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