
Medicare Carriers Manual Part 3 - Claims Process

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

Transmittal 1726

Date: OCTOBER 10, 2001

CHANGE REQUEST 868

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
2120.3 (Cont.) – 2120.4	2-78.1 – 2-78.2 (2 pp.)	2-78.1 – 2-78.2 (2 pp.)

MANUALIZATION/*EFFECTIVE DATE: NA*
IMPLEMENTATION DATE: NA

Section 2120.3, The Destination, adds reimbursement for ambulance services to nonhospital-based dialysis facilities.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

EXAMPLE: Mr. A becomes ill at home and requires ambulance service to the hospital. The hospitals servicing the community in which he lives are capable of providing general hospital care. However, Mr. A requires immediate kidney dialysis and the needed equipment is not available in any of these hospitals. The service area of the nearest hospital having dialysis equipment does not encompass the patient's home. Nevertheless, in this case, ambulance service beyond the locality to the hospital with the equipment is covered since it is the nearest one with appropriate facilities.

G. Ambulance Service to Physician's Office.--These trips are covered only under the following circumstances:

- o The trips meet the criteria of §2120.3C, or
- o While transporting a patient to a hospital, the ambulance stops at a physician's office because of a patient's dire need for professional attention, and immediately thereafter, the ambulance continues to the hospital.

H. Transportation Requested by Home Health Agency.--Where a home health agency finds it necessary to have a beneficiary transported by ambulance to a hospital or skilled nursing facility to obtain home health services not otherwise available to the individual, the trip is covered as a Part B service only if the above coverage requirements are met. Such transportation is not covered as a home health service.

I. Coverage of Ambulance Service Furnished Deceased Beneficiary.--An individual is considered to have expired as of the time he is pronounced dead by a person who is legally authorized to make such a pronouncement, usually a physician. Therefore, if the beneficiary was pronounced dead by a legally authorized individual before the ambulance was called, no program payment is made. Where the beneficiary was pronounced dead after the ambulance was called but before pickup, the service to the point of pickup is covered. If otherwise covered ambulance services were furnished to a beneficiary who was pronounced dead while enroute to or upon arrival at the destination, the entire ambulance services are covered.

J. Ambulance Transportation to Renal Dialysis Facility Located on Premises of Hospital.--A renal dialysis facility may be approved to participate in the end-stage renal disease program as a part of a hospital or as a nonprovider. Where the facility has been approved as a part of a hospital, it meets the destination requirements of an institution. Even where the facility has been approved as a nonprovider, it may be determined to meet the destination requirements for purposes of ambulance service coverage under the following circumstances:

- o The facility is located on or adjacent to the premises of a hospital;
- o The facility furnishes services to patients of the hospital, e.g., on an outpatient or emergency basis, even though the facility is primarily in operation to furnish dialysis services to its own patients; and
- o There is an ongoing professional relationship between the two facilities. For example, the hospital and the facility have an agreement that provides for physician staff of the facility to abide by the bylaws and regulations of the hospital's medical staff.

Do not reopen or change a prior determination that the facility is a nonprovider for approval purposes, even though it is found to be sufficiently related to the hospital, to meet the destination requirement for ambulance service coverage, unless there has been a significant change in the relationship between the hospital and the facility since the facility's certification.

A beneficiary receiving maintenance dialysis on an outpatient basis is not ordinarily ill enough to require ambulance transportation for dialysis treatment. This is so whether the facility is an independent enterprise or part of a hospital. Thus, if a claim for ambulance services furnished to a maintenance dialysis patient does not show that the patient's condition requires ambulance services, disallow it. However, if the documentation submitted with the claim shows that ambulance services is required, determine whether the facility meets the destination requirements under the ambulance service benefit described.

K. Reimbursement for Ambulance Services to Nonhospital-Based Dialysis Facilities.--Claims for end-stage-renal disease (ESRD) patients with a destination of nonhospital-based dialysis facility, origin and destination modifier J, are covered in accordance with 42 CFR §410.40, for claims with dates of service after February 23, 1999.

2120.4 Air Ambulance Services.--Medically appropriate air ambulance transportation is a covered service regardless of the State or region in which it is rendered. However, approve claims only if the beneficiary's medical condition is such that transportation by either basic or advanced life support land ambulance is not appropriate.

A. Coverage Requirements.--Air ambulance transportation services, either by means of a helicopter or fixed wing aircraft, may be determined to be covered only if:

- o The vehicle and crew requirements described in §2120.1 are met;
- o The beneficiary's medical condition required immediate and rapid ambulance transportation that could not have been provided by land ambulance; and either
 - The point of pick-up is inaccessible by land vehicle (this condition could be met in Hawaii, Alaska, and in other remote or sparsely populated areas of the continental United States), or
 - Great distances or other obstacles (for example, heavy traffic) are involved in getting the patient to the nearest hospital with appropriate facilities as described in subsection D.