
Medicare

Provider Reimbursement Manual - Part 1

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 440

Date: JUNE 2009

HEADER SECTION NUMBERS

2231 (Cont.) – 2231 (Cont.)

PAGES TO INSERT

22-79 (1 p.)

PAGES TO DELETE

22-79 (1 p.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE:* *For services furnished on or after January 1, 2009*

Section 2231, Regional Medicare Swing-Bed-Rates, adds Table 20 to update the Medicare Payment Rates for routine SNF-type services by swing-bed hospitals during calendar year 2009. These rates should be used to carve out swing-bed costs on the hospital cost report.

Disclaimer: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged.

TABLE 19
Medicare Swing-Bed SNF Rates – For Services Furnished During CALENDAR Year 2008

<u>Region</u>	<u>Routine Payment</u>
1	206.90
2	192.09
3	177.96
4	174.94
5	155.16
6	165.22
7	151.78
8	181.19
9	196.55

TABLE 20
Medicare Swing-Bed SNF Rates – For Services Furnished During CALENDAR Year 2009

<u>Region</u>	<u>Routine Payment</u>
<i>1</i>	<i>213.49</i>
<i>2</i>	<i>198.21</i>
<i>3</i>	<i>183.63</i>
<i>4</i>	<i>180.51</i>
<i>5</i>	<i>160.10</i>
<i>6</i>	<i>170.48</i>
<i>7</i>	<i>156.61</i>
<i>8</i>	<i>186.96</i>
<i>9</i>	<i>202.81</i>