

**Request for Ambulance Transportation  
Skilled Nursing Facility Patients**

Name of Ambulance Service \_\_\_\_\_

Date of Transport \_\_\_\_\_

Name of Facility \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZC \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Patient: \_\_\_\_\_

This Patient is covered under Part A Stay (Circle One)    Yes    No

Part A covered patients' ambulance transport is covered under Consolidated Billing and the above SNF is responsible for payment to the ambulance service.

Under the Consolidated Payment Provisions, the Ambulance Service may bill Medicare Part B directly for the following services:

(Nursing Facility should check if any of circumstances apply to the above patient for the above date of transport)

- Initial Trip to the SNF before patient is admitted to SNF
- The trip is transporting patient at the end of the SNF Part A Stay
  - \_\_\_ Trip to hospital for inpatient admission
  - \_\_\_ Trip to Patient's home for service of Medicare –participating home health plan of care
  - \_\_\_ Trip to hospital or Critical Access Hospital (CAH) for specific purpose of receiving emergency services and/or other intensive outpatient services that are not included in the SNF comprehensive care plan. They are as follows:
    - \_\_\_ Angiography
    - \_\_\_ Emergency Room
    - \_\_\_ Cardiac Catheterization
    - \_\_\_ CAT Scan
    - \_\_\_ MRI
    - \_\_\_ Ambulatory Surgery involving Operating Room Use *including PEG tube removal, replacement or insertion*
    - \_\_\_ Radiation Therapy
    - \_\_\_ Lymphatic and/or venous procedures
- Formal Discharge (or other departure) from SNF that is not followed by readmission to that facility or another facility by midnight of the same day.
- A trip to an offsite renal dialysis center

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Under the consolidated billing provisions, any trips not specifically excluded on the front page of this document are subject to consolidated billing under the Skilled Nursing Facility Prospective Payment System (SNF PPS).

Therefore \_\_\_\_\_ will bill \_\_\_\_\_  
*Ambulance provider* *Skilled Nursing Facility*  
for this transport.

Services payable to the ambulance provider by the SNF include (but are not limited to)

Trips to receive outpatient services that are not covered under part A care including but not limited to cancer treatment centers, wound care centers, radiation treatment centers and all other diagnostic or therapeutic sites.

Trips from one SNF to another SNF

First Trip from SNF to resident's home (or any 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 care from a home health care agency.

Medically necessary trips to and from the SNF to the office of a physician or other practitioner.

\_\_\_\_\_ Other-please specify

\_\_\_\_\_ shall reimburse the ambulance supplier for ambulance transportation subject to consolidated billing upon receipt of an invoice from the ambulance supplier.

\_\_\_\_\_  
Authorized SNF Staff member Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name