

MEDICAL TRANSPORTATION ASSOCIATION OF NEW JERSEY
Medicare Ambulance Open Door Forum

November 9, 2009

SYNOPSIS

Medicare Contractor Provider Satisfaction Survey

CMS will be conducting its 5th annual survey to determine provider satisfaction with the Medicare Administrative Contractors (MACs; Highmark Medicare for New Jersey). Beginning in January, about 30,000 selected FFS providers will be asked to complete the survey. For more information: <http://www.cms.hhs.gov/MCPSS>

SNF Consolidated Billing

There are no changes to the current situation, CMS was just re-visiting for clarification. Generally speaking, ambulance trips are bundled with SNF payments if the patient is considered a resident at the time of the service. The exceptions for residents are for trips to highly intensive outpatient services such as MRI's, Cardiac Cath, CT scans, and emergency services. Dialysis services are also exceptions in that they are not bundled with SNF payments and ambulance trips for dialysis are billed under Part B. We were referred to MLN SE0433 for additional information.

Clarification provided by the AAA: Transports to a free-standing MRI center are not excluded from SNF Consolidated Billing, and, therefore, are the responsibility of the SNF. However, if the MRI services were received at a hospital, then the transports would be excluded.

2010 Ambulance Fee Schedule

In the approval process now and should be on the CMS website anytime from today to no later than next Friday.

Ambulance Inflation Factor

Since the inflation rate from June 2008 to June 2009 was -1.4 and the statute does not "contemplate a negative factor", the rate will be -0- for 2010.

Hospice Transport

CMS is reviewing issues related to ambulance transport to/from hospice and expect resolution in the very near future. They are asking for input from the industry about what is occurring in the field. If you have experienced difficulties getting claims paid for hospice trips, please send a description of the claim including the date of service to Randy.Thronset@CMS.HHS.gov.

Q and A

One provider asked a question about wheelchair transport payment responsibility that segued into whether this was an ABN situation; William Rogers MD, CMS' Director, Physicians Regulatory Issues Team clarified in an email to Kim Shanks afterwards that an ABN is not required for wheelchair transport of Medicare beneficiaries. There were other questions concerning issues such as locality rules (MAC specific); uncovered air miles billable to the beneficiary in the event the patient cannot accept billing (contact the provider's MAC for guidance); and when must a hospital pay for the ambulance trip (when the beneficiary is an inpatient). CMS also clarified that the NPI of the referring physician is not required for ambulance transports.

Most of the questions were provider or MAC specific and the questioner was referred to someone at the regional CMS office.