

New Temporary Ambulance Regulations

On March 30, 2020, the Trump Administration issued several CMS flexibilities for ambulance providers. These temporary changes will allow EMS providers the flexibility to better respond to patients under the COVID-19 pandemic.

Effective Date

Medicare Contractors have the flexibility for implementation of these regulations, but it is implied that these temporary regulations will be made retroactive to March 1, 2020.

CMS Hospital Without Walls (Temporary Expansion Sites)

- The list of allowable destinations has been expanded for ambulance transports including:
 - Currently covered destinations by Medicare:
 - Hospitals, Skilled Nursing Facilities, Intermediate Care Facilities, Residence (after discharge from hospital) and dialysis facilities
 - Expanded coverage allows ambulance transports to any destination that is able to provide treatment to the patient and may include, but is not limited to:
 - Alternative sites determined to be a part of the hospital, Critical Access Hospital or Skilled Nursing Facility
 - Testing Facilities
 - Community mental health centers
 - Federally qualified health centers (FQHCs)
 - Physician's offices
 - Urgent care facilities
 - Ambulatory surgery centers (ASCs) and
 - Other locations furnishing dialysis services outside of the ESRD facility, and the beneficiary's home

Repetitive Scheduled Non-Emergency Ambulance Transport Demonstrations

- The prior authorization process in those demonstration states has been waived

Accelerated/Advanced Payments

- Providers may request an accelerated payment if they are experiencing cash flow issues due to lower than expected transport volumes
 - Payments are based on average Medicare payments over the past year
 - Payments may be issued within seven calendar days of the receipt of the request
 - Repayment of these accelerated payments will be extended from 90 days to 120 days and will be recouped from future Medicare payments
- Medicare Contractors have published applications and setup call centers to assist providers with the application process

Provider Enrollment

- Certain screening requirements, including the onsite visits and application fees are waived
- All revalidation actions are postponed
- Any pending or new applications from providers is expedited

Medicare Appeals

- Timeline to appeal claims has been extended

Targeted Probe and Education (TPE) Audits

- All audit activity related to Medicare Audits have been suspended until further notice
- All claims suspended for additional documentation will be released for payment immediately

Action Items

- **The dispositions of the ePCR must be set to allow these transports to be imported to EMS|MC**

Important Notes

- The waivers did not address Treatment-In-Place (TIP), otherwise known as treatment-no-transport coverage
- While telehealth services have been expanded to include audio only and allow physicians and non-physician practitioners to provide telehealth without an existing relationship with the physician (may include your Medical Director), there is no provision to reimburse the ambulance provider for these services at this time
- Document all care provided by the EMS agency, including telehealth services, to allow us to file these services for payment in case these regulations are updated in the future to reflect TIP
- No specific waiver has been granted for patient signatures. A valid unable to sign reason for the patient may be Isolation Precaution or Suspected Barrier Precaution
- No specific waiver has been granted for Physician Certification Statement (PCS) forms and they are still required for non-emergency transports. A valid PCS form may indicate isolation precautions for a suspected or confirmed COVID patient
- A confirmed diagnosis of COVID or suspected diagnosis of COVID is a medically necessary condition for the patient to be transported by ambulance, even in non-emergency situations, without having to meet other medical necessity requirements
 - For example, a patient confirmed as a COVID patient needing ambulance transportation to/from dialysis can be a covered service based on a valid PCS form stating that the patient has isolation precautions

EMS|MC is at the forefront of obtaining all new information as it changes and will continue to provide updates as needed. If you have any questions or need additional information, please contact your Strategic Account Manager.