

The rates below were effective for claims for services provided between Jan. 1, 2023, and Sept. 30, 2023.

The VA Community Nursing Home (CNH) Fee Schedule follows the Prospective Payment System (PPS) billing requirements found in “Chapter 6–Skilled Nursing Facility (SNF) Inpatient Part A Billing and SNF Consolidated Billing,” *Medicare Claims Processing Manual*, with some exceptions. This includes VA paying the lesser of billed charges or the CNH Fee Schedule, the interrupted stay policy, and enhanced payments for HIV/AIDS. Exceptions are listed below.

[Medicare Claims Processing Manual, Chapter 6](#)

Exceptions:

1. VA will use the Patient Driven Payment Model-based (PDPM) pricing software using the following specifications:
 - a. CNH day 1-100: multiply physical therapy (PT), occupational therapy (OT), speech language pathology (SLP), nursing, and non-case-mix components by 0.6 in addition to any other adjustment factors.
 - b. CNH day 101+: remove PT, OT, and SLP components (or set adjustment factor to 0). Multiply nursing and non-case-mix components by 0.9.
 - c. The non-therapy ancillary component will follow PDPM (3.0 for the first three days and 1.0 for all remaining days).
2. No special service pricing exists outside of VA PDPM-based PPS for services such as bed hold, memory care, behavioral, HIV/AIDS, respite, ventilator, tracheostomy, and isolation/private room.
3. VA covers some services under CNH authorizations that are not considered part of the nursing home PPS, listed below. Nursing homes are required to submit separate claims for these services.
 - a. Physician Services: Providers delivering federally mandated or separately authorized services shall bill fee-for-service. The services will be reimbursed at the lesser of billed charges or the Medicare Physician Fee Schedule.
 - b. PT, OT and SLP: When PT, OT or SLP therapy is required during days 101+ of a Veteran’s stay, providers must get prior authorization from VA. When care is delivered on days 101+ of a Veteran’s stay, providers will bill fee-for-service using the following procedure codes: G0151, G0152, G0153, G0157, G0158, G0159, G0160, G0161. The services will be reimbursed at the lesser of billed charges or the VA Fee Schedule.



- c. Escort services: When an escort to a medical appointment is indicated, providers must get prior authorization from VA. Providers will bill fee-for-service using the following procedure code: G0156. The services paid will be the lesser of billed charges or the VA Fee Schedule.