
Medicare

Provider Reimbursement Manual - Part 1

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

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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, 2010*

Section 2231, Regional Medicare Swing-Bed-Rates, adds Table 21 to update the Medicare Payment Rates for routine SNF-type services by swing-bed hospitals during calendar year 2010. These rates should be used to carve out swing-bed costs on the hospital cost report.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

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>
1	213.49
2	198.21
3	183.63
4	180.51
5	160.10
6	170.48
7	156.61
8	186.96
9	202.81

TABLE 21

Medicare Swing-Bed SNF Rates – For Services Furnished During CALENDAR Year 2010

<u><i>Region</i></u>	<u><i>Routine Payment</i></u>
<i>1</i>	<i>217.79</i>
<i>2</i>	<i>202.21</i>
<i>3</i>	<i>187.33</i>
<i>4</i>	<i>184.15</i>
<i>5</i>	<i>163.33</i>
<i>6</i>	<i>173.92</i>
<i>7</i>	<i>159.77</i>
<i>8</i>	<i>190.73</i>
<i>9</i>	<i>206.90</i>