



# Louisiana Ambulance Alliance

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March 2, 2015

Novitas Solutions  
Medical Policy Department  
Union Trust Building Suite 600  
501 Grant Street  
Pittsburgh, PA 15219  
Re: Comments on Proposed Ambulance LCD DL32606

Dear Novitas Representatives:

The Louisiana Ambulance Alliance appreciates the opportunity to comment on the recent Ambulance Local Coverage Determination draft, LCD DL32606. The Louisiana Ambulance Alliance is the membership organization for EMS providers in Louisiana. From Acadian Ambulance, the state's largest EMS provider, to Caddo Fire District #6, one of the state's smallest providers, we speak with one voice. The changes proposed in LCD DL32606 are of vital importance to the members of the Alliance.

For reasons discussed below, we urge that the Centers for Medicare & Medicaid Services (CMS) adopt the following suggestions and revise the policies stated in the LCD draft that was published in January 2015.

## **Background**

Novitas published LCD DL32606 on January 15, 2015. There were several policy and procedure changes included in this draft. The first and most important being the mandated transition from ICD-9 codes to ICD-10 codes. The magnitude of this change was amplified by CMS stating that due to the increased specificity of ICD-10 and the large number of possible covered diagnosis codes, the contractor is not providing a comprehensive list of covered diagnosis codes for certain HCPCS codes, such as mileage, ALS 1, ALS 1-emergency, BLS, BLS –emergency, ALS-2, and specialty care transports. Also, the draft noted the requirement of dual diagnosis codes. This would mandate ambulance providers report a secondary code in addition to the primary ICD-10 diagnosis code. In addition, a KX modifier must be used in order for the claim to be considered for coverage.

## **Discussion**

### **I. Ambulance Providers Should be Able to Use Condition Codes**

The LCD draft does not provide a list of covered diagnosis codes for certain HCPCS codes, such as mileage, ALS 1, ALS 1-emergency, BLS, BLS –emergency, ALS-2, and specialty care transports. This is important because ambulance providers do not actually diagnose the patient. Instead, ambulance providers' medical technicians treat depending on the patient's condition and symptoms. They do not and are not allowed to make a medical diagnosis. For this reason, it is imperative that ambulance providers be able to use condition codes and not be limited to diagnosis codes. In the past, CMS has recognized the importance of condition codes by stating "Medicare recognizes limitation of usual ambulance personnel for establishing a diagnosis and recognizes, therefore, that diagnosis coding of patients' conditions using ICD-9CM codes when reporting ambulance services may be less specific than for services reported by other professional providers." Since the use of diagnosis coding creates difficulties for ambulance providers, it would be a great help if Novitas would provide a list of covered ICD-10CM codes.

Moreover, we request the adoption of a crosswalk in order to reduce the hardship on ambulance providers. The lack of a list of covered codes and a crosswalk will place a substantial burden on providers throughout the state. It will increase administrative costs because of the time and personnel that will be needed to translate the ICD-9 codes to the newer ICD-10 codes. This time could be saved with a simple crosswalk from the ICD-9 codes to the ICD-10 codes.

Providers throughout Louisiana have come together in open discussion to develop a crosswalk using the ICD-9CM codes to transition to the ICD-10CM codes. The crosswalk is attached with this document.

### **II. KX Modifier**

We would like to recommend that the KX modifier not be required in order for a claim to be considered for coverage. It is not necessary for the simple fact that each provider has already made an attestation that they will follow all Medicare laws, regulations, and program instructions in their application to enroll or the revalidation of their enrollment with the Medicare Carrier.

### **III. Secondary Diagnosis Codes**

The LCD draft states that all ambulance transports require dual diagnosis codes. It goes on to state that the ICD-10 primary diagnosis code must be followed by one of these secondary codes: Z74.01, Z74.3, Z78.1, Z99.89. These codes do not encompass the wide array of circumstances and transports in which an ambulance would be considered medically necessary. It is our opinion that these secondary codes should be less specific or more secondary codes be

adopted in order to cover the variety of circumstances that would be considered medically necessary.

#### **IV. ICD-9 Codes that Do Not Support Medical Necessity**

The ICD-10 code Z76.89, persons encountering health services in other specified circumstances, is to be used when a patient was transported by ambulance, but did not require the services of an ambulance crew, is designated as one that does not support medical necessity. It is our position that this secondary code is inessential being that the GY modifier is currently used for non-covered and non-medically necessary ambulance transports. This code is not needed, and we request that it not be implemented.

Thank you in advance for consideration of the request and for the review of the supporting statements included in the communication. If the Ambulance Alliance staff or any of our members can be a resource to you as you consider our request, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Donna Newchurch". The signature is written in a cursive style with a long horizontal line extending to the left.

Donna Newchurch  
CEO