



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. This session is on Consolidated Billing and Skilled Nursing Facilities.

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 states, 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 services/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 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.

Slide 8: What is meant by DME MAC coverage consideration in a Skilled or Nursing Facility after the Part A Stay? It refers to the period after Medicare Part A benefits have been exhausted



for the inpatient skilled nursing or nursing facility 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 place of service for these locations are 31 and 32. The skilled and nursing facilities are expected to provide DME for the beneficiary. Here are some examples of items Medicare will not pay for in these places of services: hospital beds, wheelchairs and oxygen, just to name a few.

Slide 10: The Consolidated Billing Tool on the CGS website will assist suppliers with billing. The tool will display 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.

- **JB:** Consolidated Billing Tool (https://www.cgsmedicare.com/medicare_dynamic/jb/consbill/consbill/index.aspx)
- **JC:** Consolidated Billing Tool (https://www.cgsmedicare.com/medicare_dynamic/jc/consbill/consbill/index.aspx)

Slide 11: How to determine an inpatient stay specifically those beneficiaries in a skilled nursing facility? Suppliers can use the myCGS secure web portal to access eligibility information or by using the Interactive Voice Response Unit or IVR. These tools are available 24 hours a day/7-days a week.

Slide 12: For proper claim submission, this tool was created to be used in conjunction with the myCGS web portal and the Supplier Manual Chapters 3 and 6. The chart lists some of the most common inpatient hospital or skilled nursing facility discharge scenarios. To begin, in Steps 1 and 2, the supplier will look up the beneficiary's inpatient hospital or skilled nursing facility status in myCGS and then review the eligibility information displayed in your search results. (https://www.cgsmedicare.com/pdf/dme/dme_inpatient_hosp_snf_job_aid.pdf)

Slide 13: After locating the status in myCGS, move to the next steps on this slide.

- **Step 3:** Use the status information from myCGS to determine the appropriate facility type and status scenario
- **Step 4:** Determine when the item will be provided, and in
- **Step 5:** Is claim submission to the DME MAC appropriate?

Additional resources are located at the bottom of each page of this reference aid.

Slide 14: 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 show what information is displayed from the search criteria entered. Suppliers 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 15: Here's an image of the User Guide for the Interactive Voice Response Unit. This guide provides details of the functions available in the IVR and how to access them. The image to the right is an enlargement of the section in red from the first image. This is where suppliers will find how to retrieve eligibility information on the skilled nursing facility stay.

- **JB:** https://www.cgsmedicare.com/jb/help/pdf/dme_ivr_checklist.pdf
- **JC:** https://www.cgsmedicare.com/jc/help/pdf/dme_ivr_checklist.pdf

Slide 16: 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 17: This chart contains tools and resources covered in today's session. 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.