| CMS Manual System | Department of Health & Human Services (DHHS) | |
|------------------------------------|---|--|
| Pub 100-02 Medicare Benefit Policy | Centers for Medicare & Medicaid Services (CMS) | |
| Transmittal 187 | Date: May 1, 2014 | |
| | Change Request 8706 | |

SUBJECT: Update to the Medicare Benefit Policy Manual to Restore Missing Air Ambulance Definitions

I. SUMMARY OF CHANGES: This Change Request (CR) restores chapter 10, section 30.1.2, which was inadvertently omitted from the current version of the Internet Only Manual (IOM).

EFFECTIVE DATE: August 4, 2014

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

IMPLEMENTATION DATE: August 4, 2014

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

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|-------|--|
| R | 10/Table of Contents |
| N | 10/30.1.2/Air Ambulance Services |

III. FUNDING:

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 obliged 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

Attachment - Business Requirements

| | Pub. 100-02 | Transmittal: 187 | Date: May 1, 2014 | Change Request: 8706 |
|--|-------------|------------------|-------------------|----------------------|
|--|-------------|------------------|-------------------|----------------------|

SUBJECT: Update to the Medicare Benefit Policy Manual to Restore Missing Air Ambulance Definitions

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IMPLEMENTATION DATE: August 4, 2014

I. GENERAL INFORMATION

A. Background: Publication 100-02, chapter 10 of the Internet Only Manual (IOM) contains benefit policy information related to ambulance services. Section 30 of the aforementioned chapter details several categories of ground and two categories of air ambulance services that are recognized in the Medicare ambulance fee schedule.

It has come to the Centers for Medicare and Medicaid Services' (CMS) attention that section 30.1.2, which defines covered air ambulance services, has been inadvertently omitted from the current version of the IOM. This Change Request (CR) restores the missing section.

B. Policy: There are no new policies in section 30.1.2. Additionally, none of the definitions included in section 30.1.2 have changed.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

| Number | Requirement | Responsibility | | | | | | | | |
|--------|--|----------------|------------|-------------|-------------|-------------|-------------|-------------|-----|-------|
| | | | А/В ИА(| | D M | | | red- tem | | Other |
| | | | | | Е | Maintainers | | | ers | |
| | | A | В | H H H | M A C | Ι | M C S | V M S | | |
| 8706.1 | Contractors shall note the revision to the Medicare Benefit Policy Manual to restore section 30.1.2 of chapter 10. | X | X | | | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibil | | | ility | |
|--------|-------------|-------------|------------|-------------|-------------|--------|
| | | | А/В ИАС | | D M | C E |
| | | | | | Е | D |
| | | A | В | H H H | M A C | I |
| | None | | | | · | |

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

[&]quot;Should" denotes a recommendation.

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

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Felicia Rowe, <u>felicia.rowe@cms.hhs.gov</u>, Amy Gruber, <u>amy.gruber@cms.hhs.gov</u>

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0

Medicare Benefit Policy Manual Chapter 10 - Ambulance Services

Table of Contents (*Rev. 187, 05-01-14*)

30.1.2 - Air Ambulance Services

30.1.2 - Air Ambulance Services (Rev. 187, Issued: 05-01-14; Effective: 08-04-14; Implementation: 08-04-14)

There are two categories of air ambulance services: fixed wing (airplane) and rotary wing (helicopter) aircraft. The higher operational costs of the two types of aircraft are recognized with two distinct payment amounts for air ambulance mileage. The air ambulance mileage rate is calculated per actual loaded (patient onboard) miles flown and is expressed in statute miles (not nautical miles).

1. Fixed Wing Air Ambulance (FW)

Fixed wing air ambulance is furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by fixed wing air ambulance may be necessary because the beneficiary's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by fixed wing air ambulance may also be necessary because the beneficiary is inaccessible by a ground or water ambulance vehicle.

2. Rotary Wing Air Ambulance (RW)

Rotary wing air ambulance is furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by rotary wing air ambulance may be necessary because the beneficiary's condition requires rapid transport to a treatment facility, and either great distances or other obstacles, e.g., heavy traffic, preclude such rapid delivery to the nearest appropriate facility. Transport by rotary wing air ambulance may also be necessary because the beneficiary is inaccessible by a ground or water ambulance vehicle.