



News Flash – If you are a Medicare Fee-For-Service (FFS) physician, provider, or supplier submitting claims to Medicare for payment, this is very important information you need to know. Effective immediately, any Medicare Fee-For-Service claim with a date of service on or after Jan 1, 2010, must be received by your Medicare contractor no later than one calendar year (12 months) from the claim's date of service – or Medicare will deny the claim. For additional information, see MLN Matters® Articles MM6960 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6960.pdf> and MM7080 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7080.pdf> on the Centers for Medicare & Medicaid Services (CMS) website. You can also listen to a podcast on this subject by visiting <http://www.cms.gov/Outreach-and-Education/Outreach/CMSFeeds/index.html> on the same site.

MLN Matters® Number: MM7018 **Revised**

Related Change Request (CR) #: 7018

Related CR Release Date: February 22, 2011

Effective Date: March 21, 2011

Related CR Transmittal #: R2162CP

Implementation Date: March 21, 2011

Updates to the Medicare Claims Processing Manual (Publication 100-04, Chapter 15 (Ambulance)) to Correct Claims Billing Instructions as Well as to Update Fee Schedule Payment Rates Mandated by the Affordable Care Act of 2010

Note: This article was updated on December 7, 2012, to reflect current Web addresses. This article was previously revised on November 8, 2011, to add a reference to MLN Matters® article MM7558 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7558.pdf>) that alerts ambulance suppliers that the Medicare and Medicaid Extension Act of 2010 extends the increase in ambulance fee schedule amounts for covered ground ambulance transports through December 31, 2011. All other information is the same.

Provider Types Affected

Ambulance providers/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

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What You Need to Know

This article is based on Change Request (CR) 7018 which updates the Medicare Claims Processing Manual to note provisions extending several ambulance payment rate increases that were recently enacted by the Affordable Care Act of 2010. Specifically, the Affordable Care Act extends the increases of 3% for rural services and 2% for urban services through December 31, 2010. These increases had been initially required by the Medicare Modernization Act and were extended by the Medicare Improvements for Patients and Providers Act of 2008. CR 7018 also corrects the same manual's Chapter 15, Section 30.1.2 to specify that the correct field for reporting the ZIP Code of the point-of-pickup of an ambulance trip on a CMS-1500 claim form is Item 23, instead of item 32 as previously mentioned in that manual section.

If entities billing for ambulance services choose to submit claims in the 5010 837P electronic claim format on or after January 1, 2011, they must comply with the requirement that a diagnosis code be included on the claim. CMS will not be capable of accepting claims submitted under the 5010 version of the 837P that do not comply with this requirement. (See MLN Matters article SE1029, released September 24, 2010, at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1029.pdf> for details.) In addition, the loaded ambulance trip's destination information will be required on the 5010 837P electronic claim format. CR 7018 amends chapter 15 to include these instructions.

Additional Information

The official instruction, CR 7018, 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/R2162CP.pdf> on the 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.

You may also want to review MM7489 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7489.pdf>) which alerts ambulance suppliers that Medicare contractors will begin supplying denial notices for billing secondary insurance for those HCPCS codes that identify Medicare statutorily excluded ambulance transportation services, effective January 1, 2012.

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