

# Non-Emergency Ambulance Transfers: New Medicare Regulations Expand Coverage And Increase Nurses' Role In Certifying Medical

Sec. 410.40 Coverage of ambulance services.

(b) Levels of service. Medicare covers the following levels of ambulance service:

(1) Basic life support (BLS) (emergency and nonemergency).

(2) Advanced life support, level 1 (ALS1) (emergency and nonemergency).

(3) Advanced life support, level 2 (ALS2).

(4) Paramedic ALS intercept (PI).

(5) Specialty care transport (SCT).

(6) Fixed wing transport (FW).

(7) Rotary wing transport (RW).

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(d) Medical necessity requirements--

(1) General rule. Medicare covers ambulance services, **including fixed wing and rotary wing ambulance services**, only if they are furnished to a beneficiary whose medical condition is such that other means of transportation are contraindicated. **The beneficiary's condition must require both the ambulance transportation itself and the level of service provided in order for the billed service to be considered medically necessary.**

**Nonemergency transportation by ambulance is appropriate if either: the beneficiary is bed-confined, and it is documented that the beneficiary's condition is such that other methods of transportation are contraindicated; or, if his or her medical condition, regardless of bed confinement, is such that transportation by ambulance is medically required. Thus, bed confinement is not the sole criterion in determining the medical necessity of ambulance transportation. It is one factor that is considered in medical necessity determinations. For a beneficiary to be considered bed-confined, the following criteria must be met:**

(i) The beneficiary is unable to get up from bed without assistance.

(ii) The beneficiary is unable to ambulate.

(iii) The beneficiary is unable to sit in a chair or wheelchair.

***Effective April 1, 2002 Medicare has expanded coverage for non-emergency ambulance transport and has increased the authority of registered nurses and nurse practitioners in certifying medical necessity.***

***The new language in the regulations is in bold type.***

***The full text is on our website <http://www.nursinglaw.com/67fr9099.pdf>***

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(2) Special rule for nonemergency, **scheduled, repetitive** ambulance services. Medicare covers **medically necessary nonemergency, scheduled, repetitive ambulance services** if the ambulance provider or supplier, before furnishing the service to the beneficiary, obtains a written order from the beneficiary's attending physician certifying that the medical necessity requirements of paragraph (d)(1) of this section are met. The physician's order must be dated no earlier than 60 days before the date the service is furnished.

(3) Special rule for nonemergency ambulance services **that are either unscheduled or that are scheduled on a nonrepetitive basis.**

Medicare covers **medically necessary nonemergency ambulance services that are either unscheduled or that are scheduled on a nonrepetitive basis under one of the following circumstances:**

(i) For a resident of a facility who is under the care of a physician if the ambulance provider or supplier obtains a written order from the beneficiary's attending physician, within 48 hours after the transport, certifying

that the medical necessity requirements of paragraph (d)(1) of this section are met.

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(iii) If the ambulance provider or supplier is unable to obtain a signed physician certification statement from the beneficiary's attending physician, a signed certification statement must be obtained from either the physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), registered nurse (RN), or discharge planner, who has personal knowledge of the beneficiary's condition at the time the ambulance transport is ordered or the service is furnished. This individual must be employed by the beneficiary's attending physician or by the hospital or facility where the beneficiary is being treated and from which the beneficiary is transported. Medicare regulations for PAs, NPs, and CNSs apply and all applicable State licensure laws apply; or,

(iv) If the ambulance provider or supplier is unable to obtain the required certification within 21 calendar days following the date of the service, the ambulance supplier must document its attempts to obtain the requested certification and may then submit the claim.

Acceptable documentation includes a signed return receipt from the U.S. Postal Service or other similar service that evidences that the ambulance supplier attempted to obtain the required signature from the beneficiary's attending physician or other individual named in paragraph (d)(3)(iii) of this section. ]

(v) In all cases, the provider or supplier must keep appropriate documentation on file and, upon request, present it to the contractor.

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