



News Flash – Flu Season is upon us! CMS encourages providers to begin taking advantage of each office visit to encourage your patients with Medicare to get a seasonal flu shot; it's their best defense against combating seasonal flu this season. (*Medicare beneficiaries may receive the seasonal influenza vaccine without incurring any out-of-pocket costs. No deductible or copayment/coinsurance applies.*) For more information about Medicare's coverage of the seasonal influenza vaccine and its administration as well as related educational resources for health care professionals, please go to <http://go.cms.gov/MLNGenInfo> on the CMS website.

MLN Matters® Number: MM6707

Related Change Request (CR) #: 6707

Related CR Release Date: November 13, 2009

Effective Date: January 1, 2010

Related CR Transmittal #: R115BP

Implementation Date: January 4, 2010

Note: This article was updated on January 18, 2013, to reflect current Web addresses. All other information remains unchanged.

Ambulance Services

Provider Types Affected

Ambulance providers and suppliers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FI) and Medicare Administrative Contractors (MAC)) for ambulance services provided to Medicare beneficiaries.

Provider Action Needed

This article, based on CR 6707, advises you that the Medicare Benefit Policy Manual Chapter 10 – Ambulance Service section 10.3 has been revised to incorporate consistent manual language to the definition of "The Destination." There is no change to policy. Please make sure your billing staffs are aware of this update.

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. CPT only copyright 2009 American Medical Association.

The Medicare Benefit Policy Manual Chapter 10 – Ambulance Service section 10.3 has been updated to incorporate consistent manual language. The change states that “an ambulance transport is covered to the nearest *appropriate* facility to obtain necessary diagnostic and/or therapeutic services (such as a CT scan or cobalt therapy) as well as the return transport. In addition to all other coverage requirements, this transport situation is covered only to the extent of the payment that would be made for bringing the service to the patient.” **The word “appropriate” has been added to that statement.**

Additional Information

If you have questions, please contact your Medicare contractor 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 Centers for Medicare & Medicaid Services (CMS) website.

The official instruction, CR 6707, issued to your Medicare contractor regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R115BP.pdf> on the CMS website.

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