## Purpose

# To determine if the facility must pay for services for residents during a Part A stay under consolidated billing (CB).

# **Policy**

To determine if the facility is responsible to pay for services billed that occurred during a resident’s Part A stay.

# **Procedure**

The person responsible at the facility must go to the SNF consolidated billing list located on the CMS website:

1. To access the [CMS SNF Consolidated Billing website](http://www.cms.gov/SNFConsolidatedBilling/01_Overview.asp) go to: http://www.cms.gov/SNFConsolidatedBilling/01\_overview.asp
2. Select the appropriate year for the claim date of service (e.g., if the dates of service on your claim are for 020113 through 022813, you would select the 2013 A MAC update).
3. Scroll to the bottom of the page and select the appropriate year for the SNF Consolidated Billing Annual Update.
4. Search for the HCPCS being billed to the facility. Determine if it is excluded or included in CB.

If the charge is included in the Part A stay, you are responsible to pay what Medicare would pay. To determine this:

1. Use the “Medicare Physician’s Fee Schedule Look-up Tool” on the following website: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSLookup/index.html>
2. Click on “Start Search”
3. Choose:
   1. The year that the service occurred
   2. Type of Information is “Pricing Information”
   3. HCPCS Criteria is single or list
   4. Carrier/MAC is 15202 OHIO
   5. Modifiers: Choose the modifier included on the bill (we are not responsible for modifier 26-professional component. That is billable to Part B. Most of the time the modifier that should be used is the technical component “TC”
   6. Enter HCPCS number-this must be on the invoice received by the billing entity

*If you are uncertain whether the facility is being billed in error, call the Division Director of Clinical Operations.*