April 29, 2019

RELI Group
5520 Research Park Dr. #105
Catonsville, MD 21228

CBR #: CBR201905
Air Ambulance Transports

Organization Name 1
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City, State, ZIP

Dear Medicare Provider:

The Centers for Medicare & Medicaid Services (CMS) strives to protect the Medicare Trust Fund and effectively manage Medicare resources. To support these goals, CMS has contracted with the RELI Group to develop this Comparative Billing Report (CBR) and to support providers with its use.

**What is a CBR?** A CBR is an educational tool that reflects your billing patterns as compared to your peers’ patterns for the same services in your state and nationwide. The CBR is intended to enhance accurate billing practices, and support providers’ internal compliance activities.

**Why did I get a CBR?** We are providing this report because your Medicare billing patterns differ from your peers’ patterns within your state and/or across the nation. Receiving this CBR is not an indication or precursor to an audit, and it requires no response on your part. Selected providers, however, may be referred for additional review and education.

Please carefully review this report. You may wish to check your records against data in CMS’ files and review Medicare guidelines to ensure compliance. Contact your Medicare Administrative Contractor (MAC) with specific billing or coding questions. As appropriate, please share this CBR with others who may benefit from and/or assist with interpreting the data provided in the report.

Register for our free webinar on May 9, 2019, at 2 p.m. ET. If you are unable to attend the live event, visit CBR.CBRPEPPER.org to access the recording and additional resources. Questions may be submitted at any time through the website Help Desk (Help/Contact Us tab) or at 1-800-771-4430 (M – F, 9 a.m. – 5 p.m. ET).

REMININDER: Please ensure your email address and fax number are updated in the following systems:

- [National Plan and Provider Enumeration System](https://nppes.cms.hhs.gov) (NPPES)
- [Provider Enrollment, Chain, and Ownership System](https://pecos.cms.hhs.gov) (PECOS)

Sincerely,

The CBR Team
Introduction

CBR201905 focuses on Air Ambulance claims submitted to Medicare Part B based upon mode of transport (fixed wing, rotary wing), the number of miles per transport, allowed amount per transport, and allowed amount per mile. The analysis was performed following internal analysis of air ambulance transport claims data conducted by the Centers for Medicare & Medicaid Services, which found a large amount of Medicare reimbursement was made for this relatively small area of service. Additionally, studies conducted by the Office of Inspector General for services paid to Native American Air Transport, Allegheny General Hospital, University of Pennsylvania, and Covenant Health System concluded that there was value in reviewing Air Ambulance Transports to identify possible improper Medicare payments and services.

Coverage and Documentation Overview

This portion of the CBR offers a broad look at the coverage and documentation requirements to ensure compliance with Medicare guidelines. The information provided does not supersede or alter the coverage and documentation policies as outlined by the Medicare Administrative Contractors’ (MACs’) Local Coverage Determinations (LCDs).

The purpose of this CBR was to examine fixed and rotary wing transport for Air Ambulance, and the associated mileage reported. HCPCS codes A0430, A0431, A0435, and A0436 were reviewed, with the following modifiers appended to the claim line to identify the Destination, Site of Transfer, and Scene of Accident:

- H: Hospital
- I: Site of transfer (e.g. airport or helicopter pad) between modes of ambulance transport
- S: Scene of accident or acute event

According to the Medicare Claims Processing Manual, Chapter 15, Section 20.3, Air ambulance services may be paid only for ambulance services to a hospital (Modifier “H,” Hospital). Other destinations may not be paid air ambulance. The following modifiers reflect this guideline:

- HH: Hospital to Hospital
- IH: Site of Transfer to Hospital
- SH: Scene of Accident to Hospital

Air Ambulance services were analyzed at national and regional levels. The regional assignment is in accordance with the state assignments CMS developed for the Recovery Auditor Contractor regions, referred to as “Regions” for the remainder of this document. Based on that, your region was determined to be Region #.

Basic Coding Guidelines

Table 1 identifies HCPCS codes used to report Air Ambulance services.
Table 1. HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0430</td>
<td>Fixed wing air transport</td>
</tr>
<tr>
<td>A0431</td>
<td>Rotary wing air transport</td>
</tr>
<tr>
<td>A0435</td>
<td>Fixed wing air mileage</td>
</tr>
<tr>
<td>A0436</td>
<td>Rotary wing air mileage</td>
</tr>
</tbody>
</table>

The Medicare Benefit Policy Manual, within Section 10.4 Air Ambulance Services, and Section 30.1.2 contains guidelines for Air Ambulance Medical Reasonableness. The guideline states:

“Medical reasonableness is only established when the beneficiary’s condition is such that the time needed to transport a beneficiary by ground, or the instability of transportation by ground, poses a threat to the beneficiary’s survival or seriously endangers the beneficiary’s health.”

The manual contains the following advisory list of examples of cases for which air ambulance could be justified:

- Intracranial bleeding - requiring neurosurgical intervention
- Cardiogenic shock
- Burns requiring treatment in a burn center
- Conditions requiring treatment in a Hyperbaric Oxygen Unit
- Multiple severe injuries
- Life-threatening trauma

Table 2 identifies a summary of your Medicare statistics for HCPCS codes used to report Air Ambulance Services: A0430, A0431, A0435, and A0436.

Table 2: Summary of Your Utilization for Air Ambulance Transports

Dec. 1, 2017-Nov. 30, 2018

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Allowed Units</th>
<th>Allowed Amount</th>
<th>Number of Transports</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0430</td>
<td>34</td>
<td>$154,327.35</td>
<td>34</td>
</tr>
<tr>
<td>A0431</td>
<td>84</td>
<td>$434,703.42</td>
<td>84</td>
</tr>
<tr>
<td>A0435</td>
<td>5354</td>
<td>$69,397.57</td>
<td>33</td>
</tr>
<tr>
<td>A0436</td>
<td>9647</td>
<td>$332,204.24</td>
<td>85</td>
</tr>
</tbody>
</table>
**Metrics**

This report is an analysis of the following metrics:

1. Average number of miles per transport
2. Average allowed amount per transport
3. Average allowed amount per unit

The CBR team identified the services for Air Ambulance Transport services. Statistics were calculated for each provider, all providers in the region, and all providers in the nation. Each provider’s values are compared to his/her region values and to the national values. There are four possible outcomes for the comparisons between the provider and his/her peer groups:

1. Significantly Higher — Provider’s value is above the 90th percentile from the regional or national mean.
2. Higher — Provider’s value is greater than the regional or national mean.
3. Does Not Exceed — Provider’s value is not higher than the regional or national mean.
4. N/A — Provider does not have sufficient data for comparison.

**Methods and Results**

This report is an analysis of rendering providers who submitted HCPCS codes A0430, A0431, A0435, and A0436 on Medicare Part B claims extracted from the Integrated Data Repository, based on the latest version of claims as of March 29, 2019. The analysis includes claims with dates of service from Dec. 1, 2017 through Nov. 30, 2018. For the trend analysis (Figure 1), claims represent dates of service for Dec. 1, 2015 through Nov. 30, 2018.

Providers included in the analysis were compared at the National and Regional level:

1. National Comparison = NPI is compared against all specialties in the Nation
2. Regional Comparison = NPI is compared against other NPIs in the same Region

There are 418 rendering providers, nationwide with HCPCS codes A0430, A0431, A0435, and A0436, billing a combined allowed amount of $552,750,980 for 77,102 beneficiaries during the timeframe. The utilization for the air ambulance transport codes is as follows: 10.2 percent for A0430, 58.6 percent for A0431, 6.0 percent for A0435, and 25.1 percent for A0436.

The criteria for receiving a CBR is that the provider:

1. Is significantly higher compared to national percentages in any of the three metrics (greater than the 90th percentile)
2. Has at least 10 claim lines (transports) submitted for A0430
3. Has at least 10 claim lines (transports) submitted for A0431
4. Has at least $5,000 allowed charges for A0430 and A0435
5. Has at least $5,000 allowed charges for A0431 and A0436
Metric 1: Average Number of Air Ambulance Miles per Transport

Table 3 shows the average number of miles per transport. This metric is calculated for Fixed Wing and Rotary Wing transports.

The calculation for Fixed Wing transport is as follows:

- The sum of units for HCPCS code A0435 is divided by count of claim lines for A0430

\[
\frac{\text{Sum of Units for } A0435}{\text{Count of claim lines for } A0430}
\]

The calculation for Rotary Wing transport is as follows:

- The sum of units for HCPCS code A0436 is divided by the count of claim lines for A0431

\[
\frac{\text{Sum of Units for } A0436}{\text{Count of claim lines for } A0431}
\]

Your comparison with the average number of miles per transport in your region and in the nation is presented in Table 3.

Table 3: Average Number of Air Ambulance Miles per Transport
Dec. 1, 2017-Nov. 30, 2018

<table>
<thead>
<tr>
<th></th>
<th>Your Average</th>
<th>Region Average</th>
<th>Region Comparison</th>
<th>Nation Average</th>
<th>Nation Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Wing</strong></td>
<td>157.5</td>
<td>222.0</td>
<td>Does Not Exceed</td>
<td>211.1</td>
<td>Does Not Exceed</td>
</tr>
<tr>
<td><strong>Rotary Wing</strong></td>
<td>114.8</td>
<td>66.7</td>
<td>Significantly Higher</td>
<td>62.7</td>
<td>Significantly Higher</td>
</tr>
</tbody>
</table>

Metric 2: Average Allowed Amount per Transport

Table 4 shows the average allowed amount per transport for both Fixed Wing and Rotary Wing transport.

The average allowed charges for Fixed Wing transports is calculated as follows:

- The Allowed Amount for A0430 plus A0435 is divided by the count of lines for A0430:

\[
\frac{\text{Sum of Allowed Amount for } A0430 \text{ and } A0435}{\text{Count of Claim Lines for } A0430}
\]

The average allowed charges for Rotary Wing transports is calculated as follows:

- The Allowed Amount for A0431 plus A0436 is divided by the count of lines for A0431:

\[
\frac{\text{Sum of Allowed Amount for } A0431 \text{ and } A0436}{\text{Count of Claim Lines for } A0431}
\]
Your comparison with the average allowed amount per transport in your region and in the nation is presented in Table 4.

**Table 4: Your Average Allowed Amount per Transport**  
Dec. 1, 2017-Nov. 30, 2018

<table>
<thead>
<tr>
<th></th>
<th>Your Average</th>
<th>Region Average</th>
<th>Region Comparison</th>
<th>Nation Average</th>
<th>Nation Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Wing</strong></td>
<td>$6,580.14</td>
<td>$7,162.34</td>
<td>Does Not Exceed</td>
<td>$6,871.99</td>
<td>Does Not Exceed</td>
</tr>
<tr>
<td><strong>Rotary Wing</strong></td>
<td>$9,129.85</td>
<td>$6,900.98</td>
<td>Significantly Higher</td>
<td>$6,735.80</td>
<td>Significantly Higher</td>
</tr>
</tbody>
</table>

**Metric 3: Average Allowed Amount per Mile**  
Table 5 shows the average allowed amount per mile for both Fixed Wing and Rotary Wing transport.

This is calculated for Fixed Wing Transport as follows:

- The sum of the Allowed Amount for A0435 is divided by the sum of units (miles) for A0435.

\[
\frac{\text{Allowed amount for A0435}}{\text{Sum of Units for A0435}}
\]

This is calculated for Rotary Wing Transport as follows:

- The sum of the Allowed Amount for A0436 is divided by the sum of units (miles) for A0436.

\[
\frac{\text{Allowed amount for A0436}}{\text{Sum of Units for A0436}}
\]

Your average allowed amount per mile for both Fixed Wing and Rotary Wing transport is presented in Table 5.

**Table 5: Your Average Allowed Amount per Mile**  
Dec. 1, 2017-Nov. 30, 2018

<table>
<thead>
<tr>
<th></th>
<th>Your Average</th>
<th>Region Average</th>
<th>Region Comparison</th>
<th>Nation Average</th>
<th>Nation Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Wing</strong></td>
<td>$12.96</td>
<td>$12.28</td>
<td>Higher</td>
<td>$12.06</td>
<td>Higher</td>
</tr>
<tr>
<td><strong>Rotary Wing</strong></td>
<td>$34.4</td>
<td>$31.90</td>
<td>Higher</td>
<td>$32.22</td>
<td>Higher</td>
</tr>
</tbody>
</table>
Figure 1 illustrates the Total number of miles, Fixed Wing vs. Rotary Wing

- Year 1 represents claims between Dec. 1, 2015-Nov. 30, 2016
- Year 2 represents claims between Dec. 1, 2016-Nov. 30, 2017
- Year 3 represents claims between Dec. 1, 2017-Nov. 30, 2018

**Figure 1: Trend Over Time Analysis of Total Number of Miles** (with HCPCS codes A0435, and A0436)
References and Resources

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/index.html

Medicare Claims Processing Manual, Chapter 15, Section 20.3

Medicare Benefit Policy Manual, within Section 10.4 Air Ambulance Services, and Section 30.1.2


https://oig.hhs.gov/oas/reports/region9/90400029.pdf (Native American Air Transport)

https://oig.hhs.gov/oas/reports/region3/30400014.pdf (Alleghany General Hospital)

https://oig.hhs.gov/oas/reports/region3/30400023.pdf (University of Pennsylvania)

https://oig.hhs.gov/oas/reports/region6/60600046.pdf (Covenant Health System)