

**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](http://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