



WPS - Medicare

Computer Based Training on Ambulance Coverage

What Will I Gain?

- **Identify vehicle and crew requirements**
- **Determine when ambulance transport is medically necessary**
- **Identify the appropriate service level**
- **Discuss documentation requirements for ambulance services**
- **Identify most common reasons for denial of ambulance claims**

Vehicle and Crew Requirements

- **All Vehicles**
 - **comply with licensing and certification laws**
 - **stretcher**
 - **linens**
 - **emergency medical supplies**
 - **oxygen equipment**
 - **warning lights**
 - **sirens**
 - **telecommunication equipment**

Vehicle and Crew Requirements

- **Basic Life Support (BLS) ambulance**
 - **must be staffed by at least two people**
 - **One must be emergency medical technician (EMT)**
- **Advanced Life Support (ALS) ambulance**
 - **must be staffed by at least two people**
 - **One must be EMT-Intermediate or EMT-Paramedic**

Types of Covered Emergent Transports

- **Medicare allows coverage for emergent transports by:**
 - **Ground**
 - **Air**
 - **Fixed Wing (FW)/Airplane**
 - **Rotary Wing (RW)/Helicopter**

Medicare Coverage of Ambulance Transports

- **Medical necessity is established when:
It is determined, at the time of service, that transportation by any other means would jeopardize the patient's health**
- **If other means of transportation are appropriate, however not available, Medicare payment will not be made**

Destination Requirements

- **Generally, only local transportation by an ambulance is covered to the nearest appropriate facility**
 - **Acute Care Hospitals**
 - **Critical Access Hospital**
 - **Skilled Nursing Facility**
 - **Dialysis Facility for ESRD patients**
- **Physician office is not a covered destination unless a dire need situation arises during transport**

Appropriate Facilities

- **Equipped to provide the needed care for the illness or injury**
- **Physician or physician specialist is available to provide care**
- **Bed availability**

Examples of Emergency Situations

- **Injury from an accident**
- **Illness with acute symptoms**
- **Need for restraints**
- **Need for oxygen**
- **Immobilization**
- **Institution cannot meet patients needs**

Emergent Transports Ground

- **Medicare will cover emergency ambulance services when:**
 - **Medically Reasonable and Necessary**
 - **Meet the destination limits**
 - **Provided by a licensed ambulance service**

Emergent Transports

Air

- **Need for immediate and rapid transport that could not have been provided by ground ambulance; and either**
 - **The point of pickup is inaccessible by ground vehicle or**
 - **Great distances or obstacles involved in getting to the nearest appropriate facility**
- **Vehicle and crew requirements are met**

Medical Necessity Air

- **Medical necessity of air transport is established when:**
 - **Transport by land would seriously endanger the beneficiaries health due to:**
 - **Time**
 - **Instability**

Examples of Emergency Situations That May Require Air Transport

- **Intracranial bleeding**
- **Cardiogenic shock**
- **Burns requiring a burn center**
- **Carbon monoxide poisoning requiring HBO treatment**
- **Multiple severe injuries**
- **Life-threatening trauma**

Covered Destinations Non-Emergent Transports

- **Acute care hospitals**
- **Skilled Nursing Facilities (SNF)**
- **SNF to appropriate medical facility**
- **Dialysis facilities**
- **The patient's residence**

Non-Emergent Transports Ground

- **Medicare will cover limited non-emergent transports when:**
 - **Medical necessity criteria is met and**
 - **The beneficiary is bed-confined or**
 - **Other methods of transportation are contraindicated**

Bed Confinement

- **For a beneficiary to be considered bed confined, the following criteria must be met:**
 - **Unable to get up from bed without assistance**
 - **Unable to ambulate**
 - **Unable to sit in a chair or wheelchair**

Non-Emergent Transports Air

- **Medicare will cover non-emergent/scheduled air ambulance for transports when:**
 - **Medical necessity is met and**
 - **Ground transport would endanger the beneficiary's health; additionally**
 - **Transferring hospital does not have adequate facilities and**
 - **Receiving hospital is the nearest one with appropriate facilities**

When is a Physician Certification Required?

- **Required for all transports except:**
 - **Originating at home**
 - **Scene of accident**

Physician Certification is Required for:

- **All scheduled and unscheduled non-emergent transports for:**
 - **Residents of a SNF**
 - **Inpatients of a hospital, critical access hospital or rehabilitation facility**
 - **Dialysis or other medical appointment**

Certification Time Frames

- **Unscheduled transports**
 - Within 48 hours after transport
- **Scheduled repetitive transports**
 - Within 60 days prior to the transportation
- **Non-repetitive/non-emergency scheduled transports**
 - NO advanced certification

Who Can Certify?

- **Physician**
- **Physician Assistant (PA)**
- **Nurse Practitioner (NP)**
- **Clinical Nurse Specialist (CNS)**
 - * **Subject to State certification**

Categories of Service

- **If services are medically necessary, Medicare covers the following levels of service:**
 - **Basic life support (BLS)**
 - **Advanced life support, level 1 (ALS1)**
 - **Advanced life support, level 2 (ALS2)**
 - **Paramedic ALS intercept (PI)**
 - **Specialty care transport (SCT)**
 - **Fixed wing transport (FW)**
 - **Rotary wing transport (RW)**

Basic Life Support

- **Basic Life Support (BLS)**
 - **Ground transportation**
 - **Staffed by Emergency Medical Technician (EMT)-basic**
 - **In accordance with State requirements**
- **Basic Life Support (BLS)-Emergency**
 - **Meets above guidelines**
 - **Respond immediately**

Advanced Life Support

- **Advanced Life Support, Level 1 (ALS1)**
 - ALS assessment or at least
 - One ALS intervention
- **Advanced Life Support (ALS1-Emergency)**
 - Meet the above guidelines
 - Responds immediately

Advanced Life Support Continued

- **Advanced Life Support, Level 2 (ALS2)**
 - **Meet ALS guidelines**
 - **At least 3 separate administrations of medications**

Special Care Transport

- **Special Care Transport (SCT)**
 - Hospital to hospital
 - Critically injured or ill beneficiary
 - Ground ambulance vehicle
 - Medically necessary services and supplies beyond scope of Emergency Medical Technician-Paramedic (EMT-P)

Paramedic Intercept

- **Paramedic Intercept (PI)**
 - **ALS services provided by an entity that does not provide the ambulance transport and must be:**
 - **Medically necessary**
 - **Furnished in a rule area**
 - **Under contract**
 - **Both entities must still meet program requirements and**
 - **The ALS PI service must bill all recipients who receive ALS PI services**

Determination of Medical Necessity

- **Claims are reviewed to determine if services meet the criteria for coverage**
- **All documentation provided is medically reviewed**
 - **Documentation must support that the services billed were provided**

Documentation

- **It is the responsibility of the ambulance supplier to furnish complete and accurate documentation of the beneficiary's condition to demonstrate that the ambulance service being furnished meets the medical necessity criteria.**

Documentation Requirements

- **Trip record**
- **Certification of bed confinement**
- **Physician order/certification**
 - **(if non-emergency)**
- **Any additional documentation to support medical necessity**

Details of Trip Record

- **Trip Record to include:**
 - **Condition necessitating ambulance**
 - **Verification of inpatient admission**
 - **Point of pickup including address**
 - **Point of destination**
 - **Number of loaded miles**
 - **Charge for special items or services with an explanation of each item**

Reasons for Denial

- **The documentation did not support:**
 - **Medical necessity of an ambulance transport**
 - **Transportation was to the closest appropriate facility**
 - **Other means of transportation were contraindicated**
 - **Non-ambulatory status**

Reasons for Denial

- **Transport was made because other means of transportation were not available**
- **Transportation was for non-covered services**
- **Transportation was to a non-covered destination**
- **Failure to obtain physician order/certifications when necessary**

What have you learned?

- **Identified vehicle and crew requirements**
- **Determined when ambulance transport are medically necessary**
- **Identified the appropriate service level**
- **Discussed documentation requirements for ambulance services**
- **Identified the most common reasons for denial of ambulance claims**

References

- **Medicare Claims Processing Manual**
 - Ambulance (100-4, Chapter 15)
- **Medicare Benefit Policy Manual**
 - General Coverage (100-2, Chapter 10)
- **Medicare Program Integrity Manual**
 - Medical Review (100-8, Chapter 6)
- **Local Coverage Determination (LCD)**
 - Ambulances Services (2002-8)

This presentation is intended to be used for educational purposes only.

Medicare regulations and guidelines are to be used as the final authority.

**Thank you, you have completed
the CBT.**

**Would you like to take a 10 question
knowledge check?**

Yes, let's get started.

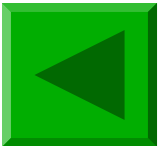
No, please take me back to
WPS Medicare's Provider
Homepage.

In order for any transport to be considered for coverage, medical necessity must first be established.

True

False

**That is not correct, please try
again.**



This is True. In order for any transport to be considered for coverage, medical necessity must first be established. See Slide 6.

Transportation to larger, more distant facility, would always be considered the most appropriate facility .

True

False

This is False. The term appropriate facility means that the institution is generally equipped to provide the needed hospital or skilled nursing care for the illness or injury involved. See Slide 8.

Medical necessity for emergent air ambulance is established when the beneficiary's condition is such that the time needed to transport by land, or the instability of transport by land poses a threat to the beneficiaries survival or endangers the beneficiaries health.

True

False

This is True. Medical necessity for emergent air ambulance is established when the beneficiary's condition is such that the time needed to transport by land, or the instability of transport by land poses a threat to the beneficiaries survival or endangers the beneficiaries health. See Slide 12.

Non-emergent transports must still meet medical necessity and covered destination requirements.

True

False

This is True. Non-emergent transports must still meet medical necessity and covered destination requirements. See Slide 15.

Bed confinement by itself is sufficient to determine the coverage of Medicare ambulance benefits.

True

False

This is False. Bed confinement by itself is neither sufficient nor is it necessary to determine the coverage of Medicare ambulance benefits. It is simply one element of the beneficiaries condition that may be taken into account in the FI's determination of whether other means of transportation are contraindicated. See Slide 16.

Physician certification is required
for all ambulance transports.

True

False

This is False. Physician certification is not required for transports originating at home or from the scene of an accident. See Slide 18

For scheduled repetitive transports, the physician must sign the certification within 60 days prior to the transportation.

True

False

**This is True. For scheduled repetitive transports, the physician must sign the certification within 60 days prior to the transportation.
See Slide 20.**

Basic Life Support (BLS) transports must always be staffed by an Emergency Medical Technician-Intermediate (EMT-I) .

True

False

This is False. Basic Life Support ambulance transports must be staffed by an individual who is qualified in accordance with State and local laws as an Emergency Medical Technician-Basic (EMT-B).

Advanced Life Support, Level 1,
includes the provision of an
ALS assessment or at least one
ALS intervention.

True

False

This is True. Advanced Life Support, Level 1, includes the provision of an ALS assessment or at least one ALS intervention. See Slide 24.

When paramedic intercept (PI) services are provided, the entity that supplied the basic life support ambulance bills all recipients for the ALS PI services provided.

True

False

This is False. The ALS paramedic intercept entity must bill all recipients who received the ALS PI services regardless of whether or not those recipients are Medicare beneficiaries. See Slide 27.

Thank you, you have completed the Knowledge Check.

Would you like to take another CBT?

Yes, let's get started.

No, please take me back to
WPS Medicare's Provider
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