



## Definition of Ambulance Services – JA7058

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Date Job Aid Revised: August 16, 2010

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Implementation Date: January 3, 2011

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**Key Words** MM7058, CR7058, R130BP, Ambulance

**Contractors Affected**

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

**Provider Types Affected** Ambulance suppliers submitting claims to Medicare carriers, FIs, and/or A/B MACs for ambulance services provided to Medicare beneficiaries

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- Change Request (CR) 7058 updates the *Medicare Benefit Policy Manual* (Chapter 10, Section 30.1.1) to reflect current policy and to provide application-based examples to accompany the definitions of Basic Life Support (BLS) – Emergency: Advanced Life Support Level 1 (ALS1) and Emergency and Advanced Life Support Level 2 (ALS2).
- No new policy is presented, but CR7058 updates the relevant manual section to reflect current policy.

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### BLS Emergency

#### Application-based Example:

**Provider Needs to Know...**

- The determination to respond emergently with a BLS ambulance must be in accord with the local 911 or equivalent service dispatch protocol.
  - If the call came in directly to the ambulance provider/supplier, then the provider's/supplier's dispatch protocol must meet, at a minimum, the standards of the dispatch protocol of the local 911 or equivalent service.
  - In areas that do not have a local 911 or equivalent service, then the protocol must meet, at a minimum, the standards of a dispatch protocol in another similar jurisdiction within the state or, if there is no similar jurisdiction within the state, then the standards of any
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other dispatch protocol within the state.

- Where the dispatch was inconsistent with this standard of protocol, including where no protocol was used, the beneficiary's condition (for example, symptoms) at the scene determines the appropriate level of payment.

### **ALS1 Emergency**

#### **Application-based Example**

- The determination to respond emergently with an ALS ambulance must be in accord with the local 911 or equivalent service dispatch protocol.
- If the call came in directly to the ambulance provider/supplier, then the provider's/supplier's dispatch protocol must meet, at a minimum, the standards of the dispatch protocol of the local 911 or equivalent service.
- In areas that do not have a local 911 or equivalent service, then the protocol must meet, at a minimum, the standards of a dispatch protocol in another similar jurisdiction within the state or, if there is no similar jurisdiction within the state, then the standards of any other dispatch protocol within the state.
- Where the dispatch was inconsistent with this standard of protocol, including where no protocol was used, the beneficiary's condition (for example, symptoms) at the scene determines the appropriate level of payment.

### **ALS2**

#### **Application-based Example**

- Crystalloid fluids include fluids such as 5 percent Dextrose in water, Saline and Lactated Ringer's.
  - Medications that are administered by other means (for example, intramuscular/subcutaneous injection, oral, sublingually, or nebulized) do not qualify to determine whether the ALS2 level rate is payable. However, this is not an all-inclusive list.
  - Likewise, a single dose of medication administered fractionally (i.e., one-third of a single dose quantity) on three separate occasions does not qualify for the ALS2 payment rate.
  - The criterion of multiple administrations of the same drug requires a suitable quantity and amount of time between administrations that is in accordance with standard medical practice guidelines.
  - The fractional administration of a single dose (for this purpose meaning a standard or protocol dose) on three separate occasions does not qualify for ALS2 payment.
  - In other words, the administration of one-third of a qualifying dose three times does not equate to three qualifying doses for purposes of indicating ALS2 care.
  - One-third of X given three times might = X (where X is a standard/protocol drug amount), but the same sequence does not equal 3 times X.
  - Therefore, if three administrations of the same drug are required to show that ALS2 care was given, each of those administrations must be in accord with local protocols.
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The run will not qualify based on drug administration if that administration was not according to protocol.

- An example of a single dose of medication administered fractionally on three separate occasions that would not qualify for the ALS2 payment rate would be the use of Intravenous (IV) Epinephrine in the treatment of pulseless Ventricular Tachycardia/Ventricular Fibrillation (VF/VT) in the adult patient.
- Administering this medication in increments of 0.25 mg, 0.25 mg, and 0.50 mg would not qualify for the ALS2 level of payment.
- This medication, according to the American Heart Association, Advanced Cardiac Life Support (ACLS) protocol, calls for Epinephrine to be administered in 1 mg increments every 3 to 5 minutes.
- Therefore, in order to receive payment for an ALS2 level of service based in part on the administration of Epinephrine, three separate administrations of Epinephrine in 1 mg increments must be administered for the treatment of pulseless VF/VT.
- A second example that would not qualify for the ALS2 payment level is the use of Adenosine in increments of 2 mg, 2 mg, and 2 mg for a total of 6 mg in the treatment of an adult patient with Paroxysmal Supraventricular Tachycardia.
- According to ACLS guidelines, 6 mg of Adenosine should be given by rapid intravenous push (IVP) over 1 to 2 seconds.
- If the first dose does not result in the elimination of the supraventricular tachycardia within 1 to 2 minutes, 12 mg of Adenosine should be administered IVP.
- If the supraventricular tachycardia persists, a second 12 mg dose of Adenosine can be administered for a total of 30 mg of Adenosine.
- Three separate administrations of the drug Adenosine in the dosage amounts outlined in the later case would qualify for ALS2 payment.
- Endotracheal intubation is one of the services that qualifies for the ALS2 level of payment. Therefore, it is not necessary to consider medications administered by endotracheal intubation for the purpose of determining whether the ALS2 rate is payable.
- The monitoring and maintenance of an endotracheal tube that was previously inserted prior to transport also qualifies as an ALS2 procedure.

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**Background**

CMS issued MM7058 to update the relevant manual sections and provides application-based examples to accompany the definitions of BLS, ALS1 and ALS2.

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Operational Impact	N/A
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Reference Materials	<p>The related MLN Matters® article can be found at <a href="http://www.cms.gov/MLN MattersArticles/downloads/MM7058.pdf">http://www.cms.gov/MLN MattersArticles/downloads/MM7058.pdf</a> on the CMS website.</p> <p>The official instruction (CR7058) regarding this change may be viewed at <a href="http://www.cms.gov/Transmittals/downloads/R130BP.pdf">http://www.cms.gov/Transmittals/downloads/R130BP.pdf</a> on the CMS website.</p>
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