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FACT SHEET

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Swing Bed Services



What's Changed?

- Billing instructions for when a patient has a change of status review on their qualifying inpatient hospital stay (page 2)
- Swing bed services and the 96-hour certification requirement time exemption (page 4)
- Home health and swing bed patients (page 5)

Substantive content changes are in dark red.

Section 1861(e) of the [Social Security Act](#) allows certain small, rural hospitals and critical access hospitals (CAHs) to provide swing bed services to use their beds for acute care or post-hospital skilled nursing facility (SNF) care. These rural hospitals and CAHs increase Medicare patient access to post-acute SNF care.

3-Day Prior Hospitalization Rule

We require a 3-consecutive-day inpatient hospital or CAH stay before admitting a Medicare patient to a swing bed in any hospital or CAH. The patient's swing bed stay must normally be within the same spell of illness as the qualifying hospital stay.

If the 3-day qualifying hospital stay was subject to a [change of status review](#), we provide [additional billing instructions](#) for swing bed providers to alert their Medicare Administrative Contractor of the patient's appeal and the Quality Improvement Organization's decision to uphold the patient's inpatient status for the qualifying hospital stay.



Swing Bed Designation

A hospital or CAH doesn't have to keep their swing beds in a special facility section unless the hospital or CAH requires it. Approved swing bed hospitals or CAHs may use any acute care inpatient bed within the facility to provide swing bed services, except the acute care inpatient beds used for:

- Inpatient Prospective Payment System-excluded rehabilitation or psychiatric distinct part units (DPUs)
- Intensive care units (ICUs)
- Newborns

Document acute care discharge and admission to swing bed status in the patient's medical record. The medical record must include:

- Acute care discharge orders, including discharge summary
- Admission orders to swing bed status (whether the patient stays in the same hospital or CAH or transfers to an approved swing bed hospital or CAH)
- Appropriate progress notes

Rural Hospital Requirements

To get and retain post-acute swing bed SNF-level care approval, hospitals must:

- Be in a rural area, including all areas not defined as urban by the most recently published U.S. Census Bureau data (we don't include an urban cluster area)
- Have less than 100 beds, excluding beds for ICUs and newborns
- Have a Medicare hospital provider agreement
- Not have had its swing bed approval terminated within 2 years before application resubmission
- Not have a 24-hour nursing waiver granted under [42 CFR 488.54\(c\)](#)
- Comply with these SNF participation requirements under [42 CFR 482.58\(b\)\(1–7\)](#):
 - Residents' rights
 - Admission, transfer, and discharge rights
 - Freedom from abuse, neglect, and exploitation
 - Social services
 - Discharge summary
 - Specialized rehabilitative services
 - Dental services

CAH Requirements

CAHs must comply with SNF participation requirements under [42 CFR 485.645\(d\)\(1–8\)](#):

- Residents' rights
- Admission, transfer, and discharge rights
- Freedom from abuse, neglect, and exploitation
- Social services
- Comprehensive assessment, comprehensive care plan, and discharge planning requirements (we don't require CAHs to use the Resident Assessment Instrument or comply with the frequency, scope, and number of assessments)
- Specialized rehabilitative services
- Dental services
- Nutrition

A CAH may normally maintain no more than 25 inpatient beds. A CAH with Medicare swing bed approval may use any of its inpatient beds for either inpatient or SNF-level services. A CAH may also operate a DPU (rehabilitation or psychiatric), each with up to 10 beds; however, it may not use a bed within these units for swing bed services. **CAHs don't include time spent providing skilled nursing swing bed services in their required 96-hour annual average length of stay calculation.**

Swing Bed Payments

We pay hospitals offering swing bed SNF-level services (excluding CAHs) under the [SNF Prospective Payment System](#) (PPS). The SNF PPS covers all patient-provided services under a Medicare Part A covered SNF stay (ancillary, routine, and capital), except for some separately payable Medicare Part B services.

We pay CAHs for swing bed services under section 1883(a)(3) of the [Social Security Act](#) and [42 CFR 413.114\(a\)\(2\)](#).

We exempt CAH swing bed services from the SNF PPS and pay them based on 101% of reasonable cost of the services. CAHs may bill for:

- Bed and board, nursing, and other related services
- Using CAH facilities
- Medical social services
- Drugs and biologicals
- Supplies, appliances, and equipment for inpatient hospital care and treatment and diagnostic or therapeutic items or services they, or others, provide under arrangement

See [Information for Critical Access Hospitals](#) and [Swing Bed Providers](#) for more information.

Swing Bed Patients and Home Health Care

Medicare patients can't receive swing bed services and home health (HH) care simultaneously. We'll reject the HH claim if you bill an HH PPS claim with dates of service that fall within the dates of a swing bed claim (not including dates of admission, discharge, and any leave of absence).

See MLN Matters® article [MM13812](#) for the telehealth exceptions to this rule.

Resources

- [Medicare Benefit Policy Manual, Chapter 8](#)
- [Medicare Claims Processing Manual, Chapters 3, 4, 6, and 19](#)
- [State Operations Manual, Appendix A](#) for Hospitals
- [State Operations Manual, Appendix W](#) for CAHs

Regional Office Rural Health Coordinators

Get contact information for [CMS Regional Office Rural Health Coordinators](#) who offer technical, policy, and operational help on rural health issues.

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