

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1326	Date: December 6, 2013
	Change Request 8408

Contractors Note: Transmittal 1311, dated November 6, 2013, is hereby rescinded and replaced by Transmittal 1326, dated December 6, 2013, to include attachment to the One-Time Notification. All other information remains the same.

SUBJECT: Informational Unsolicited Response (IUR) or Reject for Ambulance SNF to SNF Transfer

I. SUMMARY OF CHANGES: The contractor claim data identified suppliers that were billing ambulance claims for SNF to SNF transfer separately under Part B resulting in overpayments. As a result of overpayment for a transport between two SNFs when a beneficiary is in a Part A covered SNF stay, CMS will implement an Informational Unsolicited Response (IUR) and Reject for an ambulance claim when suppliers are billing ambulance claims for SNF to SNF transfer separately under Part B.

EFFECTIVE DATE: April 1, 2014

IMPLEMENTATION DATE: April 7, 2014

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I R E R	C A R R I E R	R H I	Shared- System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
	<p>cancelled, or denied;</p> <p>2. AND There is a Paid SNF claim, TOB = 21X, for the same HICN as on the Ambulance claim;</p> <p>3. AND the Discharge Status for the SNF claim equals "03";</p> <p>4. AND the DOS for the HCPCS Service code from Attachment A, on the Ambulance claim, equals the discharge date of the SNF claim;</p> <p>5. AND the select claim's date of service for the Attachment A HCPCS is on or after the first day of the month not greater than three (3) years prior to the date of review;</p> <p>6. AND Exclude any claims that will have an overpayment adjustment of less than \$10.00</p>												
8408.1.1	The contractor shall issue the adjustment for the Medicare Claim.		X							X			
8408.2	<p>The CWF shall reject a line item for a current Ambulance claim with a detail line item for a HCPCS service code from Attachment A, and the rendering provider 's specialty code = 59, when the following conditions are met:</p> <p>1. AND There is a paid SNF claim, TOB = 21X, for the same HICN as on the Ambulance claim;</p> <p>2. AND the Discharge Status for the SNF claim equals "03";</p> <p>3. AND the DOS for the HCPCS Service code from Attachment A, on the Ambulance claim, equals the discharge date of the SNF claim.</p>										X		
8408.2.1	The contractor shall issue the denial for the Medicare Claim.		X							X			

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I M A C	C A R R I E R	R H I	Shared-System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
	(loop 2110 Service Payment Information REF), if present.												

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	F I M A C	C A R R I E R	R H I	Other			
		A	B	H H H					F I S S	M C S	V M S	C W F
8408.6	MLN Article : A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.		X									

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
Attachment A	Ambulance Specified HCPCS Codes List

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Megan Hayden, 410-786-1970 or megan.hayden@cms.hhs.gov , Carla David, 410-786-4799 or carla.david@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment

Ambulance Specified HCPCS Codes List

HCPCS	Description
A0021	HCPCS A0021 Ambulance Services (per mile)
A0080	HCPCS A0080 Transportation Services (non-emergency)
A0090	HCPCS A0090 Transportation Services (non-emergency)
A0100	HCPCS A0100 Transportation Services (non-emergency)
A0110	HCPCS A0110 Transportation Services (non-emergency)
A0120	HCPCS A0120 Transportation Services (non-emergency)
A0130	HCPCS A0130 Transportation Services (non-emergency)
A0140	HCPCS A0140 Transportation Services (non-emergency)
A0160	HCPCS A0160 Transportation Services (non-emergency)
A0170	HCPCS A0170 Transportation Services (non-emergency)
A0180	HCPCS A0180 Transportation Services (non-emergency)
A0190	HCPCS A0190 Transportation Services (non-emergency)
A0200	HCPCS A0200 Transportation Services (non-emergency)
A0210	HCPCS A0210 Transportation Services (non-emergency)
A0225	HCPCS A0225 Ambulance Services (neonate)
A0380	HCPCS A0380 Ambulance Services (BLS)
A0382	HCPCS A0382 Ambulance Services (BLS)
A0384	HCPCS A0384 Ambulance Services (BLS)
A0390	HCPCS A0390 Ambulance Services (ALS)
A0392	HCPCS A0392 Ambulance Services (ALS)
A0394	HCPCS A0394 Ambulance Services (ALS)
A0396	HCPCS A0396 Ambulance Services (ALS)
A0398	HCPCS A0398 Ambulance Services (ALS)
A0420	HCPCS A0420 Ambulance Services (Wait Time)
A0422	HCPCS A0422 Ambulance Services
A0424	HCPCS A0424 Ambulance Services
A0425	HCPCS A0425 Ambulance Services (per mile)
A0426	HCPCS A0426 Ambulance Services (ALS)
A0427	HCPCS A0427 Ambulance Services (ALS)
A0428	Ambulance Services (BLS)
A0429	Ambulance Services (BLS)
A0430	Ambulance Services (Air Transport)
A0431	Ambulance Services (Air Transport)
A0432	Ambulance Services (Paramedic Intercept)
A0433	Ambulance Services (ALS)
A0434	Ambulance Services (Specialty Care Transport)
A0435	Ambulance Services (Air Transport)
A0436	Ambulance Services (Air Transport per mile)
A0800	Ambulance Services (Air Transport between 7pm - 7am)
A0888	Ambulance Services (per mile)
A0998	Ambulance Services (Response and treatment, no transport)
A0999	Ambulance Services (Unlisted)