



News Flash - Flu Season Is Upon Us! Begin now to take advantage of each office visit as an opportunity to encourage your patients to get a flu shot. It's still their best defense against combating the flu this season. *(Medicare provides coverage of the flu vaccine without any out-of-pocket costs to the Medicare patient. No deductible or copayment/coinsurance applies.)* And don't forget, health care personnel can spread the highly contagious flu virus to patients. **Protect yourself. Don't Get the Flu. Don't Give the Flu. Get Your Flu Shot. Remember -** Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza virus vaccine and its administration as well as related educational resources for health care professionals, please go to http://www.cms.hhs.gov/MLNProducts/Downloads/flu_products.pdf on the CMS website.

MLN Matters Number: MM6113

Related Change Request (CR) #: 6113

Related CR Release Date: October 3, 2008

Effective Date: January 1, 2009

Related CR Transmittal #: R1607CP

Implementation Date: January 5, 2009

Ambulance Inflation Factor (AIF) for CY 2009

Provider Types Affected

Providers and suppliers of ambulance services who bill Medicare carriers, fiscal intermediaries (FIs), or Part A/B Medicare Administrative Contractors (A/B MACs) for those services.

What You Need to Know

CR 6113, from which this article is taken, provides the Ambulance Inflation Factor (AIF) for Calendar Year (CY) 2009. The AIF for CY 2009 is 5.0 percent.

Background

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Section 1834(l) (3) (B) of the Social Security Act (the Act) provides the basis for updating payment limits that carriers, FIs, and A/B MACs use to determine how much to pay you for the claims that you submit for ambulance services.

Specifically, this section of the Act provides for a 2009 payment update that is equal to the percentage increase in the urban consumer price index (CPI-U), for the 12-month period ending with June of the previous year. The resulting percentage is referred to as the ambulance inflation factor (AIF).

CR 6113, from which this article is taken furnishes the CY 2009 AIF, which will be 5.0 percent. The following table displays the AIF for CY 2009 and for the previous 6 years.

Ambulance Inflation Factor by CY	
2009	5.0%
2008	2.7%
2007	4.3%
2006	2.5%
2005	3.3%
2004	2.1%
2003	1.1%

The national fee schedule for ambulance services was phased in over a five-year transition period beginning April 1, 2002. Further, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) established that the ground ambulance base rate (for services furnished during the period July 1, 2004 through December 31, 2009) is subject to a "floor amount."

Payment will not be less than this "floor amount," which is determined by establishing nine fee schedules (one for each of the nine census divisions) and then using the same methodology that was used to establish the national fee schedule.

Note: For ground ambulance trips of over 50 miles that you furnish on or after July 1, 2004, and before January 1, 2009 (regardless of where the transportation originates); a 25 percent bonus "per mile" payment will be added to the existing "per mile" reimbursement rate for all miles above the initial 50 miles. This 25 percent increase in the "per mile" payment rate for trips of 51 miles or greater will stop on December 31, 2008; and effective for dates of service of January 1, 2009 and later, services paid under the ambulance fee schedule will not include this temporary increase.

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To read more about this temporary 25 percent “per mile” rate increase for ambulance trips of 51 miles or greater, you might want to read MLN Matters Article MM3099 (MMA-Implementation of Section 414 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003) released on June 25, 2004. You can find this article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3099.pdf> on the Centers for Medicare & Medicaid (CMS) website.

Either the national fee schedule or regional fee schedule applies for all providers and suppliers in the census division, depending on the payment amount that the regional methodology yields. The national fee schedule amount applies when the regional fee schedule methodology results in an amount (for a given census division) that is lower than the national ground base rate. Conversely, the regional fee schedule applies when its methodology results in an amount (for the census division) that is greater than the national ground base rate. When the regional fee schedule is used, that census division’s fee schedule portion of the base rate is equal to a blend of the national rate and the regional rate. For CY 2009, this blend is 20 percent regional ground base rate and 80 percent national ground base rate. Part B coinsurance and deductible requirements apply.

Additional Information

CR 6113, the official instruction issued to your Medicare contractor, is available at <http://www.cms.hhs.gov/Transmittals/downloads/R1607CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare carrier, FI, or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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