**If you have any billing questions please call our office; we will be happy to assist you.**
**Phone: 978-750-0300**

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

## Modified Barium Swallow study (MBS): Application of SNF consolidated billing rules

Adapted from the *ASHA Medicare Handbook* 9-1-03

Consolidated billing applies to skilled nursing facilities (SNFs) for *all* services rendered to Part A PPS residents except for physician services actually performed by a physician. (The professional component of the Medicare relative value of a CPT procedure cannot be considered a physician service in regard to SLP, OT or PT procedures.)

For Part B SNF residents, consolidated billing means that SLP. OT and PT services to residents can be billed to Medicare only by the SNF.

**Part A Residents:** The hospital or radiology center bills the SNF at a negotiated rate for the SLP MBS (CPT 92611) and the technical component of the radiology procedure (74230-TC). The physician component of the radiology procedure (74230-26) can be billed directly to Medicare.

The hospital-SNF negotiated rate plus the cost of ambulance transportation is funded from the SNFresident's per diem.

**Part B Residents:** The hospital Medicare claim for the SLP MBS procedure, CPT 92611, must be submitted to the Medicare intermediary by the SNF. The associated radiology procedure, CPT 74230, is billed directly to Medicare by the hospital because it is not a "therapy" charge subject to consolidated billing.

NOTE: A SNF's SLP may be restricted from performing the 92611 role in a hospital or radiology center MBS for legal/liability reasons. The hospital may want to execute a contract with the SLP if not otherwise affiliated. Obviously, the SLP who conducted the clinical evaluation would be preferable in the MBS rather than a hospital or center employee.

For further information contact Mark Kander, director, health care regulatory analysis, at 800-498-2071 ext.4139, or at mkander@asha.org,