Medlearn Matters
Information for Medicare Providers
CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Related Change Request (CR) #: 3196
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Related CR Transmittal #: 163
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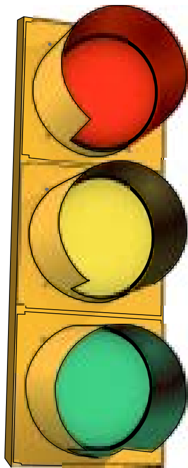
Implementation Date: October 4, 2004

Change to the Skilled Nursing Facility Consolidated Billing Edits for Ambulance Transports to and from an Diagnostic or Therapeutic Site other than a Physician's Office or Hospital

Provider Types Affected

Skilled Nursing Facilities (SNF) and suppliers of ambulance services

Provider Action Needed



STOP – Impact to You

If you submit a Part B claim to your carrier for the ambulance transportation of a Medicare beneficiary in a Part A SNF stay to or from a diagnostic or therapeutic center other than a physician's office or a hospital, your claim will be denied.

CAUTION – What You Need to Know

Ambulance transports of beneficiaries in Part A SNF stays to diagnostic or therapeutic sites other than a physician's office or hospital, are considered to be paid as part of the SNF prospective payment system (PPS) rate, and may not be billed as Part B services to the carrier. Effective October 1, 2004, your carrier has been instructed to deny your Part B claims for ambulance transports of your Medicare Part A residents to or from a diagnostic or therapeutic site other than a physician's office or hospital (e.g., an independent diagnostic testing facility (IDTF), cancer treatment center, radiation therapy center, wound care center). Ambulance suppliers are reminded that ambulance transports must meet Medicare medical necessity requirements and that a physician's office is a payable destination under limited circumstances.

GO – What You Need to Do

Make sure that your billing staffs are aware that, for beneficiaries in a Part A stay, a separate Part B claim for the ambulance transport of Medicare Part A residents to or from a diagnostic or therapeutic center other than a physician's office or hospital will be denied.

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Background

Section 4432 (b) of the Balanced Budget Act (BBA) requires consolidated billing (CB) for SNFs. Under the CB requirement, the SNF must submit (except for certain excluded services) all Medicare claims for all the services that its residents receive under Part A and, in addition, for all physical, occupational, and speech-language pathology services its residents receive under Part B.

All Medicare-covered Part A services that are deemed to be within a SNF's scope or capability are considered paid in the SNF prospective payment system (PPS) rate. As mentioned above, ambulance transports to or from an independent diagnostic testing facility (IDTF) or therapeutic center other than a physician's office or hospital, are considered paid in the SNF PPS rate and may **not** be billed as Part B services to the carrier.

Please note that, in addition to the transport of beneficiaries in Part A stays to or from a diagnostic or therapeutic center other than a physician's office or hospital, a beneficiary's transfer from one SNF to another before midnight of the same day is also included in the SNF PPS rate, and may **not** be billed separately as a Part B service. In this instance, the first SNF is responsible for billing the services to the intermediary.

Additional Information

You can find additional material related to this CR on the CMS Website at:

http://www.cms.hhs.gov/manuals/transmittals/cr_num_dsc.asp

From that web page, look for CR 3196 in the CR NUM column on the right, and click on the file for that CR. Attached to that CR, you can find revised Medicare manual pages for the *Medicare Claims Processing Manual (Publication 100-4), Chapter 6, Section 20.3.1 – Ambulance Services*, and *Chapter 15, Section 30.2.3 – SNF Billing*. These pages will provide further detail on this issue.

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