

# Ambulance Services – Ask the Contractor Teleconference February 8, 2006

---

Good Afternoon Everyone and welcome.

## **Today's topic is Ambulance Services.**

As I was preparing for today, I reviewed volumes and volumes of information trying to figure out what I could share with you today that would be most helpful. What I realized is that there is no way that I'm going to be able to provide a thorough and in-depth training about Medicare coverage and ambulance billing in just one hour. But, what I can do is identify what is covered, the types of education that are already available, and help make sure you are aware of all the current resources.

So, for this afternoon, I am going to provide an overview of the ambulance program, identify the resources that are currently available, talk about educational materials, and open the call up for questions from all of you. We will do the best we can to answer all of your questions. If you ask something that requires research, we will take your name and phone number and we will call you back. Please do not ask claim specific questions. If you have a question about a specific claim, please contact the provider hotline at 1-877-567-7173. We will be addressing general issues only here today.

## **Are there any questions so Far?**

## **An Overview**

Medicare **covers** ambulance services **when**:

- A beneficiary needs to be transported for a medically necessary reason to a hospital or skilled nursing facility, where transportation in any other vehicle would endanger their health.
- Medicare also covers ambulance transport if the beneficiary is in the United States, but the nearest hospital that can treat them isn't in the United States.
- A beneficiary can be transported from their home or a medical facility to get care for a health condition that requires them to be transported only by ambulance.

Medicare will only cover ambulance services **to the nearest appropriate facility** that is **able** to **give** the beneficiary the **care they need**.

- If they choose to be transported to a facility farther away, Medicare's payment will be based on the charge to the closest facility.



**Upstate Medicare Division**  
A Division of HealthNow New York Inc.  
A CMS Contracted Carrier

**HealthNow**  
HealthNow New York Inc.

- If no local facilities are able to give them the care they need, Medicare will help pay for transportation to a facility outside their local area.
- Medicare will pay for emergency ambulance transportation in an airplane or helicopter if the health condition requires immediate and rapid ambulance transportation that cannot be provided by ground transportation.

**Non-emergency** ambulance transportation is **provided when the patient needs transportation to diagnose or treat a health condition and they can't be transported in another way.**

- Must be an order from the individual's doctor or health care provider.
- If the individual is confined to their bed and they have a statement from their doctor saying that ambulance transportation is necessary because of their medical condition.
- Even if they are not confined to their bed, Medicare may still cover a nonemergency ambulance trip if they have a statement from their doctor.
- ABN - If the ambulance company believes that Medicare will not pay for your nonemergency ambulance service, they should ask the patient to sign an Advance Beneficiary Notice (ABN).
  - If the patient chooses to sign the ABN, they are agreeing to pay the full cost for the trip if Medicare does not pay. Use "GA" modifier.
  - If the patient refuses to sign the ABN but still requests the service, the ambulance company can refuse to transport the individual. If the company decides to transport the individual anyway, two individuals from the transport crew can sign the ABN as witnesses which will make the ABN valid. Bill the "GA" modifier and if the claim denies, the beneficiary will be responsible for paying for the cost of the trip.
  - The patient can not be asked to sign an ABN in an emergency situation.

**Payment**

- Medicare will pay 80% of the Medicare-approved amount after yearly Part B deductible and co-payment has been met. For 2006, the deductible is \$124.00.
- The ambulance company cannot charge more than 20% of the Medicare approved amount.
- All ambulance companies must accept Medicare assignment which means that you must accept the Medicare-approved amount as payment in full.

## Finding the Information

Internet Only Manuals (IOM) are program operating instructions, policies and procedures based on statutes and regulations, guidelines, models, and directives.

- Link from "Ambulance Provider Center" to the "CMS Manuals & Transmittals" or
- Navigate to [www.cms.hhs.gov/manuals](http://www.cms.hhs.gov/manuals) then click on "Internet-Only Manuals (IOMs)" from the box titled "Manuals."

- See Publication 100-02, Medicare Benefit Policy Manual – Chapter 10 – Ambulance Services.
- See Publication 100-04, Medicare Claims Processing Manual – Chapter 15 – Ambulance
- “Ambulance Services Program Transmittals.” Unfortunately, these are not specific to ambulance coverage but a search can be done.
- Medlearn Matters articles which are articles designed to help providers understand new or changed Medicare policy.
- See the “Ambulance” Web page on UMD’s Web site.

## Educational Opportunities that are currently available.

CMS Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov).

As an Ambulance provider, you have a whole section dedicated to you.

- Navigate from the “Welcome” page by clicking on “Regulations and Guidance” either on the top tool bar or in the large box titled “CMS Programs and Information.”
- See box titled “Browse by Audience,” click on “Provider Center.”
- See box titled “Important Links.” Inside box click under “Provider Types,” click on “Ambulance Services.” You have your very own provider service center! CMS has developed this page to house specific information for ambulance providers all in one place. As additional information for ambulance providers becomes available CMS will update this area.
  - To get to this page directly, the address is [www.cms.hhs.gov/center/ambulance.asp](http://www.cms.hhs.gov/center/ambulance.asp)
- Ambulance page contains:
  - Under “Coding/Billing/Payment”
    - Ambulance Fee Schedule Public Use Files
    - Ambulance Reasonable Charge Public Use Files
    - Enrollment & Certification
    - Coverage
    - Education
    - CMS Manuals & Transmittals
    - Policies/Regulations
    - Medicare Secondary Payer
    - Program Integrity/Medical Review
    - How to Stay Informed

## Ambulance Services – Ask the Contractor Teleconference February 8, 2006

---

- Contacts
- General

Within each of these sections are links to other locations on the Web site that will allow you to research specific issues you have. I will not explore each section but if you are not already familiar with them you may find it helpful and interesting to spend some time becoming familiar with where specific types of information is housed.

- Particular items of interest might be the
  - “Open Door Forums.” There was one held on Feb.2, 2006. Look for the next scheduled forum by using the link from you provider page. The Ambulance Open Door Forum (ODF) handles issues related to the payment, billing, coverage and delivery of services in the ambulance industry. Timely announcements and clarifications regarding important rulemaking, agency program initiatives, and other related areas are also included in the forums.
  - Ambulance Listserv – a service that you can subscribe to receive current Medicare information on Ambulance Services. A notice is sent to your email address notifying you that there is new information about ambulance services available.
  - Frequently asked questions
  - Medicare coverage
  - Medlearn Matters articles which are articles designed to help providers understand new or changed Medicare policy.
  - Ambulance Fee Schedule and Ambulance Reasonable Charge files.

UMD Web site @ ***www.umd.nyspic.com***

- Ambulance Home Page – from the “Provider” side of the home page click on “Education” then on “Ambulance Suppliers.” This page houses
  - ambulance-related articles,
  - fee schedules,
  - and a link to ambulance-related frequently asked questions (FAQs) on the Centers for Medicare & Medicaid Services (CMS) Web site.
- ListServe. UMD also has a ListServe to notify subscribers via email of that new ambulance-related information is available on the UMD Web site.
- Online Educational Presentation like the following:
  - ABN
  - The Appeals Process
  - Provider Enrollment

Ambulance Services – Ask the Contractor Teleconference  
February 8, 2006

---

Questions:

During the ambulance focus group call, it was suggested that UMD have an ambulance seminar. Will this happen? *Most likely, not this year. Watch for a Webex online presentation.*

What is the status of using condition codes on ambulance claims? *Condition codes are not to be used for Medicare claims, only diagnosis codes, and codes are not mandatory.*

When will the ambulance fee schedule be posted to the Web? *It was just received today and should be posted by next week.*

Can ambulance billers use modifiers UF, UG, etc. to indicate time of transport? *Not at this time. UMD system not set up to recognize. Will initiate implementation.*

There was discussion of who is the authorized person to sign for a patient that cannot speak. Debbie referred the inquirer to a section of the PIM.