SNF’s Notice to a Physician Treating a Beneficiary in a Medicare Part A Stay
(Sample Notification #4)

Physician: __________________________

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 you for professional services. If there are any technical
components to the services provided, the services may be the responsibility of the SNF
for inclusion under the consolidated billing provisions of the SNF Prospective Payment
System (PPS).

The PC/TC indicator in the Medicare Physician Fee Schedule (MPFS) will be used in the
SNF fee schedule to identify the applicability of technical and/or physician component
for the HCPCS codes. The technical component of a HCPCS code may be the
responsibility of the SNF if it is not listed as an exclusion to Part A consolidated billing
provisions of the SNF PPS. Also any PC/TC indicator of 5 “incident to” codes: these
codes are not considered physician services. Please refer to your Carrier for guidance
with SNF Part A consolidated billing as it relates to vendor billing requirements.

Please indicate below any HCPCS codes that contain a technical component (e.g., x-ray,
laboratory services) or any PC/TC indicator of “incident to” physician services codes
which were utilized for services provided during the resident’s professional visit to your
office/clinic. Please return this form with the resident to the skilled nursing facility.
Note: If only professional services were provided, please note N/A on the form.

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The physician may occasionally need to order additional tests (X-rays, laboratory
services, etc.) in order to evaluate and treat a resident. When performed in the physician’s
office, the physician may bill the SNF for these tests [without prior approval]. However,
certain high level diagnostic and therapeutic services (e.g., computerized axial
tomography imaging (CT) scans, magnetic resonance imaging (MRI) services, etc.) are
subject to the consolidated billing provisions. A complete list of consolidated billing
exclusions can be found at the Centers for Medicare & Medicaid Services (CMS) annual
and quarterly updates of HCPCS codes used for SNF consolidated billing at
www.cms.hhs.gov/providers/snfpps/snfpps_pubs.asp.
When a service excluded from consolidated billing is needed immediately, the physician may arrange for an immediate referral to a hospital outpatient department that furnishes such services without prior approval from the SNF. When such services need to be furnished in a setting other than an outpatient hospital, the physician must coordinate plans for the tests with the SNF.

When additional diagnostic tests are needed prior to a follow-up visit, the SNF will arrange for such services on behalf of the Supplier of Services or, at the SNF’s option, may otherwise coordinate such tests with the Supplier of Services.

Under no circumstances may the physician bill the SNF resident directly for services rendered while that resident was in a Part A stay at the SNF.

Please contact (name)_____________________ at (telephone number) ______________ if there are any questions.

Sincerely,

Administrator