



Provider Inquiry Assistance

Billing for an Ambulance Transport with More than One Patient Onboard – JA6621

Related CR Release Date: September 25, 2009

Date Job Aid Revised: October 2, 2009

Effective Date: October 26, 2009

Implementation Date: October 26, 2009

Key Words MM6621, CR6621, R1821CP, Billing, Ambulance, Transport

Contractors Affected

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

Provider Types Affected Providers and suppliers, submitting claims to Medicare Carriers, FIs, and A/B MACs for ambulance services provided to Medicare beneficiaries



Change Request (CR) 6621 communicates claims processing instructions for ambulance service claims submitted for trips with more than one patient onboard. These changes are to be added to the Ambulance chapter of the *Medicare Claims Processing Manual* (Chapter 15).

Changes to the *Medicare Claims Processing Manual*

- Ambulance suppliers submitting a claim using the CMS-1500 Form or the electronic equivalent American National Standards Institute X12N 837 for an ambulance transport with more than one Medicare beneficiary onboard must use the "GM" modifier ("Multiple Patient on One Ambulance Trip") for each service line item.

Provider Needs to Know...

- Suppliers are also required to submit to Part B MACs / Medicare Carriers documentation to specify the particulars of a multiple patient transport.
- The documentation must include the total number of patients transported in the vehicle at the same time and the health insurance claim numbers for each Medicare beneficiary.
- Part B MACs / Medicare Carriers will calculate payment amounts based on policy instructions found in the *Medicare Benefit Policy Manual* (Chapter 10 – Ambulance

Services, Section 10.3.10 – Multiple Patient Ambulance Transport).

- For claims with dates of service on or after April 1, 2002, providers must report value code 32 (multiple patient ambulance transport) when an ambulance transports more than one patient at a time to the same destination.
- Providers must report value code 32 and the number of patients transported in the amount field as a whole number to the left of the delimiter.

Background

- The Centers for Medicare and Medicaid Services (CMS) issued Transmittal B-02-060, CR1945 (“Payment Policy When More Than One Patient is Onboard an Ambulance”) on September 27, 2002, and Transmittal A-02-108, CR2186 (“Multiple Patient Ambulance Transport”) on October 25, 2002.
- These CRs included the payment policy as well as claims processing instructions for ambulance service claims submitted for trips with more than one patient onboard.
- However, the claims processing instructions were never added to the Ambulance chapter of the *Medicare Claims Processing Manual* (Publication 100-04, Chapter 15).
- CR6621 revises this manual to incorporate these changes.

**Operational
Impact**

N/A

**Reference
Materials**

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6621.pdf> on the CMS website.

The official instruction (CR6621) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R1821CP.pdf> on the CMS website.

Chapter 10 of the *Medicare Benefit Policy Manual* can be found at <http://www.cms.hhs.gov/manuals/Downloads/bp102c10.pdf> on the CMS website.
