

News Flash – - Don't be Surprised on May 23...TRY NPI-ONLY NOW - Now that the NPI is required on all Medicare claims in the primary provider fields, if your claims are being successfully processed with NPI/legacy pairs (and most are) now is the time to begin sending a small batch of claims with NPI alone. If the Medicare NPI Crosswalk cannot match your NPI to your Medicare legacy number, the claim with an NPI-only will reject. You can and should try sending NPI-only now! If the claim is processed and you are paid, continue to increase the volume of claims sent with only your NPI. If the claims reject, go into your NPPES record and validate that the information you are sending on the claim is consistent with the information in NPPES. If it is different, make the updates in NPPES and resend a small batch of claims 3-4 days later. If your claims are still rejecting, you may need to update your Medicare enrollment information to correct this problem. Call the Customer Service Representative at your Medicare carrier, FI, or A/B MAC or at your DME MAC to discuss your situation and, if necessary, have it investigated. Have a copy of your NPPES record or your NPI Registry record available. The contractor telephone numbers are likely to be quite busy, so don't wait.

MLN Matters Number: MM6000 Revised Related Change Request (CR) #: 6000

Related CR Release Date: May 2, 2008 Effective Date: January 1, 2009

Related CR Transmittal #: R1499CP Implementation Date: October 6, 2008

Ambulance Fee Schedule - Conversion Factor File for CY 2009 Ambulance Inflation Factor

Note: This article was revised on May 6, 2008, to correct the implementation date of the instruction. That date is October 6, 2008. All other information remains the same.

Provider Types Affected

Ambulance providers and suppliers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for ambulance services provided to Medicare beneficiaries

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What Providers Need to Know

This article is based on Change Request (CR) 6000, which revises the ambulance fee schedule file layout for Calendar Year (CY) 2009. Specifically, only the conversion factor field is being modified to:

- Remove the sign in the numeric field; and
- Expand the length of the Conversion Factor field.

For claims with dates of service on or after January 1, 2009, Medicare contractor(s) will recognize the new Ambulance Fee Schedule file layout. For claims with dates of service prior to January 1, 2009, Medicare contractors will recognize the current layout.

Additional Information

The official instruction, CR 6000, issued to your carrier, FI, or A/B MAC regarding this change may be viewed at

<u>http://www.cms.hhs.gov/Transmittals/downloads/R1499CP.pdf</u> on the Centers for Medicare & Medicaid Services (CMS) website.

The ambulance fee schedule public use files are available at http://www.cms.hhs.gov/AmbulanceFeeSchedule/02_afspuf.asp on the CMS website.

If you have any questions, please contact your carrier, FI, or A/B MAC at their toll-free number, which may be found at

<u>http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip</u> on the CMS website.

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