Specialty Manual AMBULANCE

Introduction

This specialty manual is linked to the appropriate sections of the Online CMS (Centers for Medicare & Medicaid Services) Manual System for your convenience and to assure that you always have access to the most up-to-date information on guidelines relating to this specialty.

CMS transitioned to a Web-based system in 2003. Their system is called the Online CMS Manual System and is located at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html. The Online Manual System is organized by functional area and includes guidelines affecting all of Medicare (i.e. Part A (Hospital Services, Part B (Medical Services, etc.).

To use this manual, simply locate the topic of interest and note the corresponding section of the Online CMS Manual System, then click on the link to the Online CMS Manual System. This takes you to the appropriate Publication and Chapter; you then review the Table of Contents for your specific topic/section number. Most chapters in the Online CMS Manual allow you to click on the specific section in the Table of Contents which takes you directly to that section in the chapter. Other chapters require that you scroll through the chapter to find the section noted in the specialty manual.

Disclaimer

This manual has been prepared as a tool to assist providers. Every reasonable effort has been made to assure the accuracy of the information; however, the ultimate responsibility for correct billing lies with the provider of the services.

CGS, Medicare Outreach and Education, their employees and their staff make no representation, warranty or guarantee that this compilation of Medicare information is all inclusive or error-free and will bear no responsibility for the results or consequences of the use of this manual. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

CMS Manual System, Pub 100-2, Medicare Benefit Policy Manual, Chapter 10

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf

Section 10: Ambulance Service

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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CMS Manual System, Pub 100-4, Medicare Claims Processing Manual, Chapter 15

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CMS Ambulance Fee Schedule Information Web Page

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf

Consolidated Billing Information

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf

Appendix 1

Emergency Ambulance Transportation - Coverage Guidelines

The following information should be used to report the medical necessity of the ambulance transport. This information does not supercede other requirements such as information that is routinely required for other types of transports, such as hospital to hospital transportation, miles, etc.

Note: Documentation such as physician notes/orders, Ambulance Call Reports (ACR), EMT notes are not required on the initial submission of the claim. This information must be kept on file and available for Carrier review and must support any information entered in the electronic narrative and/or paper ambulance claim form submitted for payment.

The following information can be listed in the narrative field on the electronic claim or on the paper claim form when filing an emergency transportation code.

Stand Alone Conditions
- Aspirations
- Bagging
- Bleeding
- Cardiac Arrest
- Chest Pain
- Chest Pressure
- Choking
- CPR
- Drug Overdose
- GSW
- Gunshot Wound
- Severe Burns
- Shock
- Head Injury
- Hemorrhage
- No Pulse
- Possible CVA
- Possible Heart Attack
- Possible MI
- Possible Stroke
- Pulseless
- Pulselessness
- Respiratory Arrest
- Respiratory Distress

- Trauma
- Unconscious (not same as vegetative state)
- Unresponsive

If the patient does not have a stand alone condition, the emergency transport should have one item from Section 1 and one item from Section 2 in order to be considered for reimbursement.

Section 1

- 911 Transport
- Accident
- Acute
- Acute Medical Emergency
- Change in condition
- Crisis
- Emergency
- Extreme
- Fall
- Found in condition
- Injury
- Motor Vehicle Accident (MVA)
- Required Immediate Transport
- Severe
- Sudden Onset
- Worsening of Symptoms

Section 2

- Abdominal Distension
- Abdominal Pain
- Agitated
- Altered Level of Consciousness (LO C)
- Blood Sugar (Glucose) Abnormal
- Blue Nail Beds
- Blue Skin
- Blurred Vision
- Bradycardia
- Breathing Problems
- Burns
- Cold Clammy Skin
- Collapse
- Combative
- Confusion
- Cyanosis
- Cyanotic Skin
- Decreased Level of Consciousness (LOC)
- Decreased Respiration
- Dehydrated
- Diabetic Complication
- Diaphoretic
- Disoriented
- Dizziness
- Dry Mouth
- Dyspnea
- Fainted
- Fast Pulse Rate
- Febrile
- Immobilization
- Fever (above 102 degrees)
- Fracture
- Grand Mal Seizure
- Glucose Abnormal
- Headache
- High Blood Pressure
- High Blood Sugar
- Hyperglycemia
- Hypoglycemia
- Hypertensive
- Hypotensive
- Hypovolemic
- Immobilization
- Injury
- Insulin Reaction
- Laceration
- Lethargic
- Lethargy
- Lightheadedness
- LLOC
- Low Blood Pressure
- Low Blood Sugar
- Low Oxygen Level
- Numbness in an Extremity
- Oxygen Level Low
- Pain
- Paralysis
- Passed Out
- Passing Blood/Clots per Rectum or Bowels
- Poor Skin Turgor
- Psychiatric Episode
- Pulse, Difficult to Feel
- Pulse Rate Abnormal
- Rapid Respiration
- SA 02 or SAT (oxygen saturation less than 85)
- Seizure
- Shortness of Breath
- Slow Pulse Rate
- SOB
- Spinal Board
- Spinal Immobilization
- Suspicion of Fracture
- Sweating Profusely
- Syncope
- Tachycardia
- Tachypenea
- Thready Pulse
- Unable to Move an Extremity
- Vertigo
- Violent
- Visual Disturbance
- Vomiting
- Weakness
- Weakness in an Extremity

Non-Emergency Ambulance Transportation - Coverage Guidelines

The Centers for Medicare & Medicaid Services (CMS) requires a Physician Certification for non-emergency transportation. This certification is not required to be submitted with the claim at thistime, but should be kept on file for review purposes.

Medicare does not usually cover routine non-emergency transportation. In rare situations, Medicare will reimburse for non-emergency transportation depending upon the medical necessity and the origin and destination of the ambulance transport. For example, routine transports from a beneficiary's home or nursing facility to a physician's office or therapeutic center is a non-covered service and is not covered no matter what the patient's condition is.

If the ambulance transport meets coverage guidelines, the medical necessity requirements are as follows:

1. **Bed Confined:** CMS has defined bed-confined as the inability to:
   - Get up from bed without assistance,
   - Ambulate, and
   - Sit in a chair (including a wheelchair).

   If the patient meets the above requirements, the claim form should state "Bed-confined" as well as the condition/disease/ reason why the patient is bed-confined.

2. **Stretcher Bound:** In other rare situations, the patient may be stretcher-bound at the time of transport due to the condition that exists that would make any other means of transportation contraindicated. In these situations, the documentation should support the fact that the patient could only be moved by stretcher and the reason why. The claim form should state "patient could only be moved by stretcher" and the condition/disease/ reason why other means of transportation would endanger the patient's health.

