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UNDERSTANDING THE MAJOR CATEGORIES OF EXCLUSION FROM CONSOLIDATED BILLING

WPS MEDICARE: UNDERSTANDING THE MAJOR CATEGORIES OF CONSOLIDATED BILLING

Remember:

INCLUSIONS are subject to consolidated billing and must be paid by the SNF to the rendering provider

EXCLUSIONS are excluded from consolidated billing and the rendering provider may bill Medicare

ALWAYS CHECK THE HCPCS CODE!

Major Category	Services	Included or Excluded?	Place of Service Exclusions*	Other
I: Beyond the Scope of a SNF	<ul style="list-style-type: none"> a. CT scans b. Cardiac Catheterization c. MRIs d. Radiation Therapy e. Angiography, Lymphatic, Venous, and Related Procedures f. Outpatient Surgery & Related Procedures* g. ER services* h. Medically necessary ambulance for services within this list* i. Services directly related to services within this list* 	<ul style="list-style-type: none"> • <u>Excluded</u> from Consolidated Billing (although outpatient surgery listed as inclusions on list of HCPCS/CPT codes) 	<ul style="list-style-type: none"> • ONLY excluded if provided at Hospital or Critical Access Hospital (CAH) 	<ul style="list-style-type: none"> *Outpatient surgery listed as inclusions on the list of HCPCS/CPT codes *Related services with same LIDOS as ER Revenue Code (045X) also excluded (append -ET modifier for services spanning more than one date of service) *Ambulance service excluded when associated with services in Major Category I a-e and g or RDF services to patients with ESRD
II: ESRD / Hospice	<ul style="list-style-type: none"> • Dialysis, EPO, aranesp, other dialysis related services • Medically necessary ambulance transport to renal dialysis facility (RDF) for a patient with ESRD • Hospice care for terminal illness 	<ul style="list-style-type: none"> • <u>Excluded</u> from Consolidated Billing 	<ul style="list-style-type: none"> • ONLY excluded if provided at a Renal Dialysis Facility (RDF) 	<ul style="list-style-type: none"> *RDF services ONLY excluded if provided to patients with ESRD *Hospice services ONLY excluded if provided to patients who have elected hospice
III: Provided by Any Entity Except a SNF	<ul style="list-style-type: none"> • Certain chemotherapy • Chemotherapy administration* • Radioisotopes & their administration • Customized prosthetic devices 	<ul style="list-style-type: none"> • <u>Excluded</u> from Consolidated Billing 	<ul style="list-style-type: none"> • ONLY excluded if provided by any Medicare provider <u>except</u> a SNF 	<ul style="list-style-type: none"> *If HCPCS for chemo admin has an asterisk (*) next to it, ONLY excluded when billed with same LIDOS as an excluded chemotherapy drug

Major Category	Services	Included or Excluded?	Place of Service Exclusions*	Other
IV: Screening/ Preventive	<ul style="list-style-type: none"> Mammography Vaccines & their administration Screening pap smear/pelvic exams Colorectal screening services Prostate cancer screening Glaucoma screening Diabetic screening Cardiovascular screening Initial preventive physical exam Abdominal aortic aneurysms (AAA) screening 	<ul style="list-style-type: none"> <u>Excluded</u> from Consolidated Billing 		<ul style="list-style-type: none"> *Must be billed by the SNF for beneficiaries in a Part A stay with Part B eligibility on type of bill (TOB) 22X *Keep certificate on file with FI/MAC to receive payment *<u>Excluded</u> from SNF PPS rate (SNF paid extra for service)
V: Therapy	<ul style="list-style-type: none"> Physical therapy (PT) Occupational therapy (OT) Speech-Language Pathology (SLP) 	<ul style="list-style-type: none"> INCLUDED in Consolidated Billing 		<ul style="list-style-type: none"> *Must be billed by SNF for ANYONE in a Medicare-certified bed

* The service must be provided at the place of service listed for the category, or it will *not* be excluded. For example, a CT scan provided at a hospital or CAH is excluded. CT scans provided anywhere else are not excluded.

Other Helpful Hints:

<p>Website to Check Excluded HCPCS/CPT Codes: Choose the FI file for the year in which service provided, and check your place of service exclusions!</p>	<p>http://www.cms.hhs.gov/SNFConsolidatedBilling/01_Overview.asp</p>
<p>General Exclusions from Consolidated Billing:</p>	<ul style="list-style-type: none"> Professional component of services (services by physician, physician assistant, nurse practitioner, certified nurse-midwives, qualified psychologists, certified registered nurse anesthetists) Home dialysis supplies & equipment EPO for certain dialysis patients Hospice care Services beyond the scope of a SNF Medically necessary ambulance transport (to SNF upon admission, to home upon discharge, for services excluded by Major Category I, or for services at a renal dialysis facility (RDF) for a patient with ESRD)