



BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS



Target Audience: Critical Access Hospitals, Federally Qualified Health Centers, Home Health Agencies, Rural Health Clinics, Skilled Nursing Facilities, and Swing Bed Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

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Table of Contents

This publication provides Medicare billing information and resources for rural Critical Access Hospitals, Federally Qualified Health Centers, Home Health Agencies, Rural Health Clinics, Skilled Nursing Facilities, and Swing Beds.

Each provider type is color coded to assist you in finding information of interest.

CRITICAL ACCESS HOSPITAL (CAH) Standard Payment Method	3
CRITICAL ACCESS HOSPITAL (CAH) Optional Payment Method	8
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	13
HOME HEALTH AGENCY (HHA)	17
RURAL HEALTH CLINIC (RHC)	21
SKILLED NURSING FACILITY (SNF)	25
SWING BED	37
RESOURCES	38
HELPFUL WEBSITES	44
REGIONAL OFFICE RURAL HEALTH COORDINATORS	45

CRITICAL ACCESS HOSPITAL (CAH) Standard Payment Method

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Ambulance transports	CAH bills Medicare Administrative Contractor (MAC) for CAH owned and operated medically-necessary ambulance transports under Part A Independent ambulance company bills MAC as a supplier Ambulance supplier separately bills for inpatient/Part A medically necessary ambulance transports	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 4 and 15 Medicare Benefit Policy Manual Chapter 10
Office visits	Physician/practitioner bills MAC for professional medical services	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 3 and 4
Hospital inpatient services	CAH bills MAC for inpatient/Part A services	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 3
Hospital outpatient services	Physician/practitioner bills MAC for professional medical services CAH bills MAC for outpatient/Part B services CAH bills MAC for technical component	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 4
Radiology and diagnostics	CAH bills MAC for technical services	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 13
Telehealth services	CAH bills MAC for originating site facility fee for services presented from originating site located in: <ul style="list-style-type: none"> • A county outside of a Metropolitan Statistical Area or • A rural Health Professional Shortage Area located in a rural census tract Show separately on bill	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 12
Clinical laboratory tests	CAH bills MAC for outpatient tests CAH bills MAC for inpatient tests with and without Part A coverage	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapters 4 and 16

CRITICAL ACCESS HOSPITAL (CAH) Standard Payment Method

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Supplies and drugs	CAH bills MAC Hospital approved and enrolled as a durable medical equipment (DME) supplier bills DME MAC for DME	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapters 4, 17, 20, and 36

Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Screening mammography services Pelvic screening examinations	CAH bills MAC for technical component	Deductible and copayment/ coinsurance waived	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	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Initial Preventive Physical Examinations (IPPEs) Includes abdominal aortic aneurysm (AAA) screenings for at risk patients	CAH bills MAC Physician bills MAC for professional component of IPPEs and electrocardiograms (EKGs) CAH bills MAC for technical component of IPPEs and EKGs	Deductible and copayment/ coinsurance waived for IPPEs and AAA screenings Part B deductible and copayment/coinsurance applies for EKGs	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15

CRITICAL ACCESS HOSPITAL (CAH) Standard Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Vaccinations	CAH bills MAC	Deductible and copayment/ coinsurance waived	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	Deductible and copayment/ coinsurance waived, except only deductible waived for barium enema examinations	Medicare Claims Processing Manual Chapter 18 Medicare Benefit Policy Manual Chapter 15
Prostate cancer screenings	CAH bills MAC	Deductible and copayment/ coinsurance applies for digital rectal examinations Deductible and copayment/ coinsurance waived for prostate specific antigen blood tests	
Bone mass measurements	CAH bills MAC	Deductible and copayment/ coinsurance waived	
Glaucoma screenings	No separable technical component (all provider types)	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15

CRITICAL ACCESS HOSPITAL (CAH) Standard Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Diabetes Self-Management Training and Medical Nutrition Therapy services	CAH bills MAC	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 4
Intensive behavioral therapy (IBT) for cardiovascular disease	CAH bills MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
IBT for obesity	CAH bills MAC	Deductible and copayment/coinsurance waived	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	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Counseling to prevent tobacco use	CAH bills MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15

CRITICAL ACCESS HOSPITAL (CAH) Standard Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Screening for depression	CAH bills MAC	Deductible and copayment/ coinsurance waived	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	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Screening for sexually transmitted infections (STIs) and high intensity behavioral counseling to prevent STIs	CAH bills MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Screening for Hepatitis C virus	CAH bills MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18

CRITICAL ACCESS HOSPITAL (CAH) Optional Payment Method

If physician/practitioner has reassigned his or her billing rights to CAH, CAH bills MAC for both facility and professional services furnished to outpatients. If physician/practitioner has not reassigned his or her billing rights to CAH, CAH bills for facility services and physician bills separately for professional services.

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Ambulance transports	CAH bills Medicare Administrative Contractor (MAC) for CAH owned and operated medically necessary ambulance transports under Part A Independent ambulance company bills MAC as a supplier under Part A	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 4 and 15 Medicare Benefit Policy Manual Chapter 10
Office visits Hospital services Radiology and diagnostics	CAH bills MAC Show professional and technical components separately on bill	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 4
Telehealth services	CAH bills MAC for originating site facility fee for services presented from originating site located in: <ul style="list-style-type: none"> • A county outside of a Metropolitan Statistical Area or • A rural Health Professional Shortage Area located in a rural census tract Show separately on bill	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 12
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	Deductible and copayment/coinsurance waived	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	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 4, 20, and 36

CRITICAL ACCESS HOSPITAL (CAH) Optional Payment Method

Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Screening mammography services Pelvic screening examinations	CAH bills MAC for professional and technical components Show separately on bill	Deductible and copayment/ coinsurance waived	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	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Initial Preventive Physical Examinations (IPPEs) Includes abdominal aortic aneurysm (AAA) screenings for at risk patients	CAH bills MAC for professional and technical components of IPPEs and electrocardiograms (EKGs)	Deductible and copayment/ coinsurance waived for IPPEs and AAA screenings Part B deductible and copayment/coinsurance applies for EKGs	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Vaccinations	CAH bills MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15

CRITICAL ACCESS HOSPITAL (CAH) Optional Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Colorectal cancer screenings, including screening colonoscopies	CAH bills MAC for professional and technical components of colorectal cancer screenings Show separately on bill	Deductible and copayment/coinsurance waived, except only deductible waived for barium enema examinations	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Prostate cancer screenings	CAH bills MAC	Deductible and copayment/coinsurance applies for digital rectal examinations Deductible and copayment/coinsurance waived for prostate specific antigen blood tests	
Bone mass measurements (BMMs)	CAH bills MAC	Deductible and copayment/coinsurance waived for BMMs	
Glaucoma screenings	No separable technical component (all provider types)	Deductible and copayment/coinsurance applies	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	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 4

CRITICAL ACCESS HOSPITAL (CAH) Optional Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Intensive behavioral therapy (IBT) for cardiovascular disease	CAH bills MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18 Medicare Benefit Policy Manual Chapter 15
IBT for obesity	CAH bills MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18 Medicare Benefit Policy Manual Chapter 15
Annual Wellness Visits	CAH bills MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18 Medicare Benefit Policy Manual Chapter 15
Counseling to prevent tobacco use	CAH bills MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18 Medicare Benefit Policy Manual Chapter 15
Screening for depression	CAH bills MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18 Medicare Benefit Policy Manual Chapter 15

CRITICAL ACCESS HOSPITAL (CAH) Optional Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Screening and behavioral counseling interventions in primary care to reduce alcohol misuse	CAH bills MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18 Medicare Benefit Policy Manual Chapter 15
Screening for sexually transmitted infections (STIs) and high intensity behavioral counseling to prevent STIs	CAH bills MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18 Medicare Benefit Policy Manual Chapter 15
Screening for Hepatitis C virus	CAH bills MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
<p>Office visits furnished by physician, physician assistant (PA), nurse practitioner (NP), certified nurse-midwife (CNM), clinical psychologist (CP), and clinical social worker</p> <p>Services and supplies (including Part B-covered drugs) furnished incident to services of physician, PA, NP, CNM, or CP</p> <p>Visiting nurse services furnished to homebound patients in home health shortage areas</p> <p>Preventive primary health services</p> <p>Transitional Care Management services</p> <p>Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT) professional services</p> <p>Advance Care Management services</p>	<p>FQHC bills A/B Medicare Administrative Contractor (MAC) (A) servicing FQHC using an FQHC claim for medically-necessary, face-to-face medical and mental health visits or qualified preventive health visits with a FQHC practitioner that take place in any of these locations:</p> <ul style="list-style-type: none"> • The FQHC • The patient's residence (including an assisted living facility) • A Medicare-covered Part A Skilled Nursing Facility or • The scene of an accident <p>FQHC bills MAC for professional services only</p> <p>FQHCs are paid under the FQHC Prospective Payment System (PPS)</p> <p>Encounters with more than one FQHC practitioner on the same day, regardless of the length or complexity of the visit, or multiple encounters with the same FQHC practitioner on the same day constitute a single visit, except when patient has either or both of these:</p> <ul style="list-style-type: none"> • An illness or injury requiring additional diagnosis or treatment subsequent to the first encounter • A qualified medical visit and a qualified mental health visit on the same day 	<p>Generally, copayment/ coinsurance applies, except for certain preventive services</p> <p>No Part B deductible in FQHCs for FQHC-covered services</p>	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Benefit Policy Manual Chapter 13</p>

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Radiology and diagnostics	Practitioner or facility furnishing service bills technical component of service separately to A/B MAC (A) (provider-based FQHCs) or A/B MAC (B) (independent FQHCs) using practitioner's or facility's identification (ID) number and non-FQHC place of service (POS) codes Professional component is included in PPS rate and is not separately billable	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 9 and 18 Medicare Benefit Policy Manual Chapter 13
Telehealth services	FQHC bills A/B MAC (A) for originating site facility fee for services presented from originating site located in: <ul style="list-style-type: none"> • A county outside of a Metropolitan Statistical Area or • A rural Health Professional Shortage Area located in a rural census tract 	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 9 and 12
Clinical laboratory tests	Practitioner or facility furnishing service bills technical component of service separately to A/B MAC (A) (provider-based FQHCs) or A/B MAC (B) (independent FQHCs) using practitioner's or facility's ID number and non-FQHC POS codes Venipuncture is included in PPS rate and is not separately billable	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapters 9, 16, 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 PPS payment (these costs are not separately billed) FQHC bills supplies authorized for billing under DMEPOS in accordance with DMEPOS requirements	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 9 and 18 Medicare Benefit Policy Manual Chapter 13

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Chronic Care Management (CCM), general Behavioral Health Integration (BHI) services, and Psychiatric Collaborative Care Model (CoCM) services	FQHC bills A/B MAC (A) using HCPCS code G0511 for CCM or general BHI services or G0512 for psychiatric CoCM services, alone or with other payable services on an FQHC claim	Copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 9 Medicare Benefit Policy Manual Chapter 13

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Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Initial Preventive Physical Examinations (IPPEs)	An adjustment applies to the FQHC PPS rate when an IPPE is furnished by a FQHC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapters 9 and 18 Medicare Benefit Policy Manual Chapter 13
Annual Wellness Visits (AWVs)	An adjustment applies to the FQHC PPS rate when an AWV is furnished by a FQHC FQHC can bill for only one visit when an AWV is furnished on the same day as another billable medical visit	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapters 9 and 18 Medicare Benefit Policy Manual Chapter 13
DSMT and MNT services	FQHC can bill for only one visit when DSMT/MNT is furnished on the same day as another billable medical visit	Deductible waived and copayment/coinsurance applies for DSMT services Deductible and copayment/coinsurance waived for MNT services	Medicare Claims Processing Manual Chapters 9 and 18

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Influenza and pneumococcal vaccines	FQHC bills separate line items for vaccine and its administration (these HCPCS codes are for information only) Costs are included in cost report, and payment is based on cost	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapters 9 and 18
Hepatitis B vaccines	FQHC receives no additional payment for these vaccines as costs are included in encounter rate FQHC bills separate line items for vaccine and its administration for the otherwise qualifying visit to MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapters 9 and 18 Medicare Benefit Policy Manual Chapter 13
Medicare-covered preventive services	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) Practitioner or facility furnishing technical component of preventive service bills technical component of service separately to A/B MAC (A) (provider-based FQHCs) or A/B MAC (B) (independent FQHCs) using practitioner's or facility's ID number and non-FQHC POS codes	Deductible waived Copayment/coinsurance waived for certain preventive services	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	Beneficiary Cost Sharing 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 Venipuncture performed during the course of a visit	HHA bills Home Health and Hospice Medicare Administrative Contractor (HHH MAC) When furnished by a physician, PT, OT, and SLP services are not subject to HH PPS	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 10 Medicare Benefit Policy Manual Chapter 7

Excluded HH PPS Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Durable medical equipment (DME)	HHA bills HHH MAC Supplier bills DME MAC servicing that jurisdiction HHA approved and enrolled as a DME supplier bills DME MAC for DME	Copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 10, 20, and 36 Medicare Benefit Policy Manual Chapter 7

HOME HEALTH AGENCY (HHA)

Excluded HH PPS Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Competitively bid DME	HHA in area with competitive bidding program and contract to furnish competitively bid items bills DME MAC for DME	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 10 and 36
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	Beneficiary generally pays the full cost for these services Exceptions may apply for services furnished by a provider other than an HHA	Medicare Benefit Policy Manual Chapter 7
Furnishing negative pressure wound therapy using an entirely new disposable device	HHA bills HHH MAC using Type of Bill 34x with appropriate corresponding CPT code (CPT code 97607 or CPT code 97608)	Coinsurance applies	Medicare Claims Processing Manual Chapter 10 Medicare Benefit Policy Manual Chapter 7

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HOME HEALTH AGENCY (HHA)

Services Not Included Under HH PPS Plan of Care

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
<p>Medical and other health services furnished by HHAs</p> <p>Surgical dressings, splints, casts, and other devices used for reduction of fractures and dislocations</p> <p>Rental or purchase of DME</p> <p>Prosthetic devices</p> <p>Leg, arm, back, and neck braces trusses and artificial legs, arms, and eyes</p> <p>Outpatient PT, OT, and SLP services</p> <p>Osteoporosis drugs – Administration is covered under HH PPS</p>	<p>HHA bills HHH MAC</p> <p>A physician must certify that services are medically necessary</p>	<p>Deductible and copayment/coinsurance applies</p>	<p>Medicare Claims Processing Manual Chapter 10</p> <p>Medicare Benefit Policy Manual Chapter 7</p>
<p>Laboratory services</p>	<p>HHA bills MAC</p> <p>HHA must have a Clinical Laboratory Improvement Amendments number and a billing number</p>	<p>Deductible and copayment/coinsurance applies</p>	<p>Medicare Claims Processing Manual Chapter 10</p>

HOME HEALTH AGENCY (HHA)

Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Diabetes Self-Management Training services	HHA bills HHH MAC	Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 15
Vaccinations	HHA bills HHH MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 18
Bone mass measurements	HHA bills HHH MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 13
Smoking and tobacco-use cessation counseling services	HHA bills HHH MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 32

RURAL HEALTH CLINIC (RHC)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
<p>Office visits furnished by physician, physician assistant (PA), nurse practitioner (NP), certified nurse-midwife (CNM), clinical psychologist (CP), and clinical social worker</p> <p>Services and supplies (including Part B-covered drugs) furnished incident to services of physician, PA, NP, CNM, or CP</p> <p>Visiting nurse services furnished to homebound patients in home health shortage areas</p> <p>Preventive primary health services</p> <p>Transitional Care Management services</p> <p>Advance Care Planning services</p>	<p>RHC bills A/B Medicare Administrative Contractor (MAC) (A) servicing RHC for medically-necessary, face-to-face medical and mental health visits and qualified preventive health visits with a RHC practitioner that take place in any of these locations:</p> <ul style="list-style-type: none"> • The RHC • The patient's residence (including an assisted living facility) • A Medicare-covered Part A Skilled Nursing Facility or • The scene of an accident <p>RHC is paid by MAC under all-inclusive rate (AIR) system</p> <p>RHC bills MAC for professional services only</p> <p>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 patient has any of these:</p> <ul style="list-style-type: none"> • An illness or injury requiring additional diagnosis or treatment subsequent to the first encounter • A qualified medical visit and a qualified mental health visit on the same day • An Initial Preventive Physical Examination (IPPE) and a separate medical and/or mental health on the same day 	<p>Deductible and copayment/coinsurance applies, except for certain preventive services</p>	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Benefit Policy Manual Chapter 13</p>
<p>Radiology and diagnostics</p>	<p>Practitioner or facility furnishing service bills technical component of service separately to A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioner's or facility's identification (ID) number and non-RHC place of service (POS) codes</p> <p>Professional component is included in AIR and is not separately billable</p>	<p>Deductible and copayment/coinsurance applies</p>	<p>Medicare Claims Processing Manual Chapters 9, 13, and 18</p> <p>Medicare Benefit Policy Manual Chapter 13</p>

RURAL HEALTH CLINIC (RHC)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Telehealth services	RHC bills MAC for originating site facility fee for services presented from originating site located in: <ul style="list-style-type: none"> • A county outside of a Metropolitan Statistical Area or • A rural Health Professional Shortage Area located in a rural census tract 	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 12 Medicare Benefit Policy Manual Chapter 13
Clinical laboratory tests	Practitioner or facility furnishing service bills technical component of service separately to A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioner's or facility's ID number and non-RHC POS codes Venipuncture is included in AIR and is not separately billable	Deductible and copayment/coinsurance applies	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 payment (these costs are not separately billed) RHC bills supplies authorized for billing under DMEPOS in accordance with DMEPOS requirements	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 9, 18, and 20 Medicare Benefit Policy Manual Chapter 13
Chronic Care Management (CCM), general Behavioral Health Integration (BHI) services, and Psychiatric Collaborative Care Model (CoCM) services	RHC bills A/B MAC (A) using HCPCS code G0511 for CCM or general BHI services or G0512 for psychiatric CoCM services, alone or with other payable services on an RHC claim	Copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 9 Medicare Benefit Policy Manual Chapter 13

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RURAL HEALTH CLINIC (RHC)

Preventive Services			
Type of Service	Billing Information	Beneficiary Cost Sharing 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 Practitioner or facility furnishing technical component of IPPE bills technical component of service separately to A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioner's or facility's ID number and non-RHC POS codes	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapters 9 and 18 Medicare Benefit Policy Manual Chapter 13
Annual Wellness Visits (AWVs)	RHC bills visit under AIR when an AWV is furnished If an AWV is furnished on the same day as another billable medical visit, RHC can bill for only one visit	Deductible and copayment/coinsurance waived	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 but are included in AIR when furnished with a stand-alone billable visit	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 9 and 18 Medicare Benefit Policy Manual Chapter 13
Influenza and pneumococcal vaccines	Costs of vaccines and their administration are included in cost report, and payment is based on cost	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapters 9 and 18 Medicare Benefit Policy Manual Chapter 13

RURAL HEALTH CLINIC (RHC)

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Hepatitis B vaccines	<p>RHC receives no additional payment for these vaccines</p> <p>Costs are included in AIR</p> <p>RHC bills separate line items for vaccine and its administration to MAC</p>	Deductible and copayment/coinsurance applies	<p>Medicare Claims Processing Manual Chapters 9 and 18</p> <p>Medicare Benefit Policy Manual Chapter 13</p>
Medicare-covered preventive services	<p>RHC bills for a visit when a Medicare-covered preventive service is furnished</p> <p>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)</p> <p>Practitioner or facility furnishing technical component of preventive service bills technical component of service separately to A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioner's or facility's ID number and non-RHC POS codes</p>	Deductible and copayment/coinsurance waived for certain preventive services	<p>Medicare Claims Processing Manual Chapters 9 and 18</p> <p>Medicare Benefit Policy Manual Chapters 13 and 15</p>

SKILLED NURSING FACILITY (SNF)

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

Type of Service	Billing Information	Beneficiary Cost Sharing Information*	Manual Reference
Medically necessary ambulance transports, with the exception of specific exclusions	SNF bills Medicare Administrative Contractor (MAC) for SNF-covered services under Part A Provider-based and independent ambulance company bills MAC for excluded services under Part B	No additional cost Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 6 and 15 Medicare Benefit Policy Manual Chapters 8 and 10
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	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 6 Medicare Benefit Policy Manual Chapter 8
Hospital services	SNF bills MAC For additional information about SNF CB bundling guidelines, see the Resources section	Copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 3 and 6 Medicare Benefit Policy Manual Chapter 8
Telehealth services	SNF bills MAC for originating site facility fee on Type of Bill (TOB) 22X for services presented from originating site located in: <ul style="list-style-type: none"> • A county outside of a Metropolitan Statistical Area or • A rural Health Professional Shortage Area located in a rural census tract Show separately on bill	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 12

*Beneficiary cost information does not include Part A SNF coinsurance.

SKILLED NURSING FACILITY (SNF)

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

Type of Service	Billing Information	Beneficiary Cost Sharing Information*	Manual Reference
Preventive services	<p>SNF bills MAC on TOB 22X</p> <p>For additional information about SNF CB bundling guidelines, see the Resources section</p> <p>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</p>	Deductible and copayment/coinsurance waived for certain preventive services	Medicare Claims Processing Manual Chapter 18
Blood	<p>SNF bundling requires the SNF to bill the MAC for all services not specifically excluded</p> <p>For additional information about SNF CB bundling guidelines, see the Resources section</p>	Deductible for first three pints of whole blood or equivalent units of packed red cells applies	Medicare Claims Processing Manual Chapters 6, 7, 13, and 16
Other diagnostic or therapeutic services	<p>Screening colonoscopies furnished in a SNF are not covered</p> <p>SNF bills for colonoscopies furnished in a hospital</p>	Copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 8
Physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP) services		No additional cost	
Radiology services	<p>Services that include both a technical and a professional component (for example, certain diagnostic radiology procedures):</p>	Deductible and copayment/coinsurance applies	
Clinical laboratory tests	<ul style="list-style-type: none"> • Servicing provider, practitioner, or supplier bills MAC for professional component and • SNF bills MAC for technical component 	No additional cost	

*Beneficiary cost information does not include Part A SNF coinsurance.

SKILLED NURSING FACILITY (SNF)

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

Type of Service	Billing Information	Beneficiary Cost Sharing Information*	Manual Reference
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)			

*Beneficiary cost information does not include Part A SNF coinsurance.

Services Excluded From Part A SNF PPS

Type of Service	Billing Information	Beneficiary Cost Sharing Information*	Manual Reference
Services of physicians, other than PT, OT, and SLP services	Servicing provider, non-physician practitioner, or supplier bills MAC	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 6 Medicare Benefit Policy Manual Chapters 8 and 9

*Beneficiary cost information does not include Part A SNF coinsurance.

SKILLED NURSING FACILITY (SNF)

Services Excluded From Part A SNF PPS (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information*	Manual Reference
<p>The following exceptionally intensive types of outpatient services are excluded when furnished in the hospital setting, but are not excluded when furnished in other, freestanding (nonhospital) settings (such as Ambulatory Surgical Centers):</p> <ul style="list-style-type: none"> • 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 	<p>If furnished in a nonhospital, SNF bills MAC</p> <p>Otherwise, services are not separately payable to the SNF</p>	<p>No additional cost</p> <p>Deductible and copayment/coinsurance applies</p>	<p>Medicare Claims Processing Manual Chapter 6</p> <p>Medicare Benefit Policy Manual Chapter 8</p>

*Beneficiary cost information does not include Part A SNF coinsurance.

SKILLED NURSING FACILITY (SNF)

Services Excluded From Part A SNF PPS (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information*	Manual Reference
Part B dialysis services	Renal dialysis facility bills MAC	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapters 6 and 7
Erythropoietin (EPO) for certain dialysis patients	Part A dialysis services furnished in SNF are bundled to PPS payment	No additional cost	
Services of physicians or other excluded practitioner types at RHCs or FQHCs	Practitioner bills MAC	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapter 6

*Beneficiary cost information does not include Part A SNF coinsurance.

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	Beneficiary Cost Sharing Information	Manual Reference
Medically necessary ambulance transports	SNF bills MAC for services furnished by (or under arrangements made by) SNF under Part A Otherwise, servicing provider, practitioner, or supplier bills MAC under Part B	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapters 7 and 15 Medicare Benefit Policy Manual Chapter 10
Office visits	Servicing provider, practitioner, or supplier bills MAC	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapter 7 Medicare Benefit Policy Manual Chapter 8

SKILLED NURSING FACILITY (SNF)

Residents in Non-Covered Stays or Outpatients (cont.)

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

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Hospital services	SNF bills MAC for services furnished by (or under arrangements made by) SNF Otherwise, servicing provider, practitioner, or supplier bills MAC	Deductible and copayment/coinsurance applies	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	Deductible and copayment/coinsurance applies	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	Deductible and copayment/coinsurance applies	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	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 7, 20, and 36
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	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 7

SKILLED NURSING FACILITY (SNF)

Residents in Non-Covered Stays or Outpatients (cont.)

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

Type of Service	Billing Information	Beneficiary Cost Sharing 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	Deductible and copayment/ coinsurance applies	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	Deductible and copayment/ coinsurance applies	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	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapter 7

Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing 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	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18

SKILLED NURSING FACILITY (SNF)

Residents in Non-Covered Stays or Outpatients (cont.)

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	Beneficiary Cost Sharing Information	Manual Reference
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	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18
Initial Preventive Physical Examinations (IPPEs) 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	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18
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	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18
Hepatitis B vaccines	SNF bills MAC for vaccine plus administration	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18

SKILLED NURSING FACILITY (SNF)

Residents in Non-Covered Stays or Outpatients (cont.)

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	Beneficiary Cost Sharing Information	Manual Reference
Colorectal cancer screenings Prostate cancer screenings Bone mass measurements (BMM)	Screening colonoscopies furnished in a 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	Deductible and copayment/coinsurance waived, except only deductible waived for barium enema examinations Deductible and copayment/coinsurance applies for digital rectal examinations Deductible and copayment/coinsurance waived for prostate specific antigen blood tests Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 18
Glaucoma screenings	No separable technical component (all provider types) Otherwise, servicing provider, practitioner, or supplier bills MAC	Deductible and copayment/coinsurance applies	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	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 18
Annual Wellness Visits (AWVs)	SNF bills MAC for services furnished by (or under arrangements made by) SNF Otherwise, servicing provider, practitioner, or supplier bills MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 18

SKILLED NURSING FACILITY (SNF)

Residents in Non-Covered Stays or Outpatients (cont.)

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	Beneficiary Cost Sharing Information	Manual Reference
Counseling to prevent tobacco use	SNF bills MAC for services furnished by (or under arrangements made by) SNF Otherwise, servicing provider, practitioner, or supplier bills MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 18

SNF Part B for Residents in a Covered Part A Stay

Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
Diabetes Self-Management Training services	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	Deductible and copayment/coinsurance waived for certain preventive services	Medicare Claims Processing Manual Chapters 7, 13, 18, and 32 Medicare Benefit Policy Manual Chapter 15
Screening mammography services	Otherwise, servicing provider, practitioner, or supplier bills MAC		
Pelvic screening examinations	During non-covered SNF stays, per CB rules, only PT, OT, and SLP services must be billed by SNF to MAC		
Cardiovascular screening tests	SNF bills only services furnished by (or under arrangements made by) SNF itself for non-therapy services		
Diabetes screening tests			

SKILLED NURSING FACILITY (SNF)

SNF Part B for Residents in a Covered Part A Stay (cont.)

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
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	No separable technical component (all provider types)		

SWING BED

CRITICAL ACCESS HOSPITAL (CAH) – SWING BED APPROVAL

Post-Hospital Skilled Nursing Facility (SNF) Care

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
CAH Swing Bed exempt from Part A SNF Prospective Payment System (PPS)	CAH Swing Bed bills Medicare Administrative Contractor (MAC)	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 3 and 6 Medicare Benefit Policy Manual Chapter 8

HOSPITAL – SWING BED APPROVAL

Post-Hospital SNF Care

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual Reference
SNF PPS included services	Swing Bed hospital bills MAC	No additional cost	Medicare Claims Processing Manual Chapters 3 and 6 Medicare Benefit Policy Manual Chapter 8
Services excluded from SNF PPS but subject to hospital bundling	Swing Bed hospital bills MAC on separate Part B inpatient bill	Copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 3 and 6 Medicare Benefit Policy Manual Chapter 8
Services excluded from both SNF PPS and hospital bundling	Servicing provider, practitioner, or supplier bills MAC	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapters 3 and 6 Medicare Benefit Policy Manual Chapter 8

RESOURCES

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) Ambulance Services Center Clinical Labs Center Critical Access Hospitals Center Durable Medical Equipment Center Federally Qualified Health Centers (FQHC) Center Home Health Agency Center Preventive Services Rural Health Clinics Center Skilled Nursing Facilities Center Swing Bed Providers
CAH Billing	MMA-Proposed Implementation of the Physician Scarcity Bonus and Revision to the Health Professional Shortage Area (HPSA) Physicians and Non-Physician Practitioners Reported on Part A Critical Access Hospital (CAH) Claims
FQHC Billing	Federally Qualified Health Center (FQHC) Preventive Services Chart Chronic Care Management (CCM) Services for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

Rural Billing Resources (cont.)	
For More Information About...	Resource
HHA Billing	Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2017 Manual Updates to Clarify Requirements for Physician Certification and Recertification of Patient Eligibility for Home Health Services Preventing Inappropriate Payments on Home Health Low Utilization Payment Adjustment (LUPA) Claims
RHC Billing	Rural Health Clinic (RHC) Preventive Services Chart Announcement of Payment Rate Increase for Rural Health Clinics (RHCs) for Calendar Year (CY) 2017 Rural Health Clinic (RHC) Healthcare Common Procedure Coding System (HCPCS) Reporting Requirement and Billing Updates
SNF CB	CMS.gov/Medicare/Billing/SNFConsolidatedBilling 2018 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update Skilled Nursing Facility Consolidated Billing as It Relates to Certain Types of Exceptionally Intensive Outpatient Hospital Services Skilled Nursing Facility Consolidated Billing as It Relates to Ambulance Services Skilled Nursing Facility Consolidated Billing and Preventive/Screening Services Medicare Prescription Drug, Improvement, and Modernization Act (MMA) – Skilled Nursing Facility Consolidated Billing and Services of Rural Health Clinics and Federally Qualified Health Centers Skilled Nursing Facility Consolidated Billing as It Relates to Certain Diagnostic Tests

Rural Billing Resources (cont.)

For More Information About...	Resource
Compilation of Social Security Laws	SSA.gov/OP_Home/ssact/comp-ssa.htm
All Available Medicare Learning Network® (MLN) Products	MLN Catalog
Medicare Information for Beneficiaries	Medicare.gov

Hyperlink Table

Embedded Hyperlink	Complete URL
Medicare Benefit Policy Manual	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html
Medicare Claims Processing Manual	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html
Ambulance Services Center	https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html
Clinical Labs Center	https://www.cms.gov/Center/Provider-Type/Clinical-Labs-Center.html
Critical Access Hospitals Center	https://www.cms.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html
Durable Medical Equipment Center	https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html
Federally Qualified Health Centers (FQHC) Center	https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html
Home Health Agency Center	https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html
Preventive Services	https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo

Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Rural Health Clinics Center	https://www.cms.gov/center/provider-type/rural-health-clinics-center.html
Skilled Nursing Facilities Center	https://www.cms.gov/Center/Provider-Type/Skilled-Nursing-Facility-Center.html
Swing Bed Providers	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPSP/SwingBed.html
MMA-Proposed Implementation of the Physician Scarcity Bonus and Revision to the Health Professional Shortage Area (HPSA)	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0453.pdf
Physicians and Non-Physician Practitioners Reported on Part A Critical Access Hospital (CAH) Claims	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1505.pdf
Federally Qualified Health Center (FQHC) Preventive Services Chart	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-Preventive-Services.pdf
Chronic Care Management (CCM) Services for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9234.pdf
Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2017	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3624CP.pdf
Manual Updates to Clarify Requirements for Physician Certification and Recertification of Patient Eligibility for Home Health Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9119.pdf

Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Preventing Inappropriate Payments on Home Health Low Utilization Payment Adjustment (LUPA) Claims	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9027.pdf
Rural Health Clinic (RHC) Preventive Services Chart	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Preventive-Services.pdf
Announcement of Payment Rate Increase for Rural Health Clinics (RHCs) for Calendar Year (CY) 2017	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9829.pdf
Rural Health Clinic (RHC) Healthcare Common Procedure Coding System (HCPCS) Reporting Requirement and Billing Updates	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1611.pdf
2018 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10262.pdf
Skilled Nursing Facility Consolidated Billing as It Relates to Certain Types of Exceptionally Intensive Outpatient Hospital Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0432.pdf

Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Skilled Nursing Facility Consolidated Billing as It Relates to Ambulance Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0433.pdf
Skilled Nursing Facility Consolidated Billing and Preventive/Screening Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0436.pdf
Medicare Prescription Drug, Improvement, and Modernization Act (MMA) – Skilled Nursing Facility Consolidated Billing and Services of Rural Health Clinics and Federally Qualified Health Centers	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0438.pdf
Skilled Nursing Facility Consolidated Billing as It Relates to Certain Diagnostic Tests	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0440.pdf
MLN Catalog	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf

HELPFUL WEBSITES

American Hospital Association Rural Health Care

<https://www.aha.org/advocacy/small-or-rural>

Critical Access Hospitals Center

<https://www.cms.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html>

Disproportionate Share Hospitals

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dsh.html>

Federally Qualified Health Centers Center

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

Health Resources and Services Administration

<https://www.hrsa.gov>

Hospital Center

<https://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

<https://narhc.org>

National Rural Health Association

<https://www.ruralhealthweb.org>

Rural Health Clinics Center

<https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>

Rural Health Information Hub

<https://www.ruralhealthinfo.org>

Swing Bed Providers

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed.html>

Telehealth

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth>

Telehealth Resource Centers

<https://www.telehealthresourcecenter.org>

U.S. Census Bureau

<https://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 [CMS.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/CMSRuralHealthCoordinators.pdf](https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/CMSRuralHealthCoordinators.pdf).

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