

---

# Program Memorandum Intermediaries

---

Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal A-02-108

Date: OCTOBER 25, 2002

---

CHANGE REQUEST 2186

**SUBJECT: Multiple Patient Ambulance Transport**

## Scope

This Program Memorandum (PM) provides payment policy and claims processing instructions for ambulance services when multiple patients are transported simultaneously in the same ambulance to the same destination.

## Background

The final regulation to establish an ambulance fee schedule clarified the reimbursement policy for pricing a single ambulance vehicle transport of a Medicare beneficiary where more than one patient is onboard the ambulance.

## Policy

Effective April 1, 2002, if two patients are transported to the same destination simultaneously, for each Medicare beneficiary, Medicare will allow 75 percent of the payment allowance for the base rate applicable to the level of care furnished to that beneficiary plus 50 percent of the total mileage payment allowance for the entire trip.

If three or more patients are transported to the same destination simultaneously, then the payment allowance for the Medicare beneficiary (or each of them) is equal to 60 percent of the base rate applicable to the level of care furnished to the beneficiary. However, a single payment allowance for mileage will be prorated by the number of patients onboard.

This policy applies to both ground and air transports.

## Implementation

For claims with dates of service on or after April 1, 2002, providers must report value code 32 (multiple patient ambulance transport) when an ambulance transports more than one patient at a time to the same destination. However, due to systems changes, providers should not submit these claims until on or after April 1, 2003. Value code 32 will not be recognized by intermediary standard systems until April 1, 2003. Providers must report value code 32 and the number of patients transported in the amount field as a whole number to the left of the delimiter. Providers may not report additional ambulance services on a claim that contains a multiple patient ambulance transport, even if the point of pick up zip code is the same. A separate claim must be submitted for additional ambulance services.

For relevant claims submitted before April 1, 2003, without value code 32, providers may resubmit these claims for reprocessing.

## Provider Statistical and Reimbursement Report (PS&R)

PS&R software must be programmed to acknowledge the reduction in payment when the value code 32 is present on the claim.

**Provider Education**

Contractors must inform providers in their next scheduled newsletter and update their Web sites upon receipt of this PM.

**The *effective date* for this PM is April 1, 2002.**

**The *implementation date* for this PM is April 1, 2003.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after March 31, 2004.**

**If you have any questions, contact Nicole Atkins at [Natkins@cms.hhs.gov](mailto:Natkins@cms.hhs.gov), or 410-786-8278.**