

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



The Office of Management and Budget recently approved changes to the Medicare Provider-Supplier Enrollment Applications (CMS-855) in order to update them from the 2008 versions, as well as the new CMS-855O application form used for the sole purpose of enrolling to order and refer items and/or services to Medicare beneficiaries. The revised and new forms are now available at <http://www.CMS.gov/CMSForms/CMSForms/list.asp?filtertype=dual&filtertype=keyword&keyword=855> on the Centers for Medicare & Medicaid Services (CMS) website. Providers and suppliers enrolling for the sole purpose to order and refer are required to begin using the new CMS-855O form immediately. Providers and suppliers using the other CMS-855 forms to enroll in Medicare are encouraged to begin using the revised forms, though the old forms may be used through October 2011.

MLN Matters Number: MM7557

Related Change Request (CR) #: 7557

Related CR Release Date: January 12, 2012

Effective Date: For UB-04 Hardcopy Claims, August 1, 2011. For NPI requirement changes, April 1, 2012

Related CR Transmittal #: R2383CP

Implementation Date: April 2, 2012

Fiscal Intermediary Standards System (FISS) Claims Processing Updates For Ambulance Services

Note: This article was revised on April 8, 2014, to provide a reference to MM8251 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8251.pdf>) that alerts providers that HCPCS Code A0888 has been added to the listing of mileage codes allowed to be billed with transportation claims that do not require attending provider name and NPI. All other information remains the same.

Provider Types Affected

Providers and suppliers submitting claims to Centers for Medicare & Medicaid Services (CMS) contractors (Fiscal Intermediaries (FIs) and/or Part A/Part B Medicare Administrative Contractors (A/B MACs) for ambulance services provided to Medicare beneficiaries.

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Provider Action Needed

This article identifies two changes in ambulance claims submissions. The first applies to UB-04 hard copy claims beginning with dates of service on or after January 1, 2011, submitted August 1, 2011 and after. Mileage must be reported as fractional units. When reporting fractional mileage, providers must round the total miles up to the nearest tenth of a mile and the decimal must be used in the appropriate place (e.g., 99.9). For trips totaling less than 1 mile, enter a "0" before the decimal (e.g., 0.9). This applies on trips of up to 100 miles.

The second change applies to Institutional claims (i.e., Paper UB-04, electronic 837I, or Direct Data Entry (DDE) claims) with dates of service on or after April 1, 2012. Only non-emergency trips (i.e., Healthcare Common Procedure Coding System (HCPCS) codes A0426, A0428 (when A0428 is billed without modifier QL)) require a National Provider Identifier (NPI) in the Attending Physician field. Entry of a NPI in the Attending Physician field is not required for emergency trips (i.e., HCPCS codes A0427, A0429, A0430, A0431, A0432, A0433, A0434, and A0428 (when A0428 is billed with the modifier QL)).

Background

The "Medicare Claims Processing Manual," Chapter 15, 30.2.1, requires that ambulance providers submitting claims to Medicare contractors use the appropriate HCPCS code for ambulance mileage to report the number of miles traveled during a Medicare-reimbursable trip for the purpose of determining payment for mileage. On January 1, 2011, fractional mileage billing was implemented for electronic claims. However, the hardcopy UB-04 form could not accommodate fractional billing. Effective July 1, 2011, the National Uniform Billing Committee (NUBC) has updated instructions for reporting units that now allows for fractional unit billing, therefore, CMS is now providing notice that the exception to bill whole units on paper ambulance claims is now rescinded as of August 1, 2011.

The following guidelines now apply to paper billing.

- Medicare will accept and process paper claims with ambulance services, identified by revenue code 0540, with fractional mileage units rounded reported in Form Locator (FL) 46.
- Medicare will accept and process claims with fractional mileage units up to one decimal place (i.e., the tenths place) on ambulance claims submitted on paper.
- Medicare will truncate fractional mileage units rounded to greater than one decimal place on ambulance revenue code 0540 lines on paper claims. For example, if 1.23 miles are submitted, contractors shall automatically convert the units to 1.2 and process the paper claim accordingly.
- Medicare will accept and process paper claims with ambulance services, identified by revenue code 0540, submitted with less than 1 whole mileage unit reported in FL 46.
- Medicare will continue to accept and process paper claims with ambulance services, identified by revenue code 0540, submitted with whole number miles for trips totaling 100 covered miles and greater as reported in FL 46.

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- Medicare will truncate fractional mileage totaling 100 miles or greater submitted on ambulance revenue code 0540 lines. For example, if 100.5 mileage units are submitted, Medicare will automatically convert the units to 100 and process the paper claim accordingly.

For claims with dates of service on or after April 1, 2012, Medicare will assure that only non-emergency trips (i.e., HCPCS A0426, A0428 (when A0428 is billed without modifier QL)) require an NPI in the Attending Physician field. Emergency trips on Institutional claims (i.e., Paper UB-04, electronic 837I, or Direct Data Entry (DDE) claims) do not require an NPI in the Attending Physician field (i.e., A0427, A0429, A0430, A0431, A0432, A0433, A0434, and A0428 (when A0428 is billed with the modifier QL)).

Additional Information

The official instruction, CR7557 issued to your FI or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R2383CP.pdf> on the CMS website.

You may want to review MLN Matters® article MM7065 (<http://www.cms.gov/MLNArticles/downloads/MM7065.pdf>) that provides the procedure for reporting fractional mileage amounts on ambulance claims (other than on the UB04) effective for claims for dates of service on or after January 1, 2011. MM7065 also clarifies the requirements for using the UB-04 form when doing fractional billing, prior to August 1, 2011.

If you have questions, please contact your Medicare 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.

News Flash - Vaccination is the Best Protection Against the Flu. The Centers for Disease Control and Prevention is encouraging everyone 6 months of age and older to get vaccinated against the seasonal flu. The risks for complications, hospitalizations, and deaths from the flu are higher among individuals aged 65 years and older. Medicare pays for the seasonal flu vaccine and its administration for seniors and others with Medicare with no co-pay or deductible. And remember, vaccination is particularly important for healthcare workers, who may spread the flu to high-risk patients; don't forget to immunize yourself and your staff. *Protect your patients. Protect your family. Protect yourself. Get the Flu Vaccination – Not the Flu.* Remember – The flu vaccine plus its administration are covered Part B benefits. CMS has posted the 2011-2012 seasonal flu vaccine payment limits at http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp. Note that the flu vaccine is NOT a Part D-covered drug. For more information on coverage and billing of the flu vaccine and its administration, as well as related educational provider resources, visit http://www.CMS.gov/MLNProducts/35_PreventiveServices.asp and <http://www.cms.gov/immunizations>.

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