



RURAL PROVIDERS AND SUPPLIERS BILLING

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TABLE OF CONTENTS

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

Provider-type billing is color coded to assist you in finding specific information.

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)	18
RURAL HEALTH CLINIC (RHC)	23
SKILLED NURSING FACILITY (SNF)	28
SWING BED.....	39
RESOURCES.....	41
HELPFUL WEBSITES	46
REGIONAL OFFICE RURAL HEALTH COORDINATORS	47

CRITICAL ACCESS HOSPITAL (CAH) Standard Payment Method

The CAH (Standard Payment Method) will only bill the Medicare Administrative Contractor (MAC) for facility services; no professional services will be submitted by the CAH.

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Ambulance Transports	CAH owned and operated Part A medical transports bill their MAC Independent ambulance companies bill their MACs as a supplier Ambulance suppliers separately bill inpatient/Part A medically necessary ambulance transports	Deductible and copayment/ coinsurance applies	Medicare Benefit Policy Manual Chapter 10 Medicare Claims Processing Manual Chapter 4 Medicare Claims Processing Manual Chapter 15
Office Visits	Physicians and practitioners bill professional medical services to their MACs	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapter 3 Medicare Claims Processing Manual Chapter 4
Hospital Inpatient Services	Bill inpatient/Part A services to your MAC	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapter 3
Hospital Outpatient Services	Bill outpatient/Part B services to your MAC Bill technical components to your MAC Physicians and practitioners bill their professional medical services to their MACs	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapter 4
Radiology and Diagnostics	Bill technical services to your MAC	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapter 13
Telehealth Services	Bill your MAC and separately show originating site facility fees for services presented from originating site located in: <ul style="list-style-type: none"> • A county outside a Metropolitan Statistical Area • A rural Health Professional Shortage Area located in a rural census tract 	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapter 12

CRITICAL ACCESS HOSPITAL (CAH) Standard Payment Method

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Clinical Laboratory Tests	Bill outpatient tests to your MAC Bill inpatient tests with and without Part A coverage to your MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 4 Medicare Claims Processing Manual Chapter 16
Supplies and Drugs	Bill your MAC Hospitals approved and enrolled as durable medical equipment (DME) suppliers bill their DME MAC	Deductible and copayment/ coinsurance applies	Medicare Claims Processing Manual Chapter 4 Medicare Claims Processing Manual Chapter 17 Medicare Claims Processing Manual Chapter 20 Medicare Claims Processing Manual Chapter 36

Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Screening Mammography Services Pelvic Screening Examinations	Bill technical components to your MAC	Deductible and copayment/ coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Cardiovascular Screening Tests Diabetes Screening Tests Screening Pap Tests	Bill your MAC	Deductible and copayment/ coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18

CRITICAL ACCESS HOSPITAL (CAH) Standard Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Glaucoma Screenings	No provider separately billable technical components	Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Diabetes Self-Management Training Medical Nutrition Therapy Services	Bill your MAC	Deductible and copayment/coinsurance applies Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 4
Intensive Behavioral Therapy (IBT) for Cardiovascular Disease	Bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Intensive Behavioral Therapy for Obesity	Bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Annual Wellness Visits	Bill your MAC Bill EKG technical components to your MAC Physicians bill professional EKG components to their MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18

CRITICAL ACCESS HOSPITAL (CAH) Standard Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Counseling to Prevent Tobacco Use	Bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18 Medicare Claims Processing Manual Chapter 32
Screening for Depression	Bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	Bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling to Prevent STIs	Bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Hepatitis C Virus Screening	Bill your MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 18

CRITICAL ACCESS HOSPITAL (CAH) Optional Payment Method

If physician/practitioner reassigns their CAH billing rights, the CAH bills the MAC outpatient facility and professional services furnished. If a physician/practitioner does not reassign their CAH billing rights, the CAH bills facility services and the physician/practitioner separately bills their professional services.

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Ambulance Transports	Part A CAH owned and operated medically necessary ambulance transports bill their MAC Independent Part A ambulance company suppliers bill their MAC	Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 10 Medicare Claims Processing Manual Chapter 4 Medicare Claims Processing Manual Chapter 15
Office Visits Hospital Services Radiology and Diagnostics	Show professional and technical components separately and bill your MAC	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 4
Telehealth Services	Separately show originating site facility fees from originating sites and bill your MAC if located in: <ul style="list-style-type: none"> • A county outside a Metropolitan Statistical Area • A rural Health Professional Shortage Area in a rural census tract 	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 12
Clinical Laboratory Tests	Separately show outpatient and inpatient tests with and without Part A coverage and bill your MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 4 Medicare Claims Processing Manual Chapter 16

CRITICAL ACCESS HOSPITAL (CAH) Optional Payment Method

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Supplies and Drugs	Separately show services and bill your MAC Hospitals enrolled and approved as durable medical equipment (DME) suppliers bill their DME MAC	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 4 Medicare Claims Processing Manual Chapter 20 Medicare Claims Processing Manual Chapter 36

Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Screening Mammography Services Pelvic Screening Examinations	Separately show professional and technical components and bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Cardiovascular Screening Tests Diabetes Screening Tests Screening Pap Tests	Separately show tests and bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Initial Preventive Physical Examinations (IPPEs) Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	Bill your MAC for professional and technical components of IPPEs and electrocardiograms (EKGs)	IPPE and AAA screenings deductibles and copayments/coinsurance waived Part B EKG deductibles and copayments/coinsurance applies	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18

CRITICAL ACCESS HOSPITAL (CAH) Optional Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Vaccinations	Bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Colorectal Cancer Screenings, including Screening Colonoscopies Prostate Cancer Screenings Bone Mass Measurements (BMM)	Separately show colorectal cancer screenings professional and technical components and bill your MAC Bill your MAC Bill your MAC	Deductible and copayment/coinsurance waived, except barium enema examinations only deductible waived Digital rectal examinations deductible and copayment/coinsurance applies Prostate specific antigen blood tests deductible and copayment/coinsurance waived Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Glaucoma Screenings	No provider separately billable technical components	Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18

CRITICAL ACCESS HOSPITAL (CAH) Optional Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Diabetes Self-Management Training Medical Nutrition Therapy Services	Bill your MAC	Deductible and copayment/coinsurance applies Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 4 Medicare Claims Processing Manual Chapter 18
Intensive Behavioral Therapy (IBT) for Cardiovascular Disease	Bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Intensive Behavioral Therapy for Obesity	Bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Annual Wellness Visits	Bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Counseling to Prevent Tobacco Use	Bill your MAC	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18

CRITICAL ACCESS HOSPITAL (CAH) Optional Payment Method

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Depression Screening	Bill your MAC	Deductible and copayment/ coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	Bill your MAC	Deductible and copayment/ coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling to Prevent STIs	Bill your MAC	Deductible and copayment/ coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Hepatitis C Virus Screening	Bill your 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 References
<p>Physician, Physician Assistant (PA), Nurse Practitioner (NP), Certified Nurse-Midwife (CNM), Clinical Psychologist (CP), and Clinical Social Worker (CSW) Furnished Office Visits</p> <p>Services and Suppliers (including Part B-Covered Drugs) Furnished Incident to a Physician, PA, NP, CNM, or CP Services</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)</p> <p>Medical Nutrition Therapy (MNT) Professional Services</p> <p>Advance Care Planning Services</p>	<p>Bill medically necessary, face-to-face (one-on-one) medical, and mental health visits, or qualified preventive health visits furnished by an FQHC practitioner to your A/B MAC (A) when services take place at:</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 • The scene of an accident <p>Only bill professional services to your MAC</p> <p>Your MAC pays you through 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 constitute a single visit, except when a patient has:</p> <ul style="list-style-type: none"> • An illness or injury requiring additional diagnosis or treatment after the first encounter • A qualified medical visit and a qualified mental health visit happen on the same day 	<p>Generally, copayment/ coinsurance applies, except certain preventive services</p> <p>No FQHC-covered services Part B deductible applies</p>	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Claims Processing Manual Chapter 9</p>

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Radiology and Diagnostics	<p>Practitioners and facilities furnishing services separately bill technical service components to A/B MAC (A) (provider-based FQHCs) or A/B MAC (B) (independent FQHCs) using the practitioners' or facilities' identification (ID) number and non-FQHC place of service (POS) codes</p> <p>The PPS payment rate includes the professional component and is not separately billable</p>	Deductible and copayment/coinsurance applies	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Claims Processing Manual Chapter 18</p>
Telehealth Services	<p>Bill your A/B MAC (A) for originating site facility fees from originating sites located in:</p> <ul style="list-style-type: none"> • A county outside a Metropolitan Statistical Area • A rural Health Professional Shortage Area located in a rural census tract 	Deductible and copayment/coinsurance applies	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Claims Processing Manual Chapter 12</p>
Clinical Laboratory Tests	<p>Practitioners and facilities furnishing the technical component service separately bill A/B MAC (A) (provider-based FQHCs) or A/B MAC (B) (independent FQHCs) using the practitioners' or facilities' ID number and non-FQHC POS codes</p> <p>The PPS payment rate includes venipuncture and is not separately billable</p>	Deductible and copayment/coinsurance waived	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Claims Processing Manual Chapter 16</p> <p>Medicare Claims Processing Manual Chapter 18</p>

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Supplies and Drugs	<p>You cannot separately bill PPS authorized Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); the PPS payment includes supplies, drugs, and biologicals</p> <p>Bill your authorized DMEPOS supplies according to requirements</p>	Deductible and copayment/coinsurance applies	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Claims Processing Manual Chapter 18</p>
Chronic Care Management (CCM), General Behavioral Health Integration (BHI) Services, and Psychiatric Collaborative Care Model (CoCM) Services	Bill your FQHC claim using HCPCS code G0511 for CCM or general BHI services or G0512 for psychiatric CoCM services, alone or with other payable A/B MAC (A) services	Copayment/coinsurance applies	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Claims Processing Manual Chapter 9</p>

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Initial Preventive Physical Examinations (IPPEs)	When an FQHC furnishes IPPE services an adjustment is applied to the FQHC PPS rate	Deductible and copayment/ coinsurance waived	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Annual Wellness Visits (AWVs)	When an FQHC furnishes an AWV, an adjustment is applied to the FQHC PPS rate You cannot bill more than one visit when an AWV is furnished on the same day as another billable medical visit	Deductible and copayment/ coinsurance waived	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Diabetes Self-Management Training (DSMT) Medical Nutrition Therapy Services (MNT)	You cannot bill your MAC more than one visit when DSMT is furnished on the same day as another billable medical visit You cannot bill your MAC more than one visit when MNT is furnished on the same day as another billable medical visit	DSMT services deductible waived and copayment/ coinsurance applies MNT services deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Influenza and Pneumococcal Vaccines	Bill vaccines and their administration on separate line items (HCPCS codes are informational only) to your MAC Cost reports include the costs, and your MAC payment is based on cost	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Hepatitis B Vaccines	<p>You receive no additional MAC payment for these vaccines; the encounter rate includes the costs</p> <p>Bill vaccines and their administration on separate line items if the visit is an otherwise qualifying visit</p>	Deductible and copayment/coinsurance waived	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Claims Processing Manual Chapter 18</p>
Medicare-Covered Preventive Services	<p>If you furnish a qualified preventive service on the same day as another billable medical visit, you cannot bill more than one visit (except as noted above) to your MAC</p> <p>Practitioners and facilities furnishing technical preventive service components separately bill them to the A/B MAC (A) (provider-based FQHCs) or A/B MAC (B) (independent FQHCs) using practitioners' or facilities' ID numbers and non-FQHC POS codes</p>	Deductible waived Certain preventive services copayment/coinsurance waived	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Benefit Policy Manual Chapter 15</p> <p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Claims Processing Manual Chapter 18</p>
Virtual Communication Services	<p>Bill HCPCS code G2012 (communications-based technology services) and HCPCS code G2010 (remote evaluation services) when the virtual communication HCPCS code, G0071, is on an FQHC claim, either alone or with other payable services</p> <p>Billing requirements include (1) Furnishing at least 5 minutes of these services by an FQHC practitioner to a patient that had a billable visit in the FQHC in the previous year, and (2) the remote discussion is for a condition unrelated to an FQHC service provided in the previous 7 days and does not require an FQHC service within the next 24 hours or sooner</p>	Coinsurance applies to FQHC claims	<p>Medicare Benefit Policy Manual Chapter 13</p>

HOME HEALTH AGENCY (HHA)

Excluded HH PPS Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Durable Medical Equipment (DME)	Bill your HHH MAC Suppliers bill their DME MAC HHA enrolled and approved DME suppliers bill their DME MAC	Copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 7 Medicare Claims Processing Manual Chapter 10 Medicare Claims Processing Manual Chapter 20
Competitively Bid DME	HHAs in an area with a competitive bidding program and contract to furnish competitively bid items bill their DME MAC	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 10 Medicare Claims Processing Manual Chapter 36

HOME HEALTH AGENCY (HHA)

Excluded HH PPS Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Dietary and Nutrition Personnel Services Drugs and Biologicals Housekeeping Services Family Members' Medical Social Services Respiratory Care Services End-Stage Renal Disease Program Covered Services Transportation Services Telehealth Home Health Services Medical and Other HHAs Furnished Health Services	Not an HH PPS covered or billable service	Beneficiary generally pays the full cost for 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	Bill your HHH MAC using Type of Bill 34x with the appropriate corresponding Current Procedural Terminology (CPT) code (CPT code 97607 or CPT code 97608)	Coinsurance applies	Medicare Benefit Policy Manual Chapter 7 Medicare Claims Processing Manual Chapter 10

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HOME HEALTH AGENCY (HHA)

HH PPS Plan of Care Services Not Included

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Medical and Other HHAs Furnished Health Services Surgical Dressings, Splints, Casts, and Other Devices Used for Fracture and Dislocation Reduction DME Rental or Purchase Prosthetic Devices Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes Outpatient PT, OT, and SLP Services Osteoporosis Drugs – HH PPS Covers Administration	Bill your HHH MAC using a medically necessary physician certification	Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 7 Medicare Claims Processing Manual Chapter 10
Laboratory Services	Bill your MAC and ensure you have a Clinical Laboratory Improvement Amendments number and billing number	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 10

HOME HEALTH AGENCY (HHA)

Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Diabetes Self-Management Training Services	Bill your HHH MAC	Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 15
Vaccinations	Bill your HHH MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 18
Bone Mass Measurements	Bill your HHH MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 13
Smoking and Tobacco Use Cessation Counseling Services	Bill your 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 References
Radiology and Diagnostics	<p>Practitioners and facilities furnishing services separately bill the technical service components to their A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioners' or facilities' identification (ID) number and non-RHC place of service (POS) codes</p> <p>The AIR includes the professional component and is not separately billable</p>	Deductible and copayment/coinsurance applies	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Claims Processing Manual Chapters 9, 13, and 18</p>
Telehealth Services	<p>Bill the originating site facility fee to your MAC when the originating site is located in:</p> <ul style="list-style-type: none"> • A county outside a Metropolitan Statistical Area • A rural Health Professional Shortage Area in a rural census tract 	Deductible and copayment/coinsurance applies	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Claims Processing Manual Chapter 12</p>
Clinical Laboratory Tests	<p>Practitioners and facilities furnishing services separately bill the technical service components to their A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioners' or facilities' ID number and non-RHC POS codes</p> <p>AIR rates include venipuncture, so it is not separately billable</p>	Deductible and copayment/coinsurance applies	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Claims Processing Manual Chapter 18</p>
Supplies and Drugs	<p>Bill authorized durable medical equipment, prosthetics, and orthotics according to DMEPOS requirements, but not supplies, your AIR payment covers the costs of supplies, drugs, and biologicals</p>	Deductible and copayment/coinsurance applies	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Claims Processing Manual Chapter 18</p> <p>Medicare Claims Processing Manual Chapter 20</p>

RURAL HEALTH CLINIC (RHC)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Chronic Care Management (CCM), General Behavioral Health Integration (BHI) Services, and Psychiatric Collaborative Care Model (CoCM) Services	Bill your 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 RHC services on your claim	Copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9

Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
IPPEs	You may bill an IPPE furnished service visit If an IPPE is furnished on the same day as another billable medical visit, two visits should be filed Practitioners and facilities furnishing an IPPE technical service component can separately bill the A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioners' or facilities' ID number and non-RHC POS codes	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Annual Wellness Visits (AWVs)	AIR payment covers the AWV furnished service If an AWV is furnished on the same day as another billable medical visit, you can only bill one visit	Deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18

RURAL HEALTH CLINIC (RHC)

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
<p>Diabetes Self-Management Training</p> <p>Medical Nutrition Therapy Services</p>	<p>AIR payment covers these stand-alone billable visits, and you may not separately bill them</p>	<p>Deductible and copayment/coinsurance applies</p> <p>Deductible and copayment/coinsurance waived</p>	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Claims Processing Manual Chapter 18</p>
<p>Influenza and Pneumococcal Vaccines</p>	<p>Your cost reports include the costs of vaccines and their administration, and payment is based on cost</p>	<p>Deductible and copayment/coinsurance waived</p>	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Claims Processing Manual Chapter 18</p>
<p>Hepatitis B Vaccines</p>	<p>The AIR payment includes the costs of vaccines, and you get no additional payment</p> <p>Bill vaccines and their administration as separate line items to your MAC</p>	<p>Deductible and copayment/coinsurance applies</p>	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Claims Processing Manual Chapter 18</p>
<p>Medicare-Covered Preventive Services</p>	<p>Bill Medicare-covered preventive services to your MAC</p> <p>Bill only one Medicare-covered preventive service when furnished on same day as another billable medical visit, except an IPPE</p> <p>Practitioners and facilities furnishing the preventive service technical component separately bill their services to A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioners' or facilities' ID number and non-RHC POS codes</p>	<p>Certain preventive services deductible and copayment/coinsurance waived</p>	<p>Medicare Benefit Policy Manual Chapter 13</p> <p>Medicare Benefit Policy Manual Chapter 15</p> <p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Claims Processing Manual Chapter 18</p>

RURAL HEALTH CLINIC (RHC)

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Virtual Communication Services	<p>Bill HCPCS code G2012 (communications-based technology services) and HCPCS code G2010 (remote evaluation services) when the virtual communication HCPCS code, G0071, is on an RHC claim, either alone or with other payable services</p> <p>Billing requirements include (1) Furnishing at least 5 minutes of these services by an FQHC practitioner to a patient that had a billable visit in the FQHC in the previous year, and (2) the remote discussion is for a condition unrelated to an FQHC service provided in the previous 7 days and does not require an FQHC service within the next 24 hours or sooner</p>	Coinsurance and deductible applies to RHC claims	Medicare Benefit Policy Manual Chapter 13

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 References
Medically Necessary Ambulance Transports, Except Specific Exclusions	Bill your Part A SNF-covered services to your MAC Provider-based and independent companies bill their Part B excluded ambulance services to their MAC	No additional cost Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 8 Medicare Benefit Policy Manual Chapter 10 Medicare Claims Processing Manual Chapter 6 Medicare Claims Processing Manual Chapter 15
Office Visits	Bill your Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), or physician furnished visits to your MAC For additional SNF consolidated (CB) bundling guidelines, see the Resources section	Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 6
Hospital Services	Bill your MAC For additional SNF CB bundling guidelines, see the Resources section	Copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 3 Medicare Claims Processing Manual Chapter 6
Telehealth Services	Bill your MAC for originating site facility fee on Type of Bill (TOB) 22X for services presented from originating sites located in: <ul style="list-style-type: none"> • A county outside a Metropolitan Statistical Area • A rural Health Professional Shortage Area 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 References
Preventive Services	Bill your MAC on TOB 22X For additional SNF CB bundling guidelines, see the Resources section For additional preventive services information, 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	Certain preventive services deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 18
Blood Other Diagnostic or Therapeutic Services Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP) Services Radiology Services Clinical Laboratory Tests	SNF bundling requires you to bill the MAC for all services not specifically excluded For additional SNF CB bundling guidelines, see the Resources section MACs do not cover SNF-furnished colonoscopy screenings Bill your MAC for colonoscopies furnished in a hospital Services that include a technical and a professional component (for example, certain diagnostic radiology procedures), servicing providers, practitioners, and suppliers bill their MAC for both	First three pints of whole blood or equivalent units of packed red cells deductible applies Copayment/coinsurance applies No additional cost Deductible and copayment/coinsurance applies No additional cost	Medicare Claims Processing Manual Chapters 6, 7, 13, and 16 Medicare Benefit Policy Manual Chapter 8

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

SKILLED NURSING FACILITY (SNF)

Part A SNF PPS Excluded Services

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

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

SKILLED NURSING FACILITY (SNF)

Part A SNF PPS Excluded Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information*	Manual References
<p>Hospitals cannot bill MACs for exceptionally intensive outpatient types of services, but the MAC can pay them when furnished in other, freestanding (non-hospital) 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 Using a Hospital Operating Room • Lymphatic and Venous Procedures 	<p>If furnished in a non-hospital setting, bill your MAC Otherwise, MACs cannot separately pay them</p>	<p>No additional cost Deductible and copayment/coinsurance applies</p>	<p>Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 6</p>

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

SKILLED NURSING FACILITY (SNF)

Part A SNF PPS Excluded Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information*	Manual References
Part B Dialysis Services	The renal dialysis facility bills their MAC	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 6
Erythropoietin (EPO) for Certain Dialysis Patients	SNF PPS bundles SNF-furnished Part A dialysis services payments	No additional cost	Medicare Claims Processing Manual Chapter 7
Physician Services 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

Bill SNF or Servicing Provider, Practitioner, or Supplier Services on TOB 22X or 23X

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Medically Necessary Ambulance Transports	Bill your Part A SNF-furnished services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills Part B services to their MAC	Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 10 Medicare Claims Processing Manual Chapter 7 Medicare Claims Processing Manual Chapter 15
Office Visits	The servicing provider, practitioner, or supplier bills their MAC	Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 7

SKILLED NURSING FACILITY (SNF)

Residents in Non-Covered Stays or Outpatients

Bill SNF or Servicing Provider, Practitioner, or Supplier Services on TOB 22X or 23X (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Hospital Services	Bill your SNF-furnished services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC	Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 3 Medicare Claims Processing Manual Chapter 6
Diagnostic X-ray Tests, including Portable X-ray Tests Diagnostic Laboratory Tests Other Diagnostic Tests	Bill your SNF-furnished technical component services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC Note: SNF PPS excludes some radiological procedures	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 7 Medicare Claims Processing Manual Chapter 13
Laboratory Tests	Bill your SNF-furnished services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 7 Medicare Claims Processing Manual Chapter 16
Durable Medical Equipment (DME)	Suppliers bill your DME MAC Note: Part B cannot cover SNF resident-furnished DME, if the SNF is considered a patient's home You may bill prosthetics, orthotics, or supplies (not DME) to your DME MAC if SNF CB excludes the items You must qualify and enroll with the National Supplier Clearinghouse as a supplier to bill the DME MAC for DME, prosthetics, orthotics, and supplies	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 7 Medicare Claims Processing Manual Chapter 20 Medicare Claims Processing Manual Chapter 36

SKILLED NURSING FACILITY (SNF)

Residents in Non-Covered Stays or Outpatients

Bill SNF or Servicing Provider, Practitioner, or Supplier Services on TOB 22X or 23X (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Orthotic and Prosthetic Devices Supplies	Bill your SNF-furnished services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 7
Part B PT, OT, or SLP Services	Bill your MAC SNFs must bill therapy for patients in non-covered stays	Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 5 Medicare Claims Processing Manual Chapter 6
Drugs and Biologicals, including Patients' Renal Transplant Immunosuppressive Drugs	Bill your SNF-furnished services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 7
Audiologic Function Tests	Bill your SNF-furnished services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC	Deductible and copayment/coinsurance applies	Medicare Claims Processing Manual Chapter 7

Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Screening Mammography Services Pelvic Screening Examinations	Bill your SNF-furnished technical component services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC	Deductible and copayment/coinsurance waived	Medicare Claims Processing Manual Chapter 18

SKILLED NURSING FACILITY (SNF)

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Cardiovascular Screening Diabetes Screening Screening Pap Tests	Bill your SNF-furnished technical component services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18
Initial Preventive Physical Examinations (IPPEs) Includes Abdominal Aortic Aneurysm (AAA) Screening	Bill your SNF-furnished technical component services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18
Influenza and Pneumococcal Polysaccharide Vaccines	Bill your SNF-furnished services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18
Hepatitis B Vaccines	SNFs bill vaccines and the administration to their MAC	Deductible and copayment/ coinsurance waived	Medicare Claims Processing Manual Chapter 18

SKILLED NURSING FACILITY (SNF)

Preventive Services (cont.)

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
<p>Colorectal Cancer Screenings</p> <p>Prostate Cancer Screenings</p> <p>Bone Mass Measurements (BMM)</p>	<p>MACs cannot cover SNF screening colonoscopies SNF bills hospital-furnished colonoscopies</p> <p>Bill your SNF-furnished services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC</p>	<p>Deductible and copayment/coinsurance waived, except barium enema examinations (only deductible is waived)</p> <p>Digital rectal examinations deductible and copayment/coinsurance applies</p> <p>Prostate specific antigen blood tests deductible and copayment/coinsurance waived</p> <p>Deductible and copayment/coinsurance waived</p>	<p>Medicare Claims Processing Manual Chapter 18</p>
<p>Glaucoma Screenings</p>	<p>There are no separately billable provider technical components Otherwise, servicing provider, practitioner, or supplier bills MAC</p>	<p>Deductible and copayment/coinsurance applies</p>	<p>Medicare Claims Processing Manual Chapter 18</p>
<p>Intensive Behavioral Therapy (IBT) for Obesity</p>	<p>Bill your SNF-furnished services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC</p>	<p>Deductible and copayment/coinsurance waived</p>	<p>Medicare Claims Processing Manual Chapter 18</p>
<p>Annual Wellness Visits (AWVs)</p>	<p>Bill your SNF-furnished services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC</p>	<p>Deductible and copayment/coinsurance waived</p>	<p>Medicare Claims Processing Manual Chapter 18</p>
<p>Counseling to Prevent Tobacco Use</p>	<p>Bill your SNF-furnished services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC</p>	<p>Deductible and copayment/coinsurance waived</p>	<p>Medicare Claims Processing Manual Chapter 18</p>

SKILLED NURSING FACILITY (SNF)

SNF Part B for Residents in a Covered Part A Stay Preventive Services

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Diabetes Self-Management Training Services Screening Mammography Services Pelvic Screening Examinations Cardiovascular Screening Tests Diabetes Screening Tests Screening Pap Tests IPPEs, including AAA Vaccinations Colorectal Cancer Screenings – SNF-furnished colonoscopy screenings are not covered Prostate Cancer Screenings BMMs Glaucoma Screenings IBT for Obesity AWWs Counseling to Prevent Tobacco Use	Bill Part A resident services to your MAC Bill your SNF-furnished services (or under arrangements) to your MAC Otherwise, the servicing provider, practitioner, or supplier bills their MAC During non-covered SNF CB stays, you may only bill PT, OT, and SLP services to your MAC You may only bill non-therapy services furnished by (or under arrangements) There are no separately billable provider technical components	Certain preventive services deductible and copayment/coinsurance waived	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 7 Medicare Claims Processing Manual Chapter 13 Medicare Claims Processing Manual Chapter 18 Medicare Claims Processing Manual Chapter 32

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 References
CAH Swing Bed Exempt from Part A SNF Prospective Payment System (PPS)	Bill your Medicare Administrative Contractor (MAC)	Deductible and copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 3 Medicare Claims Processing Manual Chapter 6

Hospital – Swing Bed Approval Post-Hospital SNF Care

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
SNF PPS included Services	Bill your MAC	No additional cost	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 3 Medicare Claims Processing Manual Chapter 6
Services Excluded from SNF PPS but Subject to Hospital Bundling	Separately bill Part B inpatient services to your MAC	Copayment/coinsurance applies	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 3 Medicare Claims Processing Manual Chapter 6

SWING BED

**Hospital – Swing Bed Approval
Post-Hospital SNF Care (cont.)**

Type of Service	Billing Information	Beneficiary Cost Sharing Information	Manual References
Services Excluded from SNF PPS and Hospital Bundling	The servicing provider, practitioner, or supplier bills their MAC	Deductible and copayment/ coinsurance applies	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 3 Medicare Claims Processing Manual Chapter 6

RESOURCES

Table 1. Rural Billing Resources

For More Information About...	Resource
CAH Billing	CMS.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html CMS.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CAHs.html CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CritAccessHospfactsht.pdf
Compilation of Social Security Laws	SSA.gov/OP_Home/ssact/comp-ssa.htm
FQHC Billing	CMS.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/fqhcfactsheet.pdf
HHA Billing	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10992.pdf CMS.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Home-Health-Benefit-Fact-Sheet-ICN908143.pdf CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Home-Health-PPS-Fact-Sheet-ICN006816.pdf
Medicare Information for Beneficiaries	Medicare.gov
Medicare Learning Network® (MLN) Products	Go.CMS.gov/mln-catalog

Table 1. Rural Billing Resources (cont.)

For More Information About...	Resource
RHC Billing	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10989.pdf CMS.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10843.pdf
Rural Billing	CMS.gov/Center/Provider-Type/Ambulances-Services-Center.html CMS.gov/Center/Provider-Type/Clinical-Labs-Center.html CMS.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html CMS.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html CMS.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html CMS.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html CMS.gov/Medicare/Prevention/PrevntionGenInfo CMS.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html CMS.gov/Center/Provider-Type/Skilled-Nursing-Facility-Center.html CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed.html CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html (Medicare Benefit Policy Manual) CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html (Medicare Claims Processing Manual)

Table 1. Rural Billing Resources (cont.)

For More Information About...	Resource
SNF	CMS.gov/Medicare/Billing/SNFConsolidatedBilling CMS.gov/Center/Provider-Type/Skilled-Nursing-Facility-Center.html CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPFS CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243671.html CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ProviderComplianceTipsforSkilledNursingFacilityInpatientServices-ICN909414.pdf CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0433.pdf CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE0436.pdf CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10981.pdf

Table 2. Hyperlink Table

Embedded Hyperlink	Complete URL
Medicare Benefit Policy Manual Chapter 7	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf
Medicare Benefit Policy Manual Chapter 8	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c08.pdf
Medicare Benefit Policy Manual Chapter 9	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c09.pdf

Table 2. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Medicare Benefit Policy Manual Chapter 10	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf
Medicare Benefit Policy Manual Chapter 13	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c13.pdf
Medicare Benefit Policy Manual Chapter 15	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf
Medicare Claims Processing Manual Chapter 3	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c03.pdf
Medicare Claims Processing Manual Chapter 4	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf
Medicare Claims Processing Manual Chapter 5	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c05.pdf
Medicare Claims Processing Manual Chapter 6	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c06.pdf
Medicare Claims Processing Manual Chapter 7	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c07.pdf
Medicare Claims Processing Manual Chapter 9	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c09.pdf
Medicare Claims Processing Manual Chapter 10	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c10.pdf
Medicare Claims Processing Manual Chapter 12	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf
Medicare Claims Processing Manual Chapter 13	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf

Table 2. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Medicare Claims Processing Manual Chapter 15	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf
Medicare Claims Processing Manual Chapter 16	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c16.pdf
Medicare Claims Processing Manual Chapter 17	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf
Medicare Claims Processing Manual Chapter 18	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf
Medicare Claims Processing Manual Chapter 20	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c20.pdf
Medicare Claims Processing Manual Chapter 32	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c32.pdf
Medicare Claims Processing Manual Chapter 36	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c36.pdf
Medicare Claims Processing Manual Chapters 3 and 6	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html
Medicare Claims Processing Manual Chapters 6, 7, 13, and 16	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html
Medicare Claims Processing Manual Chapters 9, 13, and 18	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html

HELPFUL WEBSITES

American Hospital Association Small or Rural Hospitals

<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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