

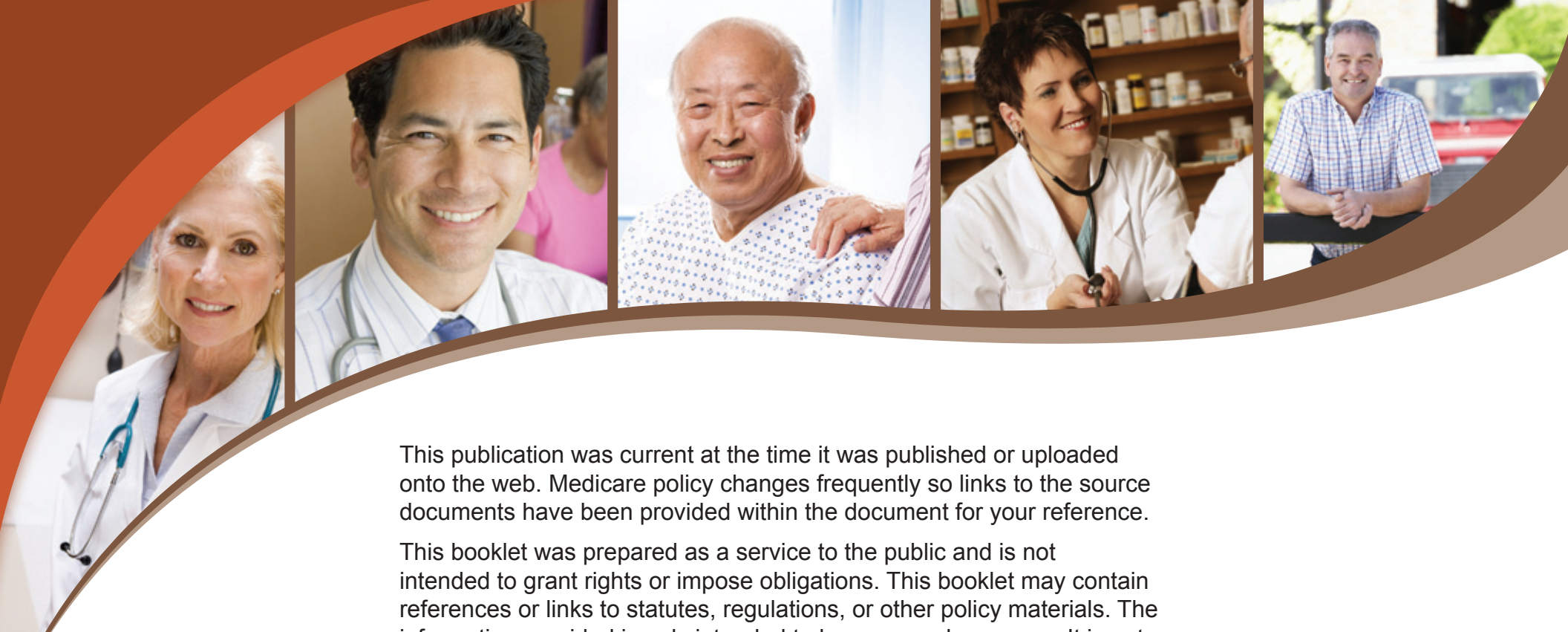
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



Official CMS Information for  
Medicare Fee-For-Service Providers

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS





This publication was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

This publication provides rural billing information about Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), Skilled Nursing Facilities (SNF), Home Health Agencies (HHA), Critical Access Hospitals (CAH), and Swing Beds. It is divided into two parts:

- The Quick Reference Rural Billing Charts, which begin on page 1. These charts provide basic quick reference rural billing information for each provider type regarding ambulance services, office visits, hospital services, radiology and diagnostics, clinical laboratory tests, supplies and drugs, and preventive services; and
- The Detailed Rural Billing Charts, which begin on page 8. These charts provide comprehensive rural billing information and Centers for Medicare & Medicaid Services (CMS) manual references for each provider type.

Within each part, the provider types are color coded to assist you in finding information of interest. For example, in the Quick Reference Rural Billing Charts, the RHC provider type is color coded green and in the Detailed Rural Billing Charts, the RHC provider type is also color coded green.

The Acronyms Section explains the acronyms that are used in this publication.

The Resources Section provides a list of rural billing resources that can be accessed on the Internet.

# MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

## QUICK REFERENCE RURAL BILLING CHARTS

	Ambulance Services	Office Visits**	Hospital Services	Radiology and Diagnostics	Clinical Laboratory Tests	Supplies and Drugs	Preventive Services						
							Screening Mammography Services and Pelvic Screening Exams	Cardiovascular Screening, Diabetes Screening, and Screening Pap Tests	IPPEs	Influenza and PPVs	HBVs	Colorectal and Prostate Cancer Screenings and BMMs***	Glaucoma Screenings
Rural Health Clinic	N/A	Bill FI or A/B MAC	N/A	<p><b>Provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component</b> Bill FI or A/B MAC using base provider's ID number*</p> <p><b>Non-provider based Professional component</b> Bill carrier or A/B MAC</p> <p><b>Technical component</b> Bill carrier or A/B MAC using practitioner's ID number*</p>	<p><b>Provider based</b> Bill FI or A/B MAC using base provider's ID number*</p> <p><b>Non-provider based</b> Bill carrier or A/B MAC using practitioner's ID number*</p>	RHCs receive no additional payment; costs included in encounter rate	<p><b>Provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component</b> Bill FI or A/B MAC using base provider's ID number*</p> <p><b>Non-provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component</b> Bill carrier or A/B MAC using practitioner's ID number*</p>	<p><b>Provider based</b> Bill FI or A/B MAC using base provider's ID number*</p> <p><b>Non-provider based</b> Bill carrier or A/B MAC using practitioner's ID number*</p>	<p><b>Provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component of EKGs</b> Bill FI or A/B MAC using base provider's ID number*</p> <p><b>Non-provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component of EKGs</b> Bill carrier using practitioner's ID number*</p>	Costs for vaccines included in cost report; no line items for vaccines are billed to FI or A/B MAC in addition to encounter	Effective 1/1/11, a separate line item for the vaccine must be billed to FI or A/B MAC  RHCs receive no additional payment; costs included in encounter rate	<p><b>Provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component</b> Bill FI or A/B MAC using base provider's ID number*</p> <p><b>Non-provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component</b> Bill carrier or A/B MAC using practitioner's ID number*</p>	<p>If and only if beneficiary has an otherwise covered encounter Bill FI or A/B MAC</p> <p><b>All provider types</b> No separable technical component</p>

\*Generally, RHCs cannot bill for non-RHC services. Base provider or individual practitioner bills for such services using base provider's or practitioner's ID number.

\*\*RHC physicians and mid-level professionals may visit beneficiaries in a SNF and bill for the encounter.

\*\*\*Screening colonoscopies are not covered when furnished in a RHC.

# MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

## QUICK REFERENCE RURAL BILLING CHARTS

	Ambulance Services	Office Visits**	Hospital Services	Radiology and Diagnostics	Clinical Laboratory Tests	Supplies and Drugs	Preventive Services						
							Screening Mammography Services and Pelvic Screening Exams	Cardiovascular Screening, Diabetes Screening, and Screening Pap Tests	IPPEs	Influenza and PPVs	HBVs	Colorectal and Prostate Cancer Screenings and BMMs***	Glaucoma Screenings
Federally Qualified Health Center	N/A	Bill FI or A/B MAC	N/A	<p><b>Provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component</b> Bill FI or A/B MAC using base provider's ID number*</p> <p><b>Non-provider based Professional component</b> Bill carrier or A/B MAC</p> <p><b>Technical component</b> Bill carrier or A/B MAC using practitioner's ID number*</p>	<p><b>Provider based</b> Bill FI or A/B MAC using base provider's ID number*</p> <p><b>Non-provider based</b> Bill carrier or A/B MAC using practitioner's ID number*</p>	FQHCs receive no additional payment; costs included in encounter rate	<p><b>Provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component</b> Bill FI or A/B MAC using base provider's ID number*</p> <p><b>Non-provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component</b> Bill carrier or A/B MAC using practitioner's ID number*</p>	<p><b>Provider based</b> Bill FI or A/B MAC using base provider's ID number*</p> <p><b>Non-provider based</b> Bill carrier or A/B MAC using practitioner's ID number*</p>	<p><b>Provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component of EKGs</b> Bill FI or A/B MAC using base provider's ID number*</p> <p><b>Non-provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component of EKGs</b> Bill carrier or A/B MAC using practitioner's ID number*</p>	Costs for vaccines included in cost report; no line items for vaccines are billed to FI or A/B MAC in addition to encounter	Effective 1/1/11, a separate line item for the vaccine must be billed to FI or A/B MAC	<p><b>Provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component</b> Bill FI or A/B MAC using base provider's ID number*</p> <p><b>Non-provider based Professional component</b> Bill FI or A/B MAC</p> <p><b>Technical component</b> Bill carrier or A/B MAC using practitioner's ID number*</p>	<p>If and only if beneficiary has an otherwise covered encounter Bill FI or A/B MAC</p> <p><b>All provider types</b> No separable technical component</p>

\*Generally, FQHCs cannot bill for non-FQHC services. Base provider or individual practitioner bills for such services using base provider's or practitioner's ID number.

\*\*FQHC physicians and mid-level professionals may visit beneficiaries in a SNF and bill for the encounter.

\*\*\*Effective 1/1/11, the professional component of screening colonoscopies is covered when furnished in a FQHC.

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### QUICK REFERENCE RURAL BILLING CHARTS

	Ambulance Services*	Office Visits*	Hospital Services*	Radiology and Diagnostics*	Clinical Laboratory Tests	Supplies and Drugs	Preventive Services*						
							Screening Mammography Services and Pelvic Screening Exams	Cardiovascular Screening, Diabetes Screening, and Screening Pap Tests	IPPEs	Influenza and PPVs	HBVs	Colorectal and Prostate Cancer Screenings and BMMs**	Glaucoma Screenings
<b>Skilled Nursing Facility – Residents in Covered Part A Stays</b>	<b>Provider based</b> Bill FI or A/B MAC  <b>Independent ambulance company</b> Bill carrier or A/B MAC	<b>If furnished by RHC, FQHC, or physician</b> Bill FI or A/B MAC	Bill FI or A/B MAC	<b>Professional component</b> Servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate  <b>Technical component</b> Bill FI or A/B MAC	Bill FI or A/B MAC	Bill FI or A/B MAC  Includes surgical dressings, drugs, orthotics, and prosthetics	<b>Professional component</b> Servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate  <b>Technical component</b> Bill FI or A/B MAC on TOB 22X	Bill FI or A/B MAC on TOB 22X	<b>Professional component of EKGs</b> Servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate  <b>Technical component of EKGs</b> Bill FI or A/B MAC on TOB 22X	Bill FI or A/B MAC on TOB 22X	Bill FI or A/B MAC on TOB 22X	<b>Technical component of colorectal and prostate cancer screenings</b> Bundled into SNF PPS payment  <b>BMMs</b> Bill on TOB 22X	<b>All provider types</b> No separable technical component

\*See SNF CB bundling guidelines prior to claims submissions. Additional information about SNF CB can be found on page 31 of this publication.

\*\*Screening colonoscopies furnished in SNFs are not covered. SNFs may bill for colonoscopies furnished in a hospital.

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### QUICK REFERENCE RURAL BILLING CHARTS

	Ambulance Services	Office Visits	Hospital Services	Radiology and Diagnostics	Clinical Laboratory Tests	Supplies and Drugs	Preventive Services						
							Screening Mammography Services and Pelvic Screening Exams	Cardiovascular Screening, Diabetes Screening, and Screening Pap Tests	IPPEs	Influenza and PPVs	HBVs	Colorectal and Prostate Cancer Screenings and BMMs*	Glaucoma Screenings
<b>Skilled Nursing Facility – Residents in Non-Covered Stays or Outpatients</b>	<p><b>Services furnished by (or under arrangements by) SNF</b> Bill FI or A/B MAC</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate</p>	<p>Servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate</p>	<p><b>Services furnished by (or under arrangements by) SNF</b> Bill FI or A/B MAC</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate</p>	<p><b>Technical component, if furnished by (or under arrangements made by) SNF</b> Bill FI or A/B MAC on TOB 22X or 23X</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate</p> <p>Some radiological procedures are excluded from SNF PPS</p>	<p><b>Services furnished by (or under arrangements by) SNF</b> Bill FI or A/B MAC</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate</p>	<p>Bill FI or A/B MAC</p> <p>Includes surgical dressings, drugs, orthotics, and prosthetics</p> <p>Part B does not cover DME furnished to SNF residents during non-covered stays</p> <p>SNF must qualify and enroll as supplier to bill DME MAC for DMEPOS</p> <p>SNF may only bill prosthetics, orthotics, or supplies (not DME) to DME MAC and only when these items are excluded from CB</p>	<p><b>Technical component, if furnished by (or under arrangements made by) SNF</b> Bill FI or A/B MAC on TOB 22X or 23X</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate</p>	<p><b>Services furnished by (or under arrangements by) SNF</b> Bill FI or A/B MAC on TOB 22X or 23X</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate</p>	<p><b>Technical component, if furnished by (or under arrangements made by) SNF</b> Bill FI or A/B MAC on TOB 22X or 23X</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate</p>	<p><b>Services furnished by (or under arrangements by) SNF</b> Bill FI or A/B MAC on TOB 22X or 23X</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate</p>	<p><b>Vaccine plus administration</b> Bill FI on TOB 22X or 23X</p>	<p><b>Services furnished by (or under arrangements by) SNF</b> Bill FI or A/B MAC on TOB 22X or 23X</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate</p>	<p><b>All provider types</b></p> <p>No separable technical component</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate</p>

\*Screening colonoscopies furnished in SNFs are not covered. SNFs may bill for colonoscopies furnished in a hospital.



MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

QUICK REFERENCE RURAL BILLING CHARTS

	Ambulance Services	Office Visits	Hospital Services	Radiology and Diagnostics	Clinical Laboratory Tests	Supplies and Drugs	Preventive Services						
							Screening Mammography Services and Pelvic Screening Exams	Cardiovascular Screening, Diabetes Screening, and Screening Pap Tests	IPPEs	Influenza and PPVs	HBVs	Colorectal and Prostate Cancer Screenings and BMMs	Glaucoma Screenings
Home Health Agency	N/A	N/A	<p>Bill RHHI</p> <p>Only outpatient therapy services requiring equipment too cumbersome to bring to the home</p>	N/A	<p>Bill carrier or A/B MAC</p> <p>HHA must have CLIA and billing numbers</p>	<p>Bill RHHI</p> <p>Bill RHHI for DME on TOB 32X or 34X</p> <p><b>Supplier</b> Bill DME MAC servicing that jurisdiction for DME</p> <p><b>HHA approved and enrolled as DME supplier</b> Bill DME MAC for DME</p> <p><b>HHA in area with DME competitive bidding program and contract to furnish such items</b> Bill DME MAC</p>	N/A	N/A	N/A	Bill RHHI on TOB 34X	Bill RHHI on TOB 34X	<b>BMMs only</b> Bill RHHI on TOB 34X	<b>All provider types</b> No separable technical component

MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

QUICK REFERENCE RURAL BILLING CHARTS

	Ambulance Services	Office Visits	Hospital Services	Radiology and Diagnostics	Clinical Laboratory Tests	Supplies and Drugs	Preventive Services						
							Screening Mammography Services and Pelvic Screening Exams	Cardiovascular Screening, Diabetes Screening, and Screening Pap Tests	IPPEs	Influenza and PPVs	HBVs	Colorectal and Prostate Cancer Screenings and BMMs	Glaucoma Screenings
Critical Access Hospital – Standard Payment Method	<b>Provider based</b> CAH bills FI or A/B MAC	<b>Professional medical services furnished by staff physician</b> CAH bills carrier or A/B MAC	<b>Outpatient/ Part B</b> CAH bills FI or A/B MAC	<b>Professional services</b> CAH bills carrier or A/B MAC  <b>Technical services</b> CAH bills FI or A/B MAC	<b>Outpatient</b> CAH bills FI or A/B MAC	CAH bills FI or A/B MAC  <b>Hospital approved and enrolled as DME supplier</b> Bill DME MAC for DME	<b>Professional component</b> CAH bills carrier or A/B MAC if and only if furnished by staff physician  <b>Technical component</b> CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	<b>All provider types</b> No separable technical component
	<b>Independent ambulance company</b> Bill carrier or A/B MAC as supplier		<b>Inpatient/ Part A</b> CAH bills FI or A/B MAC		<b>Inpatient with and without Part A coverage</b> CAH bills FI or A/B MAC				<b>Professional component of IPPEs and EKGs</b> Physician bills carrier or A/B MAC				
	<b>Professional medical services furnished by staff physician</b> Physician bills carrier or A/B MAC  <b>Professional medical services furnished by non-staff physician</b> Physician bills carrier or A/B MAC		<b>Technical component of IPPEs and EKGs</b> CAH bills FI or A/B MAC										

MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

QUICK REFERENCE RURAL BILLING CHARTS

	Ambulance Services	Office Visits	Hospital Services	Radiology and Diagnostics	Clinical Laboratory Tests	Supplies and Drugs	Preventive Services							
							Screening Mammography Services and Pelvic Screening Exams	Cardiovascular Screening, Diabetes Screening, and Screening Pap Tests	IPPEs	Influenza and PPVs	HBVs	Colorectal and Prostate Cancer Screenings and BMMs	Glaucoma Screenings	
Critical Access Hospital – Optional (Elective) Payment Method (Method 2)	<b>Provider based</b> CAH bills FI or A/B MAC Show separately on bill	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC
	<b>Independent ambulance company</b> Bill carrier or A/B MAC as supplier	<b>Professional and technical components</b> Show separately on bill	<b>Professional and technical components</b> Show separately on bill	<b>Professional and technical components</b> Show separately on bill	<b>Professional and technical components</b> Show separately on bill	<b>Outpatient</b> CAH bills FI or A/B MAC  <b>Inpatient with and without Part A coverage</b> CAH bills FI or A/B MAC  Show separately on bill	CAH bills FI or A/B MAC Show separately on bill  <b>Hospital approved and enrolled as DME supplier</b> Bill DME MAC for DME	CAH bills FI or A/B MAC Show separately on bill	CAH bills FI or A/B MAC Show separately on bill	<b>Professional and technical components of IPPEs and EKGs</b> CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	CAH bills FI or A/B MAC	<b>Professional component of colorectal cancer screenings</b> CAH bills FI or A/B MAC Show separately on bill  <b>Technical component of colorectal cancer screenings</b> CAH bills FI or A/B MAC	<b>All provider types</b> No separable technical component

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

RURAL HEALTH CLINIC		
Type of Service	Billing Information	CMS Manual Reference
Physician, PA, NP, CP, CSW, and CNM services  Services and supplies (including drugs) incident to the services of a physician, PA, NP, CP, CSW, or CNM  Visiting nurse services to the homebound in home health shortage areas	Generally, RHCs cannot bill for non-RHC services.  Bill FI or A/B MAC servicing the RHC.	Medicare Claims Processing Manual Chapter 9  Medicare Benefit Policy Manual Chapter 13
<b>Preventive Services</b>		
DSMT	Not separately billable by RHCs.	Medicare Claims Processing Manual Chapters 9 and 18  Medicare Benefit Policy Manual Chapters 13 and 15
MNT	Not separately billable by RHCs.	Medicare Claims Processing Manual Chapters 4 and 9
Screening mammography services  Pelvic screening exams	Generally, RHCs cannot bill for non-RHC services.  <u><b>Provider based –</b></u> <b>Professional component</b> – Bill FI or A/B MAC servicing the RHC.  <b>Technical component</b> – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number.  <u><b>Non-provider based –</b></u> <b>Professional component</b> – Bill FI or A/B MAC servicing the RHC.  <b>Technical component</b> – Individual practitioner bills his or her carrier or A/B MAC using practitioner’s ID number.	Medicare Claims Processing Manual Chapters 9 and 18  Medicare Benefit Policy Manual Chapter 13

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

RURAL HEALTH CLINIC		
Type of Service	Billing Information	CMS Manual Reference
<b>Preventive Services</b>		
Cardiovascular screening tests Diabetes screening tests Screening Pap tests	Generally, RHCs cannot bill for non-RHC services.  <b>Provider based</b> – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number for laboratory tests.  <b>Non-provider based</b> – Individual practitioner bills his or her carrier or A/B MAC using practitioner’s ID number.	Medicare Claims Processing Manual Chapters 9 and 18
IPPEs – AAA screenings for at risk beneficiaries are not included but may be furnished at same encounter	Generally, RHCs cannot bill for non-RHC services.  <b>Provider based</b> – <b>Professional component</b> – Bill FI or A/B MAC servicing the RHC.  <b>Technical component of EKGs</b> – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number.  <b>Non-provider based</b> – <b>Professional component</b> – Bill FI or A/B MAC servicing the RHC.  <b>Technical component of EKGs</b> – Individual practitioner bills his or her carrier or A/B MAC using practitioner’s ID number.	Medicare Claims Processing Manual Chapters 9 and 18
Influenza and PPVs	Costs are included in the cost report. No line items are billed to FI or A/B MAC for either vaccination. Payment is made at cost settlement.	Medicare Claims Processing Manual Chapters 9 and 18
HBVs	RHCs receive no additional payment. Effective January 1, 2011, a separate line item for the vaccine must be billed to FI or A/B MAC. Costs are included in the encounter rate.	Medicare Claims Processing Manual Chapters 9 and 18

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

RURAL HEALTH CLINIC		
Type of Service	Billing Information	CMS Manual Reference
<b>Preventive Services</b>		
Colorectal cancer screenings – Screening colonoscopies are not covered when furnished in a RHC Prostate cancer screenings BMMs	Generally, RHCs cannot bill for non-RHC services. <u><b>Provider based – Professional component</b></u> – Bill FI or A/B MAC servicing the RHC. <b>Technical component</b> – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number. <u><b>Non-provider based – Professional component</b></u> – Bill FI or A/B MAC servicing the RHC. <b>Technical component</b> – Individual practitioner bills his or her carrier or A/B MAC using his or her practitioner ID number.	Medicare Claims Processing Manual Chapters 9 and 18 Medicare Benefit Policy Manual Chapters 13 and 15
Glaucoma screenings	<b>If and only if the beneficiary has an otherwise covered encounter</b> – Bill FI or A/B MAC. <u><b>All provider types</b></u> – No separable technical component.	Medicare Claims Processing Manual Chapters 9 and 18 Medicare Benefit Policy Manual Chapters 13 and 15
Smoking and tobacco-use cessation counseling services	Bill FI or A/B MAC servicing the RHC. Services furnished by a CNS are considered incident to and do not constitute a billable visit although they may be combined with a billable encounter.	Medicare Claims Processing Manual Chapter 32

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

FEDERALLY QUALIFIED HEALTH CENTER		
Type of Service	Billing Information	CMS Manual Reference
<p>Physician, PA, NP, CP, CSW, and CNM services</p> <p>RD or nutritional professional services for diabetes training services and MNT</p> <p>Services and supplies (including drugs) incident to the services of a physician, PA, NP, CP, CSW, or CNM</p> <p>Visiting nurse services to the homebound in home health shortage areas</p>	<p>Generally, FQHCs cannot bill for non-FQHC services.</p> <p>Bill FI or A/B MAC servicing the FQHC.</p>	<p>Medicare Claims Processing Manual Chapter 9</p> <p>Medicare Benefit Policy Manual Chapter 13</p>
Preventive Services		
DSMT	<p>Bill FI or A/B MAC servicing the FQHC.</p> <p>FQHC must meet all coverage requirements to become an accredited provider of DSMT services.</p> <p>If the beneficiary had another qualifying FQHC visit on the same day, the FQHC must bill using the DSMT HCPCS codes to be paid for the second encounter on the same date of service.</p>	<p>Medicare Claims Processing Manual Chapters 9 and 18</p> <p>Medicare Benefit Policy Manual Chapters 13 and 15</p>
MNT	<p>Bill FI or A/B MAC servicing the FQHC.</p> <p>To receive payment for providing MNT services, the FQHC must meet all coverage requirements and the practitioner must be an accredited provider of MNT services.</p> <p>If the beneficiary had another qualifying FQHC visit on the same day, the FQHC must bill using the MNT HCPCS codes to be paid for the second encounter on the same date of service.</p>	<p>Medicare Claims Processing Manual Chapters 4 and 9</p> <p>Medicare Benefit Policy Manual Chapter 13</p>

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

FEDERALLY QUALIFIED HEALTH CENTER		
Type of Service	Billing Information	CMS Manual Reference
<b>Preventive Services</b>		
Screening mammography services Pelvic screening exams	Generally, FQHCs cannot bill for non-FQHC services. <u><b>Provider based</b></u> – <b>Professional component</b> – Bill FI or A/B MAC servicing the FQHC. <b>Technical component</b> – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number. <u><b>Non-provider based</b></u> – <b>Professional component</b> – Bill FI or A/B MAC servicing the FQHC. <b>Technical component</b> – Individual practitioner bills his or her carrier or A/B MAC using practitioner’s ID number.	Medicare Claims Processing Manual Chapters 9 and 18  Medicare Benefit Policy Manual Chapter 13
Cardiovascular screening tests Diabetes screening tests Screening Pap tests	Generally, FQHCs cannot bill for non-FQHC services. <u><b>Provider based</b></u> – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number for laboratory tests. <u><b>Non-provider based</b></u> – Individual practitioner bills his or her carrier or A/B MAC using practitioner’s ID number.	Medicare Claims Processing Manual Chapters 9 and 18  Medicare Benefit Policy Manual Chapter 13
IPPEs – AAA screenings for at risk beneficiaries are not included but may be furnished at same encounter	Generally, FQHCs cannot bill for non-FQHC services. <u><b>Provider based</b></u> – <b>Professional component</b> – Bill FI or A/B MAC servicing the FQHC. <b>Technical component of EKGs</b> – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number. <u><b>Non-provider based</b></u> – <b>Professional component</b> – Bill FI or A/B MAC servicing the FQHC. <b>Technical component of EKGs</b> – Individual practitioner bills his or her carrier or A/B MAC using practitioner’s ID number.	Medicare Claims Processing Manual Chapters 9 and 18



## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

FEDERALLY QUALIFIED HEALTH CENTER		
Type of Service	Billing Information	CMS Manual Reference
<b>Preventive Services</b>		
Influenza and PPVs	Effective January 1, 2011, separate line items for vaccines must be billed to FI or A/B MAC. Costs are included in cost report. Payment is made at cost settlement.	Medicare Claims Processing Manual Chapters 9 and 18
HBVs	FQHCs receive no additional payment. Effective January 1, 2011, a separate line item for the vaccine must be billed to FI or A/B MAC. Costs are included in the encounter rate.	Medicare Claims Processing Manual Chapters 9 and 18
Colorectal cancer screenings – Effective January 1, 2011, the professional component of screening colonoscopies is covered when furnished in a FQHC  Prostate cancer screenings  BMMs	Generally, FQHCs cannot bill for non-FQHC services.  <b><u>Provider based</u></b> – <b>Professional component</b> – Bill FI or A/B MAC servicing the FQHC.  <b>Technical component</b> – Base provider bills FI or A/B MAC servicing the base provider using base provider’s ID number.  <b><u>Non-provider based</u></b> – <b>Professional component</b> – Bill FI or A/B MAC servicing the FQHC.  <b>Technical component</b> – Individual practitioner bills his or her carrier or A/B MAC using practitioner’s ID number.	Medicare Claims Processing Manual Chapters 9 and 18  Medicare Benefit Policy Manual Chapters 13 and 15
Glaucoma screenings	<b>If and only if the beneficiary has an otherwise covered encounter</b> – Bill FI or A/B MAC.  <b><u>All provider types</u></b> – No separable technical component.	Medicare Claims Processing Manual Chapters 9 and 18  Medicare Benefit Policy Manual Chapters 13 and 15
Smoking and tobacco-use cessation counseling services	Bill FI or A/B MAC servicing the FQHC.  Services furnished by a CNS are considered incident to and do not constitute a billable visit although they may be combined with a billable encounter.	Medicare Claims Processing Manual Chapter 32

**DETAILED RURAL BILLING CHARTS**

FEDERALLY QUALIFIED HEALTH CENTER		
Type of Service	Billing Information	CMS Manual Reference
<b>Preventive Primary Health Services</b>		
<p>The following preventive primary health services are covered when furnished by or under the direct supervision of a physician, PA, NP, CP, CSW, or CNM:</p> <ul style="list-style-type: none"> <li>• Medical social services</li> <li>• Nutritional assessments and referrals</li> <li>• Preventive health education</li> <li>• Children’s eye and ear examinations</li> <li>• Well child care, including periodic screenings</li> <li>• Immunizations, including tetanus-diphtheria boosters and influenza vaccines</li> <li>• Voluntary family planning services</li> <li>• Taking patient histories</li> <li>• Blood pressure and weight measurements</li> <li>• Physical examinations targeted to risk</li> <li>• Visual acuity, hearing, and cholesterol screenings</li> <li>• Stool testing for occult blood</li> <li>• Tuberculosis testing for high risk beneficiaries</li> <li>• Dipstick urinalysis</li> <li>• Risk assessment and initial counseling regarding risks</li> <li>• For women only:                             <ul style="list-style-type: none"> <li>- Clinical breast examinations</li> <li>- Referrals for mammography</li> <li>- Thyroid function tests</li> <li>- Prenatal and post-partum care</li> <li>- Prenatal services</li> </ul> </li> </ul>	<p>Generally, FQHCs cannot bill for non-FQHC services. Bill FI or A/B MAC servicing the FQHC.</p>	<p>Medicare Claims Processing Manual Chapter 9  Medicare Benefit Policy Manual Chapter 13</p>

**DETAILED RURAL BILLING CHARTS**

SKILLED NURSING FACILITY		
Type of Service	Billing Information	CMS Manual Reference
<b>Residents in Covered Part A Stays – Skilled Nursing Facility Prospective Payment System*</b>		
Ambulance services, with the exception of specific exclusions	SNF bills FI or A/B MAC. <b>Independent ambulance company</b> – Bill carrier or A/B MAC.	Medicare Claims Processing Manual Chapter 6 Medicare Benefit Policy Manual Chapter 8
Blood Other diagnostic or therapeutic services PT, OT, and SLP services Radiology services Laboratory tests Drugs, biologicals, supplies, appliances, and equipment used in a SNF (i.e., oxygen) including surgical dressings, orthotics, and prosthetics Room and board – Along with associated institutional care that the resident receives in connection with covered inpatient stay such as skilled nursing care, psychological services furnished by a CSW, services incident to the professional services of a physician or certain non-physician providers, medical social services, and dietary counseling Part A SNF PPS also applies to SNF-type services furnished in rural hospitals that have Medicare swing bed agreements; however, CAHs with swing beds are exempt from Part A SNF PPS (see page 28, Swing Bed, for additional information about swing beds)	SNF bundling requires that the SNF bill the FI or A/B MAC for all services that are not specifically excluded. <b>Services that include both a technical and a professional component (i.e., certain diagnostic radiology procedures) – Professional component</b> – Servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate. <b>Technical component</b> – SNF bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 6, 7, 13, and 16 Medicare Benefit Policy Manual Chapter 8  Medicare Claims Processing Manual Chapters 3 and 6 Medicare Benefit Policy Manual Chapter 8

\*If the beneficiary is in a covered Part A stay, preventive services are billed on TOB 22X since they are all Part B only services (see page 19, Skilled Nursing Facility Part B for Residents in a Covered Part A Stay – Preventive Services, for additional information about preventive services).

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

SKILLED NURSING FACILITY		
Type of Service	Billing Information	CMS Manual Reference
<b>Services Excluded from Part A Skilled Nursing Facility Prospective Payment System</b>		
Services of physicians, <b>other than</b> PT, OT, and SLP services  Hospice care related to a terminal condition	Servicing provider, non-physician practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate.	Medicare Claims Processing Manual Chapter 6  Medicare Benefit Policy Manual Chapter 8
The following exceptionally intensive types of outpatient hospital services are <b>not</b> excluded when furnished in other, freestanding (nonhospital) settings (such as Ambulatory Surgical Centers): <ul style="list-style-type: none"> <li>• Cardiac catheterization, emergency, and angiography services</li> <li>• CT scans</li> <li>• MRIs</li> <li>• Radiation therapy</li> <li>• Ambulatory services involving use of a hospital operating room</li> <li>• Lymphatic and venous procedures</li> </ul>	<b>If furnished in a hospital</b> – Bill FI or A/B MAC.  Otherwise, services are not separately payable.	Medicare Claims Processing Manual Chapter 6  Medicare Benefit Policy Manual Chapter 8
Part B dialysis services  EPO for certain dialysis patients	<b>Renal dialysis facility</b> – Bill FI or A/B MAC; if furnished in the SNF, bundled to PPS payment.	Medicare Claims Processing Manual Chapters 6 and 7
Services of physicians or certain non-physician providers at RHCs or FQHCs	<b>Professional component</b> – Bill FI or A/B MAC.	Medicare Claims Processing Manual Chapter 6

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

SKILLED NURSING FACILITY		
Type of Service	Billing Information	CMS Manual Reference
<b>Residents in Non-Covered Stays or Outpatients*</b>		
Diagnostic X-ray tests, including portable X-ray tests Diagnostic laboratory tests Other diagnostic tests	<b>Technical component, if furnished by (or under arrangements made by) the SNF</b> – SNF bills FI or A/B MAC.  Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate.  Some radiological procedures are excluded from SNF PPS.	Medicare Claims Processing Manual Chapters 7 and 13
Laboratory tests	<b>Services furnished by (or under arrangements made by) the SNF</b> – SNF bills FI or A/B MAC.  Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate.	Medicare Claims Processing Manual Chapters 7 and 16
DME	Bill as a supplier to DME MAC. However, Part B does not cover DME furnished to SNF residents, as a SNF cannot be considered a patient's home for this purpose.  The SNF may only bill prosthetics, orthotics, or supplies (not DME) to DME MAC and only when these items are excluded from CB.  The SNF must qualify and enroll as a supplier with the NSC in order to bill DME MAC for DMEPOS.	Medicare Claims Processing Manual Chapters 7 and 20
Orthotic and prosthetic devices Supplies	<b>Services furnished by (or under arrangements made by) the SNF</b> – SNF bills FI or A/B MAC.  Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate.	Medicare Claims Processing Manual Chapter 7
Part B PT, OT, or SLP services	SNF bills FI or A/B MAC.  <b>For beneficiaries that are in a non-covered stay, therapies must be billed by the SNF.</b>	Medicare Claims Processing Manual Chapters 5 and 6  Medicare Benefit Policy Manual Chapter 15

\*For beneficiaries in a non-covered stay or outpatients, services may be billed by the SNF on TOB 22X or 23X or by the servicing provider, practitioner, or supplier.

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

SKILLED NURSING FACILITY		
Type of Service	Billing Information	CMS Manual Reference
<b>Residents in Non-Covered Stays or Outpatients*</b>		
Ambulance services	<p><b>Services furnished by (or under arrangements made by) the SNF</b> – SNF bills FI or A/B MAC.</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate.</p>	Medicare Claims Processing Manual Chapter 6
Drugs and biologicals, including immunosuppressive drugs for renal transplant patients	<p><b>Services furnished by (or under arrangements made by) the SNF</b> – SNF bills FI or A/B MAC.</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate.</p>	Medicare Claims Processing Manual Chapter 7
Audiologic function tests	<p><b>Services furnished by (or under arrangements made by) the SNF</b> – SNF bills FI or A/B MAC.</p> <p>Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate.</p>	Medicare Claims Processing Manual Chapter 7
Screening colonoscopies	Not covered when furnished in a SNF.	Medicare Claims Processing Manual Chapter 7

\*For beneficiaries in a non-covered stay or outpatients, services may be billed by the SNF on TOB 22X or 23X or by the servicing provider, practitioner, or supplier.

**DETAILED RURAL BILLING CHARTS**

SKILLED NURSING FACILITY		
Type of Service	Billing Information	CMS Manual Reference
<b>Skilled Nursing Facility Part B for Residents in a Covered Part A Stay – Preventive Services</b>		
DSMT	<b>Part A residents</b> – SNF bills FI or A/B MAC on TOB 22X.	Medicare Benefit Policy Manual Chapter 15
Screening mammography services	<b>All others</b> – Services furnished by (or under arrangements made by) the SNF, SNF bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 7, 13, 18, and 32
Pelvic screening exams	Otherwise, servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate.	Medicare Benefit Policy Manual Chapter 15
Cardiovascular screening tests	<b>During a non-covered SNF stay</b> – Per CB rules only PT, OT, and SLP services are required to be billed by the SNF to FI or A/B MAC.	
Diabetes screening tests	<b>Non-therapy services</b> – SNF bills only services furnished by (or under arrangements made by) the SNF itself.	
Screening Pap tests		
IPPEs – Includes AAA screening for at risk beneficiaries		
Vaccinations		
Colorectal cancer screenings – Screening colonoscopies are not covered when furnished in a SNF		
Prostate cancer screenings		
BMMs		
Glaucoma screenings	<b>All provider types</b> – No separable technical component.	
Smoking and tobacco-use cessation counseling services		

**DETAILED RURAL BILLING CHARTS**

HOME HEALTH AGENCY		
Type of Service	Billing Information	CMS Manual Reference
<b>Home Health Plan of Care Services – Home Health Prospective Payment System</b>		
Skilled nursing care PT, OT, and SLP services – Are not subject to HH PPS when furnished by physicians HH aide services Medical social services Medical supplies Services of interns and residents Administration of osteoporosis drugs Venipuncture performed during the course of a visit	HHA bills RHHI on TOB 32X.	Medicare Claims Processing Manual Chapter 10             Medicare Benefit Policy Manual Chapter 7



## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

HOME HEALTH AGENCY		
Type of Service	Billing Information	CMS Manual Reference
<b>Excluded Home Health Prospective Payment System Services</b>		
DME	<p><b>HHA</b> – Bill RHHI on TOB 32X or 34X.</p> <p><b>Supplier</b> – Bill DME MAC servicing that jurisdiction.</p> <p><b>HHA approved and enrolled as a DME supplier</b> – Bill DME MAC for DME.</p>	<p>Medicare Claims Processing Manual Chapter 10</p> <p>Medicare Benefit Policy Manual Chapter 7</p>
Competitively bid DME	<b>HHA in area with competitive bidding program and contract to furnish competitively bid items</b> – Bill DME MAC for DME.	Medicare Claims Processing Manual Chapter 10
Dietary and nutrition personnel services Drugs and biologicals Housekeeping services Medical social services for family members Respiratory care services Services covered under the ESRD program Transportation services Telehealth HH services Medical and other health services furnished by HHAs	Not covered or billable under HH PPS.	Medicare Benefit Policy Manual Chapter 7

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

HOME HEALTH AGENCY		
Type of Service	Billing Information	CMS Manual Reference
<b>Services Not Included Under Home Health Prospective Payment System Plan of Care</b>		
Medical and other health services furnished by HHAs Surgical dressings, splints, casts, and other devices used for reduction of fractures and dislocations Rental or purchase of DME Prosthetic devices Leg, arm, back, and neck braces; trusses; and artificial legs, arms, and eyes Outpatient PT, OT, and SLP services Osteoporosis drugs – Administration is covered under HH PPS	HHA – Bill RHHI on TOB 34X.	Medicare Claims Processing Manual Chapter 10  Medicare Benefit Policy Manual Chapter 7
Laboratory Services	Bill carrier or A/B MAC. HHA must have a CLIA number and a billing number.	Medicare Claims Processing Manual Chapter 10
<b>Preventive Services</b>		
DSMT	HHA bills RHHI on TOB 34X.	Medicare Benefit Policy Manual Chapter 15
Vaccinations		Medicare Claims Processing Manual Chapter 18
BMMs		Medicare Claims Processing Manual Chapter 13
Smoking and tobacco-use cessation counseling services	HHA bills RHHI on TOB 34X.	Medicare Claims Processing Manual Chapter 32

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

CRITICAL ACCESS HOSPITAL Standard Payment Method		
Type of Service	Billing Information	CMS Manual Reference
Part B ambulance services	<p><b>Provider based</b> – CAH bills FI or A/B MAC.</p> <p><b>Independent ambulance company</b> – Bill carrier or A/B MAC as a supplier.</p> <p><b>Inpatient/Part A</b> – Separately billed by ambulance supplier.</p>	Medicare Claims Processing Manual Chapters 3 and 15
Office visits	<b>Professional medical services furnished by staff physician</b> – CAH bills carrier or A/B MAC.	Medicare Claims Processing Manual Chapters 3 and 4
Hospital inpatient services	<b>Inpatient/Part A</b> – CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapter 3
Hospital outpatient services	<p><b>Professional medical services furnished by staff physician</b> – CAH bills carrier or A/B MAC.</p> <p><b>Professional medical services furnished by non-staff physician</b> – Physician bills carrier or A/B MAC.</p> <p><b>Outpatient/Part B</b> – CAH bills FI or A/B MAC.</p> <p><b>Technical component</b> – CAH bills FI or A/B MAC.</p>	Medicare Claims Processing Manual Chapter 4
Radiology and diagnostics	<p><b>Professional services</b> – CAH bills carrier or A/B MAC.</p> <p><b>Technical services</b> – CAH bills FI or A/B MAC.</p>	Medicare Claims Processing Manual Chapter 13
Clinical laboratory tests	<p><b>Outpatient</b> – CAH bills FI or A/B MAC.</p> <p><b>Inpatient with and without Part A coverage</b> – CAH bills FI or A/B MAC.</p>	Medicare Claims Processing Manual Chapters 4 and 16
Supplies and drugs	<p>CAH bills FI or A/B MAC.</p> <p><b>Hospital approved and enrolled as a DME supplier</b> – Bill DME MAC for DME.</p>	Medicare Claims Processing Manual Chapter 4

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

CRITICAL ACCESS HOSPITAL Standard Payment Method		
Type of Service	Billing Information	CMS Manual Reference
<b>Preventive Services</b>		
DSMT and MNT	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapter 4
Screening mammography services Pelvic screening exams	<b>Professional component</b> – CAH bills carrier or A/B MAC if and only if furnished by a staff physician. <b>Technical component</b> – CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Cardiovascular screening tests Diabetes screening tests Screening Pap tests	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
IPPEs – Includes AAA screenings for at risk beneficiaries	<b>Professional component of IPPEs and EKGs</b> – CAH bills carrier or A/B MAC if and only if furnished by staff physician. <b>Technical component of IPPEs and EKGs</b> – CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Vaccinations	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Colorectal cancer screenings including screening colonoscopies Prostate cancer screenings BMMs	<b>Technical component</b> – CAH bills FI or A/B MAC.  CAH bills FI or A/B MAC. CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15

**DETAILED RURAL BILLING CHARTS**

<b>CRITICAL ACCESS HOSPITAL Standard Payment Method</b>		
<b>Type of Service</b>	<b>Billing Information</b>	<b>CMS Manual Reference</b>
<b>Preventive Services</b>		
Glaucoma screenings	<u>All provider types</u> – No separable technical component.	Medicare Claims Processing Manual Chapters 18 and 32  Medicare Benefit Policy Manual Chapter 15
Smoking and tobacco-use cessation counseling services	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32  Medicare Benefit Policy Manual Chapter 15

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

<b>CRITICAL ACCESS HOSPITAL Optional (Elective) Payment Method (Method 2)</b>		
Type of Service	Billing Information	CMS Manual Reference
Part B ambulance services	<b>Provider based</b> – CAH bills FI or A/B MAC. Show separately on bill. <b>Services furnished by an independent ambulance company</b> – Bill carrier or A/B MAC as a supplier.	Medicare Claims Processing Manual Chapters 3 and 15
Office visits Hospital services Radiology and diagnostics	CAH bills FI or A/B MAC. <b>Professional and technical components</b> – Show separately on bill.	Medicare Claims Processing Manual Chapter 4
Clinical laboratory tests	<b>Outpatient</b> – CAH bills FI or A/B MAC. <b>Inpatient with and without Part A coverage</b> – CAH bills FI or A/B MAC. Show separately on bill.	Medicare Claims Processing Manual Chapters 4 and 16
Supplies and drugs	CAH bills FI or A/B MAC. Show separately on bill. <b>Hospital approved and enrolled as a DME supplier</b> – Bill DME MAC for DME.	Medicare Claims Processing Manual Chapter 4
<b>Preventive Services</b>		
DSMT and MNT	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapter 4
Screening mammography services Pelvic screening exams	<b>Professional and technical components</b> – CAH bills FI or A/B MAC. Show separately on bill.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15
Cardiovascular screening tests Diabetes screening tests Screening Pap tests	CAH bills FI or A/B MAC. Show separately on bill.	Medicare Claims Processing Manual Chapters 18 and 32 Medicare Benefit Policy Manual Chapter 15

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

CRITICAL ACCESS HOSPITAL Optional (Elective) Payment Method (Method 2)		
Type of Service	Billing Information	CMS Manual Reference
<b>Preventive Services</b>		
IPPEs – Includes AAA screenings for at risk beneficiaries	<b>Professional and technical components of IPPEs and EKGs</b> – CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32  Medicare Benefit Policy Manual Chapter 15
Vaccinations	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32  Medicare Benefit Policy Manual Chapter 15
Colorectal cancer screenings including screening colonoscopies  Prostate cancer screenings  BMMs	<b>Professional component</b> – CAH bills FI or A/B MAC. Show separately on bill.  <b>Technical component</b> – CAH bills FI or A/B MAC.  CAH bills FI or A/B MAC.  CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32  Medicare Benefit Policy Manual Chapter 15
Glaucoma screenings	<b>All provider types</b> – No separable technical component.	Medicare Claims Processing Manual Chapters 18 and 32  Medicare Benefit Policy Manual Chapter 15
Smoking and tobacco-use cessation counseling services	CAH bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 18 and 32  Medicare Benefit Policy Manual Chapter 15

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

### DETAILED RURAL BILLING CHARTS

#### SWING BED

##### CRITICAL ACCESS HOSPITAL – SWING BED APPROVAL Post-Hospital Skilled Nursing Facility Care

Type of Service	Billing Information	CMS Manual Reference
CAH swing bed exempt from Part A SNF PPS	CAH swing bed bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 3 and 6  Medicare Benefit Policy Manual Chapter 8

#### SWING BED

##### HOSPITAL – SWING BED APPROVAL Post-Hospital Skilled Nursing Facility Care

Type of Service	Billing Information	CMS Manual Reference
SNF PPS included services	Swing bed hospital bills FI or A/B MAC.	Medicare Claims Processing Manual Chapters 3 and 6  Medicare Benefit Policy Manual Chapter 8
SNF PPS excluded services – Part B inpatient services	Servicing provider, practitioner, or supplier bills FI, carrier, or A/B MAC, as appropriate.	Medicare Claims Processing Manual Chapters 3 and 6  Medicare Benefit Policy Manual Chapter 8



**ACRONYMS**

<b>AAA</b>	Abdominal Aortic Aneurysm	<b>HCPCS</b>	Healthcare Common Procedure Coding System
<b>BMM</b>	Bone Mass Measurement	<b>HH</b>	Home Health
<b>CAH</b>	Critical Access Hospital	<b>HHA</b>	Home Health Agency
<b>CB</b>	Consolidated Billing	<b>HH PPS</b>	Home Health Prospective Payment System
<b>CLIA</b>	Clinical Laboratory Improvement Amendments	<b>ID</b>	Identification
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>IPPE</b>	Initial Preventive Physical Examination
<b>CNM</b>	Certified Nurse Midwife	<b>MAC</b>	Medicare Administrative Contractor
<b>CNS</b>	Clinical Nurse Specialist	<b>MNT</b>	Medical Nutrition Therapy
<b>CP</b>	Clinical Psychologist	<b>MRI</b>	Magnetic Resonance Imaging
<b>CSW</b>	Clinical Social Worker	<b>N/A</b>	Not Applicable
<b>CT</b>	Computed Tomography	<b>NP</b>	Nurse Practitioner
<b>DME</b>	Durable Medical Equipment	<b>NSC</b>	National Supplier Clearinghouse
<b>DME MAC</b>	Durable Medical Equipment Medicare Administrative Contractor	<b>OT</b>	Occupational Therapy
<b>DMEPOS</b>	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	<b>PA</b>	Physician Assistant
<b>DSMT</b>	Diabetes Self-Management Training	<b>PPV</b>	Pneumococcal Polysaccharide Vaccine
<b>EKG</b>	Electrocardiogram	<b>PT</b>	Physical Therapy
<b>EPO</b>	Erythropoietin	<b>RD</b>	Registered Dietitian
<b>ESRD</b>	End-Stage Renal Disease	<b>RHC</b>	Rural Health Clinic
<b>FI</b>	Fiscal Intermediary	<b>RHHI</b>	Regional Home Health Intermediary
<b>FQHC</b>	Federally Qualified Health Center	<b>SLP</b>	Speech-Language Pathology
<b>HBV</b>	Hepatitis B Vaccine	<b>SNF</b>	Skilled Nursing Facility
		<b>SNF PPS</b>	Skilled Nursing Facility Prospective Payment System
		<b>TOB</b>	Type of Bill



### RESOURCES

To find additional information about rural billing, refer to the “Medicare Benefit Policy Manual” (Publication 100-02) and the “Medicare Claims Processing Manual” (Publication 100-04) located at <http://www.cms.gov/Manuals/IOM/list.asp> and visit the following CMS Provider Web Pages:

- Ambulance Services Center located at <http://www.cms.gov/center/ambulance.asp> on the CMS website;
- Clinical Labs Center located at <http://www.cms.gov/center/clinical.asp> on the CMS website;
- Critical Access Hospitals Center located at <http://www.cms.gov/center/cah.asp> on the CMS website;
- Durable Medical Equipment Center located at <http://www.cms.gov/center/dme.asp> on the CMS website;
- Federally Qualified Health Centers Center located at <http://www.cms.gov/center/fqhc.asp> on the CMS website;
- Home Health Agency Center located at <http://www.cms.gov/center/hha.asp> on the CMS website;
- Hospital Center located at <http://www.cms.gov/center/hospital.asp> on the CMS website;
- Prevention located at <http://www.cms.gov/PrevntionGenInfo> on the CMS website;
- Rural Health Clinics Center located at <http://www.cms.gov/center/rural.asp> on the CMS website;
- Skilled Nursing Facilities PPS located at <http://www.cms.gov/SNFPPS> on the CMS website; and
- Swing Bed Providers located at [http://www.cms.gov/SNFPPS/03\\_SwingBed.asp](http://www.cms.gov/SNFPPS/03_SwingBed.asp) on the CMS website.

## MEDICARE BILLING INFORMATION FOR RURAL PROVIDERS AND SUPPLIERS

To find additional information about SNF CB, refer to the following MLN Matters® Articles:

- SE0432 – “Skilled Nursing Facility Consolidated Billing as it Relates to Certain Types of Exceptionally Intensive Outpatient Hospital Services” located at <http://www.cms.gov/MLNMattersArticles/downloads/SE0432.pdf> on the CMS website;
- SE0433 – “Skilled Nursing Facility Consolidated Billing as it Relates to Ambulance Services” located at <http://www.cms.gov/MLNMattersArticles/downloads/SE0433.pdf> on the CMS website;
- SE0436 – “Skilled Nursing Facility Consolidated Billing and Preventive/Screening Services” located at <http://www.cms.gov/MLNMattersArticles/downloads/SE0436.pdf> on the CMS website;
- SE0438 – “Medicare Prescription Drug, Improvement, and Modernization Act (MMA) – Skilled Nursing Facility Consolidated Billing and Services of Rural Health Clinics and Federally Qualified Health Centers” located at <http://www.cms.gov/MLNMattersArticles/downloads/SE0438.pdf> on the CMS website; and
- SE0440 – “Skilled Nursing Facility Consolidated Billing as it Relates to Certain Diagnostic Tests” located at <http://www.cms.gov/MLNMattersArticles/downloads/SE0440.pdf> on the CMS website.

To find the Compilation of Social Security Laws, visit [http://www.ssa.gov/OP\\_Home/ssact/comp-ssa.htm](http://www.ssa.gov/OP_Home/ssact/comp-ssa.htm) on the Social Security Administration website.

To find Medicare information for beneficiaries (e.g., Medicare basics, managing health, and resources), visit <http://www.medicare.gov> on the Internet.



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