Job Aid A: Determining Institutional Services Consolidated Billing

Is the SNF stay Part A covered?
YES
INSTITUTIONAL
NO

Are they PT, OT, or SLP services?
YES
INSTITUTIONAL
NO

Is it an institutional or professional service?
PROFESSIONAL
Refer to Job Aid B.
INSTITUTIONAL

Is it in Major Category I, II, III, IV, or V?

Major Category I: Beyond the SNF’s Scope
A. CT Scans
B. Cardiac Catheterization
C. MRIs
D. Radiation Therapy
E. Angiography, Lymphatic, Venous, and Related Procedures
F. Outpatient Surgery and Related Procedures
G. Emergency Services
H. Ambulance Service

Was service provided at Ambulatory Surgical Center (ASC)/non-hospital facility or hospital/Critical Access Hospital (CAH)?
ASC/non-hospital facility
NO
We exclude service from CB. Bill the MAC.
Hospital/CAH
YES
We include service in CB. Look to SNF for payment.

Major Category II: Provided to ESRD or Hospice Patients
Which subcategory is the service?

A. Dialysis, EPO, Aranesp®, and other dialysis-related services
B. Hospice terminal illness care

A
Were the services provided in a Renal Dialysis Facility (RDF), was it home dialysis and the SNF is the home, or was EPO or Aranesp used?
NO
SNF
We don’t pay SNFs for dialysis services when SNF is place of service. An RDF must provide these services.
YES
We include service in CB. Look to SNF for payment.

B
Were hospice care services related to the patient’s terminal condition?
NO
SNF
We exclude service from CB. Bill the MAC.
YES
We include service in CB. Look to SNF for payment.

Major Category III: Provided by Any Entity Except a SNF

A. Certain Chemotherapy Drugs
B. Chemotherapy Administration
C. Radioisotopes Administration
D. Customized Prosthetic Devices
E. Blood clotting factors indicated for the treatment of hemophilia and other bleeding disorders
F. A medically necessary ambulance trip (other than a transfer to another SNF) that transports a patient to the SNF for the initial admission or from the SNF following a final discharge

A
Were services provided by a SNF or other Medicare provider?
NO
SNF
We include service in CB. Look to SNF for payment.
YES
Other Medicare provider
We exclude service from CB. Bill the MAC.

B
Were services provided in a Renal Dialysis Facility (RDF), was it home dialysis and the SNF is the home, or was EPO or Aranesp used?
NO
SNF
We don’t pay SNFs for dialysis services when SNF is place of service. An RDF must provide these services.
YES
We include service in CB. Look to SNF for payment.

Major Category IV: Screening or Preventive Services

A. Mammography Screening
B. Shots
C. Shot Administration
D. Screening Pap Test and Pelvic Exam
E. Colorectal Cancer Screening
F. Prostate Cancer Screening
G. Glaucoma Screening
H. Diabetes Screening
I. Cardiovascular Disease Screening
J. Initial Preventive Physical Exam
K. Ultrasound Abdominal Aortic Aneurysm Screening

A
Other Medicare provider
We include all PT, OT, and SLP services in the SNF PPS and CB for patients in a Part A stay. The SNF must bill for therapy services. Look to the SNF for payment.

B
Were hospice care services related to the patient’s terminal condition?
NO
SNF
We exclude service from CB. Bill the MAC.
YES
We include service in CB. Look to SNF for payment.

Major Category V: Therapy

We don’t include Part B benefits in the SNF PPS. SNF must bill patient screening or preventive services in Part A stay with Part B eligibility on Type of Bill (TOB) 22X.

SNF Consolidated Billing webpage has more information. Choose Part A MAC Update for service delivered year. Then select Annual SNF Consolidated Billing HCPCS Updates.

Search the file for the applicable CPT or HCPCS code and look in Column D. Is INCLUSION listed in Column D?
YES
We include service in CB. Look to SNF for payment.
NO
We exclude service from CB. Bill the MAC.