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SNF CB

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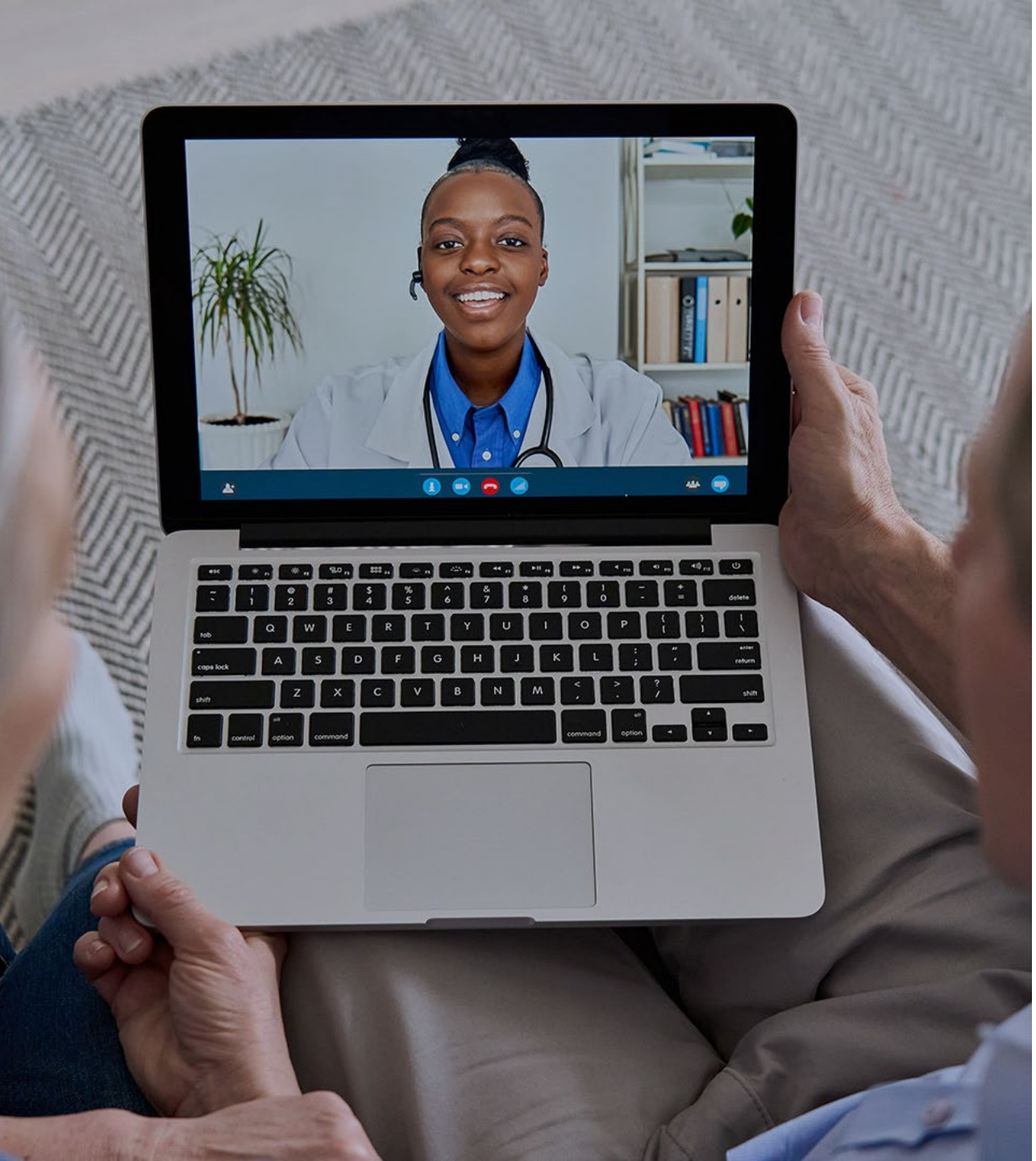

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Objective

During this webinar, we will provide a comprehensive overview of SNF CB. We will address the “billing under arrangement” process so SNFs can ensure they are billing correctly.

Today's Presenters

- Provider Outreach and Education Consultants
  - Kathy Mersch
  - Andrea Freibauer

Agenda

SNF PPS

SNF CB

Services Provided Under Arrangement

Resources

Questions?

SNF PPS

SNF PPS

- All SNF Part A IP services paid under PPS
  - Services considered within scope or capability of SNF
- Beneficiaries must meet all coverage requirements
  - Technical
  - Medical

SNF Coverage – Levels of Care

- Covered Part A stay
  - Beneficiary at skilled level of care and Part A SNF days available
- Noncovered Part A stay
  - Beneficiary at skilled level of care but no Part A days available or did not meet Part A coverage criteria
- Nonskilled Resident
  - Beneficiary at nonskilled level of care and moved to noncertified bed

SNF PPS Billing and Reimbursement

- Patient Driven Payment Model (PDPM)
  - Effective dates of service after 10/1/2019
- SNF submits all services rendered to patient on SNF claim
  - Including services rendered by outside provider
    - No separate payment made
- Neither SNF nor other provider/practitioner bill Medicare for Part B services
  - Except services specifically excluded from PPS payment

SNF CB

What Is SNF CB?

- Requirement in section 1862(a)(18) of Social Security Act
- Places responsibility on SNF for all services patients receive during Part A stay
  - Except for services indicated by CMS as EXCLUDED
- All SNF PPS services considered **included** in SNF CB must be billed directly to Medicare by SNF on Part A IP claim
  - SNF must either furnish service directly, or obtain service from outside entity under "arrangement"
  - Services provided by outside entity reimbursed by SNF

Why SNF CB?

- Eliminates duplicate billing
- Decreases beneficiary responsibility
- Enhances SNF's ability to oversee and coordinate total package of care residents receive

Did You Know?

- SNF swing bed in CAH exempt from using list of Major Categories for SNF CB
- Should not separately bill patient for OP services when provided while patient in swing bed
- Services provided during covered Part A CAH swing bed stay must be billed on swing bed claim (TOB 18X)

Services Not Subject to SNF CB

- Services designated by CMS as **excluded** separately billable under Part B when furnished to Part A SNF resident
  - Some services excluded by statute
  - Others excluded administratively in regulations

Major Categories of Exclusion

- CMS identifies five major categories of services excluded from SNF CB guidelines
- Detailed explanation of major categories
  - *General Explanation of the Major Categories for Skilled Nursing Facility (SNF) Consolidated Billing*

Tips for Interpreting the Excel File

- Use search function – Ctrl F
- HCPCS code listed on file excluded from SNF CB
  - Surgical HCPCS code listed on file = **included** in SNF CB
- Important for both SNFs and outside entities to know which services **excluded** from SNF CB
  - *2025 Part A MAC Update*
    - Scroll to bottom of page and select zip file under “Downloads”

Physicians' Services

- Professional component of most physician services **excluded** from Part A PPS payment and SNF CB
  - Billed to Part B MAC on CMS-1500 claim form
- Technical component of most physician services **included** in Part A PPS payment and SNF CB
  - Billed by SNF on UB-04 claim form
- Professional/technical component billing example
  - Professional component of radiological procedure billed on CMS-1500 claim form for SNF patient in covered Part A stay
  - Technical component of same radiological procedure included on SNF bill to Medicare on UB-04 claim form

Special Situation-Therapy Services

- PT, OT and SLP services always subject to SNF CB for residents in skilled stay
  - Charges for these services must be billed to Medicare by SNF
  - Therapy providers seek payment from SNF directly
    - Cannot bill Part B MAC on CMS-1500 claim form
  - Applies even when performed by type of practitioner (e.g., physician) whose professional services would otherwise be excluded from CB

Facility Charge in Connection With Clinic Services of Physician

- Beneficiary receives clinic services from hospital-based physician
  - Physician submits claim on CMS-1500 (or electronic equivalent)
  - Hospital submits “facility charge” claim for overhead expenses on UB-04 (or electronic equivalent)
    - Hospital bills for “facility charges” under E/M codes in range of 99201–99245 and G0463

What Are Major Category I Services?

- Exclusion of services beyond scope of SNF
  - Excluded from SNF CB for patient in Medicare-covered IP Part A SNF stay
  - Services must be provided on OP basis at hospital or CAH to be excluded
  - Services directly related and for same POS and same LIDOS - excluded
  - Excluded services provided in swing beds subject to SNF PPS billed on TOB 13X by swing bed hospital

Major Category I Services

- OP surgery and related procedures
- ER services
- Ambulance trips
- Radiation therapy
- CT scan
- Cardiac catheterization
- MRI
- Angiography, lymphatic, venous and related procedures

Outpatient Surgery and Related Procedures

- Due to large number of excluded surgical procedures which can only be safely performed in hospital operating room setting, this list encompasses inclusions only
- Anesthesia, drugs, supplies and lab services will bypass claim edits when billed with OP surgeries excluded from SNF CB
- Anesthesia, drugs incident to radiology and supplies (revenue codes 37X, 25X, 27X and 62X) bypassed when billed with
  - CT scans
  - Cardiac catheterizations
  - MRIs
  - Radiation therapies
  - Angiographies
  - Surgery

Major Category I ER Services

- ER services
  - Identified by 45X revenue code
  - Related services same LIDOS also excluded
  - ET modifier appended when ER service spans two days
    - CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 6 Section 20.1.2.2

Ambulance Services

- Ambulance services not identified as type of service categorically excluded from SNF CB
  - Ambulance trips must meet medical necessity
  - Ambulance associated with Major Category I
    - CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 6, Section 20.3.1

Ambulance Services (2)

- Transfers between two SNFs
  - When beneficiary travels from SNF one and admitted to SNF two by midnight of same DOS
    - Ambulance bundled back to SNF one
    - Beneficiary considered patient of SNF one until admitted to SNF two
  - MLN Matters® *MM10955: Revision of SNF CB Edits for Ambulance Services Rendered to Beneficiaries in a Part A Skilled Nursing Facility Stay*
- Round-trip to physician office
  - If reasonable and medically necessary, ambulance round-trip transport responsibility of SNF and included in SNF PPS rate

Ambulance Services (3)

- Transports to/from diagnostic or therapeutic site other than hospital
  - Services provided at IDTF responsibility of SNF therefore reasonable and necessary ambulance transport responsibility of SNF
    - MLN Matters® *MM3196: Change to the Skilled Nursing Facility Consolidated Billing Edits for Ambulance Transports to and from a Diagnostic or Therapeutic Site other than a Hospital*

Ambulance Services (4)

- Transport to or from RDF
  - Reasonable and necessary ambulance transport for purpose of receiving dialysis excluded from SNF CB
    - SNF not responsible for cost of transport
  - MLN Matters® *SE0433 Revised: Skilled Nursing Facility Consolidated Billing As It Relates to Ambulance Services*

Did You Know?

- Medicare does NOT provide any coverage under Part A or Part B for any non-ambulance forms of transportation
  - Ambulette
  - Wheelchair van
  - Litter van
- Patient may be financially liable for this noncovered service, SNF may provide appropriate notification to resident

Major Category II Services

- Additional services excluded when rendered to specific beneficiaries
  - Dialysis, EPO, Aranesp and other dialysis related services for ESRD beneficiary
  - For services furnished on or after 1/1/2017
    - Acute dialysis added to scope of Part B dialysis benefit, adding such services to scope of dialysis exclusion from SNF CB
  - Hospice care for beneficiary's terminal illness

Major Category II Services (2)

- ESRD services must be provided in RDF
  - Specific coding differentiates dialysis and related services excluded from SNF CB for ESRD beneficiaries in three cases
    - When services provided in RDF
    - Home dialysis when SNF constitutes patient's home
    - EPO or Aranesp used for ESRD patient and given by RDF

Major Category II Services (3)

- Hospice must be only type of provider billing for hospice services
  - Billed by hospice on TOB 81X or 82X
  - Services unrelated to beneficiary's terminal condition billed by SNF and designated with CC 07

Major Category III Services

- Additional excluded services rendered by certified providers except SNF
  - Certain chemotherapy
  - Certain chemotherapy administration
  - Certain radioisotopes and their administration
  - Certain customized prosthetic devices

Did You Know?

- Not all chemotherapy drugs considered excluded from SNF PPS reimbursement
- Providers must research specific HCPCS codes to ensure drug determined as excluded
- Chemotherapy not designated as excluded considered included in SNF CB and responsibility of SNF

Major Category IV Services

- Coverage of screening and preventive services separate Part B IP benefit when rendered to patient in covered Part A stay
  - Subject to SNF CB
  - Billed by SNF for beneficiaries in Part A stay
- SNFs bill on 22X TOB
  - Beneficiary in certified bed

Major Category IV Services (2)

- SNFs bill on 23X TOB
  - Beneficiary in noncertified bed
- Swing bed providers bill on 12X TOB

Major Category IV Services (3)

- Screening and preventive services
  - CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 18
    - Frequency parameters
    - Diagnosis criteria
    - HCPCS codes
    - Deductible – coinsurance
    - Age requirements
- SNF patient must have current Medicare Part B coverage

Did You Know?

- CMS published convenient tool that provides information on each Medicare preventive service
  - MLN® Educational Tool: *Medicare Preventive Services*
    - HCPCS/CPT codes
    - ICD-10 codes
    - Coverage requirements/frequency requirements
    - Beneficiary liability

Major Category V Services

- Part B services included in SNF CB
  - Part B residents in “certified” bed
    - Therapy services subject to SNF Part B CB requirement
    - Billed on 22X TOB by SNF alone
  - Resident in noncertified bed
    - Therapy service NOT subject to SNF CB
    - Billed by SNF on 23X TOB or billed by entity providing therapy

Therapy Services – Wrap up

- SNF responsible for billing ALL therapy that beneficiary receives while in certified bed within SNF even when SNF patient in noncovered stay
  - Bill for therapy services for patients in certified bed in noncovered stay on 22x TOB

Services Provided Under Arrangement

Did You Know?

- Important for SNF to have arrangements with outside entities to provide services subject to CB and not rendered by SNF
  - Ensures that all parties billing according to Medicare regulations
- Any service subject to SNF CB must be provided directly by SNF or by "outside entity" under arrangement
  - CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 6, Section 10.4 –10.4.2

Services Furnished Under Arrangement

- SNF must reimburse outside entity
  - Whenever possible, “arrangement” must constitute written agreement to reimburse outside entity for services provided
  - Exact reimbursement amount for service determined by agreement of both parties
    - Medicare does not dictate reimbursement amount
    - CMS Physician Fee Schedule may be starting point for reimbursement negotiation
- SNFs should document arrangements in writing
  - Especially if services ongoing
  - Ensures arranged services meet quality standards
- SNFs must ensure arranged services meet professional standards and principles
  - Applies to professionals providing such services

Services Furnished Under Arrangements (4)

- In absence of written agreement, supplier may encounter difficulty obtaining payment from SNF
  - Does not invalidate SNF's responsibility to reimburse suppliers for services included in SNF CB

Did You Know?

- SNF obligation to reimburse suppliers for services included in SNF CB applies even in cases where SNF did not specifically order service
- SNFs refusing to reimburse outside suppliers for CB services risk being found in violation of terms of their Medicare provider agreement

Services Furnished Under Arrangements (5)

- Problematic situations
  - SNF does not accurately identify services subject to SNF CB when ordering services from outside entity
  - Supplier fails to ascertain patient status as SNF resident when patient/family member seeks to obtain services directly from supplier without SNF's knowledge

Problem Scenario One

- SNF elects to utilize outside provider to furnish service designated as subject to SNF CB, but fails to inform outside provider that resident in covered Part A stay
  - Causes outside provider to mistakenly conclude service they furnished to resident not subject to CB

Problem Scenario One SNF Action

- SNF should make good faith effort to furnish accurate information
  - Must reimburse provider when error brought to SNF's attention
  - If SNF refuses to pay, SNF not in compliance with CB requirements
  - Having written agreement helps ensure compliance with CB and resolves dispute

Problem Scenario Two

- Resident temporarily departs from SNF on brief LOA, typically accompanied by relative or friend
- While offsite, resident (or relative/friend acting on resident's behalf) obtains services subject to CB requirement but fails to notify SNF
- SNF refuses to pay for offsite services and provider bills beneficiary/family member directly

Problem Scenario Two SNF Action

- SNF remains responsible for any services included in SNF CB, even without valid arrangement
  - SNFs can prevent problems by ensuring each resident/representative aware of CB
  - Staff should communicate CB requirements upon admission
  - Talk to resident prior to temporary leave to ensure resident/representative checks with SNF before obtaining services offsite
- Outpatient providers should determine on admission if new patient in covered SNF stay
- Provider should contact SNF prior to rendering services

“Coming Together” to Make Arrangements

- Both parties need to reach common understanding on terms of payment
  - How to submit invoice
  - How payment rates are determined
  - Turn-around time between billing and payment
- Without this understanding, may be difficult to maintain strong relationships necessary between SNFs and their suppliers

What Is Your Process?

- SNF patient sent to outside provider of service
  - Do you identify SNF patient to provider?
    - Do you make transportation arrangements?
    - Do you make prior arrangements with provider for services being rendered?
- Submit all services on IP claim

Steps in the Right Direction

- Both SNFs and suppliers should understand services subject to SNF CB
  - OP facilities must avoid situations where they might improperly attempt to bill Part B directly for services
  - SNFs should be prepared to honor payment under arrangement guidelines and enter into agreements with OP suppliers
  - Whenever possible, SNF should document arrangements with suppliers in writing

CMS Best Practices Guidelines

- Provides sample agreements and communication tools
  - Use of these sample documents not “required”
  - Documents may be modified
  - Sample language and formats
    - CMS Best Practices Guidelines

Contents of Sample Agreement

- Date
- SNF name and provider name
- Describe SNF responsibilities
  - Provide written authorization for services
  - Pay provider within xx amount of days
  - Notify provider of any problem with claim
  - When to expect payment

Contents of Sample Agreement (2)

- Describe provider of service responsibilities
  - Provide SNF with diagnosis code, medical history, physician's order
  - Bill SNF UB-04 with CPT/HCPCS codes
  - Bill SNF within xx months of DOS
  - Bill SNF negotiated charges
  - Accept as payment in full
  - Will not bill beneficiary

What You Should Do Now?

- Ensure all appropriate staff understands the SNF CB process
  - Share presentation/information with staff unable to attend
  - Update internal procedures and/or processes as appropriate
  - Review available resources for additional information
  - Attend our future training events

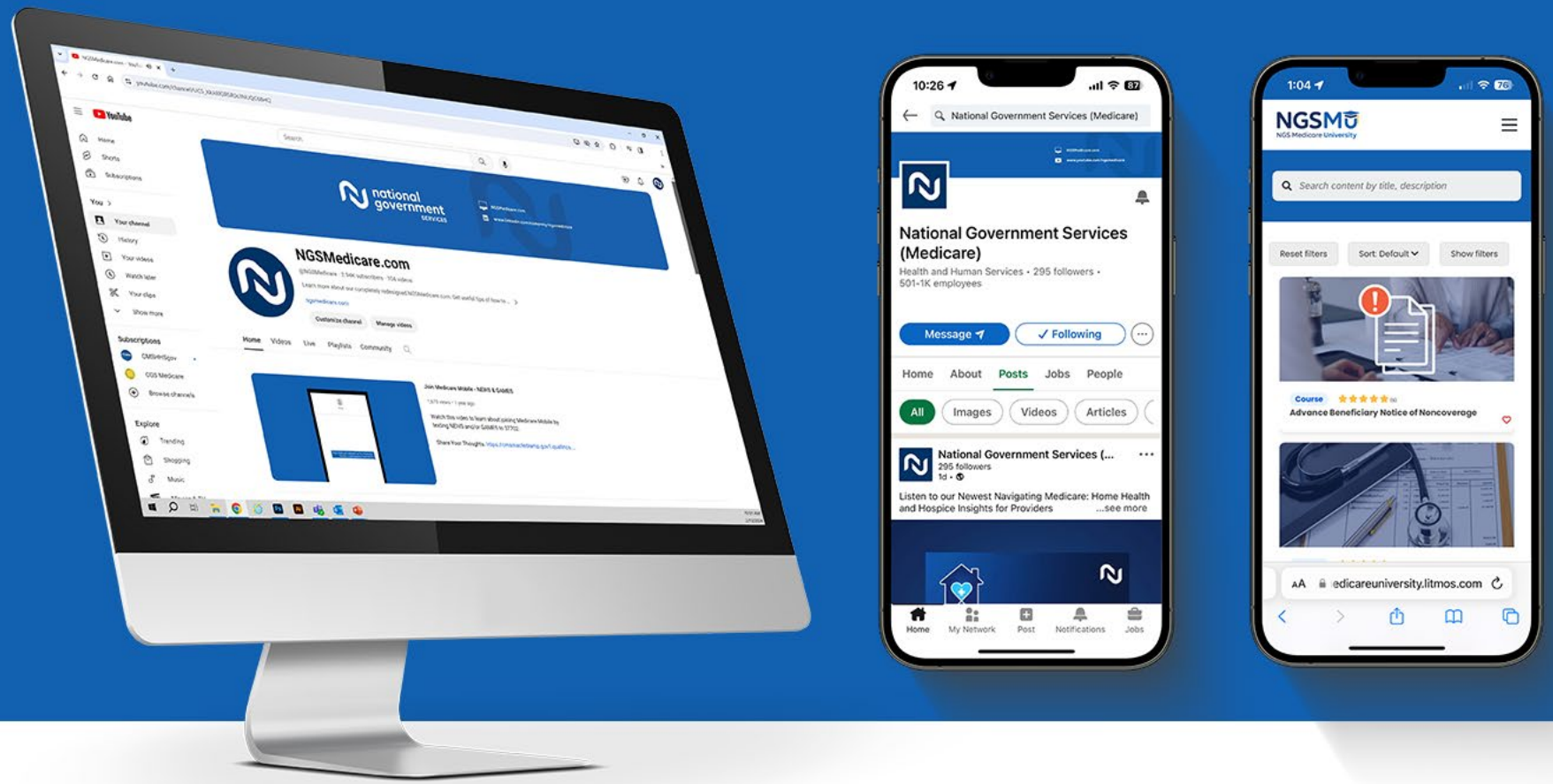
Resources

Resources

- Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Measures and Technical Information
- MLN® Educational Tool: *SNF Billing Reference*
- SNF Consolidated Billing
  - General Explanations and SNF CB Excel File
- CMS Skilled Nursing Facility Center
- MLN® Educational Tool: *Medicare Payment Systems, Skilled Nursing Facility Prospective Payment System*
- Skilled Nursing Facilities/Long Term Care Open Door Forum

Questions?

Thank you!



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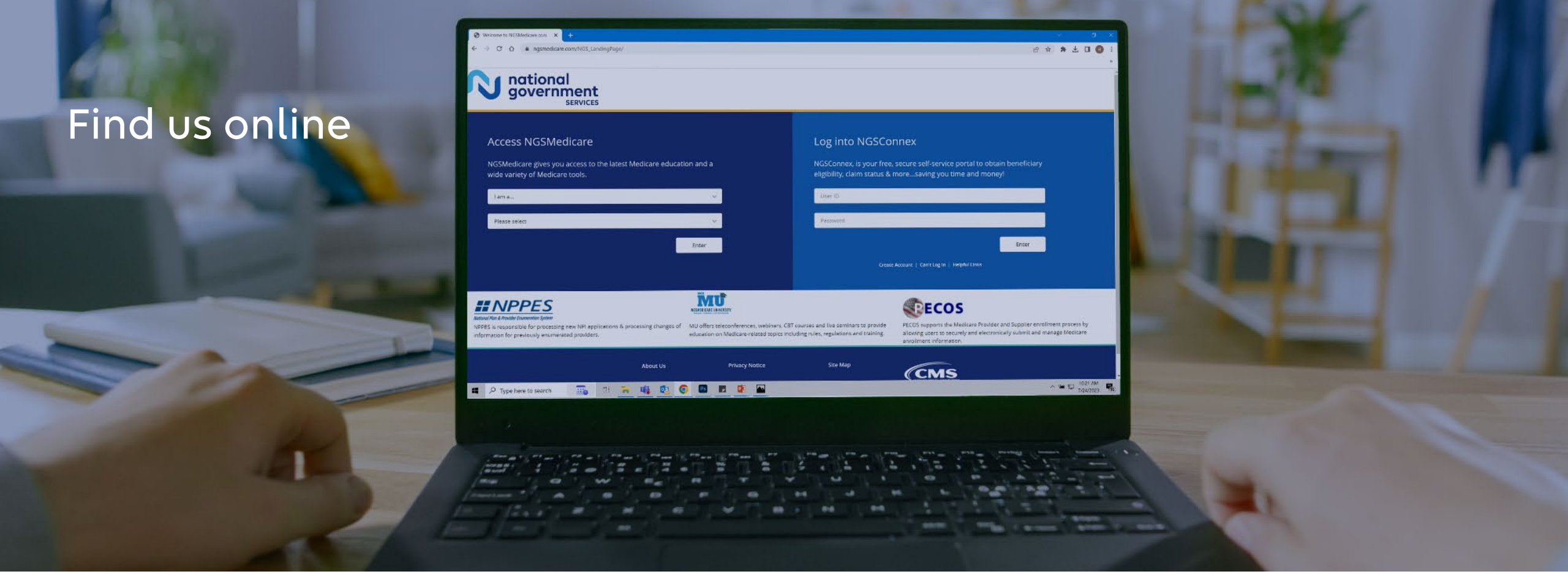

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