



CSR Inquiry Assistance

Related Medlearn Matters Article #: SE0432

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Related CR #:

Skilled Nursing Facility Consolidated Billing as It Relates to Certain Types of Exceptionally Intensive Outpatient Hospital Services

Key Words

Skilled, Nursing, Facilities, Consolidated, Billing, CB, Exceptionally, Intensive, Outpatient, Hospital, Services, Consolidated, Billing Exclusion, Hospital Settings, Non-hospital Settings, SNF, Resident, Part A, Stay, SE0432

Provider Types Affected

Skilled Nursing Facilities (SNFs), physicians, suppliers, providers, and imaging centers

Key Points

- SE0432 describes SNF Consolidated Billing (CB) as it relates to certain types of exceptionally intensive outpatient hospital services, such as Magnetic Resonance Imaging (MRI) services, Computerized Axial Tomography (CT) Scans, and Radiation Therapy.
- CB assigns the SNF itself the Medicare billing responsibility for virtually all of the services that the SNF's residents receive during the course of a covered Part A stay; payment for this full range of services is included in the SNF PPS global per diem rate.
- Exceptions to this billing responsibility are those services that are specifically excluded from this provision, which remain separately billable to Medicare Part B by the entity that actually furnished the service.
- For a detailed overview of SNF CB, including a section on services excluded from SNF CB see Medlearn Matters Special Edition article SE0431 at:
<http://www.cms.hhs.gov/medlearn/matters/mmarticles/2004/SE0431.pdf>
- Centers for Medicare & Medicaid Services (CMS) identified several types of exceptionally intensive outpatient hospital services that were well beyond the general scope of SNF care plans. These services include:
 - Emergency services;
 - Cardiac catheterizations;

- Computerized Axial Tomography (CT) scans;
- Magnetic Resonance Imaging (MRI) services;
- Ambulatory surgery;
 - Radiation therapy;
 - Angiography; and
 - Lymphatic and venous procedures.
- CMS established that a beneficiary's receipt of such services, as listed above, in the outpatient hospital setting had the effect of temporarily suspending his/her status as a SNF resident for CB purposes, thus enabling the hospital to bill Part B separately for the services.
- As amended by Section 103 of BBRA 1999, Section 1888(e)(2)(A)(iii)(II) of the Social Security Act excludes certain types of intensive chemotherapy services, regardless of whether they are furnished in a hospital or freestanding setting.
- Chemotherapy and its administration and radioisotopes and their administration are identified in the statute by HCPCS Code.
- These services are separately billable in all care settings, but the exclusion applies only to the codes specified in the Social Security Act and subsequent regulations. Therefore, other services given in conjunction with an excluded code (e.g., other pharmaceuticals, medical supplies, etc.) remain bundled and should be reimbursed by the SNF to the supplier.
- Professional charge for the physician who performs/interprets the radiological procedure is NOT subject to CB.
- Since the physician service exclusion applies to the professional component of the diagnostic radiology service, the physician bills his/her service directly to the Medicare Part B carrier for reimbursement.
- Additional detailed information on SNF CB is as follows:
 - Medlearn Matters Special Edition article SE0431 which contains a detailed overview of SNF CB and a list of the services excluded from SNF CB and can be found at:
<http://www.cms.hhs.gov/medlearn/matters/mmarticles/2004/SE0431.pdf>
 - Centers for Medicare & Medicaid (CMS) Medlearn Consolidated Billing Website at:
<http://www.cms.hhs.gov/medlearn/snfcode.asp>
 - SNF PPS Consolidated Billing Website at:
<http://www.cms.hhs.gov/providers/snfpps/cb>

Important Links

<http://www.cms.hhs.gov/medlearn/matters/mmarticles/2004/SE0432.pdf>