

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 ensure that the recipient meets Medicaid's nursing facility placement criteria.

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

## Special Billing Instructions

For dates of service on and after January 1, 2009, use **revenue code 0550 only**. (Code 0559 is not payable for dates of service on and after January 1, 2009.)

Use **Type of Bill** code "0281" in Field 4 on the UB claim form.

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

**Therapy, laboratory and radiology services** must be billed by the independent service providers.

## Rates

A **per diem** rate has been established for all Providers. Rate information is posted online at <http://dhcfnv.gov>.

