



Rural Providers & Suppliers Billing



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What's Changed?

Note: No substantive content updates.

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

We use provider-type color coded billing to help you find specific information.

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Critical Access Hospital (CAH) Standard Payment Method

The CAH (Standard Payment Method) bills the MAC for facility services; when you use the Standard Payment Method, professional services aren't billed to the MAC.

Medically Necessary Services

Service	Billing Information	Patient Cost Sharing	Manual
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, copayment, and coinsurance applies.	Medicare Benefit Policy Manual Chapter 10 Medicare Claims Processing Manual Chapter 4 Medicare Claims Processing Manual Chapter 15
Clinical Laboratory Tests	Bill your MAC for outpatient tests. Bill your MAC for inpatient tests with and without Part A coverage.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 4 Medicare Claims Processing Manual Chapter 16
Hospital Inpatient Services	Bill your MAC for inpatient Part A services.	Deductible, copayment, and coinsurance applies.	Medicare Claims Processing Manual Chapter 3
Hospital Outpatient Services	Bill your MAC for outpatient Part B services. Bill your MAC for technical components. Physicians and practitioners bill your MAC for professional medical services.	Deductible, copayment, and coinsurance applies.	Medicare Claims Processing Manual Chapter 4
Office Visits	Physicians and practitioners bill your MAC for professional medical services.	Deductible, copayment, and coinsurance applies.	Medicare Claims Processing Manual Chapter 3 Medicare Claims Processing Manual Chapter 4

Critical Access Hospital (CAH) Standard Payment Method

Medically Necessary Services (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Radiology and Diagnostics	Bill your MAC for technical services.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Claims Processing Manual Chapter 13</u>
Supplies and Drugs	Bill your MAC. Hospitals approved and enrolled as Durable Medical Equipment (DME) suppliers bill their DME MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Claims Processing Manual Chapter 4</u> <u>Medicare Claims Processing Manual Chapter 17</u> <u>Medicare Claims Processing Manual Chapter 20</u> <u>Medicare Claims Processing Manual Chapter 36</u>
Telehealth Services	Bill your MAC and separately show originating site facility fees for services provided from originating sites 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. 	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Claims Processing Manual Chapter 12</u>

Critical Access Hospital (CAH) Standard Payment Method

Preventive Services (Standard Payment Method)

Service	Billing Information	Patient Cost Sharing	Manual
Alcohol Misuse Screening & Counseling Cervical Cancer Screening Pap Test Screening Sexually Transmitted Infection (STI) Screening & High Intensity Behavioral Counseling (HIBC) to Prevent STIs Shots (Flu, Pneumococcal, Hepatitis B)	Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Annual Wellness Visit (AWV)	Bill your MAC. Bill your MAC for electrocardiogram (ECG) technical components. Physicians bill your MAC for professional ECG and components.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Bone Mass Measurements Cardiovascular Disease Screening Tests Depression Screening Diabetes Screening	Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18

Critical Access Hospital (CAH) Standard Payment Method

Preventive Services (Standard Payment Method) (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Colorectal Cancer Screening	Bill your MAC for technical components.	Deductible, copayment, and coinsurance waived, except barium enema (exam <u>coinsurance applies</u> ; deductible only waived).	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Counseling to Prevent Tobacco Use	Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18 Medicare Claims Processing Manual Chapter 32
Diabetes Self-Management Training (DSMT)	Bill your MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Claims Processing Manual Chapter 4
Glaucoma Screening	No provider separately billable technical components.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Hepatitis B Screening Hepatitis C Screening HIV Screening	Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18

Critical Access Hospital (CAH) Standard Payment Method

Preventive Services (Standard Payment Method) (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Initial Preventive Physical Examination (IPPE) Ultrasound Abdominal Aortic Aneurysm (AAA) Screening	Bill your MAC. Bill your MAC for IPPE and ECG technical components. Physicians bill your MAC for IPPE and ECG components.	IPPEs and AAA screenings deductible, copayment, and coinsurance waived. ECG Part B <u>deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Intensive Behavioral Therapy (IBT) for Cardiovascular Disease IBT for Obesity	Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Lung Cancer Screening	Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18
Mammography Screening Screening Pelvic Exams	Bill your MAC for technical components.	Deductible and copayment waived; <u>coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Medical Nutrition Therapy (MNT)	Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 4
Prostate Cancer Screening	Bill your MAC.	Digital rectal exam <u>deductible, copayment, and coinsurance applies.</u> Prostate-specific antigen blood tests deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18

Critical Access Hospital (CAH) Optional Payment Method

If a physician or practitioner reassign their CAH billing rights, the CAH bills the MAC for outpatient facility and professional services. If a physician or practitioner doesn't reassign their CAH billing rights, the CAH bills facility services and the physician or practitioner separately bill their professional services.

Medically Necessary Services

Service	Billing Information	Patient Cost Sharing	Manual
Ambulance Transports	CAH-owned-and-operated Part A medically necessary transports bill their MAC. Independent ambulance companies bill their MACs as a supplier.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Benefit Policy Manual Chapter 10</u> <u>Medicare Claims Processing Manual Chapter 4</u> <u>Medicare Claims Processing Manual Chapter 15</u>
Clinical Laboratory Tests	Separately show outpatient and inpatient tests with and without Part A coverage. Bill your MAC.	Deductible, copayment, and coinsurance waived.	<u>Medicare Claims Processing Manual Chapter 4</u> <u>Medicare Claims Processing Manual Chapter 16</u>
Office Visits Hospital Services Radiology and Diagnostics	Separately show professional and technical components. Bill your MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Claims Processing Manual Chapter 4</u>
Supplies and Drugs	Separately show services. Bill your MAC. Hospitals approved and enrolled as Durable Medical Equipment (DME) suppliers bill their DME MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Claims Processing Manual Chapter 4</u> <u>Medicare Claims Processing Manual Chapter 20</u> <u>Medicare Claims Processing Manual Chapter 36</u>

Critical Access Hospital (CAH) Optional Payment Method

Medically Necessary Services (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Telehealth Services	Bill your MAC and separately show originating site facility fees for services provided 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. CAHs may also bill the MAC for a distant site under the optional method.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Claims Processing Manual Chapter 12</u>

Preventive Services (Optional Payment Method)

Service	Billing Information	Patient Cost Sharing	Manual
Alcohol Misuse Screening & Counseling	Bill your MAC.	Deductible, copayment, and coinsurance waived.	<u>Medicare Benefit Policy Manual Chapter 15</u> <u>Medicare Claims Processing Manual Chapter 18</u>
Annual Wellness Visit (AWV) Bone Mass Measurements Counseling to Prevent Tobacco Use Depression Screening	Bill your MAC.	Deductible, copayment, and coinsurance waived.	<u>Medicare Benefit Policy Manual Chapter 15</u> <u>Medicare Claims Processing Manual Chapter 18</u>

Critical Access Hospital (CAH) Optional Payment Method

Preventive Services (Optional Payment Method) (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Cardiovascular Disease Screening Tests	Separately show tests. Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Cervical Cancer Screening Pap Test Screening	Separately show tests. Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Colorectal Cancer Screening	Separately show colorectal cancer screening professional and technical components. Bill your MAC.	Deductible, copayment, and coinsurance waived, except barium enema (exam coinsurance applies ; deductible only waived).	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Diabetes Screening	Separately show tests. Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Diabetes Self-Management Training (DSMT)	Bill your MAC.	Deductible, copayment, and coinsurance applies.	Medicare Claims Processing Manual Chapter 4 Medicare Claims Processing Manual Chapter 18

Critical Access Hospital (CAH) Optional Payment Method

Preventive Services (Optional Payment Method) (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Glaucoma Screening	No provider separately billable technical components.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Hepatitis B Screening Hepatitis C Screening HIV Screening	Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18
Initial Preventive Physical Examination (IPPE) Ultrasound Aortic Aneurysm (AAA) Screening	Bill your MAC. Bill your MAC for IPPE and electrocardiogram (ECG) technical components. Physicians bill your MAC for professional IPPE and ECG components.	IPPEs and AAA screenings deductibles, copayments, and coinsurance waived. ECG Part B <u>deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Intensive Behavioral Therapy (IBT) for Cardiovascular Disease IBT for Obesity	Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Lung Cancer Screening	Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18
Mammography Screening	Separately show professional and technical components. Bill your MAC.	Deductible and copayment waived; <u>coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18

Critical Access Hospital (CAH) Optional Payment Method

Preventive Services (Optional Payment Method) (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Medical Nutrition Therapy (MNT)	Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 4 Medicare Claims Processing Manual Chapter 18
Prostate Cancer Screening	Bill your MAC.	Digital rectal exam <u>deductible, copayment, and coinsurance applies.</u> Prostate-specific antigen blood tests deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Screening Pelvic Exams	Separately show professional and technical components. Bill your MAC.	Deductible and copayment waived; <u>coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Sexually Transmitted Infection (STI) Screening & High Intensity Behavioral Counseling (HIBC) to Prevent STIs Shots (Flu, Pneumococcal, Hepatitis B)	Bill your MAC.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18

Federally Qualified Health Center (FQHC)

Medically Necessary Services

Service	Billing Information	Patient Cost Sharing	Manual
<p>Advance Care Planning Physician, Physician Assistant (PA), Nurse Practitioner (NP), Certified Nurse-Midwife (CNM), Clinical Psychologist (CP), and Clinical Social Worker (CSW) Provided Office Visits Services and Supplies (including Part B-Covered Drugs) Provided Incident to a Physician, PA, NP, CNM, or CP Services Transitional Care Management Visiting Nurse Services Provided to Homebound Patients in Home Health Shortage Areas</p>	<p>Bill your A/B (A) MAC for medically necessary, face-to-face (one-on-one) medical and mental health visits or qualified preventive health visits provided by an FQHC practitioner when services take place at the:</p> <ul style="list-style-type: none"> • FQHC. • Patient’s residence (including assisted living facility). • Medicare-covered Part A skilled nursing facility. • Scene of an accident. <p>Only bill your MAC for professional services. Your MAC pays you through the FQHC Prospective Payment System (PPS).</p> <p>Encounters with more than 1 FQHC practitioner on the same day, regardless of the length or complexity of the visit or multiple encounters with the same FQHC practitioner, count as a single visit, except when a patient has:</p> <ul style="list-style-type: none"> • Illness or injury requiring additional diagnosis or treatment after first encounter. • Qualified medical and mental health visit on the same day. 	<p><u>Deductible, copayment, and coinsurance applies.</u></p>	<p><u>Medicare Benefit Policy Manual Chapter 13</u> <u>Medicare Claims Processing Manual Chapter 9</u></p>
<p>Chronic Care Management (CCM), Principal Care Management (PCM), General Behavioral Health Integration (BHI) Services, and Psychiatric Collaborative Care Model (CoCM) services</p>	<p>Bill your FQHC claim using HCPCS code G0511 for CCM, PCM or general BHI services or G0512 for psychiatric CoCM services, alone or with other payable A/B MAC (A) services.</p>	<p><u>Coinsurance applies.</u></p>	<p><u>Medicare Benefit Policy Manual Chapter 13</u> <u>Medicare Claims Processing Manual Chapter 9</u></p>



Federally Qualified Health Center (FQHC)

Medically Necessary Services (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Clinical Laboratory Tests	Practitioners and facilities providing 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 Place of Service (POS) codes. The PPS payment rate includes venipuncture and isn't separately billable.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 16 Medicare Claims Processing Manual Chapter 18
Radiology and Diagnostics	Practitioners and facilities providing 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. The PPS payment rate includes the professional component and isn't separately billable.	Deductible, copayment, and coinsurance applies.	Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Supplies and Drugs	You can't separately bill PPS authorized Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); the PPS payment includes supplies, drugs, and biologicals. Bill your authorized DMEPOS supplies according to requirements.	Deductible, copayment, and coinsurance applies.	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18

Federally Qualified Health Center (FQHC)

Medically Necessary Services (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Telehealth Services	Bill your MAC and separately show originating site facility fees for services provided 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. 	Deductible, copayment, and coinsurance applies.	Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 12

Preventive Services

Service	Billing Information	Patient Cost Sharing	Manual
Annual Wellness Visit (AWV)	When an FQHC provides an AWV, CMS applies an adjustment to the FQHC PPS rate. You can't bill more than 1 visit when you provide an AWV on the same day as another billable medical visit.	Deductible, copayment, and 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)	You can't bill your MAC more than 1 visit when you provide DSMT on the same day as another billable medical visit.	Deductible waived; copayment and coinsurance applies.	Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Flu and Pneumococcal Shots	Bill your MAC for shots and their administration on separate line items (HCPCS codes are informational only). Cost reports include the costs, and your MAC bases your payment on cost.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18

Federally Qualified Health Center (FQHC)

Preventive Services (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Hepatitis B Shots	Your MAC makes no additional payment for these shots; the encounter rate includes the costs. Bill shots and their administration on separate line items if the visit is an otherwise qualifying visit.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Initial Preventive Physical Examination (IPPE) Ultrasound Abdominal Aortic Aneurysm (AAA) Screening	When an FQHC provides IPPE services, CMS applies an adjustment to the FQHC PPS rate.	IPPEs and AAA screenings deductibles, copayments, and coinsurance waived. Electrocardiogram (ECG) Part B deductible, copayment, and coinsurance applies .	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Medical Nutrition Therapy (MNT)	You can't bill your MAC more than 1 visit when you provide MNT on the same day as another billable medical visit.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Other Medicare Preventive Services	Bill your MAC for Medicare-covered preventive services. If you provide a qualified preventive service on the same day as another billable medical visit, you can't bill your MAC more than 1 visit (except as noted above). Practitioners and facilities providing the technical component service separately bill their 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.	Certain preventive services deductible, copayment, and coinsurance waived. See Manual References for specific coinsurance information.	Medicare Benefit Policy Manual Chapter 13 Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18

Federally Qualified Health Center (FQHC)

Preventive Services (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Virtual Communication Services	<p>Bill HCPCS code G2012 (communications-based technology services) and G2010 (remote evaluation services) when the virtual communication HCPCS code, G0071, is on an FQHC claim, alone or with other payable services.</p> <p>Billing requirements include:</p> <ul style="list-style-type: none"> • Providing at least 5 minutes of services by an FQHC practitioner to a patient that had a billable visit in the FQHC in the previous year. • The remote discussion is for a condition unrelated to an FQHC service provided in the previous 7 days and doesn't require an FQHC service within the next 24 hours or sooner. 	<p><u>Coinsurance applies</u> to FQHC claims.</p>	<p><u>Medicare Benefit Policy Manual Chapter 13</u></p>

Home Health Agency (HHA)

Home Health Plan of Care Services—Home Health Prospective Payment System (HH PPS)

Service	Billing Information	Patient Cost Sharing	Manual
Home Health Aide Services Intern and Resident Services Medical Social Services Medical Supplies Osteoporosis Drugs Administration Physical Therapy (PT), Continuing Occupational Therapy (OT), and Speech-Language Pathology (SLP) Services Skilled Nursing Care Venipuncture Service During Visit	Bill your Home Health and Hospice (HHH) MAC. When a physician, PT, OT, and SLP provides services, they aren't subject to HH PPS.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 7 Medicare Claims Processing Manual Chapter 10

Excluded HH PPS Services

Service	Billing Information	Patient Cost Sharing	Manual
Competitively Bid Durable Medical Equipment (DME)	HHAs that contract to provide competitively bid items in an area with a competitive bidding program bill their DME MAC.	Deductible, copayment, and coinsurance applies.	Medicare Claims Processing Manual Chapter 10 Medicare Claims Processing Manual Chapter 36

Home Health Agency (HHA)

Excluded HH PPS Services (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Dietary and Nutrition Personnel Services Drugs and Biologicals End-Stage Renal Disease Program Covered Services Family Members' Medical Social Services Housekeeping Services Medical and Other HHA Provided Health Services Respiratory Care Services Telehealth Services Transportation Services	Not an HH PPS covered or billable service.	Patient generally pays the full cost for services. Exceptions may apply for services delivered by a provider other than an HHA.	Medicare Benefit Policy Manual Chapter 7
DME	Bill your HHH MAC. Suppliers bill their DME MAC. HHA enrolled and approved DME suppliers bill their DME MAC.	Copayment and coinsurance applies.	Medicare Benefit Policy Manual Chapter 7 Medicare Claims Processing Manual Chapter 10 Medicare Claims Processing Manual Chapter 20
Providing Negative Pressure Wound Therapy Using an Entirely New Disposable Device	Bill your HHH MAC using Type of Bill 34X with the appropriate corresponding CPT code (97607 or 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

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

Home Health Agency (HHA)

Preventive Services

Service	Billing Information	Patient Cost Sharing	Manual
Bone Mass Measurements Counseling to Prevent Tobacco Use Shots (Flu, Pneumococcal, Hepatitis B)	Bill your HHH MAC.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 13 Medicare Claims Processing Manual Chapter 18 Medicare Claims Processing Manual Chapter 32
Diabetes Self-Management Training (DSMT)	Bill your HHH MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 13 Medicare Claims Processing Manual Chapter 18 Medicare Claims Processing Manual Chapter 32

Rural Health Clinic (RHC)

Medically Necessary Services

Service	Billing Information	Patient Cost Sharing	Manual
<p>Advance Care Planning Physician, Physician Assistant (PA), Nurse Practitioner (NP), Certified Nurse-Midwife (CNM), Clinical Psychologist (CP), and Clinical Social Worker (CSW) Provided Office Visits Services and Supplies (including Part B-Covered Drugs) Provided Incident to Physician, PA, NP, CNM, or CP Services Transitional Care Management Visiting Nurse Services Provided to Homebound Patients in Home Health Shortage Areas</p>	<p>Bill medically necessary, face-to-face (1-on-1) medical, mental, and qualified preventive health visits to your A/B MAC (A) when services take place at:</p> <ul style="list-style-type: none"> • RHC. • Patient’s residence (including an assisted living facility). • Medicare-covered Part A skilled nursing facility. • Scene of an accident. <p>Only bill your MAC for professional services. Your MAC pays you through the RHC All-Inclusive Rate (AIR). Encounters with more than 1 RHC practitioner on the same day, regardless of the length or complexity of the visit or multiple encounters with the same RHC practitioner, count as a single visit, except when the patient has:</p> <ul style="list-style-type: none"> • Illness or injury requiring additional diagnosis or treatment after first encounter. • Qualified medical and mental health visit on the same day. • An Initial Preventive Physical Examination (IPPE) and a separate medical or mental health visit on the same day. 	<p><u>Deductible, copayment, and coinsurance applies.</u></p>	<p><u>Medicare Benefit Policy Manual Chapter 13</u> <u>Medicare Claims Processing Manual Chapter 9</u></p>
<p>Chronic Care Management (CCM), General Behavioral Health Integration (BHI) Services, and Psychiatric Collaborative Care Model (CoCM) Services</p>	<p>Bill your RHC 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.</p>	<p><u>Copayment and coinsurance applies.</u></p>	<p><u>Medicare Benefit Policy Manual Chapter 13</u> <u>Medicare Claims Processing Manual Chapter 9</u></p>

Rural Health Clinic (RHC)

Medically Necessary Services (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Clinical Laboratory Tests	Practitioners and facilities providing the technical component service separately bill A/B MAC (A) (provider-based RHCs) or A/B MAC (B) (independent RHCs) using practitioners' or facilities' ID number and non-RHC Place of Service (POS) codes. AIR rates include venipuncture, so it isn't separately billable.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Radiology and Diagnostics	Practitioners and facilities providing the technical component service separately bill 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. The professional component is included in the AIR and not separately billable.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapters 9, 13, and 18
Supplies and Drugs	You can't separately bill PPS authorized Durable Medical Equipment, Prosthetics, Orthotics, and Suppliers (DMEPOS); the AIR payment includes supplies, drugs, and biologicals. Bill your authorized DMEPOS suppliers according to requirements.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18 Medicare Claims Processing Manual Chapter 20

Rural Health Clinic (RHC)

Medically Necessary Services (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Telehealth Services	Bill your MAC and separately show originating site facility fees for services provided 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. 	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 12

Preventive Services

Service	Billing Information	Patient Cost Sharing	Manual
Annual Wellness Visit (AWV)	The AIR payment covers the AWV provided service. You can't bill more than 1 visit when you provide an AWV on the same day as another billable medical visit.	Deductible, copayment, and 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)	The AIR payment covers these stand-alone billable visits. Don't separately bill them.	<u>Deductible, copayment, and coinsurance applies.</u>	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.)

Service	Billing Information	Patient Cost Sharing	Manual
Flu and Pneumococcal Shots	Your cost reports include the shot costs and their administration; your MAC bases the payment on cost.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Hepatitis B Shots	<p>You get no additional MAC payment for these shots; the AIR payment includes the costs.</p> <p>Bill your MAC for shots and their administration as separate line items if the visit is a qualifying visit.</p>	Deductible, copayment, and coinsurance applies.	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Initial Preventive Physical Examination (IPPE) Ultrasound Abdominal Aortic Aneurysm (AAA) Screening	<p>You may bill an IPPE provided service visit.</p> <p>If you provide an IPPE on the same day as another billable medical visit, you can file 2 visits.</p> <p>Practitioners and facilities providing the technical component service separately bill 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>IPPEs and AAA screenings deductibles, copayments, and coinsurance waived.</p> <p>Electrocardiogram (ECG) Part B deductible, copayment, and coinsurance applies.</p>	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Medical Nutrition Therapy (MNT)	The AIR payment covers these stand-alone billable visits. Don't separately bill them.	Deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 13 Medicare Claims Processing Manual Chapter 18

Rural Health Clinic (RHC)

Preventive Services (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Other Medicare Preventive Services	<p>Bill your MAC for Medicare-covered preventive services.</p> <p>Bill your MAC 1 service, if you provide a qualified preventive service on the same day as another billable medical visit, (except as noted above).</p> <p>Practitioners and facilities providing the technical component service separately bill 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, copayment, and coinsurance waived.</p> <p>See Manual References for specific coinsurance information.</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>
Virtual Communication Services	<p>Bill HCPCS code G2012 (communications-based technology services) and G2010 (remote evaluation services) when you use the virtual communication HCPCS code, G0071, on an RHC claim, alone or with other payable services.</p> <p>Billing requirements include:</p> <ul style="list-style-type: none"> • A Practitioner providing at least 5 minutes of services to a patient with a billable RHC visit in the previous year. • The remote discussion is for a condition unrelated to an RHC service provided in the previous 7 days and doesn't require an RHC service within (or sooner than) the next 24 hours. 	<p>Coinsurance and deductible applies to RHC claims.</p>	<p>Medicare Benefit Policy Manual Chapter 13</p>

Skilled Nursing Facility (SNF)

Residents in Covered Part A Stays—Skilled Nursing Facility Prospective Payment System (SNF PPS)

Service	Billing Information	Patient Cost Sharing*	Manual
Blood	You must bill your MAC for all services not specifically excluded from SNF bundling. Find SNF CB bundling guidelines in the Resources section.	First 3 pints of whole blood or equivalent units of packed red cells deductible applies .	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapters 6, 7, 13, and 16
Clinical Laboratory Tests Drugs, Biologicals, Supplies, Appliances, and SNF Equipment (for example, oxygen), including Surgical Dressings, Orthotics, and Prosthetics Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP) Services	You must bill your MAC for all services not specifically excluded from SNF bundling. Find SNF CB bundling guidelines in the Resources section.	No additional cost.	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapters 6, 7, 13, and 16
Hospital Services	Bill your MAC. Find SNF Consolidated Billing (CB) bundling guidelines in the Resources section.	Copayment and coinsurance applies .	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 3 Medicare Claims Processing Manual Chapter 6

Skilled Nursing Facility (SNF)

Residents in Covered Part A Stays—Skilled Nursing Facility Prospective Payment System (SNF PPS) (cont.)

Service	Billing Information	Patient Cost Sharing*	Manual
Medically Necessary Ambulance Transports, Except Specific Exclusions	Bill your MAC for Part A SNF-covered services. Provider-based and independent companies bill their MAC for Part B excluded ambulance services.	No additional cost. <u>Deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 8 Medicare Benefit Policy Manual Chapter 10 Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 6
Office Visits	Bill your MAC for Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), or physician-provided visits. Find SNF Consolidated Billing (CB) bundling guidelines in the Resources section.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 6
Other Diagnostic or Therapeutic Services	Find SNF CB bundling guidelines in the Resources section. MACs don't cover SNF-provided colonoscopy screenings. Bill your MAC for colonoscopies provided in a hospital.	<u>Copayment and coinsurance apply.</u>	Medicare Benefit Policy Manual Chapter 8
Radiology Services	You must bill your MAC for all services not specifically excluded from SNF bundling. Find SNF CB bundling guidelines in the Resources section. Bill your MAC for services that include a technical and professional component (for example, certain diagnostic radiology procedures), servicing providers, practitioners, and suppliers.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapters 6, 7, 13, and 16

Skilled Nursing Facility (SNF)

Residents in Covered Part A Stays – Skilled Nursing Facility Prospective Payment System (SNF PPS) (cont.)

Service	Billing Information	Patient Cost Sharing*	Manual
Room and Board (in addition to institutional care residents get with a covered inpatient stay, such as skilled nursing care, clinical social worker psychological services, services incident to a physician's or certain non-physician practitioner's professional services, medical social services, and dietary counseling)	You must bill your MAC for all services not specifically excluded from SNF bundling. Find SNF CB bundling guidelines in the Resources section.	No additional cost.	Medicare Claims Processing Manual Chapter 3 Medicare Claims Processing Manual Chapter 6
Telehealth Services	Bill your MAC and separately show originating site facility fee for services provided 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. 	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Claims Processing Manual Chapter 12

*Patient cost information doesn't include Part A SNF coinsurance.

Part A SNF PPS applies to SNF-type services provided in rural hospitals with Medicare Swing Bed agreements; Medicare exempts CAHs with Swing Beds from Part A SNF PPS.

Skilled Nursing Facility (SNF)

Part A SNF PPS Excluded Services

Service	Billing Information	Patient Cost Sharing*	Manual
Part B Dialysis Services Erythropoietin (EPO) for Certain Dialysis Patients	Renal dialysis facilities bill their MACs. SNF PPS bundles SNF-provided Part A dialysis services payments.	<u>Deductible, copayment, and coinsurance applies.</u> No additional cost.	Medicare Claims Processing Manual Chapter 6 Medicare Claims Processing Manual Chapter 7
Hospitals can't bill MACs for exceptionally intensive outpatient types of services, but the MAC can pay them when provided in other, freestanding (non-hospital) settings (like Ambulatory Surgical Centers): <ul style="list-style-type: none"> • Ambulatory Services Using a Hospital Operating Room • Cardiac Catheterization, Emergency, and Angiography Services • Computed Tomography Scans • Lymphatic and Venous Procedures • Magnetic Resonance Imaging • Radiation Therapy 	Bill your MAC if you provided services in a non-hospital setting. Otherwise, MACs can't separately pay them.	<u>Deductible, copayment, and coinsurance applies.</u> No additional cost.	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 6

Skilled Nursing Facility (SNF)

Part A SNF PPS Excluded Services (cont.)

Service	Billing Information	Patient Cost Sharing*	Manual
Physician Services Other Than PT, OT, and SLP Services	Servicing provider, non-physician practitioner, or supplier bills their MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 8 Medicare Benefit Policy Manual Chapter 9 Medicare Claims Processing Manual Chapter 6
Physician Services or Other Excluded Practitioner Types at RHCs or FQHCs	Practitioner bills MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Claims Processing Manual Chapter 6

*Patient cost information doesn't include Part A SNF coinsurance.

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

Residents in Non-Covered Stays or Outpatients

Service	Billing Information	Patient Cost Sharing	Manual
Audiologic Function Tests	Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Claims Processing Manual Chapter 7
Diagnostic X-ray Tests, including Portable X-ray Tests Diagnostic Laboratory Tests Other Diagnostic Tests	Bill your MAC for SNF-provided technical component services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC. Note: SNF PPS excludes some radiological procedures.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Claims Processing Manual Chapter 7 Medicare Claims Processing Manual Chapter 13



Skilled Nursing Facility (SNF)

Residents in Non-Covered Stays or Outpatients (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Drugs and Biologicals, including Patients' Renal Transplant Immunosuppressive Drugs	Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Claims Processing Manual Chapter 7</u>
Durable Medical Equipment (DME)	Suppliers bill your DME MAC. Note: Part B can't cover SNF resident-provided DME if the state considers the SNF the patient's home. You may bill your DME MAC for prosthetics, orthotics, or supplies (not DME) if SNF CB excludes the items. You must qualify and enroll with the National Supplier Clearinghouse as a DME supplier to bill the DME MAC for prosthetics, orthotics, and supplies.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Claims Processing Manual Chapter 7</u> <u>Medicare Claims Processing Manual Chapter 20</u> <u>Medicare Claims Processing Manual Chapter 36</u>
Hospital Services	Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Benefit Policy Manual Chapter 8</u> <u>Medicare Claims Processing Manual Chapter 3</u> <u>Medicare Claims Processing Manual Chapter 6</u>
Laboratory Tests	Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Claims Processing Manual Chapter 7</u> <u>Medicare Claims Processing Manual Chapter 16</u>

Skilled Nursing Facility (SNF)

Residents in Non-Covered Stays or Outpatients (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Medically Necessary Ambulance Transports	Bill your MAC for Part A SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills Part B services to their MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Benefit Policy Manual Chapter 10</u> <u>Medicare Claims Processing Manual Chapter 7</u> <u>Medicare Claims Processing Manual Chapter 15</u>
Office Visits	The servicing provider, practitioner, or supplier bills their MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Benefit Policy Manual Chapter 8</u> <u>Medicare Claims Processing Manual Chapter 7</u>
Orthotic and Prosthetic Devices Supplies	Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Claims Processing Manual Chapter 7</u>
Part B PT, OT, or SLP Services	Bill your MAC. SNFs must bill patient therapy in non-covered stays.	<u>Deductible, copayment, and coinsurance applies.</u>	<u>Medicare Benefit Policy Manual Chapter 15</u> <u>Medicare Claims Processing Manual Chapter 5</u> <u>Medicare Claims Processing Manual Chapter 6</u>

Skilled Nursing Facility (SNF)

Preventive Services (Residents in Non-Covered SNF Stays or Outpatients)

Service	Billing Information	Patient Cost Sharing	Manual
Annual Wellness Visit (AWV)	Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18
Bone Mass Measurements	Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18
Cardiovascular Disease Screening Tests	Bill your MAC for SNF-provided technical component services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18
Cervical Cancer Screening Pap Test Screening	Bill your MAC for SNF-provided technical component services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18
Colorectal Cancer Screening	MACs can't cover SNF screening colonoscopies, the SNF bills hospital-provided colonoscopies. Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Deductible, copayment, and coinsurance waived, except barium enema (exam coinsurance applies ; Medicare only waives the deductible).	Medicare Claims Processing Manual Chapter 18

Skilled Nursing Facility (SNF)

Preventive Services (Residents in Non-Covered SNF Stays or Outpatients) (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Counseling to Prevent Tobacco Use	Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18
Diabetes Screening	Bill your MAC for SNF-provided technical component services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18
Flu and Pneumococcal Shots	Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18
Glaucoma Screening	There's no separately billable provider technical components. Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Deductible, copayment, and coinsurance applies.	Medicare Claims Processing Manual Chapter 18
Hepatitis B Shots	SNFs bill their MACs for shots and administration.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18
Initial Preventive Physical Examination (IPPE) Ultrasound Abdominal Aortic Aneurysm (AAA) Screening	Bill your MAC for SNF-provided technical component services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	IPPEs and AAA screenings deductibles, copayments, and coinsurance waived. Electrocardiogram (ECG) Part B deductible, copayment, and coinsurance applies.	Medicare Claims Processing Manual Chapter 18

Skilled Nursing Facility (SNF)

Preventive Services (Residents in Non-Covered SNF Stays or Outpatients) (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Intensive Behavioral Therapy (IBT) for Obesity	Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Deductible, copayment, and coinsurance waived.	Medicare Claims Processing Manual Chapter 18
Mammography Screening	Bill your MAC for SNF-provided technical component services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Deductible waived, copayment and coinsurance applies.	Medicare Claims Processing Manual Chapter 18
Other Medicare Preventive Services	Bill your MAC for Medicare-covered preventive services. Find SNF CB bundling guidelines in the Resources section.	Certain preventive services deductible, copayment, and coinsurance waived. See Manual References for specific coinsurance information.	Medicare Benefit Policy Manual Chapter 13 Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18
Prostate Cancer Screening	Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Digital rectal exam deductible, copayment, and coinsurance applies. Prostate-specific antigen blood tests deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 18
Screening Pelvic Exams	Bill your MAC for SNF-provided technical component services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC.	Deductible, copayment, and coinsurance applies.	Medicare Claims Processing Manual Chapter 18

Skilled Nursing Facility (SNF)

Preventive Services (Part B SNF Residents in Covered Part A Stay)

Service	Billing Information	Patient Cost Sharing	Manual	
Annual Wellness Visit (AWV)	Bill your MAC for Part A resident services.	Certain preventive services deductible, copayment, and coinsurance waived.	Medicare Benefit Policy Manual Chapter 13	
Bone Mass Measurements	Bill your MAC for SNF-provided services (or under arrangements).			
Cardiovascular Disease Screening Tests	Otherwise, the servicing provider, practitioner, or supplier bills their MAC.			Medicare Benefit Policy Manual Chapter 15
Colorectal Cancer Screenings (SNF-provided colonoscopy screenings aren't covered)	During non-covered SNF CB stays, you may only bill your MAC PT, OT, and SLP services.			Medicare Claims Processing Manual Chapter 7
Counseling to Prevent Tobacco Use	You may only bill non-therapy services provided by (or under arrangements with) the SNF.			Medicare Claims Processing Manual Chapter 18
Diabetes Screening	There's no separately billable provider technical components.			Medicare Claims Processing Manual Chapter 32
Diabetes Self-Management Training (DSMT)				
Intensive Behavioral Therapy (IBT) for Obesity				
Prostate Cancer Screening				
Pap Test Screening				
Shots (Flu, Pneumococcal, Hepatitis B)				

Skilled Nursing Facility (SNF)

Preventive Services (Part B SNF Residents in Covered Part A Stay) (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Initial Preventive Physical Examination (IPPE) Ultrasound Abdominal Aortic Aneurysm (AAA) Screening	Bill your MAC for Part A resident services. Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC. There's no separately billable provider technical components.	IPPE and AAA screenings deductibles, copayments, and coinsurance waived. Electrocardiogram (ECG) Part B <u>deductible, copayment, and coinsurance applies.</u>	Medicare Claims Processing Manual Chapter 13 Medicare Claims Processing Manual Chapter 18 Medicare Claims Processing Manual Chapter 32
Mammography Screening	Bill your MAC for Part A resident services. Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC. There's no separately billable provider technical components.	<u>Deductible and copayment waived; coinsurance applies.</u>	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
Screening Pelvic Examinations	Bill your MAC for Part A resident services. Bill your MAC for SNF-provided services (or under arrangements). Otherwise, the servicing provider, practitioner, or supplier bills their MAC. There's no separately billable provider technical components.	<u>Deductible, copayment, and coinsurance applies.</u>	Medicare Claims Processing Manual Chapter 13 Medicare Claims Processing Manual Chapter 18 Medicare Claims Processing Manual Chapter 32

Skilled Nursing Facility (SNF)

Preventive Services (Part B SNF Residents in Covered Part A Stay) (cont.)

Service	Billing Information	Patient Cost Sharing	Manual
Other Medicare Preventive Services	Bill your MAC for Medicare-covered preventive services on TOB 22X. Find SNF CB bundling guidelines in the Resources section.	Certain preventive services deductible, copayment, and coinsurance waived. See Manual References for specific coinsurance information.	Medicare Benefit Policy Manual Chapter 13 Medicare Benefit Policy Manual Chapter 15 Medicare Claims Processing Manual Chapter 9 Medicare Claims Processing Manual Chapter 18

Swing Bed

Critical Access Hospital (CAH)—Swing Bed Approval (Post-Hospital Skilled Nursing Facility [SNF] Care)

Service	Billing Information	Patient Cost Sharing	Manual
CAH Swing Bed Exempt from Part A SNF Prospective Payment System (PPS)	Bill your MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	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)

Service	Billing Information	Patient Cost Sharing	Manual
Services Excluded from SNF PPS and Hospital Bundling	The servicing provider, practitioner, or supplier bills their MAC.	<u>Deductible, copayment, and coinsurance applies.</u>	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 your MAC Part B inpatient services.	<u>Copayment and coinsurance applies.</u>	Medicare Benefit Policy Manual Chapter 8 Medicare Claims Processing Manual Chapter 3 Medicare Claims Processing Manual Chapter 6
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

Resources

- [Critical Access Hospital \(CAH\) Center](#)
- [Federally Qualified Health Centers \(FQHC\) Center](#)
- [Home Health Agency \(HHA\) Center](#)
- [Rural Health Clinics \(RHC\) Center](#)
- [Skilled Nursing Facility \(SNF\) Center](#)
- [Swing Bed Providers](#)

Rural Providers Helpful Websites

- [American Hospital Association Small or Rural Hospitals](#)
- [CMS Rural Health](#)
- [National Association of Rural Health Clinics](#)
- [National Rural Health Association](#)
- [Rural Health Information Hub](#)

Regional Office Rural Health Coordinators

Get contact information for [CMS Regional Office Rural Health Coordinators](#) who offer technical, policy, and operational help on rural health issues.

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