

## Part B Insider (Multispecialty) Coding Alert

### Diagnostic Tests: Your Equipment, Their Payment - How to Get Paid for Tests in SNFs

#### SNFs stiff physicians on technical-component reimbursement

Frustrated by skilled nursing facility payments for tests? You're not alone.

A "good chunk" of the reimbursement for diagnostic tests in SNFs goes to the SNF instead of the physician, says **Quin Buechner** with ProActive Consultants in Cumberland, Wis.

For example, you bring in a portable x-ray to a skilled nursing facility. The reimbursement for the technical component of the X-ray tests goes to the SNF, not you. Since the SNF receives a per-diem rate for the patient's care, it's hard for it to carve out a payment that covers the test.

The answer to that is to threaten to stop coming out and performing those services. "You know how fast they change their tunes?" Buechner says. Especially with bigger companies like Beverly, they "back off right quick" when physicians stand up for themselves.

To make matters worse, some Part B carriers have been trying to deny [physician claims](#) for interpretations of tests, even though professional services in SNFs are supposed to be separately payable, says **Terry Fletcher**, healthcare coding consultant in Laguna Niguel, Calif. The carriers send the physicians to the SNFs, which in turn refuse to pay.

"What's been happening is physician offices have been trying to bill Medicare for reads, and Medicare says the place of service is not valid or you should go to the SNF," Fletcher says, because the physician performed the test in the SNF but the interpretation in the office.

Back in October, CMS issued a transmittal #6 (Change Request 2912) that clarified that even when a diagnostic test had two places of service for the technical and professional components, you could still report both on the same claim. For electronic claims, you should include location information "at the line level" when the services were performed at different locations. But some carriers haven't been following this guidance, denying claims with two different places of services in any case, Fletcher says.

Radiologists and cardiologists have been performing tests in hospitals and then doing interpretations in the office for years, and it hasn't been a problem, Buechner says. "Why is that a problem?" he asks.