

FOR AMBULANCE SERVICES DURING THE PPS PERIOD

AMBULANCE BILLS:

TYPE OF TRIP	PART B	
	CARRIER	FACILITY
1. Initial Admission to SNF	x	
2. Final Discharge from SNF:		
a. To home (no return same day)	x	
b. To home (return to same SNF same day)		x
c. To another SNF for elevated level of care		x*
3. Inpatient Hospital Admission:		
a. To hospital from SNF for admission	x	
b. To SNF from hospital (i.e. discharge)	x	
4. Trip to Beneficiary's Home for Medicare Home Health Services	x	
5. Transports to/from dialysis	x	
6. Trip to Hospital for <u>Outpatient</u> Services:		
a. Transports for all services other than those listed in 6b below, must be billed to the facility, including:		
• Physical, Occupational, Speech Therapy		x
• Diagnostic Tests or Services Routinely Provided by SNFs		x
• Evaluation or Treatment Services (other than a hospital admission or one of the outpatient services listed in 6b below)		x
b. The following trips to a hospital for <u>outpatient</u> services should be billed to Part B, if for:		
• Emergency	x	
• Cardiac Catheterization	x	
• CT Scans	x	
• MRI	x	
• Ambulatory Surgery Involving Operating Room (this includes PEG tube procedures, even if performed in a hospital GI suite or endoscopy suite)	x	
• Angiography	x	
• Lymphatic and venous procedure	x	
• Radiation therapy	x	
NOTE: ALL SERVICES IN ¶ 6b MUST BE PERFORMED AT THE HOSPITAL (NOT A FREE-STANDING FACILITY) FOR YOU TO BILL YOUR CARRIER. IF NOT PERFORMED AT THE HOSPITAL, THE SNF/SWING BED FACILITY IS RESPONSIBLE.		
7. Transports to any Medicare Provider for chemotherapy, chemotherapy administration, radioisotopes, customized prosthetic devices.		x
8. Transports to a physician's office (only during a Part A stay)		x
*Discharging Facility is responsible		

REMINDER, IF THE SERVICES ARE NOT SPECIFICALLY LISTED ABOVE AS BILLABLE TO THE CARRIER, IT IS THE RESPONSIBILITY OF THE FACILITY.