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### Important Changes Affecting Ambulance Medicare Reimbursement Beginning January 1, 2011

By: Richard A. Tibbetts BA, EMT-P  
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- **Fractional Mileage:** Beginning with dates of service on or after January 1, 2011 you must report mileage in 10ths of a mile for all ambulance transports. Failure to do so will result in your mileage payment for each transport being payment for 0.1 miles. (CMS Transmittal 2103 CR 7065)

We recommend that you record your odometer readings on your trip report, as well as well as calling them in to your dispatch center. This will assure that you are well covered WHEN you are audited.

Make sure that both your Billing Software and your Run Reporting Software are updated prior to billing for service dates after January 1, 2011.

Please note that some ambulance software vendors are charging extremely large fees for this update (even if you have paid your annual support fee). For EMS Consultants Software clients, your update is available for download on our web-site now at no additional charge.

- **Ambulance Inflation Factor for CY 2011:** The Ambulance inflation Factor for dates of service on or after January 1, 2011 has been set at -.1% (CMS Transmittal 2104 CR 7042)


This means that your Medicare payments will be reduced by 1/10 of one percent for dates of service on or after January 1, 2011.


- **Extension for the Two Percent and Three Percent Add-On for the Ground Ambulance in Rural Areas and “Super Rural” Add-On:** The Medicare Modernization Act of 2003 provided for an increase in the ambulance fee schedule amounts for covered ground ambulance transports which originated in rural areas by 3 percent and for covered ground ambulance transports which originated in urban areas by 2 percent as well as a 22.6 percent add on for ambulance services which originated in areas designated as “Super Rural”. These increases were to end on December 31,


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2009, however, that date was extended until December 31, 2010. These rates have now been extended for claims which originate after January 1, 2011. (CMS Transmittal 706 CR 6972)


- **Revised basic timely filing standards:** This reduces the amount of time that you have to file a claim from 1 Year and Nine months to 12 months from the date of service (CMS Transmittal 734 CR 7080)
- **Signature Rules:** We realize that providers may have overlooked the new signature requirements. They are now requiring a signature sheet to be submitted for redetermination. As a consulting firm, we are seeing more and more audits concerning signatures. Please remember to follow the rules.

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