
Medicare

Provider Reimbursement Manual - Part 1

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

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<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
2231 (Cont.) – 2231 (Cont.)	22-77 - 22-78 (2 pp.)	22-77 – 22-77 (1 p.)

NEW/REVISED MATERIAL--EFFECTIVE DATE: *For services furnished on or after January 1, 2005.*

Section 2231, Regional Medicare Swing-Bed-Rates, adds Table 16 to update the Medicare Payment Rates for routine SNF-type services by swing-bed hospitals during calendar year 2005. 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.

DETERMINATION OF COST OF SERVICES

12-04

TO BENEFICIARIES

2231 (Cont.)

TABLE 14

Medicare Swing-Bed Rates – For Services Furnished During CALENDAR Year 2003

<u>Region</u>	<u>Routine Payment</u>
1	177.05
2	164.37
3	152.28
4	149.69
5	132.77
6	141.38
7	129.87
8	155.05
9	168.19

TABLE 15

Medicare Swing-Bed Rates – For Services Furnished During CALENDAR Year 2004

<u>Region</u>	<u>Routine Payment</u>
1	182.11
2	169.07
3	156.63
4	153.97
5	136.57
6	145.42
7	133.58
8	159.48
9	173.00

TABLE 16Medicare Swing-Bed SNF Rates - For Services Furnished During CALENDAR Year 2005

<u>Region</u>	<u>Routine Payment</u>
1	187.51
2	174.09
3	161.28
4	158.54
5	140.62
6	149.74
7	137.55
8	164.21
9	178.14