

Date: ____/____/____

From: _____ Fax# ()-_____-_____
Facility Name & Contact person Phone# ()-_____-_____

Fax to Bangs Ambulance M-F 7:30-3:30 only: (607).277.9281
After Hours, Holidays, & Weekends: (607).272.5438
Dispatcher Phone # (607).273.1161

Patient Name: _____ Transport Date: ____/____/____

From: _____ to _____

In addition to providing a Physician's Certification Statement and Medicaid Prior Authorization (if applicable) for the transport, please answer the following questions concerning the patient:

On the date of transport:

- 1. Is this patient within a Medicare Part A Covered Benefit Period? Yes _____
No _____

- 2. What type of service is the patient being transported to receive?
(See SNF Consolidated Billing explanation on reverse)
____ Emergency specify: _____
____ Cardiac Catheterization
____ CT Scan
____ MRI
____ Angiography
____ Lymphatic or Venous Procedure specify: _____
____ ambulatory surgery involving operating room, including PEG tube procedures
even if performed in a hospital GI suite or endoscopy suite
specify type of surgery: _____
____ Dialysis
____ Radiation Therapy
____ Inpatient Hospital Admission specify: _____

In addition to the exclusions listed above, the SNF is not responsible for services that are statutorily excluded from Medicare coverage.

If the required service is not listed above, and the patient is in a Part A stay, the sending facility accepts financial responsibility for this transport.

_____/_____/_____
signature date

please print the name of person signing

SNF Consolidated Billing

Per Section 4432 of the Balanced Budget Act of 1997, the SNF is responsible to pay the ambulance provider for ambulance services provided during the PPS period. There is a specific list of services that are excluded from Medicare's SNF payment to the SNF, which can therefore be billed to Medicare (CMS Transmittal A-00-88)

All other services must be billed to the SNF. See CMS Manual Pub. 100-04, Chapter 15, Section 30.2.2. The Medicare contractor should only be billed for:

Transports for the initial admission to the SNF

Transports for the final discharge from the SNF to the home (if the patient is not returned to the SNF on the same calendar day.)

Discharges to the SNF following a hospital admission

Transports to the residence for Medicare Home Health Services

Transports to Dialysis

Transports for emergency services in a hospital

Transports back to the SNF following emergency services at the hospital.

Transports to / from the hospital for MRI, CT scans, Ambulatory Surgery requiring an operating room, Cardiac Catheterization, Radiation Therapy, Angiography, certain lymphatic and Venous procedures

Note: for round trips, if the first trip is exempt from PPS, the return trip is also exempt.

Services that are excluded from the PPS payment are eligible for payment under Medicare Part B however, all other requirements for Medicare coverage must still be met, including the requirement that the patient have Part B benefits. For patients that do not have Part B coverage, exempt services should be billed directly to the patient.

Note: This information applies only to ambulance transportation. Other modes of transport (e.g., wheelchair van transport, ambulette, taxi, etc.) are statutorily non-covered by Medicare. The patient is generally responsible for these forms of transportation, unless the SNF is responsible under applicable state or local laws, e.g. under NY State Medicaid.