



Insights

CMS Reminder Regarding Services Rendered by Hospitals to Patients Staying in Other Facilities

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The Centers for Medicare and Medicaid Services (“CMS”) recently issued guidance (MLN Matters SE17033 – Revised) re-emphasizing that Medicare should not pay an acute care hospital for services furnished to a Medicare beneficiary, when the beneficiary is still an inpatient of another facility, such as a Long Term Care Hospital (“LTCH”), Inpatient Psychiatric Facility (“IPF”), Inpatient Rehabilitation Facility (“IRF”), or Critical Access Hospital (“CAH”).

An example of this would be where an acute care hospital provides lab work for a beneficiary that is an inpatient of a LTCH. In such instance, the acute care hospital should not bill Medicare for the outpatient service and should not charge the beneficiary for any outpatient deductible or coinsurance amount. Rather, the acute care hospital should look to the LTCH for payment for the outpatient service it provided to the beneficiary while an inpatient of the LTCH.

However, there are some services that are excepted from this policy, and that can be billed separately to Medicare, subject to certain requirements:

- Pneumococcal Vaccine, Influenza Virus Vaccine, and Hepatitis B Vaccine and Administration
- Certain Ambulance Services
- Part B Inpatient Services

While this guidance is not a change in policy, it is a reminder to hospitals of proper billing of services for beneficiaries in a covered Part A inpatient stay.

For questions on billing for Medicare Part A inpatient stays, please contact Leah S. Mannweiler at lmannweiler@kdlegal.com, Meghan M. Linvill McNab at mmcnab@kdlegal.com or your regular Krieg DeVault attorney.