

## Dermatology Coding Alert

### Clip and Save: Overcome Consolidated Billing Troubles With an SNF Contract

**Best bet: Use one for every SNF your provider works with.**

To receive payment for the technical aspects of diagnostic services your dermatologist performs on skilled nursing facility (SNF) patients, you should have an established written agreement with the SNF. Using a one-page contract for SNF visits can ease the consolidated billing issues you will face. **Remember:** The contract should list your billing information and include a disclaimer stating that you expect payment for the technical component of services rendered to Part A patients regardless of the SNF's reimbursement status with the Medicare carrier. Provide a copy of the contract to the SNF, and keep one for your records.

Tip: Try using a contract and speaking to SNF management first to resolve any persistent payment problems with an SNF. As a last resort, however, you can report your problems to the local or regional overseer of nursing homes and SNFs and request an investigation into their billing operations.

Protect yourself: Consider having an attorney review any agreement or contract you plan to use before you obtain the signatures to ensure the contract is, in fact, legal and binding.

Date:

This letter serves to document an agreement between John Doe, MD, and XYZ Skilled Nursing Facility for ophthalmic services provided to patients at my medical practice. At your request, I may provide medically appropriate services to patients from your facility who are classified by the Medicare program as recipients of skilled nursing facility care. Following evaluation and treatment, my office will send an invoice directly to your facility for reimbursement of the technical component of any medical care services I have provided. Payment will be expected regardless of your facility's reimbursement status with Medicare.

Payment should be mailed directly to the address below within 10 days following receipt of my invoice. Provider tax ID number:

Please send payment to:

Billing Office Address

City, State, ZIP code

Signatures by both parties below acknowledge and consent to the above agreement.

Signature of Physician and Date \_\_\_\_\_

Signature of SNF and Date \_\_\_\_\_