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# Medicare Skilled Nursing Facility Manual

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

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<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
Table of Contents – Chapter II	-----	2-1 – 2-4 (4 pp.)
200 – 280.14	-----	2-5 – 2-92 (98 pp.)
A292	-----	No Page # (2 pp.)
Table of Contents, Ch II ESRD Appendix	-----	No Page # (2 pp.)
Ch. II, ESRD Appendix	-----	No Page # (29 pp.)
Table of Contents – Chapter II, Interim Manual Instructions	-----	No Page # (1 p.)
IM-259 – IM-299.1	-----	No Page # (3 pp.)
Table of Contents – Chapter III	-----	3-1 – 3-4.2 (6 pp.)
300 – 384	-----	3-5 – 3-49 (118 pp.)
Table of Contents, Ch III Payment Procedures Interim Manual Instructions	-----	No Page # (1 p.)
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Table of Contents – Chapter IV	-----	4-1 (1 p.)
400 – 450, Exhibit 4	-----	4-3 – 4-26 (17 pp.)
Table of Contents – Chapter V	-----	5-1 – 5-4 (4 pp.)
500 – 599.3	-----	5-5 – 5-99.1 (205 pp.)
Chapter V, Addendum A	-----	A-1 – A-58 (58 pp.)
Chapter V, Addendum B	-----	B-1 – B-32 (32 pp.)

**NEW/REVISED MATERIAL--*EFFECTIVE DATE: Not Applicable***

Chapter II, Coverage of Services; Chapter III, Payment Procedures; Chapter IV, Admission Procedures; and Chapter V, Billing Procedures; are being deleted and the related instructions are issued in the CMS Manual System. The tables of contents are replaced with a crosswalk from the old SNF Manual to the related instruction in the Internet-only manual. If the material from the old SNF Manual is no longer applicable, we indicate that it was not moved to the IOM by entering “deleted” in the crosswalk. For each included cross-reference, we provide the old manual number and the IOM number (e.g., CMS Pub. 100-2 for Benefit Policy Manual), and the IOM chapter number and section (§) numbers.

The CMS Manual System can be found at <http://www.cms.hhs.gov/manuals>

**These instructions should be implemented within your current operating budget.**

**CMS-Pub. 12**

## CHAPTER II - COVERAGE OF SERVICES

**NOTE:** Chapter II has been moved to the new CMS Manual System, mainly in the Medicare Benefit Policy Manual (CMS Pub. 100-2), but also in other manuals as indicated in this crosswalk. The new manuals can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
Skilled Nursing Facility Defined	SNF-201	100-1, 5-§30
Distinct Part of an Institution as a SNF	SNF-201.1	100-1, 5-§30.1
Transfer Agreements	SNF-201.2	100-1, 5-§30.2
Hospital Providers of Extended Care Services	SNF-201.3	100-1, 5-§30.3
Christian Science Sanatorium	SNF-202	100-1, 5-§40
Hospital Defined	SNF-203	100-1, 5-§20
Psychiatric and Tuberculosis Hospitals	SNF-203.1	100-1, 5-§20.3
Hospital for Emergency Purposes	SNF-203.2	100-1, 5-§20.1
Participating Provider of Services	SNF-205	100-1, 5-§10.5
Under Arrangements	SNF-206	100-1, 5-§10.3

### Requirements for Coverage of Extended Care Services Under Hospital Insurance

Requirements - General	SNF-210	100-2, 8-§10
Prior Hospitalization and Transfer Requirements	SNF-212	100-2, 8-§20
3-Day Prior Hospitalization	SNF-212.1	100-2, 8-§20.1
3-Day Prior Hospitalization - Foreign Hospital	SNF-212.2	100-2, 8-§20.1.1
30-Day Transfer	SNF-212.3	100-2, 8-§20.2
Covered level of Care - General	SNF-214	100-2, 8-§30
Skilled Nursing and Skilled Rehabilitation Services	SNF-214.1	100-2, 8-§30.1
Direct Skilled Nursing Services to Patients	SNF-214.2	100-2, 8-§30.2
Direct Skilled Rehabilitation Services to Patients	SNF-214.3	100-2, 8-§30.3
Nonskilled Supportive or Personal Care Services	SNF-214.4	100-2, 8-§30.4
Daily Skilled Services - Defined	SNF-214.5	100-2, 8-§30.5
Services Provided on an Inpatient Basis as a "Practical Matter"	SNF-214.6	100-2, 8-§30.6
Prohibition Against Use of "Rules of Thumb" in Medicare Review Determinations	SNF-214.7	100-2, 7-§20.3

### Certification and Recertification by Physicians for SNF Services

Physician Certification and Recertification	SNF-220	100-1, 5-§40
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	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Who May Sign Certification or Recertification	SNF-220.1	100-1, 5-§40.1
Certification	SNF-220.2	100-1, 5-§40.2
Recertification	SNF-220.3	100-1, 5-§40.3
Timing of Recertifications	SNF-220.4	100-1, 5-§40.4
Delayed Certifications and Recertifications	SNF-220.5	100-1, 5-§40.5
Disposition of Certification and Recertification Statements	SNF-220.6	100-1, 5-§40.6

#### Extended Care Services Covered Under Hospital Insurance

Covered Extended Care Services	SNF-230	100-2, 8-§50
Nursing Care Provided By or Under the Supervision of a Registered Professional Nurse	SNF-230.1	100-2, 8-§50.1
Bed and Board	SNF-230.2	100-2, 8-§50.2
Physical, Speech, and Occupational Therapy Furnished By the Skilled Nursing Facility or By Others Under Arrangements With the Facility and Under Its Supervision	SNF-230.3	100-2, 8-§50.3
Medical Social Services to Meet the Patient's Medically Related Social Needs	SNF-230.4	100-2, 8-§50.4
Drugs and Biologicals	SNF-230.5	100-2, 8-§50.5
Blood	SNF-230.6	To be added to 100-1 §20.5
Supplies, Appliances, and Equipment	SNF-230.7	100-2, 8-§50.6
Medical Services of an Intern or Resident-in-Training	SNF-230.8	100-2, 8-§50.7
Other Diagnostic or Therapeutic Services Provided By a Hospital	SNF-230.9	100-2, 8-§50.8
Other Services	SNF-230.10	100-2, 8-§50.9

#### Duration of Covered Extended Care Services Under Hospital Insurance

Benefit Period	SNF-240	100-1, 3-§10.4
Extended Care Benefit Days	SNF-242	100-2, 3-§20
Counting Inpatient Days	SNF-242.1	100-2, 3-§60
Late Discharge	SNF-242.2	100-4, 6-§40.5.3
Leave of Absence	SNF-242.3	100-4, 6-§40.2.3.3
Discharge or Death on First Day of Entitlement or Participation	SNF-242.4	100-2, 3-§20.1.3
Services Counting Toward Maximums	SNF-244	100-2, 3-§30

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Coinsurance - Extended Care Services	SNF-246	100-1, 3-§10.2
Basis for Determining the Coinsurance Amounts	SNF-247	100-1, 3-§10.3
Part A Deductible and Coinsurance Amounts	SNF-249	100-1, 3-§10.3

**SNF Services Covered Under Part B**

Medical and Other Health Services Furnished to Patients of Participating SNFs	SNF-260	100-2, 8-§70
Diagnostic X-Ray and Clinical Laboratory Tests	SNF-260.1	100-2, 8-§70.1
X-Ray, Radium, and Radioactive Isotope Therapy	SNF-260.2	100-2, 15-§250
Surgical Dressings, and Splints, Casts, and Other Devices Used for Reduction of Fractures and Dislocations	SNF-260.3	100-2, 15-§250
Prosthetic Devices	SNF-260.4	100-2, 15-§250
Leg, Arm, Back, and Neck Braces, Trusses, and Artificial legs, Arms, and Eyes	SNF-260.5	100-2, 15-§250
Total Parenteral Nutrition and Enteral Nutrition Furnished to Individuals Who Are Not Inpatients	SNF-261	100-2, 6-§10.2.5,
Ambulance Service	SNF-262	100-2, 10-§10
Vehicle and Crew Requirements	SNF-262.1	100-2, 10-§10.1
Necessity and Reasonableness	SNF-262.2	100-2, 10-§10.2
Destination	SNF-262.3	100-2, 10-§10.3
Rental and Purchase of Durable Medical Equipment	SNF-264	100-2, 6-§90
Definition of Durable Medical Equipment	SNF-264.1	100-2, 15-§110.1
Necessary and Reasonable	SNF-264.2	100-2, 15-§110.1C
Repairs, Maintenance, Replacement, and Delivery	SNF-264.3	100-2, 15-§110.2
Coverage of Supplies and Accessories	SNF-264.4	100-2, 15-§110.3
Miscellaneous Issues Included in the Coverage of Equipment	SNF-264.5	100-2, 15-§110.4
Definition of Beneficiary's Home	SNF-264.6	100-2, 15-§110.1D
Payment for Durable Medical Equipment	SNF-264.7	100-4, 20-§20

**Outpatient Physical Therapy, Occupational Therapy, and Speech Pathology Services Covered under Medical Insurance**

Coverage of Inpatient Part B and Outpatient Physical Therapy, Occupational Therapy, and Speech Pathology Services	SNF-270	100-2, 8-§70.3, 15-§220
Services Furnished under Arrangements with Providers	SNF-270.1	100-2, 8-§70.4

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Conditions for Coverage of Outpatient Physical Therapy, Occupational Therapy, and Speech Pathology Services	SNF-271	100-2, 15-§220.3
Physician's Certification and Recertification for Outpatient Physical Therapy, Occupational Therapy, and Speech Pathology Services	SNF-271.1	100-2, 15-§220.3.1
Outpatient Must Be under the Care of a Physician	SNF-271.2	100-2, 15-§220.3.2
Outpatient Physical Therapy, Occupational Therapy, or Speech Pathology Services Furnished Under a Plan	SNF-271.3	100-2, 15-§220.3.3
Requirement That Services Be Furnished on an Outpatient Basis	SNF-271.4	100-2, 15-§220.3.4
<b>Facility-Based Physicians</b>		
Facility-Based Physician's Services	SNF-275	100-2, 15-§30.1
<b>General Exclusions from Coverage</b>		
General Exclusions	SNF-280	100-2, 16-§10
Services Not Reasonable and Necessary	SNF-280.1	100-2, 16-§20
No legal Obligation To Pay For or Provide Services	SNF-280.2	100-2, 16-§40
Items and Services Furnished, Paid For or Authorized by Governmental Entities--Federal, State, or local Governments	SNF-280.3	100-2, 16-§50
Services Resulting from War	SNF-280.4	100-2, 16-§70
Personal Comfort Items	SNF-280.5	100-2, 16-§80
Routine Services and Appliances	SNF-280.6	100-2, 16-§90
Supportive Devices for Feet	SNF-280.7	100-2, 16-§100.2
Excluded Foot Care Services	SNF-280.8	100-2, 16-§100
Custodial Care	SNF-280.9	100-2, 16-§110
Cosmetic Surgery	SNF-280.10	100-2, 16-§120
Charges Imposed by Immediate Relative of the Patient or Members of His/Her Household	SNF-280.11	100-2, 16-§130
Dental Services Exclusion	SNF-280.12	100-2, 16-§140
Items and Services under a Workers' Compensation Law	SNF-280.13	100-2, 16-§150, 100-5, 2-§50
Services Not Provided Within United States	SNF-280.14	100-2, 16-§60

### CHAPTER III - PAYMENT PROCEDURES

**NOTE:** Chapter III has been moved to the new CMS Manual System, in the Medicare Financial Management Manual, CMS Pub. 100-1, the Medicare Claims Processing Manual, CMS Pub. 100-4, and the Medicare Secondary Payer Manual, CMS Pub. 100-5. The new manuals can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
Filing for Payment		
Filing A Request for Payment and Claim for Payment	SNF-300	100-4, 1-§50
Establishing Date of Filing of a Claim for Payment	SNF-300.1	100-4, 1-§50.1.8
Use of Postmark to Establish Filing Date of a Claim for Payment	SNF-300.2	100-4, 1-§50.1.8
Request for Payment	SNF-302	100-4, 1-§50.1
Billing Form as Request for Payment	SNF-302.1	100-4, 1-§50.1.1
Request for Payment on Provider Record	SNF-302.2	100-4, 1-§50.1.2
Signature on the Request for Payment by Someone Other Than the Patient	SNF-302.4	100-4, 1-§50.1.3
Refusal by Patient to Request Payment Under the Program	SNF-302.5	100-4, 1-§50.1.5
Time Limits for PPS, Fee Schedule and Cost Based Payment for Claims		
Time Limits for Requests and Claims for Payment for Services Paid Under PPS, Fee Schedule or on a Cost Basis	SNF-306	100-4, 1-§70
Usual Time Limit	SNF-306.1	100-4, 1-§70.1
Extension of Time Limit Where Late Filing Is Due to Administrative Error	SNF-306.3	100-4, 1-§70.3
Effect on Beneficiary and Provider of Late Filing or Beneficiary's Refusal to File	SNF-308	100-4, 1-§70.4
Filing Claim Where Usual Time Limit Has Expired	SNF-310	100-4, 1-§70.5
Part A Skilled Nursing Facility Services	SNF-310.1	100-4, 1-§70.5.1
Part B Services (HCFA-1450 Billings)	SNF-310.2	100-4, 1-§70.5.1
Appeals	SNF-310.3	100-4, 1-§70.4.1
Time Limits – Part B Claims		
Time Limit for Filing Part B Claims	SNF-315	100-4, 1-§70.1
Extension of Time Limit Due to Administrative Error	SNF-315.1	100-4, 1-§70.3
Time Limit Where a Skilled Nursing Facility Has Billed Improperly for Professional Component	SNF-315.2	100-4, 1-§70.1.3
Responsibility When Claim Not Filed Timely	SNF-315.3	100-4, 1-§70.4

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
<b>Special Provisions Related to Payment</b>		
Rules Governing Charges to Beneficiaries	SNF-317	100-4, 1-§30.1.1
Refunds	SNF-318	100-6, 3-§20.4
Return or Other Disposition of Moneys Incorrectly Collected	SNF-318.1	100-4, 1-§30.1.2
Appropriate Time Limits Within Which Skilled Nursing Facility Must Dispose of Sums Incorrectly Collected	SNF-318.2	100-4, 1-§30.1.2
Former Participating Skilled Nursing Facilities	SNF-318.3	100-6, 3-§80.6
<b>Overpayments</b>		
Credit Balance Reporting Requirements	SNF-319	To be included in 100-4, 1§130
Submitting the HCFA-838	SNF-319.1	To be included in 100-4, 1§130
Completing the HCFA-838	SNF-319.2	To be included in 100-4, 1§130
Payment of Amount Owed Medicare	SNF-319.3	To be included in 100-4, 1§130
Records Supporting HCFA-838 Data	SNF-319.4	To be included in 100-4, 1§130
Provider Based Home Health Agencies	SNF-319.5	To be included in 100-4, 1§130
Exception for Low Utilization Providers	SNF-319.6	To be included in 100-4, 1§130
Compliance with MSP Regulations	SNF-319.7	To be included in 100-4, 1§130
Exhibit I Medicare Credit Balance Report Certification	-	To be included in 100-4, 1§130
Exhibit II Medicare Credit Balance Report (HCFA-838)	-	To be included in 100-4, 1§130
Overpayments for SNF Services - General	SNF-320	100-6, 3-§20
When a SNF Is Not Liable for an Overpayment	SNF-321	100-6, 3-§100
Situation in Which an SNF Is Liable for Overpayment	SNF-321.1	100-6, 3-§§100.1-100.2
Beneficiary Liability	SNF-322	100-6, 3-§100.4
Liability for Overpayments Discovered Subsequent to Third Calendar Year After the Year of Payment	SNF-323	100-6, 3-§100.5
Offsetting Part B SNF Benefits Against Part A Overpayments	SNF-324	100-4, 1-§120.1

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
<b>Workers' Compensation</b>		
General	SNF-325	100-5, 1-§10.4, 2-§§50, 50.1
Definitions.	SNF-325.1	100-5, 1-§20
Effect of Payments Under Workers' Compensation Plan	SNF-325.2	100-5, 2-§50.1
Secondary Medicare Payments	SNF-325.3	100-5, 2-§50.1
Workers' Compensation Cases Involving Liability Claims	SNF-325.4	100-5, 2-§50.1
Possible Coverage Also Under Auto Medical or No Fault Insurance or Employer Group Health Plan	SNF-325.5	100-5, 2-§50.1E, 3-§30.2.1.2
Contested Workers' Compensation Claims	SNF-326	100-5, 1-§10.7, 2-§50.1G
Lump Sum Compromise Settlement	SNF-326.1	100-5, 1-§20, 7-§40.3.4
Lump Sum-Commutation of Future Benefits	SNF-326.2	100-5, 1-§20, 7-§40.3.4
Right of Recovery	SNF-326.3	100-5, 7-§10.1
Private Right of Action	SNF-326.4	100-5, 1-§30
Handling of Cases Involving Work-Related Conditions	SNF-327	100-5, 3-§30.1
Workers' Compensation Has Paid or Is Expected to Pay	SNF-327.1	100-5, 1-§10.9, 3-§30.2.1, 30.2.2
Workers' Compensation Denies Payment	SNF-327.2	100-5, 3-§30.2.2
Action by Provider Where Benefits May be Payable Under Federal Black Lung Program	SNF-329	100-5, 3-§30.2.1.1, 30.2.1.2, 30.2.2, 30.2.3
Medicare Payment	SNF-329.1	100-5, 4-§70.5.1A
Questionable Cases	SNF-329.2	100-5, 4-§70.5.1B
DOL Does Not Pay For All of Services	SNF-329.3	100-5, 3-§30.2.3
DOL's List of Acceptable Diagnosis	SNF-329.4	100-5, 4-§70.5.3
Examples Where DOL Requires a Certificate of Medical Necessity	SNF-329.5	100-5, 4-§70.5.4
Examples of Services Covered by DOL Where No Certificate of Medical Necessity is Required	SNF-329.6	Deleted Obsolete
DOL's Address	SNF-329.7	100-5, 5-§30.4
Conditional Medicare Payment in Contested Workers' Compensation Cases	SNF-330	100-5, 3-§40.3.1
Effect of Lump-Sum Compromise Settlement and Final Release	SNF-330.1	100-5, 7-§40.3.4
Apportionment of Lump-Sum Compromise Settlement of contested Workers' Compensation Claim	SNF-330.2	100-5, 7-§40.3.4.1
Overpayments Due to Workers' Compensation Payments	SNF-330.3	100-5, 7-§40



	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
<b>Liability Insurance</b>		
General Effect of Liability Insurance on Medicare Payment	SNF-332	100-5, 1-§10.6, 2-§40, 40.2
Effect of Payment by Liability Insurer on Deductibles and Utilization	SNF-332.1	100-5, 1-§40
Definitions	SNF-332.2	100-5, 1-§10.1
Provider Billing Rights and Responsibilities	SNF-332.3	100-5, 1-§20, 2-§40.3, 40.3.1
Provider Actions	SNF-332.4	100-5, 2-§60, 3-§10.4, 10.5, 20, 30.1, 30.2, 5-§20.1
<b>No Fault Insurance</b>		
Services Reimbursable Under No-Fault Insurance	SNF-334	100-5, 2-§60, 3-§30.2.1, 5-§20.1
Definitions	SNF-334.1	100-5, 1-§20
Provider Actions	SNF-334.2	100-5, 3-§10.5, 20, 30.2.1, 30.2.1.1, 30.2.1.2, 30.2.1.3
No-Fault Insurance Does Not Pay in Full	SNF-334.3	100-5, 3-§30.2.1.1
No-Fault Insurance Does Not Pay All Charges Because of Deductible or Coinsurance Provision in Policy	SNF-334.4	100-5, 5-§30.5.2, 30.5.3
State Law or Contract Provides That No-Fault Insurance Is Secondary To Other Insurance	SNF-334.5	100-5, 5-§30.5.3
Provider And Beneficiary's Responsibility With Respect To No-Fault Insurance	SNF-334.6	100-5, 1-§30, 3-§30.2.1, 5-§40.6.2
Private Right of Action	SNF-334.7	100-5, 1-§30
<b>Limitation on Payment for Services to ESRD Beneficiaries</b>		
Limitation on Payment for Services to Individuals Entitled to Benefits Solely on the Basis of End Stage Renal Disease Who Are Covered by Employer Group Health Plans	SNF-335	100-5, 1-§10.1, 2-§20, 3-§30.1
General	SNF-335.1	100-5, 1-§10.2, 2-§20
Definitions	SNF-335.2	100-5, 1-§20
Retroactive Application	SNF-335.3	100-5, 3-§10.7
Determining the Months During Which Medicare May Be Secondary Payer	SNF-335.4	100-5, 2-§20.1, 20.1.1
Effect of Changed Basis of Medicare Entitlement	SNF-335.5	100-5, 2-§20.1.1, 20.1.3
Subsequent Periods of ESRD Entitlement	SNF-335.6	100-5, 2-§20.1.2
Identification of Cases in Which Medicare May Be Secondary to Employer Group Health Plans	SNF-335.7	100-5, 3-§20, 5-§30.8

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Billing	SNF-335.9	100-5, 3-§10.3, 30.1, 40, 40.1.2, 40.2.2
Amount of Secondary Medicare Payments Where Employer Group Health Plan Pays In Part for Items and Services	SNF-335.10	100-5, 2-§50.1A
Employer Group Health Plan Pays in Full	SNF-335.11	100-5, 3-§40.1
Effect of Secondary Payments on Part A Utilization	SNF-335.12	100-5, 3-§40
Effect of EGHP Payments on Deductible and Coinsurance	SNF-335.13	100-5, 1-§40
Limitation on Right of Skilled Nursing Facility to Charge a Beneficiary	SNF-335.14	100-5, 3-§10.2
EGHP Erroneously Pays Primary Benefits	SNF-335.15	100-5, 3-§10.6
Claimant's Right to Take Legal Action Against an EGHP	SNF-335.16	100-5, 1-§30
Medical Service Furnished to ERSD Beneficiaries by Source Outside EGHP Prepaid Health Plan	SNF-335.17	100-5, 5-§40.1.2, 40.1.2.1, 40.1.2, 40.1.2.1, 40.1.3, 40.2
<b>Limitation on Payment for Services to Employed Aged Beneficiaries and Spouses</b>		
Limitations on Payment for Services to the Employed Aged and the Aged Spouses of Employees Who Are Covered by Employer Group Health Plans	SNF-336	100-5, 1-§10, 10.1, 10.7.2, 20, 50.1, 70.2, 2-§10
Medicare Secondary Payer Provision For Disabled Beneficiaries	SNF-IM-336	100-5, 2-§30
General	SNF-336.1	100-5, 1-§10, 10.1, 3-§30.1
Definitions	SNF-336.2	100-5, 1-§20, 50, 70.4
Individuals Subject to Limitation on Payment	SNF-336.3	100-5, 2-§10.1
Individuals Not Subject to Limitation on Payment	SNF-336.4	100-5, 2-§10.2
Identification of Individuals Subject to This Limitation on Payment	SNF-336.5	100-5, 3-§20
Identification of Prior Claims by Intermediaries that May Involve Employer Plan Payment	SNF-336.6	100-5, 5-§30.8
Identification of Prior Claims by Intermediaries that May Involve Employer Plan Payment	SNF-336.7	100-5, 1-§10.9, 3-§30.1
Limitation on Right of SNF to Charge Beneficiary	SNF-336.8	100-5, 3-§10.2
Crediting Expenses Toward Deductible and Coinsurance Amounts	SNF-336.9	100-5, 1-§40
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Amount of Secondary Medicare Payment Where EGHP Pays in Part for Items and Services	SNF-336.11	100-5, 3-§40.2
Effect of Secondary Payments on Part A Utilization	SNF-336.12	100-5, 1-§10, 40
Action by Intermediary to Recover Incorrect Payments	SNF-336.13	100-5, 7-§10.1

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Advice to Providers, Physicians and Beneficiaries	SNF-336.14	100-5, 3-§10
Incorrect EGHP Primary Payments	SNF-336.15	100-5, 3-§10.6
Claimants Right to Take Legal Action Against an EGHP	SNF-336.16	100-5, 1-§30
Special Rules for Services Furnished by Source Outside EGHP Prepaid Health Plan	SNF-336.17	100-5, 5-§40.1.2, 40.1.2.1, 40.1.3, 40.2.1
<b>Medicare -- Secondary Payer</b>		
Medicare as Secondary Payer for Disabled Individuals	SNF-337	100-5, 1-§10.3, 80, 2-§30, 3-§20, 30.3, 5-§20
Items and Services Furnished On or After January 1, 1987 and Before August 10, 1993 (Date of Enactment of OBRA 1993)	SNF-IM-337	100-5, 2-§30.6
<b>Utilization Review</b>		
Utilization Review Plan	SNF-340	To be placed in 100-1, c01 in new section
Physician Members of UR Committee	SNF-340.1	To be placed in 100-1, c01 in new section
Limitations on Payment for Inpatient Services Following Adverse Finding by URC	SNF-340.2	To be placed in 100-1, c01 in new section
Availability and Appropriateness of Other Facilities and Services	SNF-340.3	To be placed in 100-1, c01 in new section
Failure to Make Timely Review of Cases	SNF-340.4	To be placed in 100-1, c01 in new section
<b>Limitation on Liability of Beneficiary and SNF Where Medicare Claims Are Disallowed</b>		
Limitation of Liability for SNF Claims under Parts A and B of Medicare Program	SNF-350	100-4, 30-§10
Applicability of Limitation of Liability to Items or Services Furnished by SNFs	SNF-351	100-4, 30-§10
Prior Hospitalization and Transfer Requirements for SNF Coverage as Related to Limitation of Liability	SNF-351.1	100-4, 30-§10.1
Three-Day Prior Hospitalization	SNF-351.2	100-4, 30-§10.2A
Transfer Requirements	SNF-351.3	100-4, 30-§10.2B
Application of Limitation of Liability to SNF Claims for Services Furnished in Non-Certified Beds	SNF-351.4	100-4, 30-§10.3
Determining Liability for Services Furnished in a Non-Certified SNF Bed	SNF-351.5	100-4, 30-§10.4
Determining Liability for SNF Claims under Section 1879	SNF-352	100-4, 30-§20
Determining Beneficiary's Liability	SNF-352.1	100-4, 30-§20.1
Determining SNF Liability	SNF-352.2	100-4, 30-§20.2

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Criteria for Presuming that SNF Meets Limitation of Liability Requirements	SNF-354	Deleted - obsolete
Reevaluating Favorable Presumption	SNF-354.1	Deleted - obsolete
Reevaluating SNF's Qualification for a Favorable Presumption for a Prior Period	SNF-354.2	Deleted - Obsolete
Determining SNF Denial Rate	SNF-355	Deleted - Obsolete
Determining Denial Rates for SNF's	SNF-355.1	Deleted - Obsolete
Time Period for Calculating SNF Denial Rate	SNF-355.2	Deleted - Obsolete
Effect of Changes in Favorable Presumption	SNF-355.3	Deleted - Obsolete
Treatment of Determinations Later Reversed	SNF-355.4	Deleted - Obsolete
Determining Whether SNF Had Knowledge of Noncoverage of Services	SNF-356	100-4, 30-§30
Notifying Patient of Noncoverage	SNF-356.1	100-4, 30-§30.1
Improper SNF Coverage Decisions	SNF-356.2	100-4, 30-§30.3
Submission of Denial Notices in Which Demand Bills Are Requested	SNF-356.3	Deleted - Obsolete
Establishing When Beneficiary Is on Notice of Noncoverage	SNF-357	100-4, 30-§40
Determining Date of Notice	SNF-357.1	100-4, 30-§40.1
Documentation of Notice	SNF-357.2	100-4, 30-§40.2
SNF Letters to Establish Beneficiary Notice of Medicare Noncoverage	SNF-358	100-4, 30-§40
Completion of Denial Letters (Exhibits 1-5)	SNF-358.1	100-4, 30-§70
SNF Denial Letters	SNF-358.2	100-4, 30-§130
SNF Denial Paragraphs	SNF-359	100-4, 30-§130
Payment Under Limitation of Liability	SNF-360	100-4, 30-§50
Applicability of the Limitation of Liability Provision to Claims for Ancillary and Outpatient SNF Services Payable Under Part B	SNF-362	100-4, 30-§80
Determining Beneficiary Liability in Claims for Ancillary and Outpatient Services	SNF-362.1	100-4, 30-§80.1
Determining SNF Liability in Claims for Ancillary and Outpatient Services	SNF-362.2	100-4, 30-§80.2
Withdrawal of Favorable Presumption	SNF-362.3	Deleted - Obsolete
<b>Indemnification Procedures Under Limitation of Liability</b>		
Indemnification Procedures for Claims Falling Within The Limitation of Liability Provisions	SNF-370	100-4, 30-§100
Determining the Amount of Indemnification	SNF-370.1	100-4, 30-§100.6
Notifying the SNF	SNF-370.2	100-4, 30-§100.7
<b>Appeals of Payment Determinations</b>		
Skilled Nursing Facility Protest of Payment Determinations	SNF-380	100-6, 3-§110.3

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Skilled Nursing Facility's Right to Appeal Initial Determination Under the Waiver of Liability Provision	SNF-381	100-4, 29-§40.1.2
Situations Where SNF May Initiate Appeal Under the Waiver of Liability Provision	SNF-382	100-4, 30-§30.2.2
Beneficiary Protests and Appeals of Payment Determinations	SNF-383	100-4, 30-§§30.2.1, 40.1.1, 50.2
Reopening and Revision of Medicare Claims Decisions	SNF-384	100-4, 30-§50.27

## CHAPTER V - BILLING PROCEDURES

**NOTE:** Chapter V has been moved to the new CMS Manual System, mainly to the Medicare Claims Processing Manual (CMS Pub. 100-4). The new manual can be found at found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	Old §	Pub, Chapter, & §
Summary		
General Billing Information	SNF-500	100-4, 6-§10
Claims Processing Timeliness	SNF-501	100-4, 1-§80
Billing Medicare for the Professional Component of SNF-Based Physician's Services	SNF-502	100-4, 6-§10.3
Reduction in Payment Due to P.L. 99-177	SNF-503	Deleted-obsolete
Limitations on Reassignment	SNF-507	100-4, 6-§10.3.1
Payment to Employer of Physician	SNF-508	100-4, 6-§10.3.2
Payment to Facility in Which Services Are Performed	SNF-510	100-4, 6-§10.3.2
Information Necessary to Permit Payment to a Facility	SNF-510.1	100-4, 6-§10.3.2.1
Scope of the Term "Facility"	SNF-510.2	100-4, 6-§10.3.2.2
Indirect Contractual Arrangement	SNF-510.3	100-4, 6-§10.3.2.2
Establishing That a SNF Qualifies To Receive Part B Payment on the Basis of Reassignment	SNF-512	100-4, 6-§10.3.3
Focused Medical Review (FMR)	SNF-513	100-8, 6-§§1.1, 7.5
Inpatient Billing		
SNF PPS Billing	SNF-515	100-4, 6-§20
Coverage and Patient Classification	SNF-515.1	100-4, 6-§20.2
Payment Provisions	SNF-515.2	100-4, 6-§20.2.1
Billing SNF PPS Services	SNF-515.3	100-4, 6-§30
Determining Part A Admission and Discharge Dates	SNF-515.4	100-4, 6-§40.2, 40.2.2
Adjustment to HIPPS Code Resulting From MDS Corrections	SNF-515.5	100-4, 6-§30.3
Services Included in the Part A PPS Rate and Billed by the SNF	SNF-515.6	100-4, 6-§20.3
Preventive Services and Screenings	SNF-515.7	100-4, 6-§20.4
Services Not Included in the Part A PPS Rate and Not Billed by the SNF	SNF-516	100-4, 6-§20.5
Physician's Services and Other Professional Services Excluded From SNF Part A PPS	SNF-516.1	100-4, 6-§20.5.2
Ambulance Services	SNF-516.2	100-4, 6-§20.5.3, 15-§30.2.1

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Outpatient/Emergency Services in a Medicare Participating Hospital or Critical Access Hospital (CAH)	SNF-516.3	100-4, 6-§20.5.4
Chemotherapy, Chemotherapy Administration, and Radioisotope Services	SNF-516.4	100-4, 6-§20.5.5
Certain Customized Prosthetic Devices	SNF-516.5	100-4, 6-§20.5.6
ESRD Services	SNF-516.6	100-4, 6-§20.5.7
Special Inpatient Billing Instructions	SNF-517	100-4, 6-§40
Where Charges Which Include Accommodation Charges Are Incurred in Different Accounting Years	SNF-517.1	100-4, 6-§40.3
Where the Day of Discharge or Death is the Day Following the Case of the Accounting Year	SNF-517.2	100-4, 6-§40.2.3.2
No-Payment Bills	SNF-517.3	100-4, 6-§40.7
Leave of Absence	SNF-517.4	100-4, 6-§40.2.3.3
Patient Readmitted Within 30 Days After Discharge	SNF-517.5	100-4, 6-§40.2.1.1
Determining Whether a Part of a Day is a Utilization Day	SNF-517.6	100-4, 6-§40.2, 40.2.2, 40.2.3.1
Special Billing Procedures for Periodic Interim Payment (PIP) Method of Payment	SNF-517.7	100-4, 6-§40.4
Notification of Limitation of Liability Decision	SNF-517.8	100-4, 30-§§30
Total and Noncovered Charges	SNF-517.9	100-4, 6-§40.5
Services in Excess of Covered Services	SNF-517.10	100-4, 6-§40.5.1
Showing Discounted Charges	SNF-517.11	100-4, 6-§40.5.2
Accommodations	SNF-517.12	100-4, 6-§40.5.3
Requirement That Bills Be Submitted In Sequence for a Continuous Inpatient Stay	SNF-517.13	100-4, 6-§40.1
Need to Reprocess Inpatient Claims In Sequence	SNF-517.14	100-4, 6-§40.1.1
Billing for Services After Termination, Expiration, or Cancellation of Provider Agreement, or After Payment is Denied for New Admissions	SNF-518	100-4, 1-§40.4
Part A Billing	SNF-518.1	100-4, 1-§40.4.1, 24-§30.2
Assuring That Providers No Longer Participating, or No Longer Receiving Payments for New Admissions, Continue to Bill For Covered Services	SNF-518.2	100-4, 1-§40.4.1, 24-§30.2
Part B Billing	SNF-518.3	100-4, 1-§40.4.1, 24-§30.2
Enforcement of Billing Timeliness and Accuracy Standard to Continue PIP	SNF-519	100-4, 1-§80.4

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Billing Procedures for a Provider Being Assigned Multiple Provider Numbers or a Change in Provider Number	SNF-520	100-4, 6-§70
Scope of Limitation of Liability Provision	SNF-521	100-4, 3-§§40.5, 90.1.1
Provider Agreement to Document Medicare Claim	SNF-523	100-4, 6-§10.2
Submitting Bills Where the Billing Period Represents a Combination of Covered and Noncovered Days	SNF-525	100-4, 6-§50
Submitting Bills at the Request of the Beneficiary (Demand Bills) and to Obtain Denial Notices	SNF-526	100-4, 1-§§60, 6-§40.7
Submitting Beneficiary Demand Bills for Noncovered Admissions	SNF-526.1	100-4, 6-§40.7
Beneficiary Demand Bills for Continued Stay Denials	SNF-526.2	100-4, 6-§40.7
Submitting Bills to Obtain a Denial Notice for Medicaid or Other Insurers	SNF-526.3	100-4, 6-§40.7
Submitting Discharge Bills in No-Payment Cases	SNF-527	100-4, 6-§40.7
Situations Requiring Submission of No-Payment Bills	SNF-527.1	100-4, 6-§40.7
<b>Billing for Medical and Other Health Services</b>		
Billing for Medical and Other Health Services - General	SNF-529	100-4, 7-§10
Determining How Much to Charge Before Billing Is Submitted	SNF-529.1	100-4, 7-§10.1
Charges for Services Provided in Different Accounting Years	SNF-529.2	100-4, 7-§10.2
General Payment Rules and Application of Part B Deductible and Coinsurance	SNF-529.3	100-4, 7-§10.3
Description of HCFA Common Procedure Coding System (HCPCS)	SNF-530	100-4, 7-§20, 23-§20
Use and Maintenance of CPT-4 in HCPCS	SNF-530.1	100-4, 7-§20.1
Addition, Deletion, and Change of Local Codes	SNF-530.2	100-4, 7-§20.2
Considerations in Use of HCPCS for Medicare Billing	SNF-530.3	100-4, 7-§20.3
Billing Part B Therapy Services	SNF-532	100-4, 5-§10
Billing Part B Radiology Services and Other Diagnostic Procedures	SNF-533	100-4, 7-§50
Special Billing Instructions	SNF-533.1	100-4, 13-§110
Positron Emission Tomography (PET) Scans	SNF-533.2	100-4, 13-§60
Payment for Adenosine	SNF-533.3	100-4, 13-§50.2.2
Radiology or Other Diagnostic Unlisted Service or Procedure	SNF-533.4	100-4, 13-§120
Bone Mass Measurements	SNF-533.5	100-4, 13-§140



	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Billing for Durable Medical Equipment (DME), Orthotic/Prosthetic Devices, and Surgical Dressings	SNF-534	100-4, 20-§130
Billing for Surgical Dressings	SNF-535	100-4, 20-§130
Billing for Drugs	SNF-536	100-4, 17-§10
Self Administered Drugs and Biologicals	SNF-536.1	100-4, 17-§80.5
Special Billing Instructions for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines	SNF-536.2	100-4, 18-§10
Billing for Mammography Screening	SNF-537	100-4, 7-§80.2
Mammography Quality Standards Act (MQSA)	SNF-537.1	100-4, 18-§20.1
Mammography Screening	SNF-537.2	100-4, 7-§80.2.1, 18-§20
Billing for Part B Ambulance Services	SNF-539	
Billing for Laboratory Tests	SNF-541	100-4, 16-§§40, 40.3
Clinical Laboratory Improvement Amendments (CLIA)	SNF-541.1	100-4, 16-§70
Screening Pap Smears	SNF-541.2	100-4, 7-§80.3, 18-§30
Billing for Immunosuppressive Drugs Furnished to Transplant Patients	SNF-542	100-4, 8-§60.4
Epoetin (EPO)	SNF-543	100-4, 7-§100
Billing for Enteral and Parenteral Nutritional Therapy Covered as a Prosthetic Device	SNF-544	100-4, 20-§160.1
<b>Retention and Destruction of Health Insurance Records</b>		
Retention of Health Insurance Records	SNF-556	100-4, 1-§§110
Categories of Health Insurance Records to Retain	SNF-556.1	100-4, 1-§§110.1
Retention Period	SNF-556.2	100-4, 1-§§110.3
Microfilming Records	SNF-556.3	100-4, 1-§§110.2
Destruction of Records	SNF-556.4	100-4, 1-§§110.4
<b>Uniform Billing</b>		
Completion of Form HCFA-1450 for Inpatient and/or Outpatient Billing	SNF-560	100-4, 7-§30
Frequency of Billing	SNF-561	100-4, 6-§40, 7-§30.1
Guidelines for Submitting Corrected Bills	SNF-562	100-4, 7-§30.2
<b>Billing in Situations Where Medicare is Secondary Payer</b>		
Bill Preparation Where Services Are Payable Under WC	SNF-569	100-5, 3-§10.3, 40, 40.1.2

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Bill Preparation Where Services Are Payable Under Automobile Medical, or No-Fault Insurance, or Any Liability Insurance	SNF-570	100-5, 3-§40
Bill Preparation Where Medicare Benefits Are Secondary to Employer Group Health Plans When Individuals Are Entitled to Benefits Solely on the Basis of ESRD	SNF-571	100-5, 3-§40
Bill Preparation Where Medicare Benefits Are Secondary to Employer Group Health Plans for Employed Beneficiaries and Spouses	SNF-572	100-5, 3-§40
How to Determine Current Medicare Interim Payment Amount	SNF-573	100-5, 5-§40.8.2
Benefits Exhausted Situations When Medicare is Secondary Payer	SNF-574	100-5, 5-§40.8.3, 40.8.9
Coinsurance Rates Applicable on Medicare Secondary Payer Claims When a SNF Stay Spans Two Calendar Years	SNF-575	100-5, 5-§40.8.10

#### Time Limitation for Medical Information Requests

Request for Additional Medical Information	SNF-576	100-4, 6-§10.2.1
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#### Standard System and CWF Edits and Error Resolution Procedures

Consolidated Billing Edits and Resolution - Not Yet Implemented	SNF-595	To be included in 100-4, 27
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#### Provider Submission of Electronic Media Claims Data (EMC)

Provider Submission of Electronic Media Claims Data (EMC)	SNF-599	100-4, 24-§10ff
Requirements for Submission of Machine Readable Data	SNF-599.1	100-4, 24-§20ff
File Specifications, Record Specifications, and Data Element Definitions for Machine Readable Bills	SNF-599.2	100-4, 25-§90
Maintenance of National Formats	SNF-599.3	100-4, 24-§40
Addendum A - Provider Electronic Billing File and Record Formats	-	100-4, 25-§90
Addendum B - Alphabetic Listing of Data Elements	-	100-4, 25-§130