

Quad State Ambulance PET Advisory Committee Minutes

October 7, 2004

Grand Rapids, Michigan

Members:

IN PERSON: 31

BY TELECONFERENCE: 5

Agenda Item	Discussion	Outcome/Action
Welcome, Roll Call and Introductions	<p>New Members: Andrew Thornton of Fulton County EMS</p> <p>Chairperson: Ellen Berra notified members of new leadership for the Quad State Ambulance PET Advisory. Ellen is assuming other responsibilities with WPS and Lynn Laufenberg is the new chairperson. Lynn will complete all ongoing and new issues for the advisory group.</p> <p>Life EMS of Grand Rapids was thanked for hosting today's meeting.</p>	
Steve Fradin, CMS RO Update	<ul style="list-style-type: none"> • Facts About Upcoming New Benefits in Medicare – A brochure was given to members describing the Drug Discount Cards available in 2004 to help beneficiaries save on prescription drugs, New and Improved Preventative Benefits starting in 2005, and the Prescription Drug Plans starting in 2006. • Medicare Replacement Drug Demonstration – A brochure explaining a new law letting 50,000 Medicare beneficiaries who have certain life-threatening diseases obtain drugs they can take themselves at home for their condition. • Medicare Approved Drug Discount Card Power Point– A brief explanation was given. There are 73 approved sponsors. Beneficiaries may contact 1-800-Medicare or the CMS website: Medicare.gov for additional information. <p>The above three agenda items were provided to advise ambulance providers of issues pertinent to the beneficiary community.</p> <ul style="list-style-type: none"> • Ambulance Open Door Forum – October 13, 2004, 1:00p.m. Central, 	

	2:00p.m. Eastern. Members received prior email notification information for the forum. Members are encouraged to participate.	
<p>Items not on the agenda:</p> <ul style="list-style-type: none"> • Injection, adrenalin, epinephrine, up to one (1) ML ampul • Level of ambulance certification 	<ul style="list-style-type: none"> • Administration of one (1) ML ampul should use HCPCS J0170; if dosage does not match, use HCPCS J3490 and on the claim narrative list drug name and dosage. • There are three levels of certification for Medicare Part B purposes – BLS, ALS and Air ambulance. According to CMS, ambulance providers need to be ALS certified to bill ALS. Ambulance providers may contact Provider Enrollment to update their profiles. Currently, WPS edits claims for provider certification when billing ALS HCPCS provided in a BLS ambulance. Reimbursement is based on supplier certification. <p>There are additional levels of certification established by individual states. There was discussion on Michigan providers (7) certified as Limited ALS, performing intermediate level of services for individual ambulance runs and billing ALS. PM-02-0130 and the CMS Training Manual were referenced regarding “beyond the level of BLS”. Advisory members questioned CMS ALS certification definition doesn’t match the Federal ALS certification definition.</p>	<p>Question: Is WPS’ jurisdiction decision on certification the same or different from other contractors?</p> <p>ALS certification definition delineation will be researched by WPS and Steve Fradin will contact CMS Central Office.</p> <p>There was a suggestion to process ALS on a case by case basis similar to joint response.</p>
Specialty Care Transport (SCT)	<ul style="list-style-type: none"> • Specialty Care Transport article was published in the October 2004 edition of the Communiqué. HCPCS A0434: For services received September 15, 2004 and after, WPS will only allow SCT when billed with HH, IH or HI as the origin/destination modifiers. (H-Hospital or I-Site of transfer, e.g., airport, ferry, or helicopter pad.) Medicare will deny other origin/destination modifier combinations as unprocessable. Reimbursement for hospital to hospital is based on CMS Online Manual (Pub. 100-2, Chapter 10, §30.1.1[6]). Advisory member’s stated this is in conflict with the Code of Federal Regulation as federal regulation states ‘interfacility’. 	<p>Question on claims denied as unprocessable – this does not give providers “due process” to appeal. RO is currently reviewing the issue of claims denied as “unprocessable”.</p> <p>WPS will perform data analysis for claims</p>

	<p>Question on the use of ‘National’ in the National Coverage Provision in AMB-001. An explanation was given on Local Medical Review Policies (LMRP), National Coverage Determinations (NCD) and National Coverage Provisions (NCP). NCP italicized language comes from CMS program manuals and applies on a national basis.</p>	<p>submitted other than origin/destination of H/H by state.</p> <p>WPS will forward new information as it is received.</p> <p>An article detailing differences can be republished.</p>
<p>Skilled Nursing Facility Consolidated Billing (SNF CB)</p>	<ul style="list-style-type: none"> • SNF CB as it relates to Ambulance Services - The Medlearn Matters article was reviewed for ambulance transportation services that are exempt from Consolidated Billing. Effective October 1, 2004, EKGs and drugs that had previous been part of the SNF CB overpayment and then paid through appeal should now process correctly. • Changes to SNF CB Edits for Ambulance Transports to and from a Diagnostic Site other than a Hospital (CR 3196) - Medlearn Matters explains ambulance transports to and from Diagnostic or Therapeutic Centers for services are part of SNF CB and will be denied if billed to Part B. • Services Furnished Under “Arrangement” with Outside Entity (CR 3248) - Medlearn Matters is directed at SNFs - instructing them to comply by having a written arrangement with providers providing services for the SNF under Part A. SNF’s not complying may potentially result in Medicare’s noncoverage of the particular service at issue but the SNF could also risk being found in violation of the terms of its provider agreement. <p>Many members believe the contract reimbursement must be based on the Ambulance Fee Schedule. However, Medicare does not prescribe the actual terms of the SNF’s written agreement with its supplier (such as specific amount or timing of the supplier’s payment by the SNF). These are arrived at through direct negotiation between the parties to the agreement.</p>	<p>All such written arrangements between the SNF and the provider should be carefully reviewed to ensure that there is no violation of the anti-kickback statute.</p> <p>Reference: Federal Register, Vol. 68, No. 56, March 24, 2003, pages 14245-14255</p>

		http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/pdf/03-6866.pdf
Ambulance Transport to a Physician's Office	<ul style="list-style-type: none"> Article from the July 2004 edition of the Communiqué. Claims will be denied when submitted with Destination of "P". Modifier "X" would be used if an emergency transport stops at the physician's office on the way to the hospital for dire emergency care. Modifier "D" would be used for a patient transported from a Skilled Facility to the physician's office for a diagnostic or therapeutic service not available at the facility. <p>Concerns regarding going to a Wound Care Facility and using destination "D". Some claims are being denied using destination "D".</p>	Questioner will send in ICN examples for claims denied.
Fee Schedule Updates	<ul style="list-style-type: none"> MMA-Implementation of Section 414 of the Medicare Prescription Drug, Improvement and Modernization Act MMA of 2003 - Medlearn Matters (CR3099) addresses ground ambulance services and provides increased payments for urban and rural areas. Zip codes identifying Rural, Super Rural and Urban are on the WPS website. The Regional Ambulance FS Payment Floor for Ground Ambulance Transports does not apply to our jurisdiction (WI/IL/MI/MN). Discussion on 'federal land' zip codes not identified on the zip code list. The zip code list will continue to be updated. July 1, 2004 Ambulance Fee Schedule Amounts - This document notes that Method 3 and 4 suppliers can continue to bill for supplies using the existing old supply codes. There are no corresponding "new" codes. The allowed amounts for these codes for dates of service in 2004 will be based on 40% of the 2004 Reasonable Charge rate. Method 1 and 3 can bill mileage and will receive the 60 % fee schedule only. 	Members were reminded to make sure billed amounts reflect Rural or Super Rural allowed amounts.
Ambulance Mileage	<ul style="list-style-type: none"> Medicare Ambulance Mileage Reminder – Article from the June 2004 edition of the Communiqué. A reminder to document the reason for mileage to the nearest appropriate facility to obtain reimbursement. This is especially important for long transports. Discussion on the mileage limitation by the carrier. Transports, especially in rural areas, have to go farther than the nearest facility 	Member question: Reimbursement of mileage based on hospital locality ('where the hospital draws from') and who

	because of unavailability of services (e.g., specialists only at hospital on certain days/not on weekends, no specialist available, trauma lawsuits, and hospital bypass).	determines each locality. WPS does not reimburse mileage based on locality.
ALS Intercepts	<ul style="list-style-type: none"> • BLS/ALS Joint Response – October 2004 Communiqué article explaining the ALS assisting the BLS ambulance may be either a Medicare Part A enrolled provider or Medicare Part B enrolled supplier. Claims not reimbursed at the appropriate level of service may be appealed or new claims submitted. 	
General Updates	<ul style="list-style-type: none"> • Physician Certification Statement – October 2004 Communiqué article ambulance providers may use to educate physicians on using PSC forms. Physicians cannot charge for filling out this form. • Medicare Redetermination Notices – Medlearn Matters (CR2620) explains the standardized process: carrier must make a redetermination within 60 days, redetermination will explain findings and appeal rights. The Redetermination Notices will be a change from past notifications. • CMS Secure Net Access Pilot (SNAP) – SNAP explanation as it currently operates, the benefits of using SNAP and future enhancements. WPS is open for suggestions from users. SNAP registration form included for providers to register. • 2005 Deductible – Handout provided for Year 2005 Part A and Part B Deductible, Coinsurance, and Premiums Amounts • Elimination of the 90-day Grace Period for HCPCS Codes – Effective January 1, 2005, Medicare providers will no longer have a 90-day grace period to use discontinued HCPCS codes. For prompt and timely payment of claims, use HCPCS codes valid for the date of service. • Elimination of the 90-day Grace Period for Billing Discontinued ICD-9-CM Codes – Effective October 1, 2004, Medicare systems will begin enforcing HIPAA standards, requiring that ICD-9-CM codes submitted on claims must be valid at the time the service is provided. • Procedures for Re-issuance and Stale Dating of Medicare Checks – Medlearn Matters (CR2951) clarified policy for reissuing stale dated and reporting outstanding checks. No check may be reissued unless 	

	<p>the contractor receives the claim for replacement check no later than one year from the date of issuance of the original check. An exception is made when original physical check can be presented.</p> <ul style="list-style-type: none"> • Multiple Primary Payers on Part B Claims – Physician and Supplier Instructions – Handout for when Medicare is the Secondary Payer following one Primary Payer. The calculation information should assist with claim submission. Problems with submitting MSP information, providers may wish to submit the information per claim instead of per line. 	
Other	<ul style="list-style-type: none"> • Mileage from Nursing Home to Residence – Limitation on mileage for long transports. Documentation for the return trip must explain why the original facility was essential. Mileage in excess should be subtracted and billed HCPCS: A0888. • Members requested the Office of Inspector General (OIG) to come to the next meeting. WPS requested OIG to attend but they declined. WPS will recontact them. 	
Next Meeting	<ul style="list-style-type: none"> • The next meeting will be held in Illinois April 2005. As soon as information is finalized it will be shared with PET members. 	

Agenda Item	Discussion	Outcome/Action
--------------------	-------------------	-----------------------