SKILLED NURSING FACILITY (SNF)

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

Type of Service	Billing Information	Manual Reference
Ambulance transports, with the exception of specific exclusions	SNF bills Medicare Administrative Contractor (MAC). Provider-based and independent ambulance company bills MAC.	"Medicare Claims Processing Manual" Chapter 6 "Medicare Benefit Policy Manual" Chapter 8
Office visits	SNF bills MAC for visits furnished by Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), or physician.	"Medicare Claims Processing Manual" Chapter 7 "Medicare Benefit Policy Manual" Chapter 8
Hospital services	SNF bills MAC.	"Medicare Claims Processing Manual" Chapters 3 and 6 "Medicare Benefit Policy Manual" Chapter 8
Telehealth services	Originating site located in a rural Health Professional Shortage Area, either located outside of a Metropolitan Statistical Area (MSA) or in a rural census tract, or a county outside of a MSA SNF bills MAC for originating site facility fee on Type of Bill (TOB) 22X. Show separately on bill.	"Medicare Claims Processing Manual" Chapter 12 "Medicare Benefit Policy Manual" Chapter 15
Preventive services	SNF bills MAC on TOB 22X.	"Medicare Claims Processing Manual" Chapter 18

Copyright © 2013, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of this publication may be copied without the express written consent of the AHA.

Type of Service	Billing Information	Manual Reference
Blood Other diagnostic or therepoutic	SNF bundling requires the SNF to bill the MAC for all services that are not specifically excluded	"Medicare Claims Processing Manual" Chapters 6, 7, 13, and 16
Other diagnostic or therapeutic services	Screening colonoscopies furnished in a SNF are not covered.	"Medicare Benefit Policy Manual"
Physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP) services	SNF bills for colonoscopies furnished in a hospital. Services that include both a technical and a professional component (for example, certain diagnostic radiology procedures):	Chapter 8
Radiology services	Servicing provider, practitioner, or supplier bills MAC for professional	
Clinical laboratory tests	component; and	
Drugs, biologicals, supplies, appliances, and equipment used in a SNF (for example, oxygen) including surgical dressings, orthotics, and prosthetics	SNF bills MAC for technical component.	
Room and board – Along with associated institutional care that resident receives in connection with covered inpatient stay, such as skilled nursing care, psychological services furnished by a clinical social worker, services incident to the professional services of a physician or certain non-physician providers, medical social services, and dietary counseling		
Part A SNF PPS also applies to SNF-type services furnished in rural		"Medicare Claims Processing Manual" Chapters 3 and 6
hospitals that have Medicare Swing Bed agreements; however, Critical Access Hospitals with Swing Beds are exempt from Part A SNF PPS		"Medicare Benefit Policy Manual" Chapter 8

Services Excluded From Part A SNF PPS

Type of Service	Billing Information	Manual Reference
Services of physicians, other than PT, OT, and SLP services Hospice care related to a terminal condition	Servicing provider, non-physician practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 6 "Medicare Benefit Policy Manual" Chapter 8
The following exceptionally intensive types of outpatient hospital services are not excluded when furnished in other, freestanding (nonhospital) settings (such as Ambulatory Surgical Centers): • Cardiac catheterization, emergency, and angiography services • Computed tomography scans • Magnetic resonance imaging • Radiation therapy • Ambulatory services involving use of a hospital operating room • Lymphatic and venous procedures	If furnished in a hospital, SNF bills MAC. Otherwise, services are not separately payable.	"Medicare Claims Processing Manual" Chapter 6 "Medicare Benefit Policy Manual" Chapter 8
Part B dialysis services Erythropoietin (EPO) for certain dialysis patients	Renal dialysis facility bills MAC. If furnished in SNF, bundled to PPS payment.	"Medicare Claims Processing Manual" Chapters 6 and 7
Services of physicians or certain non- physician providers at RHCs or FQHCs	SNF bills MAC for professional component.	"Medicare Claims Processing Manual" Chapter 6

Residents in Non-Covered Stays or Outpatients Services May Be Billed by SNF or Servicing Provider, Practitioner, or Supplier on TOB 22X or 23X

Type of Service	Billing Information	Manual Reference
Ambulance transports	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 6
Office visits	Servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 7 "Medicare Benefit Policy Manual" Chapter 8
Hospital services	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapters 3 and 6 "Medicare Benefit Policy Manual" Chapter 8
Diagnostic X-ray tests, including portable X-ray tests Diagnostic laboratory tests Other diagnostic tests	SNF bills MAC for technical component, if furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC. Some radiological procedures are excluded from SNF PPS.	"Medicare Claims Processing Manual" Chapters 7 and 13
Laboratory tests	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapters 7 and 16
Durable medical equipment (DME)	SNF bills as a supplier to DME MAC. However, Part B does not cover DME furnished to SNF residents as a SNF cannot be considered a patient's home for this purpose. SNF may only bill prosthetics, orthotics, or supplies (not DME) to DME MAC and only when these items are excluded from CB. SNF must qualify and enroll as a supplier with the National Supplier Clearinghouse to bill DME MAC for DME, prosthetics, orthotics, and supplies.	"Medicare Claims Processing Manual" Chapters 7 and 20
Orthotic and prosthetic devices Supplies	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 7
Part B PT, OT, or SLP services	SNF bills MAC. For patients in non-covered stays, therapies must be billed by SNF.	"Medicare Claims Processing Manual" Chapters 5 and 6 "Medicare Benefit Policy Manual" Chapter 15
Drugs and biologicals, including immunosuppressive drugs for renal transplant patients	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 7

Copyright © 2013, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of this publication may be copied without the express written consent of the AHA.

Type of Service	Billing Information	Manual Reference
Audiologic function tests	SNF bills MAC for services furnished by (or under arrangements made by) SNF.	"Medicare Claims Processing Manual"
	Otherwise, servicing provider, practitioner, or supplier bills MAC.	Chapter 7

Preventive Services

Type of Service	Billing Information	Manual Reference
Screening mammography services Pelvic screening examinations	SNF bills MAC for technical component if furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Cardiovascular screening Diabetes screening Screening Pap tests	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Initial Preventive Physical Examinations (IPPE)	SNF bills MAC for technical component if furnished by (or under arrangements made by) SNF.	"Medicare Claims Processing Manual" Chapter 18
Includes abdominal aortic aneurysm (AAA) screening for at risk patients	Otherwise, servicing provider, practitioner, or supplier bills MAC.	

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

Type of Service	Billing Information	Manual Reference
Influenza and pneumococcal polysaccharide vaccines	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Hepatitis B vaccines	SNF bills MAC for vaccine plus administration.	"Medicare Claims Processing Manual" Chapter 18
Colorectal cancer screenings Prostate cancer screenings Bone mass measurements (BMM)	Screening colonoscopies furnished in SNF are not covered. SNF bills for colonoscopies furnished in a hospital. SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Glaucoma screenings	No separable technical component (all provider types). Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Intensive behavioral therapy (IBT) for obesity	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Annual Wellness Visits (AWV)	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18
Counseling to prevent tobacco use for asymptomatic patients	SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC.	"Medicare Claims Processing Manual" Chapter 18

Copyright © 2013, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of this publication may be copied without the express written consent of the AHA.

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

Type of Service	Billing Information	Manual Reference
Diabetes Self-Management Training services Screening mammography services Pelvic screening examinations Cardiovascular screening tests	SNF bills MAC for services for Part A residents. For all others, SNF bills MAC for services furnished by (or under arrangements made by) SNF. Otherwise, servicing provider, practitioner, or supplier bills MAC. During non-covered SNF stays, per CB rules, only PT, OT, and SLP services	"Medicare Claims Processing Manual Chapters 7, 13, 18, and 32 "Medicare Benefit Policy Manual" Chapter 15
Diabetes screening tests	must be billed by SNF to MAC.	
Screening Pap tests IPPEs, including AAA screening for at risk patients	SNF bills only services furnished by (or under arrangements made by) SNF itself for non-therapy services.	
Vaccinations		
Colorectal cancer screenings – Screening colonoscopies are not covered when furnished in a SNF		
Prostate cancer screenings		
BMMs		
Glaucoma screenings	No separable technical component (all provider types).	
IBT for obesity		
AWVs		
Counseling to prevent tobacco use for asymptomatic patients		