



The **Medicare Guide to Rural Health Services: Information for Providers, Suppliers, and Physicians**, which provides rural information pertaining to rural health facility types, coverage and payment policies, and rural provisions under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and the Deficit Reduction Act of 2005 is now available in downloadable format at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralChart.pdf> on the CMS website..

MLN Matters Number: MM5533

Related Change Request (CR) #: 5533

Related CR Release Date: March 30, 2007

Effective Date: January 1, 2007

Related CR Transmittal #: R68BP

Implementation Date: April 30, 2007

Ambulance Fee Schedule - Ground Ambulance Services - Manualization Revision to the Specialty Care Transport (SCT) Definition

Note: This article was updated on June 15, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Providers and suppliers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), Medicare Administrative Contractors (MACs) and carriers), for ambulance services to Medicare beneficiaries

Provider Action Needed

Providers and suppliers are reminded that the Centers for Medicare & Medicaid Services (CMS) expanded the interpretation of "interfacility" to include both hospitals and Skilled Nursing Facilities (SNFs) in the December 1, 2006 (71 FR 69716) final rule.

Background

In the February 27, 2002 Federal Register (67 FR 9100) a final rule was published with comment period entitled "*Fee Schedule for Payment of Ambulance Services and Revisions to the Physician Certification Requirements for Coverage of Nonemergency Ambulance Services*" that implemented the ambulance fee schedule. In that rule, CMS defined SCT at Section 414.605. In the December 1,

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2006 (71 FR 69716) final rule, CMS expanded the definition of “interfacility” to include both hospitals and skilled nursing facilities (SNFs).

In addition, CMS further clarified the kinds of facilities included as origin or destination points for “interfacility” transport for Specialty Care Transport (SCT) purposes. Therefore, for purposes of SCT payment, CMS considers a “facility” to include:

- Only a SNF or a hospital that participates in the Medicare program, or
- A hospital-based facility that meets the requirements for provider-based status.

Medicare hospitals include, but are not limited to, rehabilitation hospitals, cancer hospitals, children’s hospitals, psychiatric hospitals, Critical Access Hospitals (CAHs), inpatient acute-care hospitals, and Sole Community Hospitals (SCHs).

Note: Contractors will not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors will adjust claims brought to their attention.

Additional Information

If you have questions, please contact your Medicare FI, Carrier or MAC at their toll-free number which may be found at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

For complete details regarding this Change Request (CR) please see the official instruction (CR5533) issued to your Medicare FI, Carrier or A/B MAC. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R68BP.pdf> on the CMS website.

Providers may review the Federal Regulations for the Ambulance Fee Schedule located at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/index.html> on the CMS website.

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