

MEDICARE PART A BULLETIN

June 23, 1998

SNF Medicare Bulletin S-20

TO: All Skilled Nursing Facility Medicare Providers

FROM: Program Relations

SUBJECT: **DELAY IN IMPLEMENTATION OF CONSOLIDATED BILLING FOR SKILLED NURSING FACILITIES (SNFS)**

ATTENTION MEDICARE BUSINESS OFFICE MANAGER: Please distribute to all appropriate health care facility personnel.

This purpose of this bulletin is to change information shared with the Skilled Nursing Facility provider community via SNF Medicare Bulletin S-19, dated 06/12/98, which addressed consolidated billing for SNFs. Due to systems modification delays in implementing SNF consolidated billing, instructions in SNF Medicare Bulletin S-19, as it applies to services and supplies rendered to:

- Residents in a Part A stay in a SNF not yet on the prospective payment system (i.e., Type of bill 21X); and
- To the Part B stay (Part A benefits exhausted, posthospital or level of care requirements not met. Type of bill 22X) are delayed until further notice.

All other instructions in SNF Medicare Bulletin S-19 requiring consolidated billing by SNFs on PPS for residents in a Part A stay are to be followed with the exception of line item date of service reporting. (See additional information below.) Information regarding the future implementation date of consolidated billing for Part B residents will be released to you as it becomes available through a future Health Care Financing Administration (HCFA) Transmittal(s) and/or a Medicare bulletin notification.

Therapy Services

The delay in the implementation of SNF consolidated billing in no way affects the HCPCS coding reporting requirements for therapies published in General Medicare Bulletin G-323, dated March 31, 1998.

Line Item Date of Service Reporting

SNF Medicare Bulletin S-19, published a requirement that SNFs report line item dates of service per revenue code for all items and services that its residents receive (both Part A and Part B services). This regulation no longer is required for Part A services (bill type 21X). SNFs submitting claims on behalf of their patients in a Part A stay are not required to report line item dates of service per revenue

code for each ancillary their patient receives. However, SNFs must continue to report revenue codes, service units, and total charges for ancillaries on a claim with type of bill 21X.

Ambulance

Instructions were given to Medicare Part B Carriers to reject claims for ambulance services for a resident of a SNF effective July 1, 1998. Effective July 1, 1998, and until further notice, HCFA has instructed Carriers to continue processing and paying claims submitted by an independent ambulance supplier for ambulance services for a resident in a Part A stay in a SNF not on PPS and for a resident in a Part B stay.

Questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling (904) 355-8899.