



Comparative Billing Report

May 23, 2014

CBR #: CBR201405
NPI #: 1111111111
Fax #: (888)555-5555

Organization Name
Full Name
123 Street Lane
Suite 4000
Anytown, XX 55555-4444

Dear Medicare Provider:

The Centers for Medicare & Medicaid Services (CMS) strives to protect the Medicare Trust Fund and effectively manage Medicare resources. In an effort to accomplish these goals, CMS has contracted eGlobalTech, a professional services firm in Arlington, VA, to develop Comparative Billing Reports (CBRs). CBRs are designed to educate providers on their billing or referral patterns for selected topics through a comparison to other providers across their state and the nation. As CBRs are for educational purposes, no reply is necessary; the data provided is solely for your information.

Attached is a CBR that reflects your billing or referral patterns compared to peer provider's billing or referring the same services in your state and nationwide. We hope you find this CBR beneficial as an educational tool to assist you in identifying opportunities for improvement. If you have any questions regarding this CBR, or if you want to change the way you receive CBRs in the future, please contact the CBR Support Help Desk via:

- Calling the Toll Free Number, 1-800-771-4430;
- Sending an email to cbrsupport@eglobaltech.com;
- Visiting the website at <http://www.cbrinfo.net>.

REMINDER: If you have changed your mailing address or contact information and have not notified the National Plan and Provider Enumeration System (NPPES) and/or CMS' provider enrollment contractor via the internet or the appropriate Medicare enrollment application, please take time to review and update the system.

You can update your National Provider Identifier (NPI) and contact information on NPPES at <https://nppes.cms.hhs.gov/NPPES>. If you have forgotten your User ID and/or password or need assistance, contact the NPI Enumerator at 1-800-465-3203 or email customerservice@npienumerator.com.

For more information regarding the Medicare enrollment process or to obtain a copy of the Medicare enrollment application for your provider type, refer to <http://www.cms.gov/MedicareproviderSupenroll>.

We thank you for your cooperation and hope you find the attached report informative.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kasey'.

Kasey Curtis
CBR Project Director
eGlobalTech
Enclosure

Comparative Billing Report (CBR): NPI 1111111111
Ambulance: Ground Transportation

Introduction

This CBR focuses on ambulance suppliers that submitted claims for ground transport services for Medicare Part B beneficiaries. In September 2013 the Office of Inspector General (OIG) released a report identifying the changes in utilization of Medicare Part B ambulance transports from 2002 through 2011. This report indicated a 34% increase in the number of transports per beneficiary, a 92% increase in the number of ambulance suppliers primarily providing basic life support (BLS) non-emergency transports, and a 269% increase in the number of dialysis-related transports. This CBR examines the following metrics:

- The percentage of transports for Advanced Life Support level 1 (ALS1) and BLS
- The average transports per beneficiary per HCPCS code
- The percentage of dialysis-related transports

Healthcare Common Procedure Coding System (HCPCS) codes and descriptions included in this CBR:

- **A0426:** Advanced life support level 1 (ALS1), non-emergency transport
- **A0427:** ALS1, emergency transport
- **A0428:** BLS, non-emergency transport
- **A0429:** BLS, emergency transport

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 in the Medicare Administrative Contractor (MAC) local coverage determinations (LCDs) and Policy Articles.** Please refer any specific questions you may have to the MAC for your region.

Medicare covers ambulance transportation when the beneficiary's medical condition is such that transportation by other means would endanger the beneficiary's health. Coverage is dependent on the condition of the patient at the actual time of transport regardless of the patient's diagnosis. Ambulance ground transportation services are defined by the level of care required and provided.

Basic Life Support: Includes provisions of medically necessary supplies and services including BLS ambulance services as defined by the state. The ambulance must be staffed by personnel trained at the emergency medical technician-basic (EMT-Basic) level in accordance with state and local laws. EMT-Basic techniques and skills included in EMT-Basic training must be utilized during transport.

Advanced Life Support: Includes provisions of assessment by ALS personnel or the provision of one or more ALS interventions. ALS personnel are trained at the EMT-Intermediate or EMT-Paramedic level. ALS intervention is a procedure that must be performed by personnel at the EMT-Intermediate or EMT-Paramedic level in accordance with state and local laws.

Emergency Transportation: Transportation that requires an immediate response at the BLS or ALS level to a 911 call or equivalent.

Non-emergency Transportation: In the absence of an emergency, the beneficiary's condition at the time of transport requires ambulance services. Non-emergency transport may also be required when the beneficiary is bed-confined.

Scheduled Transportation: Non-emergency transport has already been established or ordered.

Repetitive Transportation: Scheduled non-emergency transport that is furnished three or more times within a 10-day period or at least once per week for at least three weeks.

Documentation for ambulance services must be maintained in the beneficiary's medical record. The documentation must be legible, made available upon request, include the appropriate beneficiary identification, and include the physician or non-physician practitioner (NPP) who is responsible for providing care to the beneficiary. Specific documentation requirements include the Physician Certification Statement (PCS), the run report or trip record, and any additional available documentation to support medical necessity.

The PCS is a required written statement that is legibly signed and dated by the attending physician or NPP caring for the beneficiary and certifying that the medical necessity requirements have been met for a non-emergency transport. A PCS for repetitive transportation must be signed by the attending physician or NPP and dated no earlier than 60 days prior to transport.

Run Report Documentation:

- Explanation of symptoms reported and details of physical assessment
- Objective description of physical condition
- Description of traumatic event, if applicable
- Detailed description of existing safety issues
- Detailed description of special precautions taken and explanation of need, if applicable
- Description of specific monitoring and treatments required, ordered, and performed/administered
- Rendering personnel signatures with credentials
- Place and address for point of pick-up and destination

End Stage Renal Disease (ESRD) Facility Transports: Transportation to and from dialysis facilities may be covered as non-emergency transport if medical necessity requirements have been met. A diagnosis of ESRD and the need for hemodialysis alone do not meet these requirements. The patient must have additional conditions that are documented in the supplier's run report and substantiated in other medical records for the beneficiary.

References

- **Medicare Claims Processing Manual**
 - Ambulance, Chapter 15
- **Medicare Benefit Policy Manual**
 - Ambulance Services, Chapter 10

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- **Medicare Program Integrity Manual**
 - Verifying Potential Errors and Taking Corrective Actions, Chapter 3
 - **Social Security Act**
 - Medical and Other Health Services, Section 1861(s)(7)
 - Exclusions From Coverage, Section 1862 (a)(1)
 - **Code of Federal Regulations**
 - Coverage of Ambulance Services, Sections 410.40
 - Requirements for Ambulance providers, Section 410.41
 - Definitions, Section 414.605
 - Basis of Payment, Section 414.610
 - Transition to Ambulance Fee Schedule, Section 414.615
 - Limitation on review, Section 414.625
 - **Medicare Ambulance Services Center**
 - Ambulance Fee Schedule (AFS)
 - AFS Regulations and Notices
 - AFS Public Use Files
 - **Office Of Inspector General**
 - *Utilization of Medicare Ambulance Transports* , 2002-2011, September 2013 OEI-09-12-00350
 - *Medicare Payments for Ambulance Transports*, January 2006 Ambulance Transports-OEI-05-02-00590
 - *Ambulance Services for Medicare End-Stage Renal Disease Beneficiaries*, August 1994 Medical Necessity-OEI-03-90-0213
 - *Ambulance Services for Medicare End-Stage Renal Disease Beneficiaries*, March 1994 Payment Practices-OEI-03-90-02131
 - *Non-Emergency Transportation for Dialysis Patients*, June 1994 Non-Emergency-OEI-03-90-02132

Methodology

This report is an analysis of Medicare Part B claims with allowed services for the four HCPCS codes listed above with dates of service from January 1, 2013 to December 31, 2013. This analysis was based on the latest version of claims available from the Integrated Data Repository as of April 29, 2014.

Percentage of Transports by Type

The percentages of transport types (ALS and BLS) for you, your state, and the nation are calculated as follows:

$$\left(\frac{\text{Total Claim Lines by Transport Type}}{\text{Total Number of Claim Lines}} \right) \times 100$$

Your percentage of each type of transport was then compared to your state and the nation using Pearson's chi-squared test at the alpha value of 0.05.

Allowed Transports per Beneficiary

Further analysis focuses on the average number of transports per beneficiary for each HCPCS code. The average number of transports per beneficiary is calculated as follows:

$$\frac{\text{Total Transports by HCPCS Code}}{\text{Total Number of Beneficiaries with Transports by HCPCS Code}}$$

Your average number of transports per beneficiary for each HCPCS code was then compared to your state and the nation using Student's t-test at the alpha value of 0.05.

ESRD-Related Transports

ESRD-related claim lines were identified as those claim lines with valid modifiers that start or end with the letters 'G' or 'J'. These modifiers indicate whether a beneficiary was going to or from a dialysis facility. Special modifiers that do not represent origin or destination were excluded from this analysis. The percentage of ESRD-related claim lines for you, your state, and the nation is calculated as follows:

$$\frac{\text{Total Claim Lines with 'G' or 'J' Modifiers}}{\text{Total Number of Claim Lines}} \times 100$$

Your percentage of ESRD-related claim lines are then compared to your state and the nation using Pearson's chi-squared test at the alpha value of 0.05.

Comparison Outcomes

There are three possible outcomes for the comparisons between the supplier and the peer groups.

- **Significantly Higher** - Supplier's value is higher than the peer value and the statistical test confirms a significance
- **Higher** - Supplier's value is higher than the peer value but the statistical test does not confirm a significance
- **Does Not Exceed** - Supplier's value is not higher than the peer value

It is to the advantage of the supplier to incorporate these significance tests. Even though a supplier's value may be greater than the value of his peer, the statistical test gives the supplier the benefit of the doubt since significance is based on the total number of claim lines and/or beneficiaries and the variability of those values.

Results

Table 1 provides a statistical analysis of the percentage of transports by type and compares those results with your state (VA) and the nation. The two transport types analyzed in the table are ALS and BLS. ALS includes HCPCS codes A0426 and A0427, and BLS includes HCPCS codes A0428 and A0429.

**Table 1: Statistical Comparison of Percentage of Transport Type For You, Your State, and the Nation
January 1, 2013 - December 31, 2013**

Transport	Your Percentage of Transports	Your State's Percentage of Transports	Comparison with Your State's Percentage	National Percentage of Transports	Comparison with the National Percentage
ALS	37%	28%	Significantly Higher	36%	Significantly Higher
BLS	63%	72%	Does Not Exceed	64%	Does Not Exceed

A chi-square test was used in this analysis, alpha=0.05.

Table 2 provides a statistical comparison of your average transports per beneficiary by HCPCS code to that of your state and the nation. Each HCPCS code was analyzed and displayed separately in the table.

**Table 2: Statistical Comparison of Average Transports per Beneficiary by HCPCS Code Rendered by You, Your State, and the Nation
January 1, 2013 - December 31, 2013**

HCPCS Code	Your Average Transports per Beneficiary	Your State's Average Transports per Beneficiary	Comparison with Your State's Average	National Average Transports per Beneficiary	Comparison with the National Average
A0426	1.02	1.22	Does Not Exceed	1.19	Does Not Exceed
A0427	1.54	1.47	Higher	1.56	Does Not Exceed
A0428	7.01	4.39	Significantly Higher	4.17	Significantly Higher
A0429	1.28	1.54	Does Not Exceed	1.50	Does Not Exceed

A t-test was used in this analysis, alpha=0.05.

Table 3 provides a statistical comparison of the percentage of your ESRD-related transports with the percentages in your state and the nation. ESRD-related transports are defined as any service with an origin from or destination to a dialysis facility. The modifiers attached to the claim line were used to identify these transports.

**Table 3: Statistical Comparison of Percentage of ESRD-Related Transports
Rendered by You, Your State, and the Nation
January 1, 2013 - December 31, 2013**

Transport	Your Percentage of Transports	Your State's Percentage of Transports	Comparison with Your State's Percentage	National Percentage of Transports	Comparison with the National Percentage
ESRD-Related	28%	28%	Does Not Exceed	24%	Higher

A chi-square test was used in this analysis, alpha=0.05.

Resources

The following resources are pertinent to this CBR and will assist suppliers with developing policies to address any areas of concern:

- **Medicare Learning Network®**
 - *Medicare Ambulance Transports* April 2013 ICN903194
 - *Informational Unsolicited Response (IUR)/Reject for Ambulance SNF to SNF Transfer*, December 2013 MM8408
 - *Ambulance Inflation Factor for Calendar Year (CY) 2014 and Productivity Adjustment*, September 2013 MM8452
 - *Ambulance Payment Reduction for Non-Emergency Basic Life Support (BLS) Transports to and from Renal Dialysis Facilities*, May 2013 MM8269
 - *Ambulance Fee Schedule-Ground Ambulance Services-Manualization Revision to the Specialty Care Transport (SCT) Definition*, March 2007 MM5533
 - *Advance Beneficiary Notice of Noncoverage ABN* November 2013 ICN006266
- **Information Guidance for Ambulance Suppliers**
 - The Medicare Ambulance Benefit & Statutory Bases for Denial of Claims
- **MAC Documentation**
 - First Coast Ambulance Checklist

The Next Steps

We encourage you to check with your MAC to ensure that you are meeting the Medicare ambulance standards for all services that you are providing. Please use the above references and resources as a guide.

Join us for the CBR201405 webinar on June 4, 2014 from 3:00 - 4:00 PM ET. Space is limited, so please register early.

Register online at <http://www.cbrinfo.net/cbr201405-webinar.html>.

If you are unable to attend, you may access a recording of the webinar two days following the event at the website above.

For detailed links to information listed in the references and resources section, visit:
<http://www.cbrinfo.net/cbr201405.html>.

If you have any questions or suggestions relating to this CBR, please contact the CBR Support Help Desk via email at CBRSupport@eglobaltech.com or via telephone at (800) 771-4430.