

RELI Group
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April 29, 2019

CBR #: CBR201905
Air Ambulance Transports

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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 and/or prescribing patterns as compared to your peers' patterns for the same services in your state or specialty, and nationwide. The CBR is intended to enhance accurate billing and/or prescribing practices and support providers' internal compliance activities.

Why did I get a CBR? We are providing this report because your Medicare billing and/or prescribing patterns differ from your peers' patterns within your state/specialty 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.

To access an electronic copy of your CBR: [Visit the secure CBR portal](https://cbrfile.cbrpepper.org/) at <https://cbrfile.cbrpepper.org/>.

Please visit the [CBR Website](https://cbr.cbrpepper.org) at <https://cbr.cbrpepper.org>, for a recorded webinar and additional resources.

To request assistance or submit questions: [Contact the CBR Help Desk](https://cbr.cbrpepper.org/Help-Contact-Us) at <https://cbr.cbrpepper.org/Help-Contact-Us> or call 1-800-771-4430 (M-F, 9 a.m.-5 p.m. ET).

Sincerely,

The CBR Team

REMINDER: 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): <https://nppes.cms.hhs.gov/#/>
- [Provider Enrollment, Chain, and Ownership System](https://pecos.cms.hhs.gov/pecos/login.do#headingLv1) (PECOS):
<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>

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Comparative Billing Report (CBR) 201905
April 29, 2019

Air Ambulance Transports

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.

The criteria for receiving a CBR is that a 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

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 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 2.

Table 1: HCPCS Codes

HCPCS Code	Description
A0430	Fixed wing air transport
A0431	Rotary wing air transport
A0435	Fixed wing air mileage
A0436	Rotary wing air mileage

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

HCPCS® Code	Allowed Units	Allowed Amount	Number of Transports
A0430	N/A	N/A	N/A
A0431	81	\$400,861.14	81
A0435	N/A	N/A	N/A
A0436	4,747	\$164,287.31	81

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.

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

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.

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.

Metric 1: Average Number of Air Ambulance Miles per Transport

Metric 1 is calculated as follows:

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

The calculation for Rotary Wing transport is as follows:

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

Table 3: Your Average Number of Air Ambulance Miles per Transport

Dec. 1, 2017-Nov. 30, 2018

Wing Type	Your Average	Your Region Average	Comparison with Your Region	National Average	Comparison with National Average
Fixed Wing	N/A	N/A	N/A	N/A	N/A
Rotary Wing	58.6	67.4	Does not Exceed	62.7	Does not Exceed

Metric 2: Average Allowed Amount per Transport

Metric 2 is calculated as follows:

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

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

Table 4: Your Average Allowed Amount per Transport

Dec. 1, 2017-Nov. 30, 2018

Wing Type	Your Average	Your Region Average	Comparison with Your Region	National Average	Comparison with National Average
Fixed Wing	N/A	N/A	N/A	N/A	N/A
Rotary Wing	\$6,977.14	\$7,006.37	Higher	\$6,735.80	Higher

Metric 3: Average Allowed Amount per Mile

Metric 3 is calculated as follows:

Fixed Wing Transport is calculated as follows:

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

Rotary Wing Transport is calculated as follows:

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

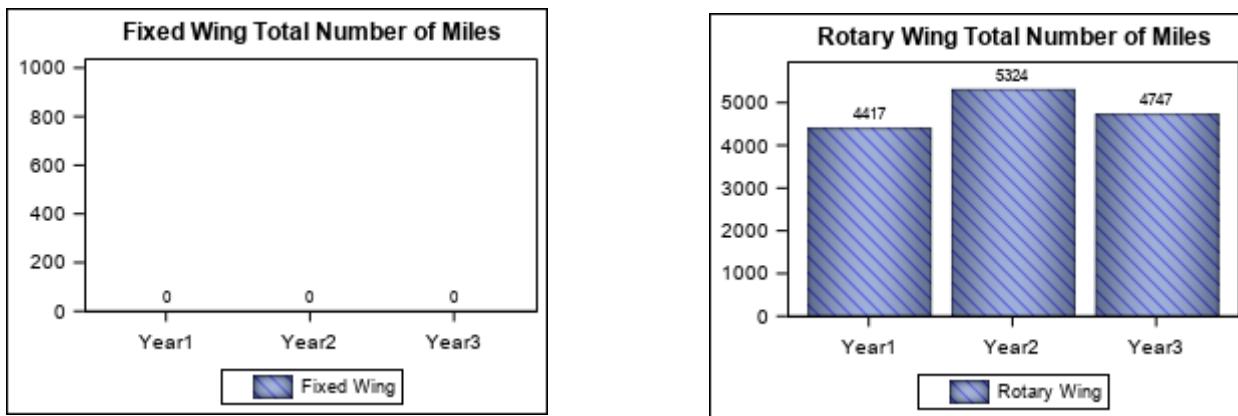
Table 5: Your Average Allowed Amount per Mile, Dec. 1, 2017-Nov. 30, 2018

Wing Type	Your Average	Your Region Average	Comparison with Your Region	National Average	Comparison with National Average
Fixed Wing	N/A	N/A	N/A	N/A	N/A
Rotary Wing	\$34.61	\$32.60	Significantly Higher	\$32.22	Significantly Higher

Figure 1 illustrates the Total number of miles, Fixed Wing vs. Rotary Wing:

- Year 1: Dec. 1, 2015-Nov. 30, 2016
- Year 2: Dec. 1, 2016-Nov. 30, 2017
- Year 3: 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>

[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://www.cms.gov/Research-statistics-data-and-systems/monitoring-programs/medicare-FFS-compliance-programs/recovery-audit-program/index>

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

<https://oig.hhs.gov/oas/reports/region3/30400014.pdf> (Allegheny 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)