CMS Manual System	Department of Health & Human Services (DHHS)			
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)			
Transmittal 1309	Date: November 6, 2013			
	Change Request 8251			

SUBJECT: FISS Claims Processing Update for Ambulance Services

I. SUMMARY OF CHANGES: System modification is needed in order to comply with NPI requirements for Ambulance services.

EFFECTIVE DATE: April 1, 2012 IMPLEMENTATION DATE: April 7, 2014

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE					
N/A						

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers: No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment - One-Time Notification

SUBJECT: FISS Claims Processing Update for Ambulance Services

EFFECTIVE DATE: April 1, 2012 IMPLEMENTATION DATE: April 7, 2014

I. GENERAL INFORMATION

A. Background: In CR 7557, CMS implemented system edits for nonscheduled transportation services where the attending provider name and identifiers (including NPI) were not required. When implementing these changes we considered the mileage pairs that would be billed with the transport with the exception of A0888 - No covered ambulance mileage, per mile. We need to add this HCPCS to the listing in the edit in order to correctly process claims.

B. Policy: NPI regulations stated that the attending provider name and identifiers (including NPI) are required when claim/encounter contains any services other than nonscheduled transportation services. If the claim/encounter was for nonscheduled transportation services the attending provider name and identifiers (including NPI) are not required.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility											
		A/B MAC			D M E	F I		R H H I	Shared- System Maintainers				Other
		A	В	H H H	M A C		I E R	1	F I S S	M C S	V M S	C W F	
8251.1	Contractors shall update system logic created in CR 7557 to also include HCPCS A0888 in the listing of mileage codes allowed to be billed with the transport claims that do not require attending provider name and NPI.	X				X			X				
8251.2	CWF shall modify edits to not require NPI when HCPCS A0888 is billed on Outpatient claim and allow HCPCS A0888 if Date of Service is after Date of Death.											X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
			A/B MA(D M E	F I	C A R	R H H	Other
		A	В	H H H	M A C		R I E R	Ι	
8251.3	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and- Education/Medicare-Learning-Network- MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X				X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A V. CONTACTS

Pre-Implementation Contact(s): Fred Rooke, 404-562-7205 or fred.rooke@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

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Section B: For Medicare Administrative Contractors (MACs):

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