

Part B Insider (Multispecialty) Coding Alert

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

Best bet: Use one for every SNF your provider works with and you'll find it easier to collect your due reimbursement.

To collect payment for the technical aspects of diagnostic services your physician performs on skilled nursing facility (SNF) patients, you may need to have a set contract with the SNF. Using a one-page contract for SNF visits can ease the consolidated billing issues you face.

Remember: The contract should list your billing information and include a disclaimer stating that you expect payment for services rendered 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 talking 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.

Following is a sample letter that your practice can use to iron out any consolidated billing issues you've encountered:

Date:

This letter serves to document an agreement between me, John Doe, MD, and XYZ Skilled Nursing Facility. At your request, I may provide medically appropriate services to patients from your facility who are classified by the Medicare program as under skilled nursing facility care. Following evaluation and treatment, my office will send an invoice directly to your facility for reimbursement of the medical care services I have provided, at your request, to these patients. 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: _____

Keep in mind: The contract may not eliminate all of your consolidated billing troubles, but it can give you the legal boundaries to deal with any issues as they arise.