

## SNF – Quest billing

### LONG TERM CARE BILLING POLICY

Quest Diagnostics must bill the appropriate payer for laboratory testing performed by the company for patients in long term care or skilled nursing facilities.

### REASON

If Quest Diagnostics bills Medicare Part B for a patient whose stay is covered under Medicare Part A and the skilled nursing facility (SNF) is reimbursed by Medicare for the same service, Medicare may pay twice for a service performed once. The government could view this as a violation of the fraud and abuse laws. The company and the SNF must have adequate controls in place to help ensure that the company does not receive Medicare reimbursement for laboratory testing that should have been billed to the SNF.

### BACKGROUND

Long term care facilities have become more specialized in the levels of care that they can provide. Today, a long term care facility may be able to provide skilled nursing, intermediate nursing and assisted living care, all in one location. Based upon the level of care needed for a patient's condition, federal and state programs have different rules and regulations for who may bill and be reimbursed for the services and care provided.

### GUIDELINES

- Care rendered to Medicare patients in a Part A covered stay in a SNF or a distinct part of an institution certified as a SNF is reimbursed under Medicare Part A. Laboratory testing provided for these patients must be billed directly to the long term care facility, which in turn is responsible for billing Medicare.
- Care rendered to Medicare patients in a SNF or long term care facility who are not in a Medicare Part A covered stay but who are covered by Medicare Part B must be billed by Quest Diagnostics to the Medicare program.
- Care rendered to private pay or Medicaid patients in a long term care facility (SNF or non-SNF) must be billed by Quest Diagnostics to the appropriate payer.
- Quest Diagnostics is completely reliant upon the SNF or long term care facility's certification of the accuracy of the billing information provided to the laboratory by the facility for each patient encounter as to the patient's Medicare Part A or Part B coverage status. If there is a question about the patient's status, Quest Diagnostics will bill the long term care facility.

For residents and/or staff without coverage (entirely uninsured), the following guideline for COVID-19 testing has been established:

### BACKGROUND

The government has indicated that it will provide funding specific to COVID-19 testing for uninsured patients. We have learned that U.S. Department of Health and Human Services (HHS) will provide reimbursement to health care providers generally at Medicare rates, subject to funding availability, for COVID-19 testing .

### GUIDELINES

Therefore, for COVID-19 testing of uninsured patients and staff of the long term care facility, the order should be marked "Patient Bill" for

Instruct the client to select "Patient Bill" for uninsured patients and staff receiving COVID-19 testing. We will hold ALL patient bills for COVID-19 testing. We will look to the government for the reimbursement of testing. If funding is no longer available, we will bill the client for the testing. Patients and staff will not receive a bill.

Hoping this further clarification of a highly complex billing milieu will improve the comfort level of the facilities and they will be agreeable to moving forward with testing.

I'll provide another update tomorrow David – in the meantime, you know how to reach me.

Thanks and stay well,  
Tammy

**Tammy S. Coffman**

Regional Vice President, Great Midwest Commercial

**Quest Diagnostics** | [Action from Insight](#) | 1355 Mittel Blvd. | Wood Dale, IL 60191 USA | phone 303.483.3300 | fax 303.847.4595 | [Tammy.S.Coffman@QuestDiagnostics.com](mailto:Tammy.S.Coffman@QuestDiagnostics.com) | [QuestDiagnostics.com](http://QuestDiagnostics.com)