

**SNF's Notice to a Hospital Treating a Beneficiary in a Medicare Part A Stay on an
Outpatient Basis
(Sample Notification #7)**

To: Hospital
From: Bill's Care Center
Re: Resident Name
HIC #: 123-45-6789A

The Medicare beneficiary as referenced above is a Medicare Part A covered patient and Medicare covered services provided may be subject to CMS rules on skilled nursing facility (SNF) consolidated billing. In accordance with our "under arrangement" agreement, we are hereby authorizing the following services:

The hospital shall bill Medicare Part B directly for services marked below that are excluded from the SNF consolidated billing provisions. The hospital or physician shall bill Medicare Part B directly for the services of physicians and certain other medical practitioners. Certain diagnostic tests include both a professional component (representing the physician's interpretation of the test) and a technical component (representing the test itself). The hospital or physician shall bill Medicare Part B directly for the professional component of diagnostic services.

- Ambulance transportation from: ____ [place] ____ to ____ [place] ____
- Angiography, lymphatic, venous, and related procedures
- Computerized axial tomography imaging (CT) scans (and related services)
- Cardiac catheterization (and related services)
- Chemotherapy codes _____, _____, _____
- Emergency Room Care (and related services)
- ESRD Services
- Magnetic resonance imaging (MRI) services (and related services)
- Outpatient surgery (and related services) for the following codes _____, _____, _____
- Prosthetic device codes _____, _____, _____
- Radiation therapy (and related services)
- Other _____, _____, _____

The SNF shall be responsible for routine or other non-emergency procedures including the technical components of diagnostic services, provided that the supplier submits necessary documentation to and obtains prior authorization from the SNF. For those services that are the responsibility of the SNF, the SNF will pay [the negotiated payment amount (for example, the Medicare Fee Schedule)] related to the technical component for services. Please note that under our agreement, the SNF is responsible to provide professional oversight for all services rendered. Please provide to our nursing department a copy of:

- Physician orders
- Diagnosis
- Medical history
- Progress notes
- Other _____

In order to ensure appropriate payment, the supplier must obtain a written authorization from the SNF as indicated above and provide the necessary documentation to allow the SNF to maintain professional responsibility over the services provided.

SNF Authorization by: _____ Date: _____