

Letter to Ordering Facility

This invoice is sent at the direction of Noridian Medicare and required by CMS, the determination was made by Medicare. See attached EOB.

Why are we invoicing you; to prevent inducement.

Why is your facility responsible for payment, why are we required to invoice your facility, first please see the attached EOB and then note that under CMS 42 CFR 411.15(p)(3)(i)-(iv)

- An ambulance trip that conveys a beneficiary to the SNF for **the initial admission**, or from the SNF following a final discharge.
- under 42 CFR 411.15(p)(3)(iii)

The patient was being returned to their currently enrolled residential/nursing facility and had never been discharged from the said facility, or admitted to your facility for more than 24 hours with a formal discharge and initial admission to a residential or skilled nursing facility.

The Patient was not admitted to the facility past a visit that is categorized as outpatient.

These sorts issues can also develop when the ordering facility staff requests an ambulance when the patient did not meet Medicare Part B Medical Necessity for ambulance service.

This is a follow up letter, if you are receiving this letter it is because we have sent at least one other invoice without reply.

We have applied a significant discount of over 90% off the allowable billable.

Please remit to Horizon Ambulance Inc. and invoice Medicare Part A for the non-excluded ambulance service ordered by your facility.