

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 414	Date: DECEMBER 12, 2008
	Change Request 6206

This Transmittal is being re-issued to correct the transmittal issuance date to show December 12, 2008, instead of 2009; and to add that issuance date and the transmittal number to the OTN Attachment. Also, in BR 6206.1 and 6206.2 the DME/MAC boxes were inadvertently checked. The checks have now been removed. All other material remains the same.

SUBJECT: Improved Access to Ambulance Services Payment Rates for Effective Dates of Service July 1, 2008, through December 31, 2009

I. SUMMARY OF CHANGES: New 2008 Payment Rates for Ambulance Services Effective for Dates of Service July 1, 2008, through December 31, 2009.

New / Revised Material

Effective Date: July 1, 2008

Implementation Date: January 12, 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
N/A	

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:

One-Time Notification

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

Attachment – One Time Notification

Pub. 100-20	Transmittal: 414	Date: December 12, 2008	Change Request: 6206
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SUBJECT: Improved Access to Ambulance Services Payment Rate for Effective Dates of Services July 1, 2008, through December 31, 2009.

Effective Date: July 1, 2008

Implementation Date: January 12, 2009

I. GENERAL INFORMATION

A. Background: The Medicare Modernization Act of 2003 amended the Social Security Act with §1834(l)(13). This section provided increases in payment rates for covered ground ambulance transports which originated in a rural area in the amount of two (2) percent, and for covered ground ambulance transports which originated in a non-rural area by one (1) percent. This provision was effective for the period July 1, 2004 to December 31, 2006.

Section 146(a) of Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) amends §1834(l)(13) and provides another increase in payment for ground transports. The new increase is effective for claims with dates of service on or after July 1, 2008, and before January 1, 2010. It increases the ambulance fee schedule amounts for covered ground ambulance transports which originate in a rural area by three (3) percent, and covered ground ambulance transports which originate in a non-rural area by two (2) percent.

B. Policy: Contractors shall increase the ambulance fee schedule amounts for ground ambulance services for claims with dates of service on or after July 1, 2008, and before January 1, 2010 as follows:

- For covered ground ambulance transports which originate in a rural area, the fee schedule amounts are increased by 3 percent, and
- For covered ground ambulance transports which originate in a non-rural area, the fee schedule amounts are increased by 2 percent.

The Centers for Medicare & Medicaid Services (CMS) has created a revised Ambulance Fee Schedule file containing allowed amounts that reflect these increases. The filename of this revised file is MU00.@AAA2390.AMBFS.FINAL.V75B and is available for immediate downloading.

Until the new fee schedule files have been tested and implemented, contractors shall hold all ground ambulance claims affected by these changes and release them for processing upon implementation of the revised fee schedule files.

Contractors shall identify ambulance claims that were not paid at the rates established by section 146(a) with dates of service on or after July 1, 2008, and to the extent possible automatically reprocess those claims no later than September 30, 2008. There may be claims that cannot be identified and adjusted automatically. These claims shall be adjusted when brought to the attention of the contractor. The CMS and contractors will provide information to educate providers to contact their local contractor for guidance on obtaining an adjustment for claims which cannot be automatically reprocessed. Contractors shall follow normal processes for transmitting the adjusted claims to supplemental insurers, where appropriate.

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6206.6	<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: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
6206.4	<p>For purposes of reprocessing ground ambulance claims under 6206.4 above, FIs and A/B MACs shall identify applicable claims using the following criteria:</p> <ul style="list-style-type: none"> • Type of Bill equals either a 13X, 22X, 23X, 83X or 85X • Presence of Value Code A0 • Presence of one of the following HCPCS on a Revenue Code 540 line (with covered charges): A0426, A0427, A0428, A0429, A0432, A0433, A0434, A0425 <p>For purposes of reprocessing ground ambulance claims under 6206.4 above, Carriers and A/B MACs shall identify applicable claims using the following criteria:</p> <ul style="list-style-type: none"> • Presence of one of the following HCPCS on an ASC X12N 837P electronic Transaction, Version 4010A1 claim format or a CMS-1500 paper claim form: A0426, A0427, A0428, A0429, A0432, A0433, A0434, A0425

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Roechel Kujawa, roechel.kujawa@cms.hhs.gov or on 410-786-9111.

Post-Implementation Contact(s): Roechel Kujawa, roechel.kujawa@cms.hhs.gov or on 410-786-9111.

VI. FUNDING

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

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.