



Ambulance Transportation for a SNF Resident in a Stay Not Covered by Part A – Medicare Benefit Policy Manual, Chapter 10, and Medicare Claims Processing Manual, Chapter 15

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Related Change Request (CR) Number: 10550

Related CR Release Date: April 13, 2018

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Related CR Transmittal Number: R243BP
and R4021CP

Implementation Date: July 16, 2018

PROVIDER TYPES AFFECTED

This MLN Matters Article is intended for Skilled Nursing Facilities (SNF), ambulance providers and suppliers providing ambulance services to patients and billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries who are not in a covered Part A stay.

PROVIDER ACTION NEEDED

Change Request (CR) 10550 provides clarification on coverage of an ambulance transport for a SNF resident in a stay not covered by Part A, who has Part B benefits, to the nearest supplier of medically necessary services not available at the SNF, including the return trip. These clarifications relate to Chapter 10 of the Medicare Benefit Policy Manual, and Chapter 15, of the Medicare Claims Processing Manual. The revised manual sections are attachments to CR10550. Make sure your billing staffs are aware of these clarifications.

BACKGROUND

In the June 17, 1997, ambulance proposed rule (62 FR 32720), the Centers for Medicare & Medicaid Services (CMS) proposed a provision under Part B that permits ambulance transportation from a SNF to the nearest supplier of medically necessary services not available at the SNF where the beneficiary is an inpatient, including the return trip. CMS finalized this proposal in the January 25, 1999, final rule (64 FR 3648) at 42 CFR 410.40(e)(3).

CMS is revising the Medicare Benefit Policy Manual and Medicare Claims Processing Manual to clarify that a medically necessary ambulance transport from an SNF to the nearest supplier of medically necessary services not available at the SNF where the beneficiary is a resident (including the return trip) may be covered under Part B. This applies to beneficiaries who are in

an SNF stay not covered by Part A, but who has Part B benefits.

For example, this includes ambulance transport of such residents from the SNF (modifier N) to the nearest diagnostic or therapeutic site, other than a physician's office or hospital, such as an Independent Diagnostic Testing Facility (IDTF), cancer treatment center, radiation therapy center, or wound care center, as reported with ambulance modifier D. For SNF residents receiving Part A benefits, this type of ambulance service is subject to SNF consolidated billing.

ADDITIONAL INFORMATION

The official instruction, CR10550, issued to your MAC regarding this change, consists of two transmittals. The first updated the Medicare Claims Processing Manual and it is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4021CP.pdf>. The second transmittal updates the Medicare Benefit Policy Manual and it is at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R243BP.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

DOCUMENT HISTORY

Date of Change	Description
April 13, 2018	Initial article released.

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