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J6: Illinois State Ambulance Association

October 2015

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Today's Presenter

J6 Provider Outreach and Education Consultant

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AAPC I-10 Instructor

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## Acronyms

Acronyms used in this presentation can be viewed on the [NGSMedicare.com](http://NGSMedicare.com) website. On the **Welcome** page, click on **Provider Resources > Acronyms**.



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## Objectives

- To understand the Ambulance benefit as it relates to Medicare coverage and billing



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## Agenda

- Medicare ambulance coverage
- Ambulance vehicle
- Ambulance staffing
- Medical necessity
- Covered destinations
- Levels of service
- Emergent versus non-emergent
- Bed confinement
- Physician certification statement



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## Medicare Ambulance Benefit


Medicare ambulance benefit is a transport benefit, without transportation there is no billable service

Exception to the transportation benefit occurs when the patient expires prior to transport

Transports must meet reasonable and medical necessity requirements



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## Ground Ambulance Scenarios: Beneficiary Death

Time of Death Pronouncement	Medicare Payment Determination
Before dispatch	None
After dispatch, before beneficiary is loaded onboard ambulance (before or after arrival at the point-of-pickup)	The provider's/supplier's BLS base rate, no mileage or rural adjustment; use the QL modifier when submitting the claim
After pickup, prior to or upon arrival at the receiving facility	Medically necessary level of service furnished



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## Ambulance Vehicle



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## Ambulance Vehicle

- Equipped to respond to medical emergencies and, in nonemergency situations, be capable of transporting beneficiaries with acute medical conditions
- Vehicle must comply with state or local laws governing the licensing and certification of equipment
- At a minimum must contain:
  - Stretcher, linens, emergency medical supplies, oxygen equipment, and other lifesaving emergency medical equipment
  - Be equipped with emergency warning lights, sirens, and telecommunications equipment as required by state or local law



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## Ambulance

### Equipment and supplies

- Customary patient care equipment and first aid supplies, including reusable devices and equipment such as backboards, neckboards and inflatable leg and arm splints



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## Ambulance Staffing Requirements



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## Ambulance

Staffing requirements

- Basic Life Support
  - Staffed by at least two people - at least one of whom must be certified as an emergency medical technician (EMT) by the State or local authority
- Advance Life Support
  - Staffed by at least two people, at least one of whom must be certified by the State or local authority as an EMT-Intermediate or an EMT-Paramedic



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## Medical Necessity



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### Reasonableness of Ambulance Trip

*“Under the FS payment is made according to the level of medically necessary services actually furnished. That is, payment is based on the level of service furnished (provided they were medically necessary), not simply on the vehicle used.”*

\*CMS Internet-Only Manuals (IOMs), Medical Benefit Policy Manual, Chapter 10, “Ambulance Services,” Section 10.2.2 Reasonableness of the Ambulance Trip



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### Ambulette

A wheelchair or stretcher van  
Staffed with a driver  
No medical equipment on board



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### Medical Necessity

*“Medical necessity is established when the patient’s condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the individual’s health, whether or not such other transportation is actually available, no payment may be made for ambulance services.”*

\* CMS Internet-Only Manuals (IOMs), Medical Benefit Policy Manual, Chapter 10, “Ambulance Services,” Section 10.2.1



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### “Medically Necessary” vs. “Reasonableness”

- Medical necessity refers to whether the patient medically requires transport by ambulance
- Reasonableness refers to whether the transport was appropriate in the first place



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### A beneficiary is bed-confined if he/she is:

- 1) Unable to get up from bed without assistance;
- 2) Unable to ambulate; And
- 3) Unable to sit in a chair or wheelchair



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### Covered Destinations



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## Covered destinations

Hospital;  
Critical Access Hospital (CAH);  
Skilled Nursing Facility (SNF);  
Beneficiary's home;  
Dialysis facility for ESRD patient who requires dialysis; or  
A physician's office is not a covered destination.

- However, under special circumstances an ambulance transport may temporarily stop at a physician's office without affecting the coverage status of the transport.



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## Origin & Destination Modifiers

D = Diagnostic or therapeutic site other than P or H when these are used as origin codes;  
E = Residential, domiciliary, custodial facility;  
G = Hospital based ESRD facility;  
H = Hospital;  
I = Site of transfer (e.g. airport or helicopter pad) between modes of ambulance transport;  
J = Freestanding ESRD facility;



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## Origin & Destination Modifiers

N = Skilled nursing facility;  
P = Physician's office;  
R = Residence;  
S = Scene of accident or acute event;  
X = Intermediate stop at physician's office on way to hospital (destination code only).



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### Locality

*"The term "locality" with respect to ambulance service means the service area surrounding the institution to which individuals normally travel or are expected to travel to receive hospital or skilled nursing services."*

\*CMS Internet-Only Manuals (IOMs), Medical Benefit Policy Manual, Chapter 10, "Ambulance Services," Section 10.3.5 - Locality



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### Appropriate Facilities

Facility is equipped to provide the needed hospital or skilled nursing care

Physician or a physician specialist is available to provide the necessary care



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### Levels of Service



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### Ambulance HCPCS Coding

- Two HCPCS codes for each claim
  - One code for the all-inclusive service or the “base rate”
    - A0428, A0429, A0426, A0427, etc.
  - One code for patient loaded mileage
    - A0425
- A0888 – used when billing Medicare to indicate mileage beyond closest appropriate facility
  - For Medicare, this is non-covered, but it is billable to the patient



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### Payment for Mileage Charges

- Charges for mileage must be based on loaded mileage only, from the pick up of a patient to his/her arrival at destination
- Zip Code of point of pickup should be documented and reported in item 23
- DOS 1/1/11 and after
  - Report mileage (ground & air) rounded to the nearest tenth of a mile for all claims up to 100 loaded miles
  - Round to the nearest whole mile for all trips equal or greater than 100 loaded miles



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### Four Levels of Service

- Basic life support (BLS)
  - A0428 Non-Emergency
  - A0429 Emergency
- Advance life support (ALSI)
  - A0426 Non-emergency
  - A0427 Emergency
- Advance life support (ALSII)
  - A0433
- Specialty care transport (SCT)



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## BLS

Basic life support (BLS) – Includes the provision of medically necessary supplies and services and BLS ambulance transportation as defined by the State where the transport is provided

- BLS Non - Emergency (**A0428**) has a stricter "medical necessity" requirement and generally requires a signed physician order (Physician Certification Statement) certifying that these requirements are met
- BLS Emergency (**A0429**) An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call



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## Advance Life Support I (ALSI)

- HCPCS Code A0426/A0427
  - Includes the provision of medically necessary supplies and services and the **provision of an ALS assessment or at least one ALS intervention**
  - An ALS assessment is performed by an ALS crew as part of an emergency response that is necessary because the beneficiary's reported condition at the time of dispatch indicates that only an ALS crew is qualified to perform the assessment



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## ALSI Assessment

**Definition:** "An advanced life support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service."



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## ALSI Intervention

### Advanced Life Support Intervention

- **Definition:** An advanced life support (ALS) intervention is a procedure that is in accordance with State and local laws, required to be done by an emergency medical technician-intermediate (EMT-Intermediate) or EMT-Paramedic.
- **Application:** An ALS intervention must be medically necessary to qualify as an intervention for payment for an ALS level of service. An ALS intervention applies only to ground transports.



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## Advance Life Support I (ALSII)

HCPCS code A0433

- Three separate drug administrations by IV (or)
- Perform one of the ALSII services



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## ALSII Interventions

### ALSII Interventions

- Manual defibrillation/cardioversion;
- Endotracheal intubation;
- Central venous line;
- Cardiac pacing;
- Chest decompression;
- Surgical airway; or
- Intraosseous line.



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### ALSII-Three Separate Administrations of a Medication

Three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion

Does not include:

- Crystalloid Fluids i.e., normal saline, 5% dextrose in water, lactated ringers
- Medications administered by other means such as intramuscular injections, subcutaneous injection, oral, sublingually or nebulized medications
- Fractional dosing
- \*This list is not all inclusive



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### ALSII-Three Separate Administrations of a Medication

Application: "The criterion of multiple administrations of the same drug requires a suitable quantity and amount of time between administrations that is in accordance with standard medical practice guidelines. The fractional administration of a single dose (for this purpose meaning a standard or protocol dose) on three separate occasions does not qualify for ALS2 payment."



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### Administration of Medication for ALSII

Would not qualify:

- Epinephrine in the treatment of pulseless Ventricular Tachycardia administered in increments of 0.25 mg, 0.25 mg, and 0.50 mg

To qualify:

- Epinephrine in the treatment of pulseless Ventricular tachycardia administered in increments of 1mg, 1mg, and 1mg
- American Heart Association Advance Cardiac Life Support Protocol



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### Specialty Care Transport (SCT)

- HCPSC code A0434
  - Interfacility transport
  - Services beyond the scope of an emergency medical technician paramedic (EMT-P)



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### Emergency Versus Nonemergency



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### Emergent versus Nonemergent

- Emergency response occurs when a BLS or ALS level of service has been provided in immediate response to a 911 call or the equivalent
- An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call



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## Physician Certification Statement (PCS)




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## Physician Certification Statements

- No particular form or format is required
- Documentation
  - Patient's name
  - Date of service
  - Patient diagnosis
  - How and why patient is transported
  - Severity of illness or injury
- Exceptions
  - Pt. was residing at home – or in a facility and was not under the direct care of a physician at the time of transport

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### Physician Certification Statement (PCS)

Certification	Verification Needed	Who May Sign the Certification	Timeliness	Other Requirements
Non-emergency scheduled repetitive ambulance services	Yes	Physician (MD) <b>Physician Only</b>	The physician's endorsement is required on the PCS and must be signed by the physician or transporter.	42 CFR §484.46(d)
Non-emergency ambulance services that are either scheduled or that are included on a non-emergency basis. Resident of a nursing under physician's care.	Yes	Physician (MD) Physician Assistant (PA) Nurse Practitioner (NP) Clinical Nurse Specialist (CNS) Registered Nurse (RN) or Therapeutic Counselor	The physician order must be obtained <b>at least 15 days</b> after the transport.	If the ambulatory provider or supplier is unable to obtain the required certification within 21 calendar days following the date of the service, the ambulatory provider must document the attempt to obtain the required certification response on the claim. Acceptable documentation includes a signed statement from the 111. State Center for Health Care Services that certifies that the ambulatory provider attempted to obtain the required signature from the ambulatory provider, physician or other authorized source of above. CTR §18.04(d)(2)
Non-emergency ambulance transportation of beneficiaries residing or being in the sheltering, or another facility where they are under the direct care of a physician.	Yes			42 CFR §484.46(d)
For emergency transports.	No			42 CFR §484.46(d) Transmittal A-04-01 January 26, 2003. Physician Certification is required.

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## Your documentation should demonstrate:

- A covered destination
- The closest appropriate facility
- The level of service performed
- The services were performed by qualified personnel
- Emergent versus Non-emergent component
- A physician certification statement (if applicable)
- The transport was medically necessary and reasonable



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## Email Updates

Subscribe to receive the latest Medicare information.



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## Website Survey

This is your chance to have your voice heard—Say “yes” when you see this pop-up so National Government Services can make your job easier!



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- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs.



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## Thank You!

Questions?



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