
Program Memorandum

Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal B-00-09

Date: FEBRUARY 2000

CHANGE REQUEST 1065

SUBJECT: Clarification of Medicare Policies Concerning Ambulance Services

This Program Memorandum (PM) is to notify you of revisions to Medicare policies concerning ground ambulance transportation services published in the January 25, 1999 *Federal Register*, pages 3637-3650. The final rule became effective on February 24, 1999.

Since the publication of the final rule and subsequent release of the operational guidelines in PM AB-99-83 (that PM reissued PM AB-99-53. The only change was the discard date; all other material remained the same), we have received several requests for guidance from the regional offices and ambulance industry representatives for further guidance and clarification on the requirement that the physician certification statement be obtained prior to nonemergency, scheduled trips or within 48 hours of unscheduled, nonemergency ambulance transports.

Background

On September 21, 1999 HCFA responded to an inquiry requesting that enforcement of the requirements for obtaining the physician certification statement for nonemergency ambulance services be suspended. The inquiry suggested that the experiences of ambulance suppliers has shown that in a substantial percentage of trips ordered by physicians, ambulance suppliers have been unable to obtain the required certification. The inquiry specifically addressed the 48 hour time frame requirement addressed in 42 CFR 410.40(d)(3), Special Rule for Nonemergency, Unscheduled Ambulance Services. Section 410.40(d)(3)(i) of the final rule specifies that in cases where a beneficiary living in a facility who is under the direct care of a physician requires nonemergency, unscheduled transport, the physician's certification can be obtained 48 hours after the transport has been provided. For beneficiaries not under the direct care of a physician, whether they reside at home or in a facility (e.g., an extended care or assisted living facility), a physician certification statement is not required.

In HCFA's September 21, 1999 response, we noted that the 48 hour time frame is the standard required by regulation and acknowledged that there may be instances when meeting the requirement may not be possible. In response, we agreed to clarify the circumstances when it is acceptable for the ambulance supplier to obtain the physician's signature before the bill is submitted for the service. Further review of this issue indicated that, in addition to establishing instructional guidelines to address this issue, guidelines are also needed to address how carriers are to proceed with processing claims when an ambulance transport has been furnished and the ambulance supplier, after making several attempts, does not receive the requested documentation from the physician. We note that pending the issuance of guidance from HCFA, some ambulance suppliers have been holding ambulance claims that could not be submitted because of the absence of a signed physician certification statement. We also understand that some carriers may have received claims but have delayed processing them pending further instruction.

HCFA-Pub. 60B

Guidelines for Obtaining the Physician Certification Statement

Whenever possible, ambulance suppliers should obtain the signed certification statement prior to the transport. However, there may be instances in which ambulance suppliers have provided transports but are experiencing difficulty in obtaining the required physician certification statement. In cases where the ambulance supplier has transported the beneficiary but is unable to obtain a signed physician certification statement, for claims for services furnished on or after the August 30, 1999 implementation date of PM AB-99-83, carriers are to begin processing these claims in accordance with the instructions below.

Within 90 days following the submission of such claims (or 90 days following the implementation date of this PM if the claims have already been submitted), to certify the medical necessity of the furnished service, ambulance suppliers must obtain a signed physician certification statement from the attending physician. If the ambulance supplier is unable to obtain a signed certification statement from the attending physician the supplier must obtain:

- o A signed certification statement from either a physician assistant (PA), clinical nurse specialist (CNS), nurse practitioner (NP), registered nurse (RN) or discharge planner who is employed by the hospital or facility where the beneficiary is being treated, with knowledge of the beneficiary's condition at the time the transport was ordered or the service was furnished;

OR

- o The ambulance supplier must document its attempt to obtain such a statement from the attending physician. Acceptable documentation must include a signed return receipt from a U.S. Postal Service or other similar delivery service. Such a return receipt will serve as proof that the supplier attempted to obtain the required signature from the attending physician.

For services furnished **on or after the effective date of this PM**, ambulance suppliers must follow the procedures described below:

- o Before submitting a claim, ambulance suppliers must obtain a signed certification statement from the attending physician. If the ambulance supplier is unable to obtain the signed certification statement from the attending physician, a signed physician certification statement must be obtained from either the PA, NP, CNS, RN, or discharge planner who is employed by the hospital or facility where the beneficiary is being treated, with knowledge of the beneficiary's condition at the time the transport was ordered or the service was furnished;

OR

- o If the supplier is unable to obtain the required physician certification statement within 21 calendar days following the date of service, the ambulance supplier must document its attempt to obtain the requested physician certification statement in the same manner as described above and may then submit the claim.

In all cases, the appropriate documentation must be kept on file and, upon request, presented to the carrier. It is important to note that neither the presence nor absence of the signed physician certification statement necessarily proves (or disproves) whether the transport was medically necessary. The ambulance service must meet all other coverage criteria in order for payment to be made.

Carriers should continue to process claims in accordance with their established procedures. In focusing their medical review resources, carriers should consider focusing on ambulance suppliers with a higher number of unsuccessful attempts to obtain a signed physician certification from either the physician or practitioners relative to their peers.

Other Efforts

We are working with the Division of Provider Education and Training within the Provider Billing and Education Group to begin a physician education program to educate physicians about the requirements of the Medicare ambulance benefit and to stress the important role of physicians. We will also begin exploring ways to streamline the physician certification form.

Effective Date of the Final Rule

We have responded to inquiries regarding the effective date of the final rule and whether that date is binding on the applicability of the provisions contained in the final rule. Specifically, we understand that, prior to the release of PM AB-99-83, several carriers informed ambulance suppliers that, absent notification from HCFA regarding the implementation of provisions of the final rule, that they should continue to operate under the regulatory guidelines that the final rule superseded and that their claims would be processed under the old requirements (e.g., using the carrier's definition of bed confined rather than the national criteria outlined in the final rule). The concern in this instance was that there were ambulance suppliers trying to operate in compliance with the regulatory requirements of the final rule who were being told not to do so. Please be advised that the final rule was effective February 24, 1999, and that the provisions of the final rule were applicable for ambulance services furnished on or after the February, 24, 1999 effective date.

Carriers should notify ambulance suppliers of this clarification in as expeditious a manner as possible.

The *effective date* for this PM is for dates of service beginning January 31, 2000.

The *implementation date* for this PM is January 31, 2000. If contractors can not meet the effective date they must notify ambulance suppliers. Until claims can be processed suppliers may either hold the claims or request reprocessing once the carrier is able to process claims according to these instructions. Implementation should occur no later than February 29, 2000.

These instructions should be implemented within your current operating budget.

This PM may be discarded after March 1, 2001.

Contact Person: Margot Blige on (410)786-4642.