

DL32606 – Ambulance Services (Ground Ambulance)[Print](#)

Please Note: LCD L35162 has been revised and posted for notice on 08/13/2015. Because DL32606 will become effective after implementation of ICD-10, the comment revisions have been incorporated into the ICD-10 LCD. The ICD-9 document, DL32606, will be retired on 9/30/2015 to coincide with implementation of ICD-10.

General Comments:

Novitas is thankful for all the suggestions for improvement of the Local Coverage Determination (LCD). After careful consideration, it was felt moving forward with the dual diagnosis requirement was needed. Novitas also appreciates the crosswalk made available from the providers which was used in the Article formation. A companion Local Coverage Article, A54574, which will become effective October 1, 2015 at the same time as the new LCD, has been created and made available on the Novitas Website to support the providers in coding their claims. Not all the diagnoses from the provided crosswalk will be in the Article. What is included in the Article was felt to be appropriate. The Article list will not be all inclusive as some clinical situations will need another diagnosis not listed. The provider community has the ability to use one of the suggested diagnosis or another along with the dual diagnosis that will be required. Novitas is aware this is a significant change to the providers.

Comment:

Comments were received requesting that the requirement to append the KX modifier be removed.

Response:

The contractor agrees that the KX modifier is duplicative and this requirement has been removed from the final LCD.

Comment:

Comments were received requesting that the contractor increase the list of diagnoses codes that are provided in the LCD.

Response:

Please refer to the general comments area above.

Comment:

Requests were made to delete ICD-9-CM code V68.61 since ambulance providers/suppliers use the GY modifier.

Response:

The contractor agrees in general but with the requirement for the dual diagnosis and the ability to add the GY modifier on the claim, it appears more consistent to have this code available for the provider community. Therefore, ICD-10 code Z76.89 (the equivalent of V68.61) will remain in the LCD.

Comment:

Several requests were made to delete the verbiage “having or” from the first indication under the Nonemergency Ambulance Service section and to delete the verbiage “before and “after” from the second indication in this section.

Response:

Removing or altering some of the language fundamentally changes the intent of this area of the LCD. For this reason, removal of “having or” and “before and after” will not be removed. Some of these terms are used in the Code of Federal

Regulations (CFR) when discussing the ambulance benefit.

Comment:

Requests were made to change or delete the language regarding bed bound status being on the trip report.

Response:

It is felt that it is not burdensome for the provider to address bed bound status on a trip report.

Comment:

Several requests were made to change the language “respiratory distress” to “requiring the crew to administer oxygen”.

Response:

The Medicare Manual discusses “respiratory distress” as an emergency condition. Administering oxygen is and of itself not a reason for ambulance transport. There must be additional information. The severity of respiratory status should be used.

Comment:

Several requests were made for the removal of life threatening terms regarding hemorrhage to “severe or requiring trained EMS crew to control bleeding”.

Response:

Terms of life threatening or potential life threatening are from the Medicare Manual.

Comment:

Several commenters requested that weight rather than Body Mass Index (BMI) be used regarding general mobility issues.

Response:

Agree this is somewhat cumbersome but Medicare uses BMI frequently as weight may be variable based on height. No changes were made.

Comment:

Several commenters recommended adding more conditions for persons who cannot sit in wheelchair. (i.e. EKG use, IVs, or patient cannot self-administer oxygen)

Response:

Wheelchair status is more related to functionality and should reflect other medical conditions. Therefore, no changes were made.

Comment:

Requests were made to delete the language “The blended rate amount will otherwise apply” in the section regarding the beneficiary death and add “The base rate for BLS emergency or BLS non-emergency will be paid based on how the ambulance was dispatched.”

Response:

The blended rate appears to be a fair approach. No changes were made.

Comment:

Requests were made for the removal of all the bullets under the reasonable and necessary citation.

Response:

This section is added to all of our LCDs. It is directly from the Program Integrity Manual. The information submitted to substitute seems to put the ambulance providers in a more difficult position. No changes were made.

Comment:

A request was made to use more symptoms in the diagnoses rather than specific diagnoses that providers would not know.

Response:

Please see the general comments above.

Comment:

Comments were submitted requesting the use of condition codes rather than diagnosis codes.

Response:

Please see the general comments above.

Comment:

Several commenters took exception to the lack of a list of covered codes and a crosswalk.

Response:

Please see the general comments above.

Comment:

Several commenters expressed concern with the dual diagnosis code requirement.

Response:

The use of dual diagnosis codes allows the providers to be more indicative on their claims. Please see the general comments above for additional information on the dual diagnosis requirement.

Comment:

One commenter requests clarification of PCS requirements for signatures.

Response:

The requirements for the PCS signatures for the various situations comes from the statute/ and manual. The Contractor is not able to make changes.

Comment:

Several commenters requested clarification regarding whether this LCD will be applicable to all the states.

Response:

The LCD will be applicable to both Jurisdictions/all states and DC.

Comment:

Several commenters noted there is not mention of ALS assessment.

Response:

The contractor agrees. ALS assessment is not mentioned.

Comment:

Several commenters noted the PA law requirements for ambulance transports.

Response:

The contractor understands that PA may have additional requirements but as this LCD will be applicable to all areas/states it will be important to reflect the statute and manuals.

Comment:

Several commenters noted the issue some providers are having with bed confinement in prior authorization.

Response:

These comments are noted and the bed confinement requirement is addressed in a previous comment and response.

Comment:

Several requests were made to have the air/ground intercept added as a covered destination.

Response:

The LCD reflects only ground services rules. Therefore, no changes were made.

Comment:

Several commenters requested that Bill type and Revenue codes, for Part A billers, be added to the LCD.

Response:

Bill type and Revenue codes are specific to part A. No change was made.

Comment:

Several commenters suggested verbiage change to allow symptoms to be used followed by a narrative field area having the suspected diagnosis placed.

Response:

Please see the general comments above.

Comment:

Requests were made for clarification of upcoming edits.

Response:

Effectuation of the LCD will be based on the LCD instructions as well as the Local Coverage Article.

Comment:

Several commenters requested that cardiac arrest or dead on arrival be included in the diagnosis list.

Response:

Please see the general comments above.

Comment:

Several commenters asked if the physical restraint status only applies to psychiatric patients.

Response:

Many medical conditions such as Alzheimer's may require restraints when at a level of combativeness.

Comment:

Several commenters recommended EMS Crew be substituted for physician or NPP in the second documentation requirement.

Response:

Documentation requirements reflect the statute. No changes were made.

Comment:

Several requests were made for a description of specific monitoring and the use of a pulse ox.

Response:

The contractor does not feel that they should be prescriptive in types of monitoring. The trip sheet should reflect the care the patient needs and received. No changes were made.

Comment:

Questions were submitted asking why a statement regarding shortness of breath is not enough for payment justification.

Response:

Many patients have a baseline of Shortness of Breath and do not require ambulance transport. The patients underlying condition and alteration in Oxygen therapy should be documented. No changes were made.

Comment:

Several commenters noted that there was no language in the LCD indicating that the GY modifier should be used when requesting a statutory denial.

Response:

A brief statement regarding the GY modifier has been added to the LCD. However, per the Centers for Medicare and Medicaid Services' (CMS) direction, LCDs are not to contain coding and billing instructions. Providers should refer to the

Medicare Manuals and the Local Coverage Article for coding and billing instructions.

Comment:

A commenter asked how the statement “locally acceptable standards of practice” located in the Utilization Guidelines area of the LCD will be determined indicating that this is very important regarding the PA Act 37 of 2009.

Response:

Locally acceptable standards of practice are determined based on routine data analysis performed by the MAC. The data includes information regarding peer norms based on specialty and location. This LCD reflects the federal statute and guidelines which are applicable to all providers. State variability will not be reflected in the LCD.

Comment:

One commenter stated that End Stage Renal Disease (ESRD) diagnosis should be limited to Group I and not Group II.

Response:

The contractor agrees with this commenter.