

January – December 31, 2016

Ambulance Fee Schedule

Public Use Files

Background

The Ambulance Fee Schedule was implemented on April 1, 2002. The accompanying public use files reflect updates effective for ambulance claims with dates of service January 1, 2016 through December 31, 2016.

Note: The add-on provision related to the 2%/3% bonus for urban and rural transports and the 22.6% “Super Rural Bonus” are currently set to expire on December 31, 2017.

Applicable Provisions of the Balanced Budget Act (BBA) of 1997

Section 4531 (b) (2) of the Balanced Budget Act (BBA) of 1997 added a new section 1834 (1) to the Social Security Act which mandated implementation of a national fee schedule for ambulance services furnished as a benefit under Medicare Part B. The fee schedule applies to all ambulance services, including volunteer, municipal, private, independent, and institutional providers, i.e., hospitals, critical access hospitals (except when it is the only ambulance service within 35 miles), and skilled nursing facilities.

Section 1834 (1) also requires mandatory assignment for all ambulance services. Ambulance providers and suppliers must accept the Medicare allowed charge as payment in full and not bill or collect from the beneficiary any amount other than any unmet Part B deductible and the Part B coinsurance amounts.

The fee schedule is effective for claims with dates of service on or after April 1, 2002. Ambulance services covered under Medicare will then be paid based on the lower of the actual billed amount or the ambulance fee schedule amount. The fee schedule was fully implemented as of January 1, 2006. Previously, the fee schedule was phased in during the period from April 1, 2002 to December 31, 2005 and replaced the retrospective reasonable cost reimbursement system for providers and the reasonable charge system for ambulance suppliers.

Additional Payments for Ground Ambulance Services Under Section 414 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003

Section 414 of the MMA of 2003 provided for additional payments for ground ambulance services. The following changes to the payment rates for rural and urban ground ambulance transports became effective on July 1, 2004:

- Phase-In Providing Floor Using Blend of Fee Schedule and Regional Fee Schedules (Transition Period effective July 1, 2004 - December 31, 2009):

This provision of MMA established a floor amount for the FS portion of the payment. For the period July 1, 2004 to December 31, 2009, the FS portion of the payment was either the regular (national) fee schedule amount, or a blended amount of the national rate and the

regional fee schedule amount calculated by CMS. Providers/suppliers were reimbursed using the higher of these two amounts.

- Adjustment in Payment for Certain Long Trips (Effective July 1, 2004 to December 31, 2008):

This provision of the MMA established a 25% bonus on the mileage rate for ground miles 51 and greater. This bonus amount was payable for ground transports originating in both rural and urban areas.

- Improvement in Payments to Retain Emergency Capacity for Ambulance Services in Rural Areas (Effective July 1, 2004 to December 31, 2009):

This provision of the MMA directed the Secretary to provide an increase in the base payment rate for ground ambulance trips that originate in a rural area with a population density in the lowest quartile of all rural county populations, through 2009. The bonus amount to be applied for the designated rural areas was a multiplier determined by CMS. Medicare contractors applied the “super-rural” bonus amount as a multiplier to the base rate where the point of pickup (POP) was in one of a group of designated rural ZIP codes.

- Temporary Increase for Ground Ambulance Services

This provision of MMA established a temporary increase in payments for ground ambulance services provided between July 1, 2004 and January 1, 2007 of 2% for transports which originated in a rural area and 1% for transports which originated in an urban area.

Applicable Provisions of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008

Section 146(a) of the MIPPA of 2008 provided for an extension of increased payments for ground ambulance services originating in either urban or rural areas. For ground ambulance service claims with dates of service July 1, 2008 through December 31, 2009, the ambulance fee schedule rates were increased by 2% for ambulance trips originating in urban areas and by 3% for ambulance trips originating in rural areas.

Applicable Provisions of the Patient Protections and Affordable Care Act (ACA) of 2010

Sections 3105(a) and 10311(a) provided for an extension of increased payments for ground ambulance services originating in either urban or rural areas. For ground ambulance service claims with dates of service January 1, 2010 through December 31, 2010, the ambulance fee schedule rates were increased by 2% for ambulance trips originating in urban areas and by 3% for ambulance trips originating in rural areas.

Sections 3105(c) and 10311(c) provided for an extension through December 31, 2010 of the MMA provision allowing for an increase in the base payment rate for ground ambulance trips that originated in a rural area with a population density in the lowest quartile of all rural county populations.

Applicable Provisions of the Medicare and Medicaid Extenders Act of 2010 (MMEA)

Section 106(a) of the MMEA provided for an extension through December 31, 2011, of the increase in the ambulance fee schedule amounts for covered ambulance transports which originated in rural areas by 3% and in urban areas by 2%.

Section 106(b) provided for an extension through December 31, 2011, of payments under the ambulance fee schedule for air ambulance services provided in a rural area designated as such as of December 31, 2006.

Section 106(c) of the MMEA provided for an extension through December 31, 2011, of the payment provision whereby the payment amount for the ground ambulance base rate was increased when the ambulance transport originated in a rural area that was included in those areas comprising the lowest 25th percentile of all rural populations arrayed by population density. This increased payment amount came to be known unofficially as the “Super Rural Bonus” and, similar to the past year’s extension of the provision, was equal to 22.6%.

Applicable Provisions of the Temporary Payroll Tax Cut Continuation Act of 2011 (TPTCCA)

Section 306(a) of the TPTCCA provided for an extension through February 29, 2012, of the increase in the ambulance fee schedule amounts for covered ambulance transports which originated in rural areas by 3 percent and in urban areas by 2%.

Section 306(b) of the TPTCCA provided for an extension through February 29, 2012, of payments under the ambulance fee schedule for air ambulance services provided in a rural area designated as such as of December 31, 2006.

Section 306(c) of the TPTCCA provided for an extension through February 29, 2012, of the payment provision whereby the payment amount for the ground ambulance base rate is increased when the ambulance transport originates in a rural area that is included in those areas comprising the lowest 25th percentile of all rural populations arrayed by population density. This increased payment amount has come to be known unofficially as the “Super Rural Bonus” and will continue to be equal to 22.6%.

Applicable Provisions of the Middle Class Tax Relief and Job Creation Act of 2012 (Job Creation Act)

Section 3007 of the Job Creation Act provided for an extension through December 31, 2012 of the following provisions: (1) the 3% increase in the ambulance fee schedule amounts for covered ground ambulance transports that originated in rural areas and the 2% increase for covered ground ambulance transports that originated in urban areas; (2) the provision relating to air ambulance services that continued to treat as rural any area that was designated as rural on December 31, 2006, for purposes of payment under the ambulance fee schedule; and (3) the provision relating to payment for ground ambulance services that increased the base rate for transports originating in an area that is within the lowest 25th percentile of all rural areas arrayed by population density (known as the “super rural” bonus).

Applicable Provisions of the American Taxpayer Relief Act of 2012

Section 604(a) provides for an extension through December 31, 2013 of the 3% increase in the ambulance fee schedule amounts for covered ground ambulance transports that originated in rural areas and the 2% increase for covered ground ambulance transports that originated in urban areas.

Section 604(b) provides for an extension through June 30, 2013 of the provision relating to air ambulance services that continued to treat as rural any area that was designated as rural on December 31, 2006, for purposes of payment under the ambulance fee schedule.

Section 604(c) provides for an extension through December 31, 2013 of the provision relating to payment for ground ambulance services that increased the base rate for transports originating in an area that is within the lowest 25th percentile of all rural areas arrayed by population density (known as the “super rural” bonus).

Section 637 requires that, effective for transports occurring on and after October 1, 2013, fee schedule payments be reduced by 10% for non-emergency basic life support (BLS) transports of individuals with end-stage renal disease (ESRD) to and from renal dialysis treatment. The payment reduction affects transports to and from both hospital-based and freestanding renal dialysis treatment facilities for dialysis services provided on a non-emergency basis.

Applicable Provisions of the Pathway for SGR Reform Act of 2013

Section 1104(a) provides for an extension through March 31, 2014 of the 3% increase in the ambulance fee schedule amounts for covered ground ambulance transports that originated in rural areas and the 2% increase for covered ground ambulance transports that originated in urban areas.

Section 1104(b) provides for an extension through March 31, 2014 of the provision relating to payment for ground ambulance services that increased the base rate for transports originating in an area that is within the lowest 25th percentile of all rural areas arrayed by population density (known as the “super rural” bonus).

Note: The add-on provision related to designation of rural areas for air ambulance services expired on June 30, 2013. While this did not affect the fee schedule, suppliers are advised to refer to the ambulance ZIP Code files for more information on which zip codes are considered rural for air ambulance services.

Applicable Provisions of the Protecting Access to Medicare Act of 2014

Section 104(a) Protecting Access to Medicare Act of 2014, provided for an extension through March 31, 2015 of the increase in the ambulance fee schedule amounts for covered ambulance transports which originated in rural areas by 2% and in urban areas by 3%.

Section 104(b) of the Protecting Access to Medicare Act of 2014 provided for an extension through March 31, 2015, of the payment provision whereby the payment amount for the ground ambulance base rate is increased when the ambulance transport originates in a rural area that is included in those areas comprising the lowest 25th percentile of all rural populations arrayed by population density. This increased payment amount has come to be known unofficially as the “Super Rural Bonus” and will continue to be equal to 22.6%

Applicable Provisions of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015

Section 203 Applicable Provisions of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, provided for an extension through December 31, 2017 of the increase in the ambulance fee schedule amounts for covered ambulance transports which originated in rural areas by 2% and in urban areas by 3%.

Section 203 of the Applicable Provisions of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 provided for an extension through December 31, 2017, of the payment provision whereby the payment amount for the ground ambulance base rate is increased when the ambulance transport originates in a rural area that is included in those areas comprising the lowest 25th percentile of all rural populations arrayed by population density. This increased payment amount has come to be known unofficially as the “Super Rural Bonus” and will continue to be equal to 22.6%.

Overview of the Ambulance Public Use File

This public use file will display the ambulance fee schedule amounts for each Healthcare Common Procedure Coding System (HCPCS) code by state locality and carrier.

Data Elements of the Ambulance Public Use File

- (1) Carrier: This is the identifier used by the Centers for Medicare and Medicaid Services to identify the entity which has the responsibility for adjudicating and paying claims within a defined geographical location.
- Fiscal Intermediaries pay based on the zip code within the appropriate carrier geographic location.
- (2) Locality: This field represents subsets of locations within a defined jurisdiction with different GPCI's.
- (3) HCPCS: This field has the full range of HCPCS services payable under the ambulance fee schedule.
- (4) Base Rate: The Base Rate is a nationally uniform “base” amount used to calculate each HCPCS’ payment amount.
- (5) Relative Value Units (RVU): RVUs set a numeric value for ambulance services relative to the value of a base level ambulance service. Since there are marked differences in resources necessary to furnish the various levels of ground ambulance services, different levels of payment are appropriate for the various levels of service. The different payment amounts are based on level of service. An RVU expresses the constant multiplier for a particular type of service (including, where appropriate, an emergency response). An RVU of 1.00 is assigned to the Basic Life Support (BLS) level of ground service, i.e., BLS has an RVU

of 1; higher RVU values are assigned to the other types of ground ambulance services, which require a higher level of service than BLS.

The RVUs are as follows:

<u>Service Level</u>	<u>RVU</u>
BLS (A0428)	1.00
BLS - Emergency (A0429)	1.60
ALS1 (A0426)	1.20
ALS1- Emergency (A0427)	1.90
ALS2 (A0433)	2.75
SCT (A0434)	3.25
PI (A0432)	1.75

Air ambulance services (fixed-wing and rotary) and ground and air mileage have no RVUs. However, on the fee schedule and this public use file the base rate for air ambulance services and ground and air mileage is displayed as an RVU.

(6) Geographic Practice

Cost Index (GPCI): The GPCI for the practice expense portion of the Medicare physician fee schedule is used to adjust payment to account for regional differences. The geographic areas applicable to the ambulance fee schedule are the same as those used for the physician fee schedule.

The location where the beneficiary was put into the ambulance (“point of pickup”) establishes which GPCI applies. For multiple vehicle transports, i.e., where ground ambulance transports to an air ambulance, each leg of the transport is separately evaluated for the applicable GPCI.

Thus, for the second (or any subsequent) leg of a transport, the point of pickup establishes the applicable GPCI for that portion of the ambulance transport.

The GPCI is not applied to the mileage payment.

(7)(a) Urban Base Rate/

Urban Mileage: This field displays one of four rates calculated as such for 2016:

1. Urban ground base rates – $(RVU * (.3 + (.7 * GPCI))) * BASE RATE * 1.02$
2. Urban air base rates – $((BASE RATE * .5) + (BASE RATE * .5 * GPCI)) * RVU$
3. Urban ground mileage rates – $BASE RATE * 1.02$
4. Urban air mileage rates – $BASE RATE * 1.00$

For more information on how the urban base rate and mileage rate amounts are calculated, see the ambulance fee schedule final rule published in the Federal Register on February 27, 2002 (67 FR 9100).

(7)(b) Rural

Base Rate / Rural
Mileage:

This field displays one of four rates calculated as such for 2016:

1. Rural ground base rates – $(RVU * (.3 + (.7 * GPCI))) * BASE RATE * 1.03$
2. Rural air base rates – $((BASE RATE * .5) + (BASE RATE * .5 * GPCI)) * RVU * 1.5$
3. Rural ground mileage rates – $BASE RATE * 1.03$
4. Rural air mileage rates – $BASE RATE * 1.50$

The amount payable for the base rate and all air miles for all air transportation beginning in a rural area is 1.5 times the urban air base and mileage rate.

For more information on how the rural base rate and mileage rate amounts are calculated, see the ambulance fee schedule final rule published in the Federal Register on February 27, 2002 (67 FR 9100).

(7)(c) Rural
Base Rate / Lowest
Quartile:

This field displays the rural base rate adjusted by the “super-rural bonus” multiplier of 22.6%. In accordance with MMA Section 414, ACA Sections 3105(c) and 10311(c), MMEA Section 106(c), TPTCCA Section 306(c), and Section 3007 of the Job Creation Act, this bonus applies only to ground ambulance transports originating in a rural area determined by the Secretary to be in the lowest 25th percentile of all rural populations arrayed by population density. Medicare contractors will apply this amount to the base rate when the point of pickup (POP) is in one of a group of designated rural ZIP codes.

(8) Rural
Ground Miles 1-17

This field displays the amounts for rural ground miles 1-17.

For ground rural miles 1-17, the mileage rate for ground transports provided in a rural area is 1.5 times the rural mileage rate per mile.

(The urban ground mileage rate applies to all miles of an ambulance transport originating in an urban area.)

This field displays a rural amount for the air base rate and air mileage. The amount payable for the base rate and all air miles for all air transportation originating in a rural area is 1.5 times the urban air base and mileage rates.

For more information, please refer to 42 CFR § 414.610(c)(5)(i).