

Overview of the Medicare Benefit Policy Manual for Medicare Part A and B

The Medicare Benefit Policy Manual is one of many on the list of Internet-Only Manuals (IOM) provided by the Center for Medicare and Medicaid Services (CMS). The Manuals are CMS' program issuances, day-to-day operating instructions, policies, and procedures that are based on statutes, regulations, guidelines, models, and directives. The CMS program components, providers, contractors, Medicare Advantage organizations and state survey agencies use the IOMs to administer CMS programs. They are also a good source of Medicare and Medicaid information for the general public.

A list of all the IOM's can be found here:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>

The screenshot shows the CMS.gov website. The main heading is "Internet-Only Manuals (IOMs)". Below the heading is a paragraph explaining that IOMs are a replica of the Agency's official record copy, used for administering CMS programs. To the left is a sidebar with "Manuals" and "Internet-Only Manuals (IOMs)" selected. Below the text is a table with two columns: "Publication # ↕" and "Title ↕". The table lists five entries: 100 (Introduction), 100-01 (Medicare General Information, Eligibility and Entitlement Manual), 100-02 (Medicare Benefit Policy Manual), 100-03 (Medicare National Coverage Determinations (NCD) Manual), and 100-04 (Medicare Claims Processing Manual). There is also a "100-05" entry for Medicare Secondary Payer Manual. Above the table are controls for "Show Entries" (set to 10 per page) and "Filter On".

Publication # ↕	Title ↕
100	Introduction
100-01	Medicare General Information, Eligibility and Entitlement Manual
100-02	Medicare Benefit Policy Manual
100-03	Medicare National Coverage Determinations (NCD) Manual
100-04	Medicare Claims Processing Manual
100-05	Medicare Secondary Payer Manual

The Medicare Benefit Policy Manual (MBPM) is otherwise known as "Publication 100-02." It is made up of 16 Chapters and covers Medicare guidelines for multiple settings, including: Inpatient Rehab Hospitals, Home Care, Skilled Nursing Facilities and Outpatient Therapy.

A list of the 16 Chapters can be found here:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673.html?DLPage=1&DLSort=0&DLSortDir=ascending>

The screenshot shows the CMS.gov website interface. At the top, it says "CMS.gov Centers for Medicare & Medicaid Services" and "About CMS Newsroom". Below that are navigation tabs for "Medicare", "Medicaid/CHIP", "Marketplace & Private Insurance", "Priorities", and "Train". A blue bar contains the text "Back to Internet-Only Manuals (IOMs)". The main content area displays "100-02" and "Publication # 100-02". Below that, it says "Title Medicare Benefit Policy Manual". A "Downloads" section is highlighted with a yellow icon, listing various chapters with blue underlined links:

- Chapter 1 - Inpatient Hospital Services Covered Under Part A
- Chapter 1 Crosswalk
- Chapter 2 - Inpatient Psychiatric Hospital Services
- Chapter 2 Crosswalk
- Chapter 3 - Duration of Covered Inpatient Services
- Chapter 3 Crosswalk
- Chapter 4 - Inpatient Psychiatric Benefit Days Reduction and Lifetime Limitation
- Chapter 4 Crosswalk
- Chapter 5 - Lifetime Reserve Days
- Chapter 5 Crosswalk
- Chapter 6 - Hospital Services Covered Under Part B
- Chapter 6 Crosswalk
- Chapter 7 - Home Health Services
- Chapter 7 Crosswalk
- Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance

In general, the MBPM guidelines discuss Medicare coverage in the above settings from a “Part A” perspective. The only Chapter that is dedicated to “Part B” covered services is Chapter 15. The Medicare rules and specifications are different for each practice setting (though there are some similarities). When referring to the regulations you are looking for, it is important that you are pulling them from the correct Chapter of the Manual.

Based on your practice setting, these are the Chapters that may interest you:

Chapter 1: Inpatient Hospital Services for Part A

This Chapter should not be confused with short term/inpatient rehab services provided in a skilled nursing facility. This is strictly inpatient hospital beds, not long term care beds.

Here is the link to Chapter 1:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf>

Chapter 7: Home Health Services

This Chapter is specific to home health services covered under “Part A.” You will know if the services care Part A if an OASIS is completed. If a home care agency provides home health under Part B, the rules in Chapter 15 will govern this.

Here is the link to Chapter 7:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>

Chapter 8: Extended Care Services Under Hospital Insurance (SNF Part A)

This is the Chapter pertaining to Medicare Part A covered services in a skilled nursing facility (SNF). As of 10/1/2019, residents covered under Part A in a SNF follow the Prospective Payment System (PPS) Patient Driven Payment Model (PDPM). Reimbursement is allocated based on the HIPPS code (score) of the Minimum Data Set (MDS), derived from 5 case-mix based components (PT/OT, SLP, Nursing & Non-Therapy Ancillary), and a non-case mix component, totaling the daily per diem rate. Medicare Part A coverage is initiated if a resident meets specific technical and coverage criteria.

Here is the link to Chapter 8:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf>

Chapter 15: Covered Medical and Other Health Services

This is the Chapter that encompasses all therapy services covered under “outpatient.” Outpatient refers to physical, occupational and speech therapy services provided and paid utilizing the Physician Fee Schedule (Billing codes and units of services). The title, “outpatient,” may be misleading, as residents of a SNF are included, as are home care residents and hospital residents in an observation stay. Traditional therapy outpatient settings are also in this category. This Chapter is, by far, the most detailed Chapter of the MBPM when it comes to laying out rules and requirements for therapy services, including documentation, supervision and coverage.

Here is the link to Chapter 15:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

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