



News Flash – The Affordable Care Act (ACA) extends increases in the ambulance fee schedule amounts for covered ground ambulance transports which originated in rural areas by 3 percent and for covered ground ambulance transports which originated in urban areas by 2 percent retroactive to January 1, 2010, through December 31, 2010. The new law similarly extends the provision for air ambulance services provided in any area that was designated as a rural area for purposes of making payments under the ambulance fee schedule for services furnished on December 31, 2006. Finally, the ACA extends retroactive to January 1, 2010, and through December 31, 2010, Section 414 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 which established the super rural bonus.

MLN Matters® Number: MM6949

Related Change Request (CR) #: 6949

Related CR Release Date: May 14, 2010

Effective Date: January 4, 2010

Related CR Transmittal #: R125BP

Implementation Date: June 15, 2010

Note: This article was updated on December 6, 2012, to reflect current Web addresses. All other information remains unchanged.

Ambulance Services - Updating the Medicare Benefit Policy Manual Chapter 10, Section 10.5 to Include Ambulance Transports with Joint Responses

Provider Types Affected

This article applies to ambulance suppliers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), and/or A/B Medicare Administrative Contractors (A/B MACs)) for ambulance services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6949 which updates the Medicare Benefit Policy Manual (Chapter 10, Section 10.5 (Joint Response)) to incorporate information that has been re-organized to include ambulance transports with joint responses. No new policy is presented as this just updates the relevant manual section to reflect current policy.

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Background

The Medicare ambulance benefit is a transportation benefit and without a transport there is no payable service. When multiple ground and/or air ambulance providers/suppliers respond, payment may be made only to the ambulance provider/supplier that actually furnishes the transport.

Basic Life Support/Advanced Life Support (BLS/ALS) Joint Responses

In situations where a Basic Life Support (BLS) entity provides the transport of the beneficiary and an Advanced Life Support (ALS) entity provides a service that meets the fee schedule definition of an ALS intervention (e.g., ALS assessment, Paramedic Intercept services, etc.), the BLS supplier may bill Medicare the ALS rate provided that a written agreement between the BLS and ALS entities exists.

Providers/suppliers must provide a copy of the agreement or other such evidence (e.g., signed attestation) as determined by **their Medicare contractor upon request**.

Medicare does not regulate the compensation between the BLS entity and the ALS entity. If there is no agreement between the BLS ambulance supplier and the ALS entity furnishing the service, then only the BLS level of payment may be made. In this situation, the ALS entity's services are not covered, and the beneficiary is liable for the expense of the ALS services to the extent that these services are beyond the scope of the BLS level of payment.

Ground to Air Ambulance Transports

When a beneficiary is transported by ground ambulance and transferred to an air ambulance, the ground ambulance may bill Medicare for the level of service provided and mileage from the point of pickup to the point of transfer to the air ambulance.

Note: There is no new policy being developed by CR 6949. CR 6949 re-instates language to the Medicare Benefit Manual (Publication 100-02, Chapter 10) to incorporate information that has been re-organized to include ambulance transports with joint responses.

Additional Information

The official instruction, CR 6949, issued to your carrier, FI, and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R125BP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

If you have any questions, please contact your carrier, FI, or A/B 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.

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