

factor is based on the consumer price index for all urban consumers (CPI-U) (U.S. city average) for the 12-month period ending with June of the previous year.

(g) *Adjustments.* The Secretary will annually review rates and will adjust the CF and air ambulance rates if actual experience under the fee schedule is significantly different from the assumptions used to determine the initial CF and air ambulance rates. The CF and air ambulance rates will not be adjusted solely because of changes in the total number of ambulance transports.

**§414.615 Transition to the ambulance fee schedule.**

The fee schedule for ambulance services will be phased in over 5 years beginning April 1, 2002. Subject to the first sentence in §414.610(a), payment for services furnished during the transition period is made based on a combination of the fee schedule payment for ambulance services and the amount the program would have paid absent the fee schedule for ambulance services, as follows:

(a) *2002 Payment.* For services furnished in 2002, the payment for the service component, the mileage component and, if applicable, the supply component is based on 80 percent of the reasonable charge for independent suppliers or on 80 percent of reasonable cost for providers, plus 20 percent of the ambulance fee schedule amount for the service and mileage components. The reasonable charge or reasonable cost portion of payment in CY 2002 is equal to the supplier's reasonable charge allowance or provider's reasonable cost allowance for CY 2001, multiplied by the statutory inflation factor for ambulance services.

(b) *2003 Payment.* For services furnished in CY 2003, payment is based on 60 percent of the reasonable charge or reasonable cost, as applicable, plus 40 percent of the ambulance fee schedule amount. The reasonable charge and reasonable cost portion in CY 2003 is equal to the supplier's reasonable charge or provider's reasonable cost for CY 2002, multiplied by the statutory inflation factor for ambulance services.

(c) *2004 Payment.* For services furnished in CY 2004, payment is based on 40 percent of the reasonable charge or reasonable cost, as applicable, plus 60 percent of the ambulance fee schedule amount. The reasonable charge and reasonable cost portion in CY 2004 is equal to the supplier's reasonable charge or provider's reasonable cost for CY 2003, multiplied by the statutory inflation factor for ambulance services.

(d) *2005 Payment.* For services furnished in CY 2005, payment is based on 20 percent of the reasonable charge or reasonable cost, as applicable, plus 80 percent of the ambulance fee schedule amount. The reasonable charge and reasonable cost portion in CY 2005 is equal to the supplier's reasonable charge or provider's reasonable cost for CY 2004, multiplied by the statutory inflation factor for ambulance services.

(e) *2006 and Beyond Payment.* For services furnished in CY 2006 and thereafter, the payment is based solely on the ambulance fee schedule amount.

(f) *Updates.* The portion of the transition payment that is based on the existing payment methodology (that is, the non-fee-schedule portion) is updated annually for inflation by a factor equal to the percentage increase in the CPI-U (U.S. city average) for the 12-month period ending with June of the previous year. The CY 2002 inflation update factor used to update the 2001 payment amounts is applied to the annualized (average) payment amounts for CY 2001. For the period January 1, 2001 through June 30, 2001, the inflation update factor is 2.7 percent. For the period July 1, 2001 through December 31, 2001, the inflation update factor is 4.7 percent. The average for the year is 3.7 percent. Thus, the annualized (average) CY 2001 payment amounts used to derive the CY 2002 payment amounts are equivalent to the CY 2001 payment amounts that would have been determined had the inflation update factor for the entire CY 2001 been 3.7 percent. Both portions of the transition payment (that is, the portion that is based on reasonable charge or reasonable cost and the portion that is based on the ambulance fee schedule) are updated annually for inflation by the inflation factor described in §414.610(f).

**§ 414.620**

(g) *Exception.* There will be no blended payment allowance as described in paragraphs (a), (b), (c), and (d) of this section for ground mileage in those States where the Medicare carrier paid separately for all out-of-county ground ambulance mileage, but did not, before the implementation of the Medicare ambulance fee schedule, make a separate payment for any ground ambulance mileage within the county in which the beneficiary was transported. Payment for ground ambulance mileage in that State will be made based on the full ambulance fee schedule amount for ground mileage. This exception applies only to carrier-processed claims and only in those States in which the carrier paid separately for out-of-county ambulance mileage, but did not make separate payment for any in-county mileage throughout the entire State.

**§ 414.620 Publication of the ambulance fee schedule.**

Changes in payment rates resulting from incorporation of the annual inflation factor described in § 414.610(f) will be announced by notice in the FEDERAL REGISTER without opportunity for prior comment. CMS will follow applicable rulemaking procedures in publishing revisions to the fee schedule for ambulance services that result from any factors other than the inflation factor.

**§ 414.625 Limitation on review.**

There will be no administrative or judicial review under section 1869 of the Act or otherwise of the amounts established under the fee schedule for ambulance services, including the following:

- (a) Establishing mechanisms to control increases in expenditures for ambulance services.
- (b) Establishing definitions for ambulance services that link payments to the type of services provided.
- (c) Considering appropriate regional and operational differences.
- (d) Considering adjustments to payment rates to account for inflation and other relevant factors.
- (e) Phasing in the application of the payment rates under the fee schedule in an efficient and fair manner.

**42 CFR Ch. IV (10–1–02 Edition)**

**PART 415—SERVICES FURNISHED BY PHYSICIANS IN PROVIDERS, SUPERVISING PHYSICIANS IN TEACHING SETTINGS, AND RESIDENTS IN CERTAIN SETTINGS**

**Subpart A—General Provisions**

- Sec.  
415.1 Basis and scope.

**Subpart B—Fiscal Intermediary Payments to Providers for Physician Services**

- 415.50 Scope.  
415.55 General payment rules.  
415.60 Allocation of physician compensation costs.  
415.70 Limits on compensation for physician services in providers.

**Subpart C—Part B Carrier Payments for Physician Services to Beneficiaries in Providers**

- 415.100 Scope.  
415.102 Conditions for fee schedule payment for physician services to beneficiaries in providers.  
415.105 Amounts of payment for physician services to beneficiaries in providers.  
415.110 Conditions for payment: Medically directed anesthesia services.  
415.120 Conditions for payment: Radiology services.  
415.130 Conditions for payment: Physician pathology services.

**Subpart D—Physician Services in Teaching Settings**

- 415.150 Scope.  
415.152 Definitions.  
415.160 Election of reasonable cost payment for direct medical and surgical services of physicians in teaching hospitals: General provisions.  
415.162 Determining payment for physician services furnished to beneficiaries in teaching hospitals.  
415.164 Payment to a fund.  
415.170 Conditions for payment on a fee schedule basis for physician services in a teaching setting.  
415.172 Physician fee schedule payment for services of teaching physicians.  
415.174 Exception: Evaluation and management services furnished in certain centers.  
415.176 Renal dialysis services.  
415.178 Anesthesia services.  
415.180 Teaching setting requirements for the interpretation of diagnostic radiology and other diagnostic tests.  
415.184 Psychiatric services.