



Ambulance Services - Updating the Medicare Benefit Policy Manual Chapter 10, Section 10.5 to Include Ambulance Transports with Joint Responses – JA6949

Related CR Release Date: May 14, 2010

Date Job Aid Revised: May 20, 2010

Effective Date: January 4, 2010

Implementation Date: June 15, 2010

Key Words MM6949, CR6949, R125BP, Ambulance, Transports

Contractors Affected

- Medicare Carriers
- Part A/B Medicare Administrative Contractors (A/B MACs)
- Fiscal Intermediaries (FIs)

Provider Types Affected Provider types affected are ambulance suppliers submitting claims to Medicare Carriers, FIs, and/or A/B MACs for ambulance services provided to Medicare beneficiaries.



- Change Request (CR) 6949 updates the *Medicare Benefit Policy Manual* (Chapter 10, Section 10.5 (Joint Response)) to incorporate information that has been re-organized to include ambulance transports with joint responses.
- **There is no new policy being developed by CR6949.** CR6949 re-instates language to the *Medicare Benefit Manual* (Publication 100-02, Chapter 10) to incorporate information that has been re-organized to include ambulance transports with joint responses.

Basic Life Support/Advanced Life Support (BLS/ALS) Joint Responses

Provider Needs to Know...

- In situations where a BLS entity provides the transport of the beneficiary and an ALS entity provides a service that meets the fee schedule definition of an ALS intervention (e.g., ALS assessment, Paramedic Intercept services, etc.), the BLS supplier may bill Medicare the ALS rate provided that a written agreement between the BLS and ALS entities exists.
- Providers/suppliers must provide a copy of the agreement or other such evidence (e.g., signed attestation) as determined by **their Medicare contractor upon request.**
- Medicare does not regulate the compensation between the BLS entity and the ALS entity.
- If there is no agreement between the BLS ambulance supplier and the ALS entity

furnishing the service, then only the BLS level of payment may be made. In this situation, the ALS entity's services are not covered, and the beneficiary is liable for the expense of the ALS services to the extent that these services are beyond the scope of the BLS level of payment.

Ground to Air Ambulance Transports

- When a beneficiary is transported by ground ambulance and transferred to an air ambulance, the ground ambulance may bill Medicare for the level of service provided and mileage from the point of pickup to the point of transfer to the air ambulance.

Background

- The Medicare ambulance benefit is a transportation benefit, and without a transport, there is no payable service.
- When multiple ground and/or air ambulance providers/suppliers respond, payment may be made only to the ambulance provider/supplier that actually furnishes the transport.

**Operational
Impact**

N/A

**Reference
Materials**

The related MLN Matters® article can be found at <http://www.cms.gov/MLN MattersArticles/downloads/MM6949.pdf> on the CMS website.

The official instruction (CR6949) issued regarding this change may be found at <http://www.cms.gov/Transmittals/downloads/R125BP.pdf> on the CMS website.
