

## COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

### Ambulance Services

*Selected and Updated Questions & Answers*

**Question:** Can ground ambulance providers and suppliers transport beneficiaries with COVID-19 symptoms, or those who are confirmed to have COVID-19, to destination sites that are not a hospital, critical access hospital (CAH) or skilled nursing facility (SNF)?

**Answer:** To provide ground ambulance providers and suppliers the flexibility to furnish medically necessary emergency and non-emergency ambulance transports for beneficiaries during the PHE for the COVID-19 pandemic, we are temporarily expanding the list of allowable destinations for ground ambulance transports. During the COVID-19 PHE, a covered destination for a ground ambulance transport may include any destination that is equipped to treat the condition of the patient in a manner consistent with state and local Emergency Medical Services (EMS) protocols where the services will be furnished. These destinations may include, but are not limited to: any location that is an alternative site determined to be part of a hospital, CAH or SNF; community mental health centers; federally qualified health centers; rural health clinics; physician's offices; urgent care facilities; ambulatory surgical centers; any location furnishing dialysis services outside of the ESRD facility when an ESRD facility is not available; and the beneficiary's home. There must be a medically necessary ground ambulance transport of a patient in order for the ambulance service to be covered.

**New: 4/9/20**

*Note – CMS' response does not indicate that this expanded destination coverage only applies to COVID positive or suspected patients transported to an alternate destination. Likely that it applied to any clinical impression.*

**Question:** Section 6002 of the Families First Coronavirus Response Act (FFCRA) removes cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for certain COVID-19 testing-related services. CMS has issued billing guidance at: <https://www.cms.gov/outreach-and-education/outreachffsprovpartprogproviderpartnership-email-archive/2020-04-07-mlnc-se> under the "Families First Coronavirus Response Act Waives Coinsurance and Deductibles for Additional COVID-19 Related Services" heading. Is this applicable to ambulance services?

**Answer:** No. Section 6002 of the FFCRA does not apply to ambulance services. Section 6002 removes cost-sharing only for specified COVID-19 testing-related services which include only medical visits in certain categories of evaluation and management HCPCS codes, when payment is made to certain types of practitioners and facilities, which do not include ambulance providers and suppliers.

**New: 6/16/20**

**Question:** CMS requires selected ground ambulance organizations to collect cost, revenue, utilization, and other information through the Medicare Ground Ambulance Data Collection System. The collected information will be provided to MedPAC, which is required to submit a report to Congress on the adequacy of Medicare payment rates for ground ambulance services and geographic variations in the cost of furnishing such services. Will the data collection and reporting requirements for the Medicare Ground Ambulance Data Collection System be delayed due to COVID-19?

**Answer:** Yes. CMS has issued a blanket waiver: <https://www.cms.gov/files/document/summary-covid-19-emergency-declarationwaivers.pdf> due to the PHE for the COVID-19 pandemic. CMS is modifying the data collection period and data reporting period, as defined at 42 CFR §414.626(a), for ground ambulance organizations that were selected by CMS to collect data beginning between January 1, 2020, and December 31, 2020 (Year 1). Under this modification, these ground ambulance organizations can select a new data collection period that begins between January 1, 2021, and December 31, 2021; collect the necessary data during their selected data collection period; and submit the data during the data reporting period that corresponds to their selected data collection period. CMS is modifying this data collection and reporting period to increase flexibilities for ground ambulance organizations that would otherwise be required to collect data in 2020–2021 so that they can focus on their operations in support of patient care.

As a result of this modification, ground ambulance organizations selected for year 1 data collection and reporting will collect and report data during the same period of time that will apply to ground ambulance organizations selected by CMS under §414.626(c) to collect data beginning between January 1, 2021, and December 31, 2021 (year 2) for purposes of complying with the data reporting requirements described at §414.626. For additional information on the Medicare Ground Ambulance Data Collection System, please visit the Ambulances Services Center website at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center>.

New: 6/16/20

**Question:** Will the 10 percent payment reduction still apply to ground ambulance organizations that are now required to collect and report data under the modified data collection and reporting period but do not sufficiently report the required data?

**Answer:** Yes. The 10 percent payment reduction described at 42 CFR §414.610(c)(9) will still apply if a ground ambulance organization is selected to collect and report data under the modified data collection and reporting timeframe, but does not sufficiently submit the required data according to the modified timeframe and is not granted a hardship exemption. The payment reduction will be applied to payments made under the Medicare Part B Ambulance Fee Schedule for services furnished during the calendar year that begins following the date that CMS provides written notification that the ground ambulance organization did not submit the required data.

New: 6/16/20

**Question:** The modification states that the ground ambulance organizations that were selected by CMS to collect data beginning between January 1, 2020, and December 31, 2020 (year 1) can select a new continuous 12-month data collection period that begins between January 1, 2021, and December 31, 2021. Do the ground ambulance organizations that were selected in year 1 have an option to continue with their current data collection period that started in early 2020 or choose to select a new data collection period starting in 2021?

**Answer:** No. The ground ambulance organizations that were selected for year 1 do not have an option and must select a new data collection period that begins in 2021. CMS cannot permit this option because the data collected in 2020 during the PHE may not be reflective of typical costs and revenue associated with providing ground ambulance services.

New: 6/16/20

**Question:** Does the guidance mean that there will be no data reporting in 2021 and that both the ground ambulance organizations that were selected for year 1 and the ground ambulance organizations that will be selected for year 2 will collect and report data during the same time periods?

**Answer:** Yes. Under the modification, ground ambulance organizations that are selected for year 1 will not collect data in 2020. These ground ambulance organizations will select a new data collection period that begins in 2021 and must submit a completed Medicare Ground Ambulance Data Collection Instrument during the data reporting period that corresponds to their selected data collection period. As a result of the modification, year 1 and year 2 selected ground ambulance organizations will collect and report data during the same time  
Updated: 6/16/2020

**Question:** Does Medicare pay for a doctor or non-physician practitioner (NPP) to furnish care in a beneficiary's home?

**Answer:** Medicare pays for evaluation and management (E/M) and other services (e.g., injections, venipunctures.) furnished in a beneficiary's home by a physician or NPP. Medicare pays for Medicare telehealth services, which include many services that are normally furnished in-person. Under the emergency declaration and waivers, these services may be provided to patients by physicians and certain non-physician practitioners regardless of the patient's location. Additionally, Medicare makes payment for a number of non-face-to-face services that can be used to assess and manage a beneficiary's conditions. These services include: care management, remote patient monitoring, and communication technology based services, e.g., remote evaluation of patient images/video and virtual check-ins. Importantly, Medicare will also pay physicians for care furnished in the patient's home by auxiliary personnel as long as those services are furnished incident to a physician's service and as long as the practitioner is providing appropriate supervision through audio/video communication when needed. In addition to personnel employed by the physician, this could potentially also include clinicians leased from other entities (e.g., a home health agency, home infusion provider, or ambulance provider). In these circumstances, payment for such services would be made to the billing practitioner who would then make the appropriate payment to the contracted entity (for example, the home infusion provider).

Revised: 4/10/20