



## Swing-bed, Acute Hospital

A qualified hospital may bill for temporary swing-bed services when a recipient in an acute bed no longer meets acute criterion but requires nursing facility care and cannot be admitted into a nursing facility unit because there are no beds available.

[Medicaid Services Manual, Chapter 200](#) provides Nevada Medicaid policy for swing-bed services in Section 203.3.

This includes:

- Coverage and limitations
- Provider responsibilities
- Authorization process

### Covered services

Swing-bed acute hospitals may bill **nursing services and accommodations** using revenue code 0550. Services must be provided in a hospital or nursing facility site.

### Prior authorization requirements

**Prior authorization is required** for all swing-bed stays. Submit [form FA-8](#) and indicate that this is a request for Swing Bed service in the Clinical Information section of the form.

Prior to transferring a recipient from a swing bed to a nursing facility bed within the hospital or to another nursing facility bed, the hospital must obtain both a **Pre-Admission and Resident Review (PASRR)** screening (use [form FA-18](#)) and Nursing Facility **Level of Care (LOC)** screening (use [form FA-19](#)). These screenings ensure that the recipient meets Medicaid's nursing facility placement criteria.

See [MSM Chapter 200](#) for policy on concurrent and retrospective reviews.

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

### Special billing instructions

Use **Type of Bill** code 0281 on the claim.

Stays **under 30 days** may be billed immediately following discharge. Stays over 30 days should be billed monthly.

Bill ancillary services for swing beds under provider type 12 (Hospital, Outpatient).

### Rates

A **per diem** rate has been established for provider type 44. Rate information is posted online at <http://dhcfp.nv.gov> on the Rates Unit webpage.

### Ordering, Prescribing or Referring (OPR) Provider Requirements

The Patient Protection and Affordable Care Act and the Centers for Medicare & Medicaid Services (CMS) require all ordering, prescribing and referring physicians to be enrolled in the state Medicaid program (§455.410 Enrollment and Screening of Providers). The Affordable Care Act (ACA) requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe and refer items or services for Medicaid recipients, even when they do not submit claims to Medicaid. Physicians or other eligible professionals who are already enrolled in Medicaid as participating



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providers and who submit claims to Medicaid are not required to enroll separately as OPR providers.

For any services or supplies that are ordered, prescribed or referred, the National Provider Identifier (NPI) of the Nevada Medicaid-enrolled Ordering, Prescribing or Referring (OPR) provider must be included on Nevada Medicaid/Nevada Check Up claims or those claims will be denied. To prevent claim denials for this reason, please confirm that the OPR provider is enrolled with Nevada Medicaid; this can be done on the Provider Web Portal by using the Search Providers feature:

<https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx>

Reminders for providers who submit institutional claims:

- If your provider type requires the attending physician to be listed on the Institutional claim, that attending physician must be enrolled with Nevada Medicaid.
- If the service was ordered, prescribed or referred by another provider, the NPI of the OPR provider is required to be listed on the claim form. The OPR provider must be enrolled in Nevada Medicaid.
- If the attending physician is the same as the OPR provider, leave the OPR field blank.
- The attending and OPR NPI must be for an individual provider (not an organization or group).
- For detailed claim completion information, refer to the 837I FFS Companion Guide located at: <https://www.medicaid.nv.gov/providers/edi.aspx> and the Electronic Verification System (EVS) User Manual Chapter 3 located at: <https://www.medicaid.nv.gov/providers/evsusermanual.aspx>