

**Request for Ambulance Transportation For a Beneficiary in a Medicare Part A Stay
(Sample Notification #2)**

Ambulance service _____

Date _____

Mr./Ms. (patient's name) _____ is a Medicare Part A covered patient of (name of skilled nursing facility (SNF)) _____ and has been referred to your ambulance service for services that may be covered by the consolidated billing provisions of the SNF Prospective Payment System (PPS).

_____ Under the consolidated billing provisions, the ambulance service should bill Medicare directly for the following services because they are excluded from consolidated billing under SNF PPS:

The initial trip to the SNF before the patient is a SNF resident

The trip that conveys the beneficiary at the end of the stay as per 42 CFR 411.15(p)(3)(i)-(iv) and ends the patient's status as a SNF resident:

A trip for inpatient admission to a Medicare-participating hospital or critical access hospital (CAH)

A trip to the beneficiary's home to receive services from a Medicare-participating home health agency under a plan of care

A trip to a Medicare-participating hospital or CAH for the specific purpose of receiving emergency services or certain other intensive outpatient services that are not included in the SNF's comprehensive care plan

Emergency room;

Cardiac catheterization;

Computerized axial tomography (CT) scans;

Magnetic resonance imaging (MRIs);

Ambulatory surgery involving the use of an operating room (including PEG tube removal, replacement, and insertion);

Radiation therapy;

Angiography; and

Lymphatic and venous procedures.

A formal discharge (or other departure) from the SNF that is not followed by readmission to that or another SNF by midnight of that same day

A trip necessary to transport a SNF resident offsite to receive Part B dialysis service

_____ Under the consolidated billing provisions, any trips not specifically excluded above are subject to consolidated billing under SNF PPS. Therefore, the ambulance service should bill _____ [SNF Name] _____ directly. Services billable to the SNF include but are not limited to:

Trips to receive outpatient hospital services that are not specifically excluded (see above)

Trips from the SNF to another SNF

A first trip from the SNF to the resident's home (or other place) *and* a second trip to a second SNF when both trips take place on the same day (before midnight) and the resident does not receive services from a Medicare-participating home health agency

Medically necessary trips to and from the SNF to the office of a physician or other practitioner]

Other

_____[SNF Name]_____ shall reimburse the supplier for ambulance transportation subject to consolidated billing upon receipt of an invoice from supplier.

Please refer any questions to _____.

Sincerely,

Facility Administrator