



# SKILLED NURSING FACILITY (SNF) CONSOLIDATED BILLING (CB) **JOB AID**

The SNF CB requirement makes the SNF responsible for including almost all of the services that a resident receives during the course of a Medicare-covered stay on the SNF's claim to Medicare. Essentially, Medicare pays the SNF for the "package of care" provided to the patient. As part of the patient's initial insurance verification process, it is important that you determine whether the patient is in a Part A covered stay. If the patient is in a Part A stay, the next question is whether the Part B services are included in the SNF's package of care to the patient, or whether the services are excluded from SNF CB (and may be submitted separately to Part B).

The following types of services are **excluded from SNF CB**. If you provide these services to a SNF resident in a Part A stay, submit them separately to Part B.

- Physicians' services furnished to SNF residents. Exceptions:
  - Some physician services include both a professional and a technical component, and the technical component is subject to Consolidated Billing.
  - Physical, occupational, and speech language therapy services are subject to CB, regardless of whether they are furnished by (or under the supervision of) a physician or other health care professional.
- Services provided by:
  - Physician assistants working under a physician's supervision;
  - Nurse practitioners and clinical nurse specialists working in collaboration with a physician
  - Certified nurse-midwives
  - Qualified psychologists
  - Certified registered nurse anesthetists
- Part B coverage of home dialysis supplies and equipment, self-care home dialysis support services, and institutional dialysis services and supplies
- Part B coverage of Epoetin Alfa/ Darbepoetin Alfa for certain dialysis patients
- Hospice care related to a resident's terminal condition
- Ambulance transport to the SNF for the initial admission, or from the SNF following a final discharge
- Roundtrip ambulance services furnished during the stay that transport the beneficiary offsite temporarily in order to receive dialysis, or to receive certain types of intensive or emergency outpatient hospital services

## SNF CB Code Sets

The Centers for Medicare & Medicaid Services (CMS) establishes the rules for CB and makes appropriate coding updates. Coding updates are available by year on the CMS Consolidated Billing website: <http://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html>

Each year includes four files, located under Related Links:

- **File 1:** Global codes (These codes pay for all services provided as billed through the Part B Carrier),
- **File 2:** Professional Component codes (pays for the professional component of billed codes through the Part B Carrier, usually with CPT modifier 26)

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- **File 3:** Ambulance Services (services that are not covered by Part B)
- **File 4:** Therapy Services (Services that are not covered by Part B.)

## Reprocessing Denials/Overpayment of Consolidating Billing Claims

Providers often have questions regarding consolidated billing from a Remittance Advice standpoint. These are often due to denials for CB, or claim overpayments being processed as a part of the CB process.

### Denial Example Due to CB

If you submit a Part B claim for that are subject to SNF CB after the SNF has submitted its claim Part A, the Part B services are subject to denial based on SNF CB. For example, if you submit a global charge for a chest x-ray, the service will be denied because the technical component of the x-ray is included in SNF CB. In this case, you may request a reopening and have the claim corrected to reflect the professional component only (by adding CPT modifier 26) and making any appropriate changes in the billed amount.

- Medicare Part B Reopenings Adjustment Request form ([https://www.cgsmedicare.com/partb/forms/gateways/when\\_to.html](https://www.cgsmedicare.com/partb/forms/gateways/when_to.html))
- Telephone Reopenings Department (1.866.276.9558)

### CB Overpayment Example

If you file a Part B claim for services provided to a SNF patient who is in a Part A stay, and the services are included in SNF CB, you may initially receive payment for the service. This does not mean that the payment is correct, however. Claims for services that are included in SNF CB and that are filed before the SNF's claim may be paid by Part B. When the SNF files its claim, the Part B payment becomes an overpayment, and CGS will request repayment. The overpayment will include the entire amount of the services paid, and the correction to the component of the professional services will have to be made once the recoupment is completed. Because this is an overpayment situation, corrections to the claim must be made through the formal appeals process, by submitting a Redetermination Request form ([https://www.cgsmedicare.com/pdf/PartB\\_RedeterminationForm.pdf](https://www.cgsmedicare.com/pdf/PartB_RedeterminationForm.pdf)).

### Resources

Link to all CMS transmittals regarding SNF CB: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index.html>

- CMS Web-based training course: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html>



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