

RELI Group
7125 Ambassador Drive, Suite 100
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April 28, 2022

CBR #: CBR202204
Ambulance Ground Transportation

Organization Name
Address1
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City, State, Zip Code

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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.

CMS routinely distributes an educational tool, known as a CBR, to the provider community in a variety of Medicare Fee-for-Service service areas. A CBR reflects a specific provider's billing and/or prescribing patterns as compared to his/her peers' patterns for the same services in his/her state or specialty, and nationwide. The CBR is intended to enhance accurate billing and/or prescribing practices and support providers' internal compliance activities. The report is not an indication of wrongdoing, and can support internal compliance review efforts, especially those related to coding and billing of code sets. Receiving a CBR is not an indication of, or precursor to, an audit, and it requires no response on a provider's part. Selected providers, however, may be referred for additional review and education as a part of CMS' routine CBR Program.

This CBR provides data regarding your claims submission, as compared to other providers' claims submission within your state, and in the nation.

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/>. Populate the fields, and in the "validation code" field, enter your unique validation code: SAMPLECD.

For more information: Please access a recorded webinar and additional resources at CBR.CBRPEPPER.org. [Register](#) for a live webinar on May 11, 2022, 3 p.m. ET.

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>.

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) 202204
April 28, 2022

Ambulance Ground Transportation

Introduction

CBR202204 focuses on ambulance providers that submitted claims for ground transportation services for Medicare Part B beneficiaries with Healthcare Common Procedure Coding System (HCPCS) codes A0425, A0426, A0427, A0428, A0429, A0432, A0433, and A0434. For the purposes of this document and analysis, these HCPCS codes will be referred to as “ambulance services.” Additionally, HCPCS codes A0428 and A0429 will be referred to as “basic life support (BLS)”, and HCPCS codes A0426, A0427, A0432, A0433, A0434 will be referred to as “advanced life support (ALS)”.

The CBR analysis was based on claims extracted from the Integrated Data Repository, based on the latest version of claims available on April 04, 2022. The analysis includes claims with dates of service from Jan.1, 2019, through Dec. 31, 2019. For the trend analysis presented in Figure 1, claims represent dates of service between Jan. 1, 2017, and Dec. 31, 2019. For the trend analysis presented in Figure 2, claims represent dates of service between Jan. 1, 2019, and Dec. 31, 2019.

The [2021 Medicare Fee-for-Service Supplemental Improper Payment Data](#) report reflects an improper payment rate of 7.9% for ambulance services, which represents \$405,165,149 in improper payments. The types of error that comprise the improper payment rate for Medicare Part B ambulance services include a 56.6% improper payment rate attributed to insufficient documentation and a 31.3% improper payment rate attributed to medical necessity errors. Additionally, the code A0428 holds an improper payment rate of 19.3%, which represents \$153,096,405 in improper payments.

After review of and research into the improper payment rate, this CBR was created to analyze the possible threat to the Medicare Trust Fund associated with ambulance ground transportation. The expectation is that the clinical documentation for ambulance ground transportation should validate the patient’s need for the service.

The criteria for receiving a CBR are that a provider:

1. Is significantly higher compared to either state or national percentages in any of the three metric calculations (i.e., greater than or equal to the 90th percentile), and
2. Has at least 100 total beneficiaries with claims submitted for HCPCS codes A0428, A0429, and
3. Has at least \$54,000 in total allowed charges for HCPCS codes A0428, A0429.

Coverage and Documentation Overview

Table 1 identifies the HCPCS codes used in the CBR analysis.

Table 1: HCPCS Code Descriptions

HCPCS Codes	Description
A0425	Ground mileage
A0426	Ambulance service, advanced life support, non-emergency transport
A0427	Ambulance service, advanced life support, emergency transport

HCPCS Codes	Description
A0428	Ambulance service, basic life support, non-emergency transport
A0429	Ambulance service, basic life support, emergency transport
A0432	Paramedic intercept, rural area
A0433	Advanced life support
A0434	Specialty care transport

Table 2 provides summaries of your utilization of HCPCS codes for ambulance services.

Table 2: Summary of Your Utilization of HCPCS Codes for Ambulance Services Between Jan. 1, 2019, and Dec. 31, 2019

HCPCS Codes	Allowed Charges	Allowed Units	Beneficiary Count	Number of Transports
A0425	\$295,930	34,766	718	1,307
A0426	\$62,924	243	207	243
A0427	\$261,440	640	441	640
A0428	\$23,057	107	91	107
A0429	\$108,824	317	216	317
A0432	\$0	0	0	0
A0433	\$7,654	13	13	13
A0434	\$1,392	2	2	2

Metrics

This report is an analysis of the following metrics:

1. Percent of ambulance services that are BLS, non-emergency ground transportation services
2. Average number of rides, per beneficiary, for BLS non-emergency
3. Average mileage reported with A0425, according to urban, rural, and super-rural locales

The CBR analysis focuses on ambulance providers that submitted claims for ground transportation services for Medicare Part B beneficiaries. Statistics were calculated for each provider, all providers in the state, and all providers in the nation. The state and national peer groups are defined as follows:

- The state peer group is defined as all ambulance providers in the individual provider's state or territory with allowed charges for the procedure codes included in this study.
- The national peer group is defined as all ambulance providers in the nation with allowed charges for the procedure codes included in this study.

Each provider's values are compared to its state peer group values and to the national values ("N/A" means provider does not have sufficient data). Your metrics were compared to your state [State Code] and the nation. There are four possible outcomes for the comparisons between the provider and its peer groups:

1. Significantly Higher — Provider's value is greater than or equal to the 90th percentile from the state or national mean.
2. Higher — Provider's value is greater than the state or national mean.
3. Does Not Exceed — Provider's value is less than or equal to the state or national mean.
4. Not Applicable (N/A) — Provider does not have sufficient data for comparison.

Methods and Results

There are 9,967 providers nationwide that submitted claims for ambulance services for Medicare Part B beneficiaries. The total allowed charges for these claims were over \$5.579 billion during the analysis timeframe.

Metric 1: Percent of Ambulance Services that are BLS, Non-Emergency Ground Transportation Services

Metric 1 is calculated as follows:

- The total number of claims with HCPCS code A0428 is divided by the total number of claims with HCPCS codes A0426–A0429 and A0432–A0434.

Table 3: Percent of Ambulance Services that are BLS, Non-Emergency Ground Transportation Services

Numerator	Denominator	Your Percent	Your State Percent	Comparison with Your State	National Percent	Comparison with National Percent
107	1,322	8.09%	19.80%	Does Not Exceed	45.98%	Does Not Exceed

Metric 2: Average Number of Rides, per Beneficiary, for BLS Non-Emergency

Metric 2 is calculated as follows:

- The total number of claims for HCPCS code A0428 is divided by the number of beneficiaries for HCPCS code A0428.

Table 4: Average Number of Rides, per Beneficiary, for BLS Non-Emergency

Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
107	91	1.18	1.36	Does Not Exceed	2.62	Does Not Exceed

Metric 3: Average Mileage Reported with A0425, According to Urban, Rural, and Super-Rural Locales

Metric 3 is calculated as follows:

- The total number of units (miles) reported with HCPCS code A0425 within the locale is divided by the total number of claims with HCPCS code A0425 within the locale.

Table 5: Average Mileage Reported with A0425, According to Urban, Rural, and Super-Rural Locales

Locale	Numerator	Denominator	Your Average	Your State Average	Comparison with Your State	National Average	Comparison with National Average
Urban	1,301	14	92.93	10.98	Significantly Higher	8.37	Significantly Higher
Rural	32,165	1,251	25.71	23.29	Higher	15.95	Higher
Super-Rural	998	27	36.96	32.59	Higher	24.90	Higher

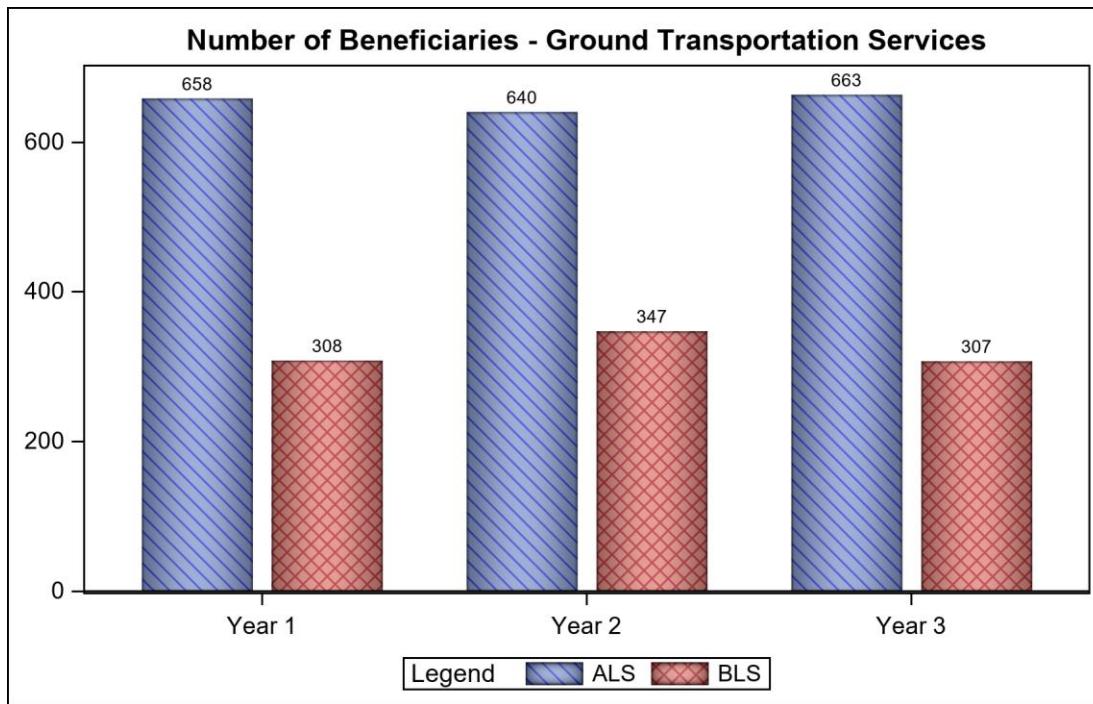
Figure 1 illustrates the number of beneficiaries who had claims submitted with HCPCS codes for ground transportation services.

Figure 2 illustrates the number of claims for ground transportation services, per month, that were submitted in Year 3.

Year 1, Year 2, and Year 3 are defined as follows:

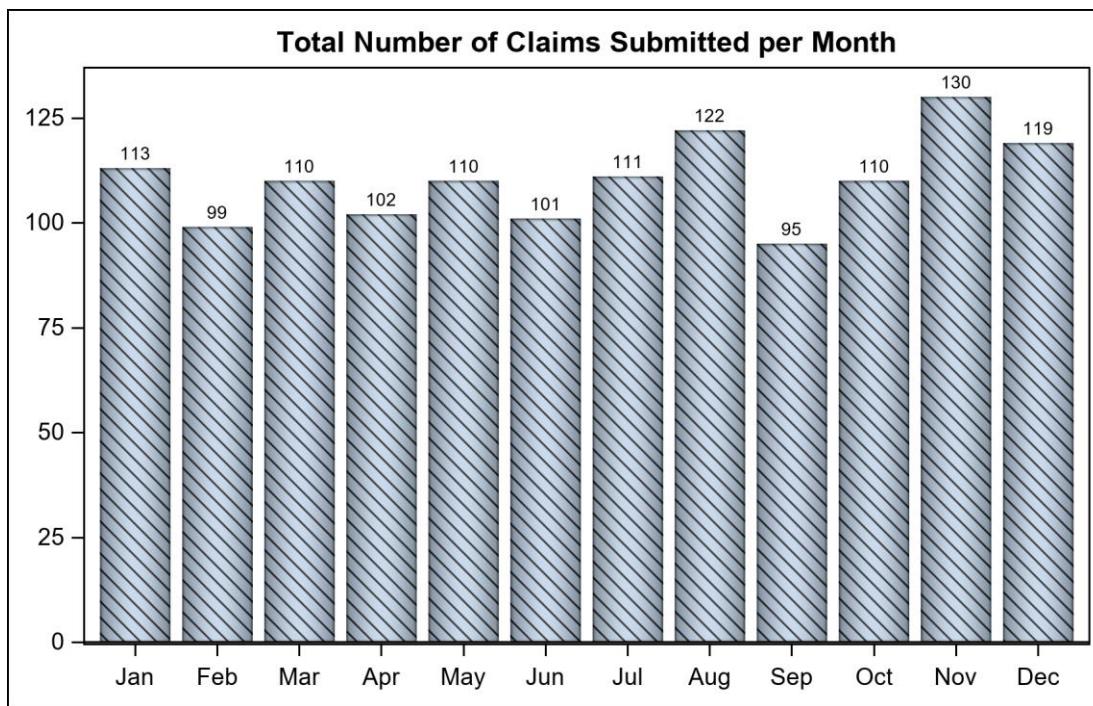
- **Year 1:** Jan. 1, 2017 – Dec. 31, 2017
- **Year 2:** Jan. 1, 2018 – Dec. 31, 2018
- **Year 3:** Jan. 1, 2019 – Dec. 31, 2019

Figure 1: Total Number of Beneficiaries Who Had Claims Submitted for Ground Transportation Services, Trend Over Time



* ALS = A0426, A0427, A0432, A0433, A0434; BLS = A0428, A0429

Figure 2: Total Number of Claims Submitted for Ground Transportation Services, per Month, for Year 3.



* Ground Transportation Services = A0426, A0427, A0428, A0429, A0432, A0433, A0434

References and Resources

2021 HCPCS Level II Expert. American Academy of Professional Coders.

[*2021 Medicare Fee-for-Service Supplemental Improper Payment Data.*](#) U.S. Department of Health and Human Services (HHS). CMS.gov.