bills MAC.	"Medicare Claims Processing Manual" Chapter 18 "Medicare Benefit Policy Manual" Chapter 15
Screening for sexually transmitted infections (STI) and high intensity behavioral counseling to prevent STIs	CAH bills MAC.	"Medicare Claims Processing Manual" Chapter 18 "Medicare Benefit Policy Manual" Chapter 15

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Type of Service	Billing Information	Manual Reference
Office visits furnished by physician, physician assistant (PA), nurse practitioner (NP), certified nurse-midwife (CNM), clinical psychologist (CP), and clinical social worker (CSW) Services and supplies (including Part B-covered drugs) furnished incident to services of physician, PA, NP, CNM, CP, or CSW Visiting nurse services furnished to homebound patients in Home Health shortage areas Preventive primary health services Transitional Care Management services Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT) professional services	FQHC bills Medicare Administrative Contractor (MAC) servicing FQHC for medically-necessary, face-to-face medical and mental health visits and qualified preventive health visits with a FQHC practitioner furnished: • In the FQHC; • At a patient's residence (including an assisted living facility); • In a Part A Skilled Nursing Facility; or • At the scene of an accident. FQHC is paid by MAC under all-inclusive rate (AIR) system until it transitions to FQHC Prospective Payment System (PPS). Transition is based on FQHC's cost reporting period and begins on or after October 1, 2014. FQHC bills MAC for professional services only. FQHC paid under PPS can bill for more than one visit per day per patient when the patient: • Subsequent to first visit, suffers an illness or injury requiring additional diagnosis or treatment on the same day; and/or • Has a mental health visit on the same day as a medical visit. FQHC paid under AIR can also bill for more than one visit per day per patient when: • An Initial Preventive Physical Examination (IPPE) is furnished on the same day as a separate mental health and/or medical visit; and/or • A DSMT/MNT visit is furnished on the same day as a medical visit.	"Medicare Claims Processing Manual" Chapter 9 "Medicare Benefit Policy Manual" Chapter 13
Radiology and diagnostics	FQHC bills technical component of a service to MAC servicing FQHC using practitioner's identification (ID) number. Provider-based FQHC bills technical component to MAC using base provider's ID number.	"Medicare Claims Processing Manual" Chapters 9 and 18 "Medicare Benefit Policy Manual" Chapter 13
Telehealth services	FQHC is authorized to serve as a telehealth originating site if FQHC is located in a qualifying area. FQHC bills MAC for originating site facility fee.	"Medicare Claims Processing Manual" Chapter 12 "Medicare Benefit Policy Manual" Chapter 15

FEDERALLY QUALIFIED HEALTH CENTER (FQHC) (cont.)

Type of Service	Billing Information	Manual Reference
Clinical laboratory tests	FQHC bills technical component of a service to MAC servicing FQHC using practitioner's ID number. Provider-based FQHC bills technical component to MAC using base provider's ID number. Venipuncture is included in AIR or PPS rate and is not separately billable.	"Medicare Claims Processing Manual" Chapters 9 and 18 "Medicare Benefit Policy Manual" Chapter 13
Supplies and drugs	Except for supplies authorized for billing under Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), costs of supplies, drugs, and biologicals are included in AIR or PPS payment. These costs are not separately billed. FQHC bills supplies authorized for billing under DMEPOS in accordance with DMEPOS requirements.	"Medicare Claims Processing Manual" Chapters 9 and 18 "Medicare Benefit Policy Manual" Chapter 13

Preventive Services

Type of Service	Billing Information	Manual Reference
IPPEs	FQHC paid under AIR bills for a visit when an IPPE is furnished. If an IPPE is furnished on the same day as another billable medical visit, FQHC bills for two visits. FQHC PPS rate is adjusted when an IPPE is furnished by a FQHC paid under PPS.	"Medicare Claims Processing Manual" Chapters 9 and 18 "Medicare Benefit Policy Manual" Chapter 13
Annual Wellness Visits (AWV)	FQHC paid under AIR bills for a visit when an AWV is furnished. If an AWV is furnished on the same day as another billable medical visit, FQHC can bill for only one visit. FQHC PPS rate is adjusted when an AWV is furnished by a FQHC paid under PPS.	"Medicare Claims Processing Manual" Chapters 9 and 18 "Medicare Benefit Policy Manual" Chapter 13

FEDERALLY QUALIFIED HEALTH CENTER (FQHC) (cont.)

Preventive Services (cont.)

Type of Service	Billing Information	Manual Reference
DSMT and MNT services	FQHC paid under AIR bills for a visit when DSMT/MNT is furnished. If DSMT/MNT is furnished on the same day as another billable medical visit, FQHC bills for two visits. FQHC paid under FQHC PPS can bill for only one visit when DSMT/MNT is furnished on the same day as another billable medical visit.	"Medicare Claims Processing Manual" Chapters 9 and 18
Influenza and pneumococcal vaccines	FQHC bills separate line items for vaccine and its administration. These Healthcare Common Procedure Coding System (HCPCS) codes are for information only. Costs are included in cost report, and payment is based on cost.	"Medicare Claims Processing Manual" Chapters 9 and 18
Hepatitis B vaccines	FQHC receives no additional payment for these vaccines. Costs are included in encounter rate. FQHC bills separate line items for vaccine and its administration to MAC.	"Medicare Claims Processing Manual" Chapters 9 and 18
Medicare-covered preventive services	FQHC paid under AIR bills for a visit when a qualified preventive service is furnished. If a qualified preventive service is furnished on the same day as another billable medical visit, FQHC can bill for only one visit (except as noted above). FQHC bills technical component to MAC servicing FQHC using practitioner's ID number. Provider-based FQHC bills technical component to MAC using base provider's ID number.	"Medicare Claims Processing Manual" Chapters 9 and 18 "Medicare Benefit Policy Manual" Chapters 13 and 15

HOME HEALTH AGENCY (HHA)

Home Health Plan of Care Services – Home Health Prospective Payment System (HH PPS)

Type of Service	Billing Information	Manual Reference
Skilled nursing care Physical therapy (PT), continuing occupational therapy (OT), and speech-language pathology (SLP) services Home Health aide services Medical social services Medical supplies Services of interns and residents Administration of osteoporosis drugs	HHA bills Regional Home Health Intermediary (RHHI). When furnished by a physician, PT, OT, and SLP services are not subject to HH PPS.	"Medicare Claims Processing Manual" Chapter 10
Venipuncture performed during the course of a visit		"Medicare Benefit Policy Manual" Chapter 7

Excluded HH PPS Services

Type of Service	Billing Information	Manual Reference
Durable medical equipment (DME)	HHA bills RHHI. Supplier bills DME Medicare Administrative Contractor (MAC) servicing that jurisdiction. HHA approved and enrolled as a DME supplier bills DME MAC for DME.	"Medicare Claims Processing Manual" Chapter 10 "Medicare Benefit Policy Manual" Chapter 7
Competitively bid DME	HHA in area with competitive bidding program and contract to furnish competitively bid items bills DME MAC for DME.	"Medicare Claims Processing Manual" Chapter 10

HOME HEALTH AGENCY (HHA) (cont.)

Excluded HH PPS Services (cont.)

Type of Service	Billing Information	Manual Reference
Dietary and nutrition personnel services Drugs and biologicals Housekeeping services Medical social services for family members Respiratory care services Services covered under the End-Stage Renal Disease program Transportation services Telehealth Home Health services Medical and other health services furnished by HHAs	Not covered or billable under HH PPS.	"Medicare Benefit Policy Manual" Chapter 7

Services Not Included Under HH PPS Plan of Care

Type of Service	Billing Information	Manual Reference
Medical and other health services furnished by HHAs Surgical dressings, splints, casts, and other devices used for reduction of fractures and dislocations Rental or purchase of DME Prosthetic devices Leg, arm, back, and neck braces; trusses; and artificial legs, arms, and eyes Outpatient PT, OT, and SLP services Osteoporosis drugs – Administration is covered under HH PPS	HHA bills RHHI.	"Medicare Claims Processing Manual" Chapter 10 "Medicare Benefit Policy Manual" Chapter 7

HOME HEALTH AGENCY (HHA) (cont.)

Services Not Included Under HH PPS Plan of Care (cont.)

Type of Service	Billing Information	Manual Reference
Laboratory services	HHA bills MAC. HHA must have a Clinical Laboratory Improvement Amendments number and a billing number.	"Medicare Claims Processing Manual" Chapter 10

Preventive Services

Type of Service	Billing Information	Manual Reference
Diabetes Self-Management Training services	HHA bills RHHI.	"Medicare Benefit Policy Manual" Chapter 15
Vaccinations		"Medicare Claims Processing Manual" Chapter 18
Bone mass measurements		"Medicare Claims Processing Manual" Chapter 13
Smoking and tobacco-use cessation counseling services		"Medicare Claims Processing Manual" Chapter 32

RURAL HEALTH CLINIC (RHC)

Type of Service	Billing Information	Manual Reference
Office visits furnished by physician, physician assistant (PA), nurse practitioner (NP), certified nurse-midwife (CNM), clinical psychologist (CP), and clinical social worker (CSW) Services and supplies (including Part B-covered drugs) furnished incident to services of physician, PA, NP, CNM, CP, or CSW Visiting nurse services furnished to homebound patients in Home Health shortage areas Preventive primary health services Transitional Care Management services	RHC bills Medicare Administrative Contractor (MAC) servicing RHC for medically-necessary, face-to-face medical and mental health visits and qualified preventive health visits with a RHC practitioner furnished: • In the RHC; • At a patient's residence (including an assisted living facility); • In a Medicare-covered Part A Skilled Nursing Facility; or • At the scene of an accident. RHC is paid by MAC under all-inclusive rate (AIR) system. RHC bills MAC for professional services only. Encounters with more than one RHC practitioner on the same day, regardless of the length or complexity of the visit, or multiple encounters with the same RHC practitioner on the same day constitute a single visit, except when the patient: • Suffers an illness or injury requiring additional diagnosis or treatment subsequent to the first encounter; or • Has a mental health visit and a medical visit; or • Has an Initial Preventive Physical Examination (IPPE) and a separate mental health and/or medical visit on the same day.	"Medicare Claims Processing Manual" Chapter 9 "Medicare Benefit Policy Manual" Chapter 13
Radiology and diagnostics	Free-standing RHC bills technical component of a service to MAC servicing RHC using practitioner's identification (ID) number. Provider-based RHC bills technical component to MAC using base provider's ID number.	"Medicare Claims Processing Manual" Chapters 9 and 18 "Medicare Benefit Policy Manual" Chapter 13
Telehealth services	RHC is authorized to serve as a telehealth originating site if RHC is located in a qualifying area. RHC bills MAC for originating site facility fee.	"Medicare Claims Processing Manual" Chapter 12 "Medicare Benefit Policy Manual" Chapter 15
Clinical laboratory tests	Free-standing RHC bills technical component of a service to MAC servicing RHC using practitioner's ID number. Provider-based RHC bills technical component to MAC using base provider's ID number. Venipuncture is included in AIR and is not separately billable.	"Medicare Claims Processing Manual" Chapters 9 and 18 "Medicare Benefit Policy Manual" Chapter 13

RURAL HEALTH CLINIC (RHC) (cont.)

Type of Service	Billing Information	Manual Reference
Supplies and drugs	Except for supplies authorized for billing under Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), costs of supplies, drugs, and biologicals are included in AIR payment. These costs are not separately billed. RHC bills supplies authorized for billing under DMEPOS in accordance with DMEPOS requirements.	"Medicare Claims Processing Manual" Chapters 9, 18, and 20 "Medicare Benefit Policy Manual" Chapter 13

Preventive Services

Type of Service	Billing Information	Manual Reference
IPPEs	RHC bills for a visit when an IPPE is furnished. If an IPPE is furnished on the same day as another billable medical visit, RHC bills for two visits. Free-standing RHC bills technical component to MAC servicing RHC using practitioner's ID number. Provider-based RHC bills technical component to MAC using base provider's ID number.	"Medicare Claims Processing Manual" Chapters 9 and 18 "Medicare Benefit Policy Manual" Chapter 13
Annual Wellness Visits (AWV)	RHC bills visit under AIR when an AWV is furnished. If AWV is furnished on the same day as another billable medical visit, RHC can bill for only one visit.	"Medicare Claims Processing Manual" Chapters 9 and 18 "Medicare Benefit Policy Manual" Chapter 13
Diabetes Self-Management Training and Medical Nutrition Therapy services	These services are not separately billed.	"Medicare Claims Processing Manual" Chapters 9 and 18
Influenza and pneumococcal vaccines	Costs are included in cost report, and payment is based on cost.	"Medicare Claims Processing Manual" Chapters 9 and 18
Hepatitis B vaccines	RHC receives no additional payment for these vaccines. Costs are included in encounter rate. RHC bills separate line items for vaccine and its administration to MAC.	"Medicare Claims Processing Manual" Chapters 9 and 18
Medicare-covered preventive services	RHC bills for a visit when a Medicare-covered preventive service is furnished. If a Medicare-covered preventive service is furnished on same day as another billable medical visit, RHC can bill for only one visit (except for IPPE). RHC bills technical component to MAC servicing RHC using practitioner's ID number. Provider-based RHC bills technical component to MAC using base provider's ID number.	"Medicare Claims Processing Manual" Chapters 9 and 18 "Medicare Benefit Policy Manual" Chapters 13 and 15

SKILLED NURSING FACILITY (SNF)

Residents in Covered Part A Stays – Skilled Nursing Facility Prospective Payment System (SNF PPS)

Type of Service	Billing Information	Manual Reference
Ambulance transports, with the exception of specific exclusions	SNF bills Medicare Administrative Contractor (MAC). Provider-based and independent ambulance company bills MAC.	"Medicare Claims Processing Manual" Chapter 6 "Medicare Benefit Policy Manual" Chapter 8
Office visits	SNF bills MAC for visits furnished by Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), or physician. For additional information about SNF consolidated billing (CB) bundling guidelines, see the Resources section on page 23.	"Medicare Claims Processing Manual" Chapter 7 "Medicare Benefit Policy Manual" Chapter 8
Hospital services	SNF bills MAC. For additional information about SNF CB bundling guidelines, see the Resources section on page 23.	"Medicare Claims Processing Manual" Chapters 3 and 6 "Medicare Benefit Policy Manual" Chapter 8
Telehealth services	Originating site located in a rural Health Professional Shortage Area, either located outside of a Metropolitan Statistical Area (MSA) or in a rural census tract, or a county outside of a MSA SNF bills MAC for originating site facility fee on Type of Bill (TOB) 22X. Show separately on bill.	"Medicare Claims Processing Manual" Chapter 12 "Medicare Benefit Policy Manual" Chapter 15
Preventive services	SNF bills MAC on TOB 22X. For additional information about SNF CB bundling guidelines, see the Resources section on page 23. For additional information about preventive services, see the Skilled Nursing Facility Residents in Non-Covered Stays or Outpatients - Services May Be Billed by SNF or Servicing Provider, Practitioner, or Supplier on TOB 22X or 23X – Preventive Services section on pages 19-20.	"Medicare Claims Processing Manual" Chapter 18

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SKILLED NURSING FACILITY (SNF) (cont.)

Residents in Covered Part A Stays – Skilled Nursing Facility Prospective Payment System (SNF PPS) (cont.)

Type of Service	Billing Information	Manual Reference
Blood Other diagnostic or therapeutic services Physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP) services Radiology services Clinical laboratory tests Drugs, biologicals, supplies, appliances, and equipment used in a SNF (for example, oxygen) including surgical dressings, orthotics, and prosthetics Room and board – Along with associated institutional care that resident receives in connection with covered inpatient stay, such as skilled nursing care, psychological services furnished by a clinical social worker, services incident to the professional services of a physician or certain non-physician providers, medical social services, and dietary counseling	SNF bundling requires the SNF to bill the MAC for all services that are not specifically excluded. For additional information about SNF CB bundling guidelines, see the Resources section on page 23. Screening colonoscopies furnished in a SNF are not covered. SNF bills for colonoscopies furnished in a hospital. Services that include both a technical and a professional component (for example, certain diagnostic radiology procedures): • Servicing provider, practitioner, or supplier bills MAC for professional component; and • SNF bills MAC for technical component.	"Medicare Claims Processing Manual" Chapters 6, 7, 13, and 16 "Medicare Benefit Policy Manual" Chapter 8
Part A SNF PPS also applies to SNF-type services furnished in rural hospitals that have Medicare Swing Bed agreements; however, Critical Access Hospitals with Swing Beds are exempt from Part A SNF PPS (for additional information about Swing Beds, see the Swing Bed section on page 22)		"Medicare Claims Processing Manual" Chapters 3 and 6 "Medicare Benefit Policy Manual" Chapter 8

SKILLED NURSING FACILITY (SNF) (cont.)

Services Excluded From Part A SNF PPS

Type of Service	Billing Information	Manual Reference
Services of physicians, **other than** PT, OT, and SLP services Hospice care related to a terminal condition	Servicing provider, non-physician practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 6 "Medicare Benefit Policy Manual" Chapter 8
The following exceptionally intensive types of outpatient hospital services are **not** excluded when furnished in other, freestanding (nonhospital) settings (such as Ambulatory Surgical Centers): • Cardiac catheterization, emergency, and angiography services • Computed tomography scans • Magnetic resonance imaging • Radiation therapy • Ambulatory services involving use of a hospital operating room • Lymphatic and venous procedures	If furnished in a hospital, SNF bills MAC. Otherwise, services are not separately payable.	"Medicare Claims Processing Manual" Chapter 6 "Medicare Benefit Policy Manual" Chapter 8
Part B dialysis services Erythropoietin (EPO) for certain dialysis patients	Renal dialysis facility bills MAC. If furnished in SNF, bundled to PPS payment.	"Medicare Claims Processing Manual" Chapters 6 and 7
Services of physicians or certain non-physician providers at RHCs or FQHCs	SNF bills MAC for professional component.	"Medicare Claims Processing Manual" Chapter 6

SKILLED NURSING FACILITY (SNF) (cont.)

Residents in Non-Covered Stays or Outpatients

Services May Be Billed by SNF or Servicing Provider, Practitioner, or Supplier on TOB 22X or 23X

Type of Service	Billing Information	Manual Reference
Ambulance transports	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 6
Office visits	Servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 7 "Medicare Benefit Policy Manual" Chapter 8
Hospital services	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapters 3 and 6 "Medicare Benefit Policy Manual" Chapter 8
Diagnostic X-ray tests, including portable X-ray tests Diagnostic laboratory tests Other diagnostic tests	SNF bills MAC for technical component, if furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC. Some radiological procedures are excluded from SNF PPS.	"Medicare Claims Processing Manual" Chapters 7 and 13
Laboratory tests	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapters 7 and 16
Durable medical equipment (DME)	SNF bills as a supplier to DME MAC. However, Part B does not cover DME furnished to SNF residents, as a SNF cannot be considered a patient's home for this purpose. SNF may only bill prosthetics, orthotics, or supplies (not DME) to DME MAC and only when these items are excluded from CB. SNF must qualify and enroll as a supplier with the National Supplier Clearinghouse to bill DME MAC for DME, prosthetics, orthotics, and supplies.	"Medicare Claims Processing Manual" Chapters 7 and 20
Orthotic and prosthetic devices Supplies	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 7

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SKILLED NURSING FACILITY (SNF) (cont.)

Residents in Non-Covered Stays or Outpatients

Services May Be Billed by SNF or Servicing Provider, Practitioner, or Supplier on TOB 22X or 23X (cont.)

Type of Service	Billing Information	Manual Reference
Part B PT, OT, or SLP services	SNF bills MAC. For patients in non-covered stays, therapies must be billed by SNF.	"Medicare Claims Processing Manual" Chapters 5 and 6 "Medicare Benefit Policy Manual" Chapter 15
Drugs and biologicals, including immunosuppressive drugs for renal transplant patients	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 7
Audiologic function tests	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 7

Preventive Services

Type of Service	Billing Information	Manual Reference
Screening mammography services Pelvic screening examinations	SNF bills MAC for technical component if furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Cardiovascular screening Diabetes screening Screening Pap tests	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Initial Preventive Physical Examinations (IPPE) Includes abdominal aortic aneurysm (AAA) screening for at risk patients	SNF bills MAC for technical component if furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18

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SKILLED NURSING FACILITY (SNF) (cont.)

Residents in Non-Covered Stays or Outpatients

Services May Be Billed by SNF or Servicing Provider, Practitioner, or Supplier on TOB 22X or 23X (cont.)

Preventive Services (cont.)

Type of Service	Billing Information	Manual Reference
Influenza and pneumococcal polysaccharide vaccines	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Hepatitis B vaccines	SNF bills MAC for vaccine plus administration.	"Medicare Claims Processing Manual" Chapter 18
Colorectal cancer screenings Prostate cancer screenings Bone mass measurements (BMM)	Screening colonoscopies furnished in SNF are not covered. SNF bills for colonoscopies furnished in a hospital. SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Glaucoma screenings	No separable technical component (all provider types). Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Intensive behavioral therapy (IBT) for obesity	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Annual Wellness Visits (AWV)	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Counseling to prevent tobacco use for asymptomatic patients	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18

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SKILLED NURSING FACILITY (SNF) (cont.)

SNF Part B for Residents in a Covered Part A Stay

Preventive Services

Type of Service	Billing Information	Manual Reference
Diabetes Self-Management Training services Screening mammography services Pelvic screening examinations Cardiovascular screening tests Diabetes screening tests Screening Pap tests IPPEs, including AAA screening for at risk patients Vaccinations Colorectal cancer screenings – Screening colonoscopies are not covered when furnished in a SNF Prostate cancer screenings BMMs Glaucoma screenings IBT for obesity AWVs Counseling to prevent tobacco use for asymptomatic patients	SNF bills MAC for services for Part A residents. For all others, SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC. During non-covered SNF stays, per CB rules, only PT, OT, and SLP services must be billed by SNF to MAC. SNF bills only services furnished by (or under arrangements made by) SNF itself for non-therapy services. No separable technical component (all provider types).	"Medicare Claims Processing Manual" Chapters 7, 13, 18, and 32 "Medicare Benefit Policy Manual" Chapter 15

SWING BED

CRITICAL ACCESS HOSPITAL (CAH) – SWING BED APPROVAL

Post-Hospital Skilled Nursing Facility (SNF) Care

Type of Service	Billing Information	Manual Reference
CAH Swing Bed exempt from Part A SNF Prospective Payment System (PPS)	CAH Swing Bed bills Medicare Administrative Contractor (MAC).	"Medicare Claims Processing Manual" Chapters 3 and 6 "Medicare Benefit Policy Manual" Chapter 8

SWING BED

HOSPITAL – SWING BED APPROVAL

Post-Hospital SNF Care

Type of Service	Billing Information	Manual Reference
SNF PPS included services	Swing Bed hospital bills MAC.	"Medicare Claims Processing Manual" Chapters 3 and 6 "Medicare Benefit Policy Manual" Chapter 8
SNF PPS excluded services – Part B inpatient services	Servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapters 3 and 6 "Medicare Benefit Policy Manual" Chapter 8

RESOURCES

The chart below provides rural billing resource information.

Rural Billing Resources

For More Information About…	Resource
Rural Billing	"Medicare Benefit Policy Manual" (Publication 100-02) and "Medicare Claims Processing Manual" (Publication 100-04) located at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html on the Centers for Medicare & Medicaid Services (CMS) website Ambulance Services Center located at http://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html on the CMS website Clinical Labs Center located at http://www.cms.gov/Center/Provider-Type/Clinical-Labs-Center.html on the CMS website Durable Medical Equipment Center located at http://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html on the CMS website Home Health Agency Center located at http://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html on the CMS website Preventive Services located at http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo on the CMS website Skilled Nursing Facilities Center located at http://www.cms.gov/Center/Provider-Type/Skilled-Nursing-Facility-Center.html on the CMS website
Skilled Nursing Facility Consolidated Billing	http://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling on the CMS website MLN Matters® Articles: SE0432 – "Skilled Nursing Facility Consolidated Billing as it Relates to Certain Types of Exceptionally Intensive Outpatient Hospital Services" located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0432.pdf on the CMS website SE0433 – "Skilled Nursing Facility Consolidated Billing as it Relates to Ambulance Services" located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0433.pdf on the CMS website SE0436 – "Skilled Nursing Facility Consolidated Billing and Preventive/Screening Services" located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0436.pdf on the CMS website SE0438 – "Medicare Prescription Drug, Improvement, and Modernization Act (MMA) – Skilled Nursing Facility Consolidated Billing and Services of Rural Health Clinics and Federally Qualified Health Centers" located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0438.pdf on the CMS website SE0440 – "Skilled Nursing Facility Consolidated Billing as it Relates to Certain Diagnostic Tests" located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0440.pdf on the CMS website

Rural Billing Resources (cont.)

For More Information About…	Resource
Compilation of Social Security Laws	http://www.ssa.gov/OP_Home/ssact/comp-ssa.htm on the Social Security Administration website
All Available Medicare Learning Network® (MLN) Products	"MLN Catalog" located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf on the CMS website or scan the Quick Response (QR) code on the right
Provider-Specific Medicare Information	MLN publication titled "MLN Guided Pathways: Provider Specific Medicare Resources" booklet located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website
Medicare Information for Beneficiaries	http://www.medicare.gov on the CMS website

HELPFUL WEBSITES

American Hospital Association Rural Health Care
http://www.aha.org/advocacy-issues/rural

Critical Access Hospitals Center
http://www.cms.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html

Disproportionate Share Hospital
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dsh.html

Federally Qualified Health Centers Center
http://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html

Health Resources and Services Administration
http://www.hrsa.gov

Hospital Center
http://www.cms.gov/Center/Provider-Type/Hospital-Center.html

Medicare Learning Network®
http://go.cms.gov/MLNGenInfo

National Association of Community Health Centers
http://www.nachc.org

National Association of Rural Health Clinics
http://narhc.org

National Rural Health Association
http://www.ruralhealthweb.org

Rural Assistance Center
http://www.raconline.org

Rural Health Clinics Center
http://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html

Swing Bed Providers
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed.html

Telehealth
http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth

U.S. Census Bureau
http://www.census.gov

REGIONAL OFFICE RURAL HEALTH COORDINATORS

To find contact information for CMS Regional Office Rural Health Coordinators who provide technical, policy, and operational assistance on rural health issues, refer to http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/CMSRuralHealthCoordinators.pdf on the CMS website.

The Medicare Learning Network® (MLN), a registered trademark of CMS, is the brand name for official information health care professionals can trust. For additional information, visit the MLN's web page at http://go.cms.gov/MLNGenInfo on the CMS website.

Check out CMS on: