Understanding Skilled Nursing Facilities (SNFs)

A Guide for Health Care Providers and Practice Administration

Skilled Nursing Facilities

Example EYLEA HD® (aflibercept) Injection Issues With SNFs

Patient SNF Stay: Covered or Noncovered	Interruption in Covered SNF Stay	Payment by SNF or Medicare	Provider Arrangement With SNF	SNF Refuses to Pay	Rebill
Issue: Is the patient's SNF stay covered or noncovered under Medicare? **Example scenario:** Patient is diagnosed, meets medical necessity criteria for EYLEA HD injections, and is a resident in an SNF. Provider must determine whether to bill the SNF or Medicare. **Medicare General Information, Eligibility, and Entitlement, Chapter 3, Section 10.4 states...** Generally, a patient is eligible for **100 days** of extended care services during each benefit period. **Medicare Claims Processing Manual, Chapter 7, Section 110 states...** For Medicare beneficiaries in a noncovered stay, only therapy services are subject to SNF consolidated billing. All other covered SNF services for these beneficiaries can be separately billed to and paid by the Medicare Administrative Contractor.	**Issue:** Is there an interruption in patient's covered SNF stay? **Example scenario:** Patient is diagnosed and meets medical necessity criteria for EYLEA HD injections. Adult child brings patient in for EYLEA HD injections. Patient has been a resident of an SNF for fewer than 100 days. **Medicare Claims Processing Manual, Chapter 6, Section 10.1 states...** The SNF's responsibility to arrange for needed services ends when the beneficiary is formally discharged (or otherwise departs) from the SNF unless they are readmitted (or return) to that or another SNF before the following midnight (the "midnight rule").	**Issue:** Is the SNF or Medicare financially responsible for the EYLEA HD injections? **Example scenario:** Patient is diagnosed and meets medical necessity criteria for EYLEA HD injections. Patient is a resident of an SNF (uninterrupted for fewer than 100 days). Provider must determine whether to bill the SNF or Medicare. **Medicare Claims Processing Manual, Chapter 6, Sections 20, 20.1, and 20.1.1 state...** **Determine whether products or services are excluded or included under consolidated billing:** A detailed listing of services and products excluded from consolidated billing requirements is accessible from CMS at https://qrco.de/bf4K5n. • From the left column, select the year when the products or services were rendered • Search the CPT or HCPCS codes. Inclusion of the products or services on the list means they are excluded from consolidated billing requirements **Excluded products and services payable by Medicare:** The following physician services and professional components: • CPT 67028: Intravitreal injection of a pharmacologic agent • CPT 92014: Physician visit • CPT 92134: Optical coherence tomography **Included products and services payable by the SNF:** Certain drugs and biologics not specifically excluded are included under consolidated billing. • EYLEA HD HCPCS J0177 is not specifically excluded and is therefore included under consolidated billing CMS = Centers for Medicare & Medicaid Services; CPT = Current Procedural Terminology; HCPCS = Health Care Common Procedure Coding System.	**Issue:** What are the SNF's responsibilities to the provider both with and without a written agreement? **Example scenario:** Patient is diagnosed and meets medical necessity criteria for EYLEA HD injections. Patient is a resident of an SNF (uninterrupted for fewer than 100 days). Consolidated billing requires the SNF to pay for EYLEA HD injections. **Medicare Claims Processing Manual, Chapter 6, Section 10.4 states...** **With written agreement:** For any Part A or Part B service subject to SNF consolidated billing, the SNF must either furnish the service directly with its own resources or obtain the service from an outside entity under an arrangement. **Without written agreement:** The absence of a valid arrangement does not invalidate the SNF's responsibility to reimburse providers for services included in the SNF's consolidated billing. This obligation applies even when the SNF did not specifically order the service. Examples include: • During a scheduled physician's visit, the physician performs additional diagnostic tests that were not ordered by the SNF • A family member arranges for a physician visit without the knowledge of the SNF staff, and the physician bills the SNF for "included" services Sample SNF-provider arrangement agreements are accessible from CMS at https://go.cms.gov/2RTXY42.	**Issue:** What is the SNF's obligation to pay the provider? **Example scenario:** Patient is diagnosed and meets medical necessity criteria for EYLEA HD injections. Patient is a resident of an SNF (uninterrupted for fewer than 100 days). Consolidated billing requires the SNF to pay for EYLEA HD injections. SNF refuses to pay. **Medicare Claims Processing Manual, Chapter 6, Section 10.4 states...** An SNF is required to either furnish directly or arrange for all Medicare-covered services furnished to an SNF resident. There are potentially adverse consequences to SNFs when patterns of such denials are identified. Specifically, all participating SNFs agree to comply with program regulations when entering into a Medicare-provider agreement, which requires an SNF to have a valid arrangement in place whenever a resident receives services subject to consolidated billing from any entity other than the SNF itself. **Medicare Claims Processing Manual, Chapter 6, Section 10.4.1 states...** An SNF demonstrating a pattern of nonpayment also risks being found in violation of the terms of its own CMS-provider agreement.	**Issue:** What are the provider's options regarding the Medicare-denied claim? **Example scenario:** Patient is diagnosed and meets medical necessity criteria for EYLEA HD injections. Adult child brings patient in for EYLEA HD injections. Provider is unaware that patient is a resident of an SNF (uninterrupted for fewer than 100 days). Medicare denies the claim because of SNF's consolidated billing requirements. **Medicare Claims Processing Manual, Chapter 34, Section 10.1 states...** A contractor may conduct a reopening to revise an initial determination. The claim may then be reviewed by the Medicare Administrative Contractor for the physician services portion of the claim that is excluded under consolidated billing requirements. The provider may then bill the SNF (with remit advice) under arrangement for the portion of claim included under consolidated billing requirements.

For more information on SNFs, go to http://bit.ly/2DPLLTF.

Visit NavigatingPayerChallenges.com for state-specific and federal legislation or contact your Reimbursement Business Manager (RBM) for more information

Please see Important Safety Information on the next page and accompanying full Prescribing Information.

This material is provided for informational purposes only, is subject to change, and should not be construed as legal or medical advice. Use of this information to challenge or appeal a coverage or reimbursement delay and/or denial by a payer is the responsibility of the provider.

INDICATIONS

EYLEA HD® (aflibercept) Injection 8 mg is indicated for the treatment of patients with Neovascular (Wet) Age-Related Macular Degeneration (AMD), Diabetic Macular Edema (DME), and Diabetic Retinopathy (DR).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- EYLEA HD is contraindicated in patients with ocular or periocular infections, active intraocular inflammation, or known hypersensitivity to aflibercept or to any of the excipients in EYLEA HD.

WARNINGS AND PRECAUTIONS

- Intravitreal injections, including those with aflibercept, have been associated with endophthalmitis and retinal detachments and, more rarely, retinal vasculitis with or without occlusion. Proper aseptic injection technique must always be used when administering EYLEA HD. Patients and/or caregivers should be instructed to report any signs and/or symptoms suggestive of endophthalmitis, retinal detachment, or retinal vasculitis without delay and should be managed appropriately.
- Acute increases in intraocular pressure have been seen within 60 minutes of intravitreal injection, including with EYLEA HD. Sustained increases in intraocular pressure have also been reported after repeated intravitreal dosing with VEGF inhibitors. Intraocular pressure and the perfusion of the optic nerve head should be monitored and managed appropriately.
- There is a potential risk of arterial thromboembolic events (ATEs) following intravitreal use of VEGF inhibitors, including EYLEA HD. ATEs are defined as nonfatal stroke, nonfatal myocardial infarction, or vascular death (including deaths of unknown cause). The incidence of reported thromboembolic events in the wet AMD study (PULSAR) from baseline through week 48 was 0.4% (3 out of 673) in the combined group of patients treated with EYLEA HD compared with 1.5% (5 out of 336) in patients treated with EYLEA 2 mg. The incidence in the DME study (PHOTON) from baseline to week 48 was 3.1% (15 out of 491) in the combined group of patients treated with EYLEA HD compared with 3.6% (6 out of 167) in patients treated with EYLEA 2 mg.

ADVERSE REACTIONS

- The most common adverse reactions (≥3%) reported in patients receiving EYLEA HD were cataract, conjunctival hemorrhage, intraocular pressure increased, ocular discomfort/eye pain/eye irritation, vision blurred, vitreous floaters, vitreous detachment, corneal epithelium defect, and retinal hemorrhage.
- Patients may experience temporary visual disturbances after an intravitreal injection with EYLEA HD and the associated eye examinations. Advise patients not to drive or use machinery until visual function has recovered sufficiently.

Please see accompanying full Prescribing Information for EYLEA HD.

REGENERON®

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Reference: Data on file. Regeneron Pharmaceuticals, Inc.

This information is provided to you by Regeneron, the maker of

EYLEA HD® (aflibercept) Injection 8 mg