MLN Matters®
Information for Medicare Fee-for-Service Health Care Professionals

News Flash – Flu Season is upon us! CMS encourages providers to begin taking advantage of each office visit to encourage your patients with Medicare to get a seasonal flu shot; it's their best defense against combating seasonal flu this season. (*Medicare beneficiaries may receive the seasonal influenza vaccine without incurring any out-of-pocket costs. No deductible or copayment/coinsurance applies.*) For more information about Medicare's coverage of the seasonal influenza vaccine and its administration as well as related educational resources for health care professionals, please go to *http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp* on the CMS website.

MLN Matters® Number: MM6621 | Related Change Request (CR) #: 6621

Related CR Release Date: September 25, 2009 | Effective Date: October 26, 2009

Related CR Transmittal #: R1821CP | Implementation Date: October 26, 2009

Billing for an Ambulance Transport with More than One Patient Onboard

Provider Types Affected

Providers and suppliers, submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FI), and A/B Medicare Administrative Contractors (A/B MAC)) for ambulance services provided to Medicare beneficiaries, are affected.

Provider Action Needed

This article advises ambulance suppliers that CR6621 communicates claims processing instructions for ambulance service claims submitted for trips with more than one patient onboard. These changes are to be added to the Ambulance chapter of the Medicare Claims Processing Manual (Chapter 15). Please inform your billing staffs of these changes.

Background

This article alerts providers that the Centers for Medicare & Medicaid Services (CMS) is issuing CR6621 to highlight changes that are to be made to the Medicare Claims Processing Manual, Chapter 15 - Ambulance Services. This article is informational in nature, since CR6621 revises that manual to incorporate

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

information previously released via transmittal B-02-060, CR1945, "Payment Policy When More Than One Patient is Onboard an Ambulance" on September 27, 2002, and Transmittal A-02-108, CR2186, "Multiple Patient Ambulance Transport" on October 25, 2002.

These changes to the Medicare Claims Processing Manual are:

- Ambulance suppliers submitting a claim using the CMS-1500 Form, or the electronic equivalent ANSI X12N 837, for an ambulance transport with more than one Medicare beneficiary onboard must use the "GM" modifier ("Multiple Patient on One Ambulance Trip") for each service line item. In addition, suppliers are required to submit to B/MACs / Carriers documentation to specify the particulars of a multiple patient transport. The documentation must include the total number of patients transported in the vehicle at the same time and the health insurance claim (HIC) numbers for each Medicare beneficiary. B/MACs / Carriers shall calculate payment amounts based on policy instructions found in the Medicare Benefit Policy Manual, Chapter 10 – Ambulance Services, Section 10.3.10 – Multiple Patient Ambulance Transport.
- For claims with dates of service on or after April 1, 2002, providers must report value code 32 (multiple patient ambulance transport) when an ambulance transports more than one patient at a time to the same destination. Providers must report value code 32 and the number of patients transported in the amount field as a whole number to the left of the delimiter.

Additional Information

The official instruction, CR6621, issued to your Medicare contractor regarding this change may be viewed at *http://www.cms.hhs.gov/Transmittals/downloads/R1821CP.pdf* on the CMS website.

If you have questions, please contact your Medicare contractor at their toll-free number which may be found at *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.

Disclaimer
This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.