Ambulance Services – JA6707

Related CR Release Date: November 13, 2009

Date Job Aid Revised: November 23, 2009

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

Key Words	MM6707, CR6707, R115BP, Ambulance
Contractors Affected	• Medicare Carriers • Fiscal Intermediaries (FIs) • Medicare Administrative Contractors (MACs)
Provider Types Affected	Provider types affected are ambulance providers and suppliers submitting claims to Medicare Carriers, FIs, and MACs for ambulance services provided to Medicare beneficiaries.

The *Medicare Benefit Policy Manual* Chapter 10 (Ambulance Service, Section 10.3) has been revised to incorporate consistent manual language to the definition of "The Destination." There is no change to policy.

Provider Needs to Know…	• The change states that *"an ambulance transport is covered to the nearest* **appropriate** *facility to obtain necessary diagnostic and/or therapeutic services (such as a CT scan or cobalt therapy) as well as the return transport. In addition to all other coverage requirements, this transport situation is covered only to the extent of the payment that would be made for bringing the service to the patient."* • The word "appropriate" has been added to that statement.

Background	N/A

Operational Impact	N/A
Reference Materials	The related MLN Matters® article can be found at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6707.pdf* on the CMS website. The official instruction (CR6707) issued regarding this change may be found at *http://www.cms.hhs.gov/Transmittals/downloads/R115BP.pdf* on the CMS website.