

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1682	Date: FEBRUARY 13, 2009
	Change Request 6372

Subject: Clarification of Date of Service (DOS) of Ambulance Services.

I. SUMMARY OF CHANGES: If CMS receives a claim for ambulance services with a date of service (DOS) beyond the beneficiary's date of death (DOD) (according to the Master Beneficiary Record (MBR) within the Common Working File (CWF)), the claim is denied. The intent of this CR is to clarify the definition of the DOS of an ambulance service for Medicare reimbursement purposes.

New / Revised Material

Effective Date: March 13, 2009

Implementation Date: March 13, 2009

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
R	15 / 10.3 / Definitions

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within 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 does 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.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1682	Date: February 13, 2009	Change Request: 6372
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SUBJECT: Clarification of Date of Service (DOS) of Ambulance Services.

Effective Date: March 13, 2009

Implementation Date: March 13, 2009

I. GENERAL INFORMATION

A. Background: For ambulance transport services provided to a Medicare beneficiary to be considered a covered service, the service must be medically necessary and reasonable. Medical necessity is established when the patient’s condition is such that the use of any other method of transportation is medically contraindicated. In most cases, there must be a transport of a living Medicare beneficiary for the service to be considered a Medicare covered service. A transport by ambulance of a deceased Medicare beneficiary is not a covered service unless it meets the requirements in the Internet Only Manual Publication 100-02, Chapter 10 §10.2.6, §10.4.1, or §10.4.9.

If a claim for ambulance services is received with a date of service (DOS) one or more days beyond the beneficiary’s date of death (DOD) (according to the Master Beneficiary Record (MBR) within the Common Working File (CWF)), the claim is denied. The intent of this CR is to clarify the DOS of an ambulance transport for Medicare purposes.

B. Policy: The DOS of an ambulance transport is generally the date that the loaded ambulance vehicle (ground or air) departs the point of pickup.

In the case of a ground transport, if the beneficiary is pronounced dead after the vehicle is dispatched but before the (now deceased) beneficiary is loaded into the vehicle, then the DOS is the date of dispatch. (Special payment policies apply per Pub. 100-02, Chapter 10 §10.2.6).

In the case of an air transport, if the beneficiary is pronounced dead after the aircraft takes off to pick up the beneficiary, then the DOS is the date of takeoff. (Special payment policies apply per Pub 100-02, Chapter 10 §10.4.9).

II. BUSINESS REQUIREMENTS TABLE

“Shall” denotes a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
		M A C	M A C				F I S S	M C S	V M S	C W F	
6372.1	Contractors shall consider the date of service of an ambulance service to be the date that the loaded	X		X	X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	ambulance vehicle (ground or air) departs the point of pickup.										
6372.1.1	In the case of a ground transport, if the beneficiary is pronounced dead after the vehicle is dispatched but before the (now deceased) beneficiary is loaded into the vehicle, contractors shall consider the DOS to be the date of the ambulance vehicle's dispatch.	X		X	X						
6372.1.2	In the case of an air transport, if the beneficiary is pronounced dead after the aircraft takes off to pick up the beneficiary, contractors shall consider the DOS to be the date of the ambulance vehicle's takeoff.	X		X	X						
6372.2	Contractors shall continue to deny claims for ambulance services when the date of service reported on the claim is one day or more beyond the beneficiary's date of death according to the Master Beneficiary Record found in the Common Working File.	X		X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6372.3	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site 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 your 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.</p>	X		X	X						

IV. SUPPORTING INFORMATION

Section A:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
NA	

Section B:

NA

V. CONTACTS

Pre-Implementation Contact(s): Contact Eric Coulson at (410)786-3352 or Eric.Coulson@cms.hhs.gov.

Post-Implementation Contact(s): For ambulance Medicare payment policy questions, contact Roechel Kujawa at (410)786-9111 or Roechel.Kujawa@cms.hhs.gov. For questions pertaining to the processing of claims for institutionally-based ambulance services, contact Valeri Ritter at (410)786-8652 or Valeri.Ritter@cms.hhs.gov. For questions pertaining to the processing of claims for ambulance suppliers, contact Eric Coulson at (410)786-3352 or Eric.Coulson@cms.hhs.gov.

VI. FUNDING

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

No additional funding will be provided by CMS; contractor activities are to be carried out within 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 does 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.

Medicare Claims Processing Manual

Chapter 15 - Ambulance

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(Rev. 1682, 02-13-09)

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10.3 - Definitions

10.3 - Definitions

(Rev. 1682; Issued: 02-13-09; Effective/Implementation Dates: 03-13-09)

AB-02-130

The following are definitions and applications of items used throughout the ambulance chapter. Refer to the Medicare Benefit Policy Manual, Chapter 10, "Ambulance," for definitions of the levels of service.

Adjusted Base Rate

Definition: Adjusted base rate is the payment made to a provider/supplier for ambulance services exclusive of mileage.

Application: With respect to ground service levels, the adjusted base rate is the payment amount that results from multiplying the conversion factor (CF) by the applicable relative value unit (RVU) and applying the geographic adjustment factor (GAF). With respect to fixed wing and rotary wing services, the adjusted base rate is equal to the national base rate (which, in the case of air ambulance services, is announced as part of the FS and is not calculated by means of a CF and RVU) adjusted by the provider's/supplier's GAF.

Basic Life Support

Definition: Basic life support (BLS) is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State. The ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an emergency medical technician-basic (EMT-Basic). These laws may vary from State to State or within a State. For example, only in some jurisdictions is an EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a peripheral intravenous (IV) line.

Advanced Life Support Assessment

Definition: Advanced life support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service.

Application: The determination to respond emergently with an ALS ambulance must be in accord with the local 911 or equivalent service dispatch protocol. If the call came in directly to the ambulance provider/supplier, then the provider's/supplier's dispatch protocol must meet, at a minimum, the standards of the dispatch protocol of the local 911 or equivalent service. In areas that do not have a local 911 or equivalent service, then the protocol must meet, at a minimum, the standards of a dispatch protocol in another similar jurisdiction within the State or, if there is no similar jurisdiction within the State, then the standards of any other dispatch protocol within the State. Where the dispatch was inconsistent with this standard of protocol, including where no protocol was used, the beneficiary's condition (for example, symptoms) at the scene determines the appropriate level of payment.

Advanced Life Support Intervention

Definition: Advanced life support (ALS) intervention is a procedure that is, in accordance with State and local laws, required to be performed by an emergency medical technician-intermediate (EMT-Intermediate) or EMT-Paramedic.

Application: An ALS intervention must be medically necessary to qualify as an intervention for payment of an ALS level of service. An ALS intervention applies only to 4ground transports.

Date of Service (DOS)

Definition: The date of service (DOS) of an ambulance service is the date that the loaded ambulance vehicle departs the point of pickup. In the case of a ground transport, if the beneficiary is pronounced dead after the vehicle is dispatched but before the (now deceased) beneficiary is loaded into the vehicle, the DOS is the date of the vehicle's dispatch. In the case of an air transport, if the beneficiary is pronounced dead after the aircraft takes off to pick up the beneficiary, the DOS is the date of the vehicle's takeoff.

EMT-Intermediate

Definition: EMT-Intermediate is an individual who is qualified, in accordance with State and local laws, as an EMT-Basic **and** who is certified in accordance with State and local laws to perform essential advanced techniques and to administer a limited number of medications.

EMT-Paramedic

Definition: EMT-Paramedic possesses the qualifications of the EMT-Intermediate and, in accordance with State and local laws, possesses enhanced skills including the ability to administer additional interventions and medications.

Geographic Adjustment Factor

Definition: Geographic adjustment factor (GAF) is a value that is applied to a portion of the unadjusted base rate amount in order to reflect the relative costs of furnishing ambulance services from one area of the country to another. The GAF is equal to the practice expense (PE) portion of the geographic practice cost index (GPCI) from the physician fee schedule.

Application: For ground ambulance services, the GAF is applied to 70 percent of the unadjusted base rate. For air ambulance services, the GAF is applied to 50 percent of the unadjusted base rate.

Goldsmith Modification

Definition: Goldsmith modification is the methodology for the identification of rural census tracts that are located within large metropolitan counties of at least 1,225 square miles but are so isolated from the metropolitan core of that county by distance or physical features as to be more rural than urban in character.

Loaded Mileage

Definition: Loaded mileage is the number of miles for which the Medicare beneficiary is transported in the ambulance vehicle.

Application: Payment is made for each loaded mile. Air mileage is based on loaded miles flown, as expressed in statute miles. There are three mileage payment rates:

1. For ground and water;

2. For fixed wing (FW); and
3. For rotary wing (RW).

For air ambulance, the point of origin includes the beneficiary loading point and runway taxiing until the beneficiary is offloaded from the air ambulance.

Point of Pickup (POP)

Definition: Point of pickup is the location of the beneficiary at the time he or she is placed on board the ambulance.

Application: The ZIP Code of the POP must be reported on each claim for ambulance services so that the correct GAF and Rural Adjustment Factor (RAF) may be applied, as appropriate.

Relative Value Units

Definition: Relative value units (RVUs) measure the value of ambulance services relative to the value of a base level ambulance service.

Application: The RVUs for the ambulance FS are as follows:

Service Level	RVUs
BLS	1.00
BLS - Emergency	1.60
ALS1	1.20
ALS1 - Emergency	1.90
ALS2	2.75
SCT	3.25
PI	1.75

RVUs are not applicable to FW and RW services.

Rural Adjustment Factor (RAF)

Definition: RAF is an adjustment applied to the payment amount for ambulance services when the POP is in a rural area.

Application: For ground ambulance services:

For services furnished before July 1, 2004, a 50 percent increase is applied to the urban ambulance FS mileage rate for each of the first 17 miles of a rural POP. For services furnished on or after July 1, 2004, a 50 percent increase is applied to the rural ambulance FS mileage rate for each of the first 17 miles of a rural POP;

For services furnished before January 1, 2004, a 25 percent increase is applied to the urban ambulance FS mileage rate for mileage between 18 and 50 miles of a rural POP; and the urban ambulance FS mileage rate applies to every mile of a rural POP over 50 miles.

For services furnished during the period January 1, 2004 through June 30, 2004, the urban ambulance FS mileage rate applies to every mile of a rural POP over 17 miles. For services furnished on or after July 1, 2004, the rural ambulance FS mileage rate applies to every mile of a rural POP over 17 miles (and this amount is used when applying the bonus amount for long rural trips, as described below).

For services furnished during the period July 1, 2004 through December 31, 2009, the base rate portion of the payment under the FS for ground ambulance transports furnished in certain rural areas is increased by an amount to be determined by CMS. This increase applies where the POP is in a rural county (or Goldsmith area) that is comprised by the lowest quartile by population of all such rural areas arrayed by population density.

For services furnished during the period July 1, 2004 through December 31, 2008, a 25 percent increase is applied to the appropriate ambulance FS mileage rate to each mile of a transport (both urban and rural POP) that exceeds 50 miles (i.e., mile 51 and greater).

For rural air ambulance services, a 50 percent increase is applied to the total air ambulance fee schedule amount for air services; that is, the adjustment applies to the sum of the adjusted base rate and ambulance fee schedule rate for all of the loaded air mileage.

Services in a Rural Area

Definition: Services in a rural area are services that are furnished:

1. In an area outside a Metropolitan Statistical Area (MSA) except in New England;
2. In New England, outside a New England County Metropolitan Area (NECMA); or,
3. In an area identified as rural using the Goldsmith modification even though the area is within an MSA or NECMA.

Unadjusted Base Rate

Definition: Unadjusted base rate is the national general payment amount for ambulance services exclusive of mileage without application of the GAF. These are general national numbers that do not relate to an individual provider/supplier until the GAF is applied to them.

Application: The unadjusted base rate is the payment amount that results from multiplying the CF by the RVU without applying the GAF.