



www.wpsmedicare.com

Medicare Provider Fact Sheet

Ambulance Information

WPS Website

On the WPS Website:

- Education
- Specialty-Specific Information
- Select an article or reference
- Ambulance Services Clarifications
- NPI for Ambulance Providers
- Ambulance Education Guidebook

http://www.wpsmedicare.com/part_b/education/specialty.shtml



CMS Website

On the CMS Website:

- Internet Only Manuals
 - 100-04, Chapter 15
 - 100-02, Chapter 10
- Educational Articles
- National Policies and Regulations
- Ambulance Open Door Forums

<http://www.cms.hhs.gov/center/ambulance.asp>

When will Medicare Part B cover an ambulance trip?

- The ambulance meets Medicare rules for the vehicle, crew, and supplies.
- The patient is picked up from and taken to certain places. In most cases, Part B only covers only transport to a hospital or a skilled nursing facility.
- The ambulance trip is medically necessary because it is the only way to safely move a patient.
 - Is in shock or severely bleeding
 - Can only be moved by stretcher
 - Requires vital treatment while moved
 - The patient is being taken to the closest facility that can provide the needed service

Coverage



Use only current modifiers

- Documentation may be requested for:
 - More than two trips with the same day
 - Two trips with the same or like origin and/or destination
 - Two transfers on the same day
- Documentation that may be requested
 - Run sheets for the trip
 - Hospital records
 - Patient condition at first encounter
 - How the patient was found

Reminder

Air to Ground Transport

- When transported by ground and transferred to an air ambulance, the ground ambulance may bill Medicare from the point of pickup to point of transfer
- When transported by air and transferred to ground ambulance, the

Air Ambulance

Situations in which air ambulance may be allowed:

- It would take 30-60 minutes or longer to transport by land due to distance or other obstacles
- The point of pickup is inaccessible by land or water ambulance
- Stroke

Beneficiary Signature

Beneficiary signature or his/her representative is required for accepting assignment and submitting a claim to Medicare.

- Beneficiary unable to sign due to a mental or physical condition, a representative payee, relative, friend, representative of the institution providing care or a government agency providing assistance may sign on her/his behalf. A provider/supplier (or his/her employee) cannot request payment for services furnished except under circumstances fully documented to show that the beneficiary is unable to sign and that there is no other person who could sign.



Run Sheets

The ambulance run sheet should include

- Reason for the transportation
- Details of patient's condition
- Treatment/Medication provided
- Documentation of time for transport and treatments, along with originating and accepting locations
- Loaded mileage location name and address

A copy of the official hospital transfer sheet

Physician Certification Statement (PCS) is required for

- Non-emergency, scheduled, repetitive ambulance service
- Non-emergency, unscheduled or scheduled on a non-repetitive basis

PCS

