

Non-Emergency Ambulance Services: Regulations and Required Documentation



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Railroad Retirement Board
Specialty Medicare Administrative Contractor (RRB SMAC)
Provider Outreach and Education

March 20, 2018



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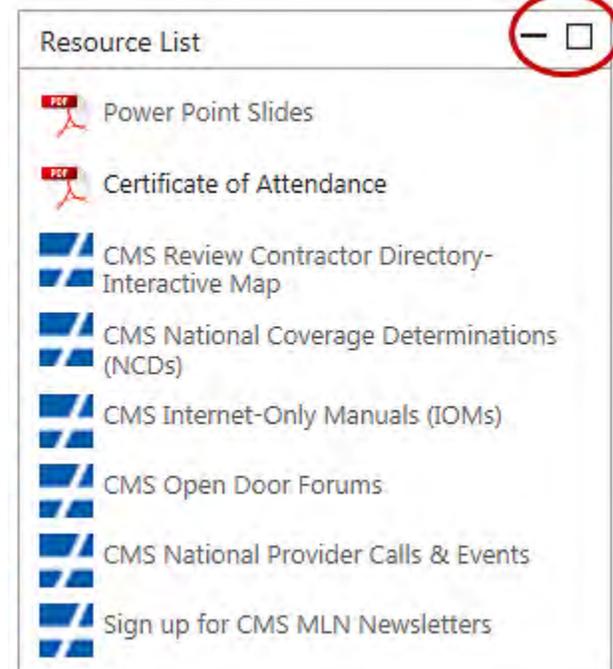
Q&A



Survey



Resource List



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Disclaimer

- The information provided in this presentation was current as of March 20, 2018. Any changes or new information superseding the information in this presentation will be provided in articles and resources with publication dates after March 20, 2018, posted on our website at www.PalmettoGBA.com/RR. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.
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Frequently Used Acronyms

ADR	Additional Documentation Request
ALS	Advanced Life Support
BLS	Basic Life Support
CERT	Comprehensive Error Rate Testing
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
CR	Change Request
HCPCS	Healthcare Common Procedure Coding System
EMT	Emergency Medical Technician
IOM	Internet Only Manual
MLN	Medicare Learning Network
MR	Medical Review
RRB OIG	Railroad Board Office of Inspector General
PCS	Physician Certification Statement
POP	Point of Pick-up



CMS New Medicare Card Project

COMING IN 2018!

New Medicare
cards with
new numbers.

Are you ready?

#NewCardNewNumber

[LEARN MORE](#)

- The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019
- A new randomly generated Medicare patient Identifier (MPI) will replace the SSN-based Health Insurance Claim Number (HICN) on new Medicare cards for transactions like billing, eligibility status, and claim status
- CMS New Medicare Card Overview Page
<https://www.cms.gov/Medicare/New-Medicare-Card/index.html>
- CMS New Medicare Card Provider Page
<https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html>



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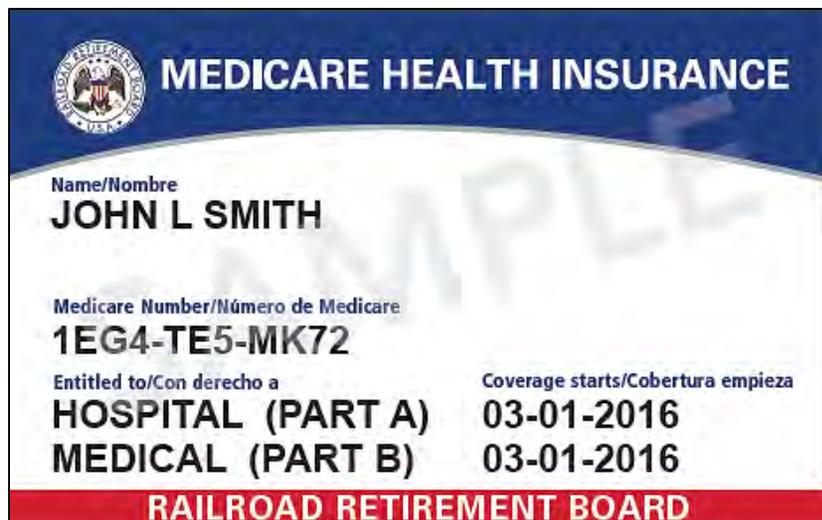
COMING IN 2018!

**New Medicare
cards with
new numbers.
Are you ready?
#NewCardNewNumber**

LEARN MORE

New Medicare Cards with MBIs

- Railroad Medicare MBIs will not be distinguishable from other MBIs
- Railroad Medicare cards will be distinct with Railroad Retirement Board name and seal



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New Medicare Card Project CMS Timeline

COMING IN 2018!

New Medicare
cards with
new numbers.

Are you ready?

#NewCardNewNumber

[LEARN MORE](#)

- **April 2018**
 - Begin mailing new Medicare cards to people with Medicare
 - All systems & processes able to accept MBI
 - Transition Period Starts: Can use either the HICN or MBI for data exchanges
 - Begin returning messages in HETS responses to show when new Medicare cards have been mailed to a specific patient and when a patient qualifies for Medicare through the RRB
- **June 2018**
 - Launch provider MBI look-up tool
- **October 2018**
 - Return MBI on Remittance Advice
- **January 2020**
 - Transition Period Ends: Must use the MBI on data exchanges (some exceptions)



Today's Objectives

At the end of this presentation you will be familiar with:

- The basic Medicare benefit policy relating to BLS non-emergency ground ambulance transports (HCPCS Code A0428)
- Medicare documentation guidelines and the required elements to support each transport
- How to avoid documentation errors

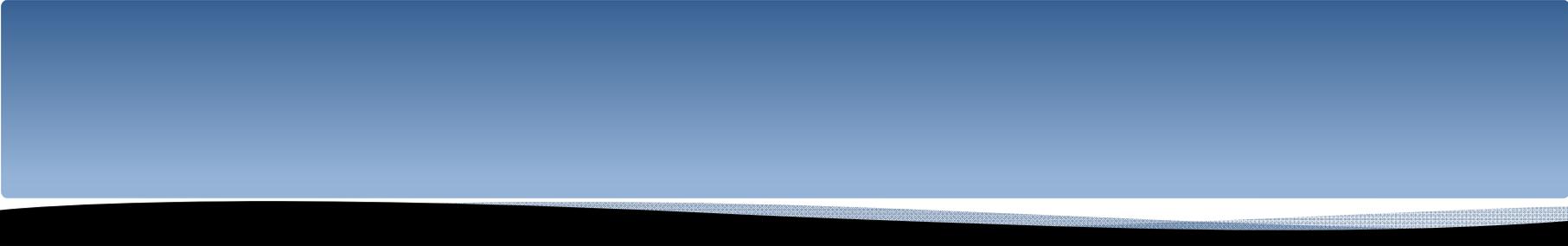


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Agenda

- Medicare Ambulance Benefit Policy
- Standards for All Transports
- Medical Review – Additional Documentation Requests
- Required Documentation and Documentation Examples
- Resources
- Questions and Answers





Medicare Ambulance Benefit Policy



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A Transport Benefit

Medicare's benefit for ambulance services is a "transport" benefit – without a transport to a Medicare-covered destination, there is no Medicare billable service.



Medicare Ambulance Benefit

Medicare Part B ambulance coverage is met only in the following conditions:

- The transportation is not covered under Part A
- The ambulance supplier meets all applicable vehicle, staffing, billing, and reporting requirements
- The services are medically necessary based on the patient's condition at the time of transport
- A definite transport of the patient has occurred
- The patient is transported to a Medicare-approved destination



Technical Denials Explained

The patient's transport must be contraindicated by other means:

When means of transportation other than ambulance can 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.



Case Study 1: Resulting in a Technical Denial

Run Sheet Documentation:

- **Noted Required Quality Treatment- Weakness**
- **Patient's Current Condition-** Type II Diabetes, End-stage Renal Disease, Chronic Obstructive Pulmonary Disease, weakness, and hypertension
- **Level of Consciousness-** Alert and oriented, Cooperative
- **Service Provided-** EMT notates none
- **Mobility Status-** Able to ambulate without assistance



“Not for Fred Today”: Selecting the Correct Level of Service

- The ambulance service meets the criteria of covered Medicare service
- Once the benefit is established, the level of service billed must be supported by the documentation

CMS expresses this as “Not for Fred today” – Meaning the patient needed ambulance service, but not at the level billed.

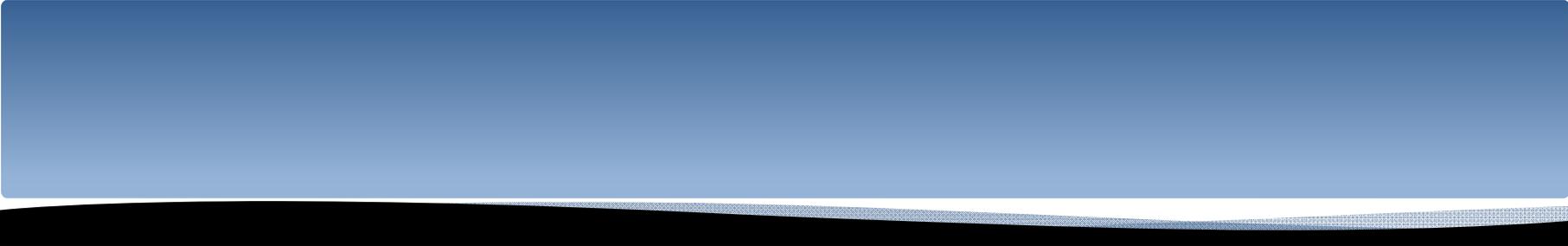


Case Study 2: Is An Ambulance Transport Required?

Run Sheet Documentation:

- **Noted Required Quality Treatment-** Oxygen administration
- **Patient's Current Condition-** Patient denies shortness of breath, nausea and vomiting, dizziness, weakness, headache, numbness or tingling
- **Level of Consciousness-** Alert and oriented x4
- **Service Provided-** Oxygen administration
- **Mobility Status-** Able to stand and pivot unassisted





Standards for Non-Emergency Transports



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Vehicle Equipment

Ambulance equipment includes:

- Oxygen and accessories
- Stretcher
- Lifesaving emergency medical equipment
- Linens and medical supplies
- Emergency warning lights, sirens, and telecommunication equipment required by state or local law:
 - Wireless telephone
 - Two-way voice radio



Ambulance Staff/Vehicle Regulation Changes

As a result of CR 9761, 'Ambulance Staffing Requirements', effective January 1, 2017, revisions were made to ambulance vehicle/ staffing requirements. The changes are:

- BLS ambulances must be staffed by at least two people who meet the requirements of state and local laws where the services are being furnished
- At least one of the two crew members must be a certified at a minimum as an emergency medical technician-basic (EMT-basic)



Non-Emergency Transport Levels

- Ground ambulance transport
 - A0426 ALS1 Non-Emergency
 - **A0428 BLS Non-Emergency**
- “Ground” refers to both land and water transportation



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BLS Non-Emergency (HCPCS A0428)

- Basic Life Support (BLS) – is transportation by a ground ambulance vehicle and the provision of medically necessary supplies and services.
- Non-emergency level transport is due to the patient's condition requiring non-emergency transport
- Per state laws, EMT- Basic medical technicians **may be** permitted to:
 - Operate limited equipment onboard vehicles
 - Assist more qualified personnel in performing assessments and interventions
 - Establish peripheral intravenous (IV) lines



Examples of Conditions Supporting BLS Non-Emergency Transport

Examples from CMS Ambulance Service Center Condition List

- Suctioning required in route, need for titrated O2 therapy or IV fluid management
- Airway control/positioning required in route
- Patient safety: Danger to self or others – restraints, monitoring, flight risk, or risk for falls
- Severe pain with other symptoms (abdominal, headache, etc.)



Case Study 3: Concise Documentation Supports Transport

Run Sheet Documentation:

- **Noted Required Quality Treatment-** Monitoring use of restraints, Patient transferred via draw sheet with 3person assist
- **Patient's Current Condition-** Danger to self
- **Level of Consciousness-** Alert to self, GCS 9, fails to respond to questions, minimal movement observed
- **Service Provided-** Monitoring use of restraints
- **Mobility Status-** Minimal movement observed



Non- Emergency Transport Destinations

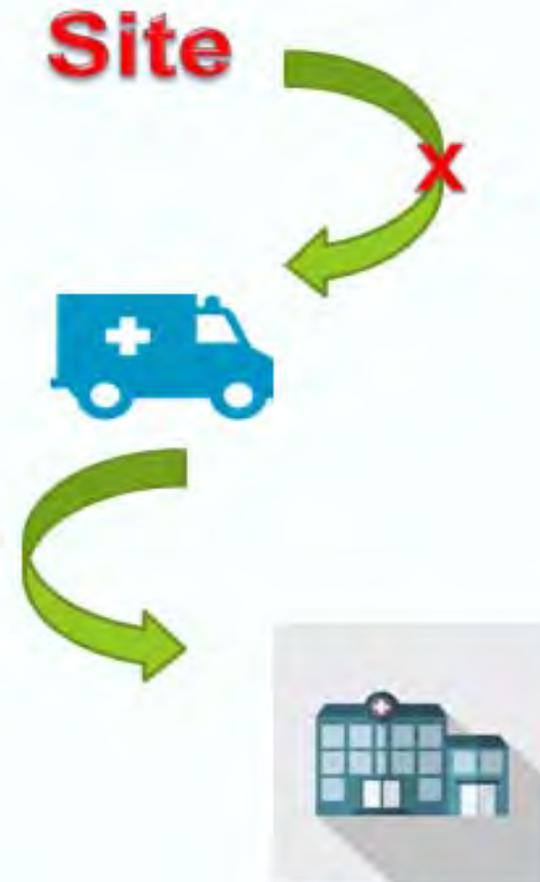
Medicare coverage requires the patient's transport be medically reasonable and necessary and to a Medicare-approved destination

HCPCS Modifier	Descriptions
E	Residential, domiciliary, custodial facility
G	Hospital based ESRD facility
H	Hospital
J	Freestanding ESRD facility
N	Skilled Nursing facility (SNF)
R	Residence



Ground Transport Mileage

- Only local ambulance transportation is covered to the nearest appropriate facility
- Exceptions for additional mileage require supporting documentation
- Only loaded mileage, when the patient is on board, may be billed



Transport Beyond The Nearest Facility

Conditions that may prohibit transport to the nearest facility:

- Extreme weather (blizzard conditions, heavy fog, etc.)
- Extensive road construction
- Specialist/equipment not available at closest hospital (orthopedic surgeon; neurologist, etc.)
- Hospital on diversion (no beds, inclement weather, not accepting new patients, etc.)



Patient Refused Transport

- If a transport did not take place, due to the refusal of the patient, the patient, rather than Medicare, is billed directly for the services
 - When billing to Medicare, submit HCPCS A0998 along with the GY modifier
 - Document in the record “Patient refused transport”
- An Advance patient Notice (ABN) is not required

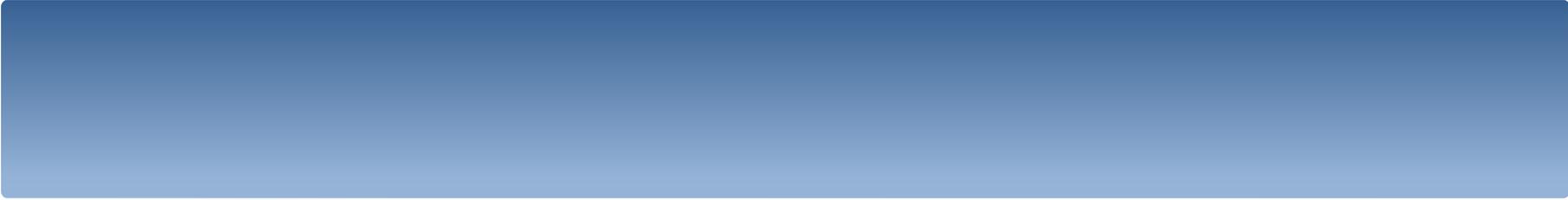


Patient's Death

Scenarios for when a patient is pronounced dead and its impact on payment for transport services:

Time of Death Pronouncement	Medicare Payment Determination
Before dispatch	None
After dispatch, before patient 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 this type of claim
After pickup, prior to or upon arrival at the receiving facility	Medically necessary level of service furnished





Medical Review – Additional Documentation Requests



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Current Ambulance Service Reviews

Railroad Medicare is currently conducting reviews of non-emergency ambulance services submitted for Non-Emergency BLS Transport, HCPCS Code A0428



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Additional Documentation Requests (ADR)

- Request for documents to support service
- Respond to ADR promptly within 45 days
- Medical Review will review responses within 30 days of receipt
- Do not send replacement/duplicate ADR responses

DATE: _____
ICN: _____
HIC: _____
ACCT.# _____
RE: _____
PHYS/SUPL: _____

DOCUMENT

DEAR DOCTOR OR SUPPLIER

WE ARE PROCESSING A CLAIM FOR RECEIVED ON 04/16/2013, AND WE CANNOT COMPLETE THIS PROCESSING WITHOUT THE INFORMATION REQUESTED BELOW. PLEASE ANSWER EACH QUESTION AND RETURN THIS LETTER WITHIN 30 DAYS. WE APPRECIATE YOUR ASSISTANCE.

PLEASE RETURN THIS LETTER WITH THE REQUESTED INFORMATION. IF THE REQUESTED INFORMATION HAS NOT BEEN RECEIVED WITHIN 45 DAYS, PROCESSING OF THE CLAIM WILL BE DECIDED BY THE INFORMATION PRESENT. PAYMENT MAY BE REDUCED OR DENIED IF THIS INFORMATION HAS NOT BEEN RECEIVED.

>MEDICAL DOCUMENTATION

PLEASE SEND A LEGIBLE COPY OF THE PATIENT'S MEDICAL RECORD ALONG WITH ALL SUPPORTING DOCUMENTATION (CHART NOTES, DIAGNOSTIC OR RADIOLOGICAL RESULTS, TREATMENT PLANS) WITH YOUR SERVICE(S) CLEARLY IDENTIFIED. INCLUDE ANY ADDITIONAL SUPPORTIVE INFORMATION FOR THE ABOVE BENEFICIARY (WHICH MAY INCLUDE MODIFIERS) TO DOCUMENT THE MEDICAL NECESSITY FOR THE SERVICES PROVIDED

NPI
ON
FOR PROCEDURE CODE

PALMETTO GBA HAS DEVELOPED SEVERAL CHECKLISTS THAT WILL ASSIST YOU IN RESPONDING TO MEDICAL RECORD DOCUMENTATION REQUESTS. FOR SPECIFIC INSTRUCTIONS ON HOW TO RESPOND TO THIS REQUEST, PLEASE SEE THE "MEDICAL REVIEW: ADDITIONAL DOCUMENTATION



How to Respond to an ADR

- Provide documents listed on the ADR and any related supportive information
- Include a copy of the ADR letter
- If you don't have the ADR letter, include a 'Medical Review ADR Response Cover Sheet' for each ADR letter/claim

PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION

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Medical Review ADR Response Cover Sheet

All fields are REQUIRED.

National Provider Identifier (NPI): <input type="text"/>	Internal Control Number (ICN) from ADR (1 Form Per ICN Required): <input type="text"/>
Provider Number (PTAN): <input type="text"/>	Medicare Number: <input type="text"/>
Provider Telephone Number: <input type="text"/> - <input type="text"/>	Claim Date(s) of Service: <input type="text"/>

PLEASE ATTACH:

- Original/copy of ADR letter received.
- All additional documentation requested. Include related physician orders with any requested medical records. Ensure signatures are legible or include appropriate signature attestations.
- When sending multiple claim ADR responses, you must use 1 ADR Response Cover Sheet for each ADR claim / DCN

INSTRUCTIONS:

Please complete this form and include it with your ADR response submission.

BE PROMPT: Return your ADR response(s) as soon as possible within 45 days from the date of the ADR letter.

- Claims are denied automatically on day 46.

DO NOT:

- Resubmit replacement or duplicate forms for claims you may have pending in medical review. Duplicate ADR responses will not be accepted.
- Make inquiries on your medical review status until 30 days have passed. Inquiring too soon may result in claim denial, rejects or recoupments. It may also place the provider under additional scrutiny from Palmetto GBA.

NEXT STEPS:

- When a claim is finalized, the claim will receive a status of Paid, Rejected or Denied.
- If the claim is REJECTED, you may resubmit a corrected claim.
- If it is DENIED, you may submit a Redetermination form to appeal.

CONFIDENTIALITY NOTICE

The document being transmitted contains private, privileged, and confidential information belonging to the sender and intended for use by the addressee only. If this transmission is received by anyone other than the addressee, please advise the sender immediately so that the sender can arrange for the return of the documents. In such circumstances, you are advised that you may not review, disclose, copy, distribute, or take any other action in connection with the documents transmitted.

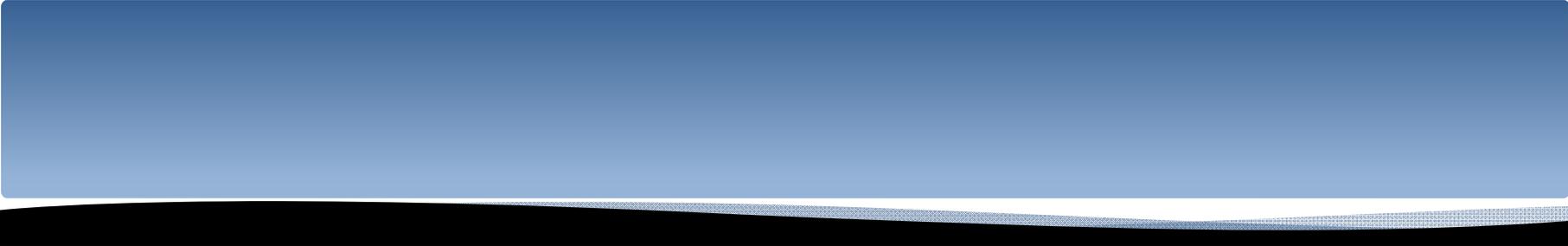
Please return this form and all supporting documentation to
Fax: (803) 264-8832
Palmetto GBA Railroad Medicare
Medical Review
PO Box 30066
Augusta, GA 30999

MR-RRB-B-3000

Revised 3/2013

If faxed, please be sure to verify that your fax was transmitted.
Re-fax all document pages if interruption occurred.





Required Documentation



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Supporting Documentation

- Documentation should support medical necessity for each transport. Elements to include are:
- Run sheet/ trip report
- Physician Certification Statement (PCS), if necessary
- Crew signatures and credentials
- Patient /Representative signature



Documentation: Trip Report

General Information

- Patient name
- Date and Time
- Point of Pick-up and Destination
- Reason for ambulance transport
- Loaded mileage

Medical Information

- Signs/symptoms
- Assessment/Exam
- Treatments
- Patient response
- Mode of transfer
- Mobility status
- Special Circumstances



Physician Certification Statement (PCS)

- A Physician Certification Statement (PCS) is a written order certifying the medical necessity of non-emergency ambulance transports
- A PCS is required for non-emergency repetitive scheduled and non-repetitive unscheduled transports for patients under the direct care of a physician

PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION

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Physician Certification Statement for Ambulance Transportation

ALL fields are REQUIRED.

Physician / Authorizing Individual	Patient and Claim Information
Name: _____	Patient Name: _____
Title: _____	Medicare Number: _____
Place of Employment: _____	Claim Date(s) or span of dates being authorized for transportation From: []/[]/[] To: []/[]/[]
Ambulance Provider Number (PTAN) if applicable: _____	Patient transported from: _____
	Patient transported to: _____

Qualifying documentation supporting presumptive reasons that non-emergency ground transport by any other means than ambulance is contraindicated. Supporting documentation for any boxes checked must be maintained in the patient's medical records.

Check all that apply:

<input type="checkbox"/> Bed Confined * <small>* All three must be met to qualify for bed confinement: (1) Unable to ambulate; (2) Unable to get out of bed without assistance; (3) Unable to safely sit up in a wheelchair</small>	<input type="checkbox"/> Moderate to severe pain on movement <input type="checkbox"/> DVT requires elevation of lower extremity <input type="checkbox"/> Morbid obesity requires additional personnel/equipment to handle
<input type="checkbox"/> Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning. <input type="checkbox"/> Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks. <input type="checkbox"/> Third party assistance/attendant required to apply, administer, or regulate or adjust oxygen en route <input type="checkbox"/> I.V. medication/fluids required during transport <input type="checkbox"/> Cardio/hemodynamic monitoring required during transport <input type="checkbox"/> Special handling en route-isolation <input type="checkbox"/> Contractures <input type="checkbox"/> Non-healed fractures	<input type="checkbox"/> Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling in transport <input type="checkbox"/> Severe muscular weakness and de-conditioned state precludes any significant physical activity <input type="checkbox"/> Restraints (physical or chemical) anticipated or used during transport <input type="checkbox"/> Danger to self or others - monitoring <input type="checkbox"/> Risk of falling off wheelchair or stretcher while in motion (not related to obesity) <input type="checkbox"/> Danger to self or others - sedation (flight risk) <input type="checkbox"/> Confused, combative, lethargic, comatose

I certify that the information contained above represents an accurate assessment of the patient's medical condition on the date(s) of service.

Signature: _____ Date: _____

This authorization must be completed and signed by the authorizing individual for scheduled repetitive transports. Some scheduled repetitive transportation must be reauthorized every sixty (60) days. For unscheduled or scheduled non-repetitive transport the authorization may be signed by the attending physician, physician assistant, clinical nurse specialist, nurse practitioner, registered nurse or discharge planner employed by the facility where the beneficiary is being treated who has personal knowledge of the beneficiary's condition at the time ambulance transport is ordered or furnished.

MR-RRB-B-3001
Revised 3/2018

This form should be maintained on file with the medical record and submitted upon request to Palmetto GBA. If requested by Palmetto GBA please fax or mail this form and any supporting documentation to the address or fax number specified in the documentation request letter from Palmetto GBA.



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PCS to Support the Transport

- Reasons for transport included in PCS must be supported by the trip report and other submitted documentation
- A PCS should be individualized for each patient and reflect the patient's condition at time of transport



It is important to note that the presence (or absence) of a physician's order for a transport by ambulance does not necessarily prove (or disprove) whether the transport was medically necessary. The ambulance service must meet all program coverage criteria in order for payment to be made.



PCS Documentation

General Information

- Patient's Name and additional identifiers
- Date being authorized
- Origin/Destination of transport

Medical Necessity

- Medical Condition
- Bed Confinement
- Mobility
- Complicating Conditions

Authorized Signature

- Legible name and credentials of provider or provider representative
- MD or DO for non-emergency scheduled repetitive; or other authorized provider representative for non-emergency unscheduled transport



When a PCS is Required

Type of Transport	PCS Required?	Specific Requirements
<p>Non-Emergency</p> <p>Scheduled</p> <p>Repetitive</p> <p>“Repetitive is defined as medically necessary ambulance transportation that is furnished three or more times within a 10-day period or once a week for at least three weeks .”</p>	Yes	<ul style="list-style-type: none"> Obtain the PCS from the physician before submitting claims and before services are furnished. The PCS must be dated no earlier than 60 days before the date the service is furnished. Dialysis services and respiratory therapy are examples of treatments that are considered repetitive.



When a PCS is Required

Type of Transport	PCS Required?	Specific Requirements
<p>Non-emergency</p> <p>Unscheduled</p> <p>The patient is a resident of a facility and is under the direct care of a physician.</p>	Yes	<ul style="list-style-type: none"> • Obtain the PCS before submitting claims. • The PCS may be obtained within 48 hours of the transport. • If unable to obtain PCS within 21 calendar days following the date of transport, document attempts to obtain the PCS, then submit claim. • Example of documentation to substantiate PCS request attempts include: a USPS return receipt signed by the vendor; or another delivery service that can substantiate delivery of the document. • If the attending physician is not available to sign, a signed certification statement may be obtained from a Physician Assistant (PA), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Registered Nurse (RN), or a discharge planner who has personal knowledge of the patient's medical history. In this case, the PA, NNP, CNS, RN, or discharge planner must be employed by the attending physician or by the hospital or facility where the patient being treated and from which the patient is being transported.



When a PCS is Required

Type of Transport	PCS Required?	Specific Requirements
<p>Non-emergency</p> <p>Scheduled</p> <p>Non-Repetitive</p> <p>The patient is a resident of a facility and is under the direct care of a physician.</p>	Yes	<ul style="list-style-type: none"> • Obtain the PCS before submitting claims. • The PCS may be obtained within 48 hours of the transport. • If unable to obtain PCS within 21 calendar days following the date of transport, document attempts to obtain the PCS, then submit claim. • Example of documentation to substantiate PCS request attempts include: a USPS return receipt signed by the vendor; or another delivery service that can substantiate delivery of the document. • If the attending physician is not available to sign, a signed certification statement may be obtained from a Physician Assistant (PA), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Registered Nurse (RN), or a discharge planner who has personal knowledge of the patient's medical history. In this case, the PA, NNP, CNS, RN, or discharge planner must be employed by the attending physician or by the hospital or facility where the patient being treated and from which the patient is being transported.



Corrected slide 3/20/2018 post-presentation.

When a PCS is Not Required

Type of Transport	PCS Required?	Specific Requirements
<p>Non-Emergency</p> <p>Non-repetitive</p> <p>Unscheduled or scheduled</p> <p>The patient resides at home or is a resident of a facility and is not under the direct care of a physician.</p>	No	<ul style="list-style-type: none">• No PCS is required before submitting claims.• Non-emergency, non-repetitive ambulance transport is covered only if they are furnished to a beneficiary whose medical condition is such that other means of transportation are contraindicated.• For a beneficiary residing at home or in a facility who is not under the direct care of a physician, a physician certification is not required.



Case Study 4: Conflicting Documentation

- **Run sheet Documentation**

- Primary Compliant- Chest pain/Discomfort
- Mental Status- Confused
- Skin- Warm, Dry, and Intact
- Lung Sounds- Lower and Upper Lungs Clear Bilaterally
- All other Systems- Not Assessed

- **PCS Documentation**

- Non-healed fractures
- Moderate to severe pain during movement



Case Study 5: Non-Covered Transport

- **Run sheet Documentation**

- Primary Compliant-Transport to dialysis
- Mental Status- A&O X 4
- Skin- Warm, Dry, and Intact
- All other Systems- Not Assessed
- Mobility Status- Ambulatory with assistance

- **PCS Documentation**

- Dialysis transport
- Weakness

Medical necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated, regardless of whether or not such other transportation is actually available.



Case Study 6:

Supporting Documentation

Run Sheet Documentation:

- **Requiring Quality Treatment-** Cardiac/Hemodynamic monitoring, Transfer via draw sheet with two person assist
- **Patient's Current Condition-** General weakness post dialysis
- **Level of Consciousness-** Alert
- **Mobility Status-** Trunk weakness, weakness with spontaneous movement to all extremities
- **Vital Signs:**
 - **1538** Blood Pressure 148/70, Pulse 63, Respirations 20, **Oxygen Saturation 96%** Temperature 97.2
 - **1544** Blood pressure 128/80, **Pulse 60,** Respirations 20, **Oxygen Saturation 94%,** Temperature 97.2

PCS Documentation:

- **Medical Conditions-** History of respiratory distress, Bradycardia, Congestive heart failure, End-stage renal disease, Life sustaining Hemodialysis Severe Trunk weakness, Muscle deconditioning
- **Special Requirements:** Cardiac/Hemodynamic monitoring during transport, Assistance maintaining an upright position during transport



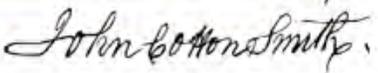
Crew Credentials

- Crew credentials must be documented
 - Crew credentials can be simply stated (i.e. EMT-P, EMT- I, EMT-B)
 - Crew member license number
- Documented credentials confirm:
 - The crew is licensed to provide the level of service billed
 - The staffing levels match vehicle requirements



Valid Crew Signatures

- Documentation must contain valid crew signatures
- Must include a legible form of the name and credentials
- Printed or typed names must be accompanied by initials or signatures
- Electronic signatures must indicate it is an electronic signature (i.e. “electronically signed by” date/time stamps, etc.)
- Signature examples:

Name and Credentials	Signatures	Initials	License #
John Smith, EMT- B			B-12345 - NY
Jane Goode, EMT- I			I-67890 - WV
Grey T. Scott, Paramedic			P-13579 - CA



Patient Signature Requirements

- Medicare requires the signature of the patient, or that of his or her representative, for each date of transport, for both the purpose of accepting assignment and submitting a claim to Medicare
- The patient signature requirement must be met prior to submitting a claim to Medicare
- If the patient or their representative refuses to authorize the submission of a claim, including a refusal to furnish an authorizing signature, the claim cannot be submitted to Medicare, but the provider may bill the patient



Patient Signature - Representatives

- If the patient is unable to sign due to a physical or mental condition, a representative's signature is acceptable
- Examples of representatives are:
 - Patient's legal guardian
 - An individual who receives governmental benefits on behalf of the patient
 - An individual who arranges the patient's treatment or manages the patient's affairs
 - Receiving facility representative
 - Representative of the ambulance supplier who is present during transport, with additional collaborative documentation as noted in 42 CFR 424.36 - Signature Requirements



Documentation Tips

- Make sure the documentation contains the actual trip report for the transport identified in the ADR
- Consider what adjunctive notes could support medical necessity (examples: hospital admission face-sheet, physician progress notes, etc.)
- Review and use our checklist when compiling documentation



Responding to a Request for Ambulance Records

This check list is provided as a reminder of what to include when responding to a request for records. The documentation should include, but is not limited to:

A run sheet to document (separate for each transport):

- Name of beneficiary and date of service on all documentation
- Documentation legible and complete (including signature(s))
- Abbreviation key (if applicable)
- Identification of crew member and credentials
- Type of dispatch
- Reason for the transport
- Relevant history
- Assessment and clinical evaluations (A description of the patient's condition and functional status at time of transfer)
- Monitoring and procedures performed
- Beneficiary's response to treatment
- Point of pick up (place and address)
- Mileage associated with transport
- Any documentation supporting medical necessity
- Non-Emergent transports:
 - Documentation supporting bed confinement
 - Signed and dated Physician Certification Statement (must meet guidelines)
 - Documentation support why other methods of transportation are contraindicated for the beneficiary
- Beneficiary signature or signature of his or her representative
- Hospital to hospital transports: indicate the precise reason why the required services were not available at the first hospital (services not available at the first hospital, no beds available, etc.)



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Resources



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CMS Ambulance Resources

- CMS Ambulances Services Center
<https://tinyurl.com/CMSAmbulancesCenter>
- CMS IOM Publication 100-02 Medicare Benefit Policy Manual, Chapter 10, “Ambulance Services”
<https://tinyurl.com/IOMBPCH10>
- CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 15, “Ambulance”
<https://tinyurl.com/IOMCPCH15>
- Guidance on Patient Signature Requirements for Ambulance Transportation
<https://tinyurl.com/PatSigAmbTransport>



Medicare Learning Network[®]

Resources



- The Medicare Learning Network[®] Page
<https://tinyurl.com/MLNPage>
- MLN National Provider Calls
 - National Provider Calls & Events page www.cms.gov/npc/
- MLN Provider Compliance Resources
<https://tinyurl.com/MLNProvCompliance>
 - Complying with Medicare Signature Requirements
 - Complying with Medical Record Documentation Requirements
 - Provider Compliance Tips for Ambulance Services (Emergent and Non-Emergent)



MLN[®] Ambulance Resources

Medicare
Learning
Network
go.cms.gov/mln

- Medicare Ambulance Transports Booklet
<https://tinyurl.com/MLN903194>
- Ambulance Fee Schedule Fact Sheet
<https://tinyurl.com/MLN006835>



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CMS Ambulance Open Door Forums

- CMS sponsors regularly scheduled “Ambulance Open Door Forums” providing opportunities for live dialogue between CMS and the ambulance stakeholder community at large
- Subscribe to the Ambulance Open Door Forum Mailing List to be notified when forums are scheduled or when new information is posted to the website
- CMS Ambulance Open Door Forums page
<https://tinyurl.com/AmbulanceODF>



RRB SMAC Resources

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Railroad Medicare Hub Topics Forms / Tools Education / Events

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RRB Specialty MAC Providers

Part B Medicare Services for Railroad Beneficiaries Nationwide.

People with Railroad Medicare: Additional information is available for [Railroad Beneficiaries](#).

Palmetto GBA/Railroad Medicare is currently receiving a large volume of calls from providers trying to reach the Jurisdiction J (JJ) Provider Contact Center (PCC). To reach the JJ PCC, please call 877-567-7271. You may also visit the JJ website at www.PalmettoGBA.com/JJ.

New Medicare Card With New Numbers Coming in 2018

Medicare is removing Social Security Numbers from Medicare cards. New cards with a number unique to each patient will replace the old cards, which will be mailed between April 2018 and April 2019. This change will help protect the patient's identity. [#NewCardNewNumber](#)

[Read More](#)

Top Links

- Appeals
- Claims Payment Issues Log
- EDI
- Medical Review**
- Overpayments and Recoupments
- Provider Enrollment
- Quick Reference Guide

[View All Topics](#)

Forms / Tools

- Railroad Medicare Forms**
- PTAN Lookup and Request Tool
- eServices Portal
- IVR Conversion Tool
- Physician Fee Lookup

[View All Tools](#)

Non-emergency Ambulance Services: Regulations and Required Documentation Webcast

Join us on March 20, 2018 at 2 p.m. ET as we explore the Medicare benefit for Non-emergency Ambulance Transports.

'ACE' Advanced Communication Engine

In use to help you monitor specific billing patterns associated with your electronic claim submissions.

Overpayment Letter Additional Information

- Right to Inspect Records Prior to



RRB SMAC Ambulance Resources

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Ambulance

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Access these helpful resources for more information about ambulance services.

- [CMS Ambulance Center](#)
- [Ambulance Fee Schedule](#)
- [Skilled Nursing Facility \(SNF\) Consolidated Billing \(CB\) information](#)
- [Guidance for Ambulance Suppliers Regarding the Use of Advance Beneficiary Notice](#)
- [CMS Instructions to Contractors related to Ambulance Services](#)

Latest Articles

Page 1 of 1 see 25 | see 50 | see 100

- Medical Review: Additional Documentation Requests (ADRs)
- Ambulance Modifiers
- Land Ambulance: Mutual Aid Situations
- Land Ambulance: What Medicare Covers
- Land Ambulance: No Transport and Non-Covered Transports
- Land Ambulance: Vehicle & Staffing
- Origin/Destination Ambulance Modifiers
- Air Ambulance: Origins & Destinations
- Air Ambulance: What Medicare Covers
- Beneficiary Signature Requirements
- Ambulance Transport: Death of Beneficiary
- Emergency Services

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FAQs - Ambulance

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Find answers to frequently asked Medicare questions below. For help with eServices, view our [eServices FAQs](#).

Jump to: [Return to Full List](#)

1. Can an ABN (Advance Beneficiary Notice of Noncoverage) be issued for HCPCS code A0427-ALS 1/Emergency Transports?
2. Does Medicare reimburse for ambulance transportation to and from a physician's office?
3. How do you determine if an ambulance transport is considered emergent?
4. I billed multiple patients on one ambulance trip with HCPCS modifier GM, why are my claims still being denied?
5. If a paramedic (not an EMT) is requested for a transport (emergent or non-emergent), but no advanced life support (ALS) procedures are performed is it considered an ALS transport?
6. If a patient is being transported to a wound care center located within a hospital or on hospital grounds, which destination modifier would be used when filing the claim?
7. If a patient is transported by ambulance to hospice prior to the initial assessment and development of the plan of care, what destination modifier do I use?
8. If an ambulance is dispatched as a result of a 911 call, arrives at the scene, does an assessment of the patient and it is found there is no need for the transport, would the Advanced Beneficiary Notice (ABN) be used in this case if we intend to bill the patient?
9. Is the Beneficiary Signature required for emergency ambulance transports?
10. Is the hospital responsible for the payment of the transports while the patient is an inpatient?
11. Please clarify the guidelines for advanced life support (ALS) assessment with no services in response to a 911 dispatch. I thought that if an ALS assessment was done, the transport is automatic, as this was a 911 dispatch.
12. What HCPCS modifier should be used when transporting patients to and from satellite offices/urgent care centers owned by a large hospital?
13. What should I do if the beneficiary and/or representative refuses to sign for an ambulance transport?
14. When is a Physician Certification Statement (PCS) required for Ambulance services?
15. Why was my ambulance claim denied for missing a beneficiary signature?



Visit www.PalmettoGBA.com/RR

- MLN articles from the Centers for Medicare & Medicaid Services (CMS)
- Articles and FAQs by topic
- Self-Services Tools
- eServices Online Portal
- Redetermination Status Tool
- Quick Reference Guide
- Modifier Lookup
- MSP Lookup
- Reason/Remark Code Lookup



Forms / Tools

Medicare Forms

[PTAN Lookup and Request Tool](#) 

[eServices Portal](#) 

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Ambulance Coverage for Non-Emergency Transports Module

The screenshot shows a web-based interactive module. At the top, the title 'Ambulance Coverage for Nonemergency Transports' is displayed in a teal header. Below the title, there are four main menu items: 'Menu' (highlighted in a blue pill), 'Nonemergency Transports' (yellow box), 'Noncovered Transports' (green box), and 'Physician Certification Statements' (dark blue box). A 'Resources' link is visible in the top right corner of the main interface.

The 'Menu' section contains the following text and list:

This interactive module provides an overview of ambulance coverage for nonemergency transportation.

Select the links on this page for more information on the following:

- Nonemergency Transports
- Physician Certification Statements
- Noncovered Transports
- Documentation Tips

The 'Documentation Tips' section is expanded, showing the following content:

Documentation Tips (highlighted in an orange pill)

Before filing your claim, you should always ask the following questions:

- Do I have complete and accurate medical record documentation?
- Do I have complete and accurate insurance information?
- Do I have the patient's signature on file?
- Do I have a signed and dated PCS for nonemergency transports?

If your answer is 'Yes' to all of these questions, then you are ready to submit your claim.

As stated earlier, you must clearly explain why the patient can only be transported by ambulance. [Select this link](#) to view the *CMS Ambulance Fee Schedule - Medical Conditions List* for conditions that might support medical necessity.

Documentation reminders on round trip transports are below:

- Ambulance provider is required to report the specific type of treatment received at the facility when providing round trip transports
- If submitting separate claims for round trips, the specific type of treatment must be reported on both claims
 - Origin and destination modifiers must be reported on all lines of service

[Select this link](#) for additional round trip reminders.

A blue arrow points to the left at the bottom of the expanded section. The page number '4 of 4' is visible in the bottom right corner of the module frame.

https://www.palngba.com/elearn/Ambulance_Coverage_RR/story.html



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Top 10 Medical Review Denials Module

Top 10 Medical Review Denials

Resources

The goal of Palmetto GBA's Railroad Retirement Board Specialty Medicare Administrative Contractor (RRB SMAC) medical review program is to ensure that payment is only made for services that meet all Medicare coverage, coding and medical necessity requirements.

Select the forward button below to view the 10 most common provider errors in the first fiscal quarter of 2018.

BNSIG
Documentation received lacks the necessary beneficiary or authorized representative signature

#10



Railroad Medicare Medical Review Denials by Service Type Ranked by Category

Reporting Period: October 1, 2017 - December 31, 2017

Service Type	Rank	Medical Review Comment	Medical Review Comment Description
Ambulance	1	Non-response	No Response to Additional Documentation Request
Ambulance	2	NODOC	Documentation requested for this date of service was not received or was incomplete
Ambulance	3	BNSIG	Documentation received lacks the necessary beneficiary or authorized representative signature
Ambulance	4	ILDOC	Information submitted deemed illegible
Ambulance	5	ASAVA	Alternative services were available and should have been utilized
Ambulance	6	ISIGN	Information submitted contains an invalid/illegible provider signature

<https://www.palmgba.com/elearn/Top10MRDenialsRRB/story.html>



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eServices Portal

-  Claim Status
-  Eligibility
-  Remittances
-  Appeals
-  Submission of Requested Medical Records
-  Greenmail notification of Pending ADR Requests
-  Greenmail eDelivery Responses



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Respond to ADRs in eServices



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eServices

- Respond to Medical Review ADRs through eServices using the MR ADR Response secure eForm
- Attach an unlimited number of PDF files to each form. Each attachment can be up to 40 MB. The total size of all attachments on each ADR eForm can be no more than 150 MB
- Track submission of your ADRs
- Must have an Electronic Data Interchange (EDI) Enrollment Agreement on file with Palmetto GBA Railroad Medicare and a finalized claim in history
- Enroll for eServices at www.palmettogba.com/eServices



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Stay Connected With Us...

- Join our listserv at www.PalmettoGBA.com/RR
- Facebook
- Twitter
- YouTube
- eChat

#Stay
Connected



A screenshot of the Palmetto GBA website home page. The header is green with the Palmetto GBA logo and the text 'PALMETTO GBA. A CELERIAN GROUP COMPANY'. Below the header is a blue navigation bar with 'PALMETTO GBA HOME' and 'E-mail Updates'. The main content area has two tabs: 'New Users' and 'Current Users'. Under 'New Users' are buttons for 'Register Now' and 'Log In'. Under 'Current Users' are links for 'Forgot your username or password?' and 'Update your user profile'. The text below the tabs reads: 'Registering for PalmettoGBA.com is quick, easy and free! Sign up now to receive email updates. If you would like to receive these updates by email, you must register and create a customized profile of the documents you would like to receive. If you would like to unsubscribe from our email service, please login to your account and click on the "Please click here to unsubscribe" link at the top of your profile page. Once we receive and verify your request, you will receive a confirmation email. You will no longer receive email updates from PalmettoGBA.com. For more information on the registration process, see the article "Using the new PalmettoGBA.com registration".' At the bottom right of the screenshot is the copyright notice '© 2017, Palmetto GBA, LLC'.



Railroad Medicare Contacts

RAILROAD MEDICARE RESOURCES	
Railroad Medicare Homepage	www.PalmettoGBA.com/RR
Palmetto GBA Listserv	www.PalmettoGBA.com/RR Select 'Listsers' from top tool bar
Contact Us By Email	Medicare.Railroad@PalmettoGBA.com
eServices	www.PalmettoGBA.com/eServices www.PalmettoGBA.com/RR Under Forms/Tools
CMS Listserv	https://tinyurl.com/CMSEmailUpdates

**Provider Contact Center
EDI / eServices
Telephone Reopenings
Provider Enrollment**

888-355-9165

**Interactive Voice Response
(IVR) System**

877-288-7600

**Palmetto GBA
Railroad Medicare
PO Box 10066
Augusta, GA 30999**



Questions?



Q&A Widget



**Survey Widget - Please take our short survey.
We appreciate your feedback.**



Resource Widget



Thank you!

Questions about this webcast?

Provider Contact Center

1-888-355-9165

Medicare.Railroad@PalmettoGBA.com



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