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# CMS Manual System

## Pub. 100-04 Medicare Claims Processing

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

Transmittal 212

Date: JUNE 18, 2004

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### CHANGE REQUEST 3099

**I. SUMMARY OF CHANGES:** This transmittal reissues Change Request (CR) 3099, Transmittal 88, to announce the bonus amount for ambulance transports originating in certain low-density population areas. The transmittal also includes the addresses for the Ambulance Fee Schedule files and makes technical corrections to the manual to clarify the ground mileage calculations that apply for claims with dates of services after June 30, 2004. All other material remains the same as it appeared in the original transmittal.

Transmittal 88 implements changes to the payment for ground ambulance services, in accordance with Section 414 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA). Specifically, this provision establishes a floor amount for the fee schedule portion of the payment, provides increased payments for urban and rural services, adds an increased payment for ambulance transports originating in certain low density population areas, and implements a 25 percent bonus on the mileage rate for ground miles 51 and greater. These payment changes apply to ground ambulance transports only. Air ambulance base rates and mileage rates remain unchanged. The transmittal also makes technical corrections to the manual and incorporates previous issuances to provide a comprehensive understanding of Medicare payment for ground ambulance services.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: July 1, 2004**

**\*IMPLEMENTATION DATE: July 6, 2004**

*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.*

### **II. CHANGES IN MANUAL INSTRUCTIONS:**

**(R = REVISED, N = NEW, D = DELETED)**

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
<b>R</b>	15/Table of Contents
<b>R</b>	15/10/General Coverage and Payment Policies
<b>R</b>	15/10.2/Billing Methods
<b>R</b>	15/10.3/Definitions
<b>R</b>	15/20/Carrier Calculation of Payment Amount
<b>R</b>	15/20.1.1/General

<b>R</b>	15/20.1.4/Components of the Ambulance Fee Schedule
<b>R</b>	Chapter 15/20.1.5/ZIP Code Determines Fee Schedule Amounts
<b>R</b>	Chapter 15/20.1.6/Transition Overview

**\*III. FUNDING:**

**These instructions shall be implemented within your current operating budget.**

**IV. ATTACHMENTS:**

	<b>Business Requirements</b>
<b>X</b>	<b>Manual Instruction</b>
<b>X</b>	<b>Confidential Requirements</b>
	<b>One-Time Notification</b>
	<b>Recurring Update Notification</b>

**\*Medicare contractors only**