

To the Point: Consolidated Billing and Skilled Nursing Facilities

Slide 1: To the Point is presented by the Provider Outreach and Education Department at CGS.

Slide 2: The Provider Outreach and Education Department creates these brief recordings on hot topics. The purpose is to provide suppliers with quick information on identified topics, how they affect you and any action(s) needed on your part. These recordings are less than 10 minutes and will contain resources for additional information when applicable. This segment is on Consolidated Billing and Skilled Nursing Facilities.

Slide 3: This session will provide an overview and explanation of what is considered consolidated billing and how it relates to residents in a skilled nursing facility when it comes prosthetics, orthotics, supplies and durable medical equipment. *To The Point* will conclude with a summary of covered topics and resources to complete the understanding of consolidated billing for beneficiaries in a skilled nursing facility.

Slide 4: The Social Security Act specifies that a hospital or skilled nursing facility cannot be considered a patient's home for the purpose of the DME benefit. Payment for durable medical equipment, prosthetics, orthotics and supplies are included in the payment the skilled nursing facility receives for the covered Part A stay. When DME is furnished for use in a skilled nursing facility during a covered or noncovered Part A stay, the DME MACs shall not make separate payment for the equipment.

Slide 5: For residents in a skilled nursing facility, the consolidated billing requirements state, the skilled nursing facility bears the responsibility for billing the entire package of care the resident receives. However, there are a few services that are excluded. If items or services are provided to a beneficiary in a covered Part A stay, you must seek payment from the skilled nursing facility rather than the beneficiary or the DME MAC. In this situation, services and supplies cannot be unbundled to an outside provider to bill separately to Medicare.

Slide 6: Here are the responsibilities the skilled nursing facility must adhere to when billing for DMEPOS items during a covered Part A benefit:

- The skilled nursing facility must furnish the supplies directly or under an arrangement with an outside provider and
- The skilled nursing facility, rather than the provider of the services, bills Medicare.

Slide 7: CMS has a list of HCPCS codes that are excluded from Consolidated Billing. If a HCPCS code appears on this list, those items are billable to the DME MACs, even if the beneficiary is in a covered Part A stay. The applicable HCPCS codes can be found using the link included here on the slide (https://www.cms.gov/medicare/coding-billing/skilled-nursing-facility-snf-consolidated-billing).





Slide 8: After Medicare Part A benefits have been exhausted for the inpatient skilled nursing stay, the items listed on the slide are payable by the DME MAC. They include for example, orthotics and prosthetics and the related supplies, ostomy and urological supplies, surgical dressings, etc.

Slide 9: Medicare pays for DME when it is medically necessary for use in the beneficiary's home. Skilled nursing and nursing facilities are not defined as a beneficiary's home and therefore, DME will not be paid separately in these locations. The places of service for these locations are 31 and 32. The skilled and nursing facilities are expected to provide DME for the beneficiary. Hospital beds, wheelchairs, and oxygen are a few examples of items Medicare will not pay for in these places of service.

Slide 10: The Consolidated Billing Tool on the CGS website assists you with billing. The tool displays if the HCPCS code entered is either included in the Part A stay or payable in a skilled nursing facility once the Part A stay has ended. It also has information on when a HCPCS code is included in home health consolidated billing, or if the HCPCS code entered is separately payable while enrolled in hospice. The tool also provides links to helpful resources when the results are displayed.

- JB: https://www.cgsmedicare.com/medicare_dynamic/jb/consbill/consbill/index.aspx
- JC: https://www.cgsmedicare.com/medicare_dynamic/jc/consbill/index.aspx

Slide 11: To determine an inpatient stay, specifically those beneficiaries in a skilled nursing facility or hospital, use the myCGS secure web portal to access eligibility information. myCGS is available 24 hours a day, 7 days a week.

Slide 12: This slide contains some brief information on how to look up the beneficiary's skilled nursing facility and hospital information in myCGS. The first image shows how to access the information, and the second image shows information displayed from the search criteria entered. You can find complete details and instructions in the myCGS User Manual found on the CGS Medicare website (https://www.cgsmedicare.com/mycgs/manual/dme/index.html).

Slide 13: A summary is included to give a high-level overview of the main points of consolidated billing for beneficiaries residing in a skilled nursing facility.

Slide 14: Here are resources for today's edition of To the Point. Links to:

- Supplier Manual: Chapter 6:
 - JB: https://www.cgsmedicare.com/jb/pubs/supman/index.html
 - JC: https://www.cgsmedicare.com/jc/pubs/supman/index.html
- Consolidated Billing Tool
 - JB: https://www.cgsmedicare.com/medicare_dynamic/jb/consbill/consbill/index.aspx
 - JC: https://www.cgsmedicare.com/medicare_dynamic/jc/consbill/consbill/index.aspx
- myCGS DME Web Portal Page
 - JB: https://cgsmedicare.com/jb/mycgs/index.html
 - JC: https://cgsmedicare.com/jc/mycgs/index.html
- HCPCS Codes Excluded from Consolidated Billing
 - https://www.cms.gov/medicare/coding-billing/skilled-nursing-facility-snf-consolidated-billing

Slide 15: Thank you for viewing *To the Point* on Consolidated Billing as it relates to beneficiaries in a Skilled Nursing Facility. We hope you will join us again for other educational offerings by the Provider Outreach and Education Department here at CGS.