

This listserv notifies the Part A/B community of important updates concerning ambulance services. The links contained in this listserv may direct you to sites other than TrailBlazer.

TrailBlazer Updates

Texas Non-Emergency Ambulance Transports

Applies to Texas ambulance suppliers

In July 2011, TrailBlazer implemented automated utilization denials (for more than 12 transports in a year per patient) for non-emergency ambulance transports billed with modifiers RJ/JR in Texas .

Beginning October 2011, TrailBlazer's Medical Review department began requesting medical record documentation for the first 12 non-emergency ambulance transports per patient billed with modifiers RJ/JR in Texas , to determine if patients meet Medicare's requirements for ambulance coverage and to develop a list of beneficiaries whose documentation meets coverage/benefit requirements. **Documentation should not be submitted with the initial claim. A Request for Additional Documentation letter will be sent to the suppliers if needed.**

Based on the submitted documentation, those patients who meet the requirements for coverage will be added to a list that will exclude them from the yearly transport restriction (Local Coverage Determination (LCD) utilization guidelines). Claims for patients who are included on this list will bypass the automated utilization denial edit (12 per year). All other claim and LCD requirements have to be met for payment to be allowed.

Documentation Requirements

A detailed description of the patient's condition at the time of transport is necessary to "paint a picture" of the patient's condition. The documentation must include a description of the patient's functional or mental deficits that prevent safe transportation by another means. Please take this opportunity to ensure complete mental and physical assessments are performed and documented on run sheets and the information on the Physician Certification Statement (PCS) is consistent with the information on the run sheet. The physician who completes the PCS should have treated the patient; Medicare should be able to verify this by reviewing the patient's claim history.

When the request for documentation is received, if ambulance providers believe their documentation may have deficiencies, they are encouraged to submit any other supporting information from the patient's attending physician or dialysis facility that helps support the patient's eligibility for ambulance transportation. This information should be dated and signed by the author.

Denied Transports Due to the Automated Utilization Denials (for more than 12 transports in a year per patient)

Suppliers who have claims denied due to the utilization denial will need to follow the [redetermination process](#).

Based on the submitted documentation during the review, those patients who meet the requirements for coverage will be added to a list that will exclude them from the yearly transport restriction (LCD utilization guidelines). Claims for patients who are included on this list will bypass the automated utilization denial edit (12 per year). All other claim and LCD requirements have to be met for payment to be allowed.

Resources:

- [Ambulance LCD](#).
- [Ambulance Run/Trip Record Documentation Computer-Based Training \(CBT\)](#).

Job Aids:

- [Ambulance Documentation](#).
- [Physician Guidelines for Certifying Ambulance Transfers](#).
- [Part B Texas Ground Ambulance Transports](#).
- [Documentation Signature Requirements](#).

Additional Resources:

TrailBlazer maintains an [Ambulance](#) Web page that includes:

- Notices.
- Publications.
- Upcoming Events.
- CMS Links.
- Documentation Help.
- CBTs.
- LCDs.

Additionally, **providers are encouraged to participate in educational opportunities** provided by Provider Outreach and Education. Frequent opportunities include seminars and workshops, Web-based trainings and teleconferences. For a listing of available training opportunities or to listen to a previously recorded training event, see the [Calendar of Events](#).

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