
Medicare Program Integrity Manual

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 20

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CHANGE REQUEST 1974

CHAPTERS	REVISED SECTIONS	NEW SECTIONS	DELETED SECTIONS
6	12		

NEW/REVISED MATERIAL--EFFECTIVE DATE: February 21, 2002
IMPLEMENTATION DATE: April 1, 2002

Chapter 6, Section 12, MR of Ambulance Services, Changes word from land to ground to be consistent with the ambulance fee schedule. Deletes the note that previously read: "Payment of land rate rather than air rate is a reduction in reasonable cost, not a §1862(a)(1)(A) denial." Adds a sentence that indicates the proper denial reason when down coding from air rate to ground rate.

These instructions should be implemented within your current operating budget.

NOTE: Red italicized font identifies new material.

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Chapter 6 - Intermediary MR Guidelines for Specific Services

12 - MR of Ambulance Services - (Rev. 20, 02-21-02)

A - Ambulance

Intermediaries review to determine if services meet the criteria in MIM §3114.

They:

- Determine if the patient's condition was such that another method of transportation was contraindicated; and
- Determine if non-reusable equipment/supplies used for patient care during transport were reasonable and necessary.

Medically necessary transport by ambulance may include:

- Emergency situations, e.g., accidents, injury, acute illness;
- Need for restraints;
- Unconscious or in shock;
- Required emergency treatment during the trip;
- Required immobilization, i.e., fracture or the possibility of a fracture;
- Sustained acute stroke or myocardial infarction; or
- Experiencing severe hemorrhage.

A beneficiary who was pronounced dead while enroute to, or upon arrival at, the hospital by ambulance is covered. Transportation of a beneficiary who was pronounced dead by a legally authorized individual before the ambulance was called is not covered. (See MIM §3114.)

B - Air Ambulance

Intermediaries review to determine the necessity of air ambulance services in MIM §3114C.11:

- Was the point of pickup inaccessible to *ground* ambulance?
- Did weather, or traffic conditions, etc., make pickup by *ground* ambulance impractical, impossible, or overly time consuming?
- Was the patient's condition such that the length of time required by the *ground* ambulance would have endangered the patient's life or health, e.g., a 30-60 minute trip by *ground* ambulance for an unstable cardiac patient?

NOTE: Down coding from air to ground ambulance is an 1862(a)(1)(A) denial.