CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1499	Date: May 2, 2008
	Change Request 6000

Subject: Ambulance Fee Schedule - Conversion Factor File for CY 2009 Ambulance Inflation Factor.

I. SUMMARY OF CHANGES: The Ambulance Fee Schedule layout is being revised to (a) remove the sign in the numeric field and (b) expand the length of the Conversion Factor. **The implementation date precedes the effective date to allow for Shared-System and/or business process updates before new claims processing policies take effect.**

New / Revised Material
Effective Date: January 1, 2009
Implementation Date: October 6, 2008

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

Unless otherwise specified, the effective date is the date of service.

Attachment – One Time Notification

Pub. 100-04	Transmittal: 1499	Date: May 2, 2008	Change Request: 6000

SUBJECT: Ambulance Fee Schedule – Conversion Factor File for CY 2009 Ambulance Inflation Factor

Effective Date: January 1, 2009

Implementation Date: October 6, 2008

I.   GENERAL INFORMATION

A.   Background: The Ambulance Fee Schedule file layout is being revised to (a) remove the sign in the numeric field and (b) expand the length of the Conversion Factor.

B.   Policy: N/A

II.   BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	Shared-System Maintainers				O T H E R
							F I S S	M C S	V M S	C W F	
6000.1	For claims with dates of service on or after January 1, 2009, contractors shall recognize the new Ambulance Fee Schedule file layout which is described in Attachment A.	X		X	X		X	X			
6000.2	For claims with dates of service before January 1, 2009, contractors shall use the existing logic and file layout.	X		X	X		X	X			
6000.3	For testing purposes, a test file will be available in mid July 2008. The filename and date will be provided in a separate e-mail communicated from CMS.	X		X	X		X	X			
6000.4	Contractors shall do test runs on the report and load jobs to make sure the display and pricing screens are operating correctly and bringing in the correct conversion factors and fees.	X		X	X		X	X			

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6000.5	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X	X		X	X			

III.   SUPPORTING INFORMATION

"Should" denotes a recommendation.

Section A: Recommendations and supporting information associated with listed requirements:

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Roechel Kujawa, roechel.kujawa@cms.hhs.gov or on 410-786-9111.

Post-Implementation Contact(s): Roechel Kujawa, roechel.kujawa@cms.hhs.gov or on 410-786-9111 and MaryAnne Stevenson, mary.stevenson@cms.hhs.gov or on 410-786-8787.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs) and Carriers***:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs)***:**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment A

ATTACHMENT A

REVISEDAMBULANCE FEE SCHEDULE FILE RECORD DESCRIPTION

Field Name	Position	Format	Description	Description of Changes
HCPCS	1-5	X(05)	Healthcare Common Procedure Coding System X(05)	
Carrier Number	6-10	X(05)		
Locality Code	11-12	X(02)		
Base RVU	13-18	9(4)v99	Relative Value Unit Base RVU	Removed sign
Non-Facility PE GPCI	19-22	9v9(3)	Geographic Adjustment Factor	Removed sign
Conversion Factor	23-29	9(5)v99	Conversion Factor	Removed sign Lengthened Field
Urban Mileage/Base Rate	30-36	9(5)v99	Urban Payment Rate or Mileage Rate (determined by HCPCS)	Removed sign
Rural Mileage/Base Rate	37-43	9(5)v99	Rural Payment Rate or Mileage Rate (determined by HCPCS)	Removed sign
Current Year	44-47	9(04)	YYYY	
Current Quarter	48	9(01)	Calendar Quarter – value 1-4	
Effective Date*	49-56	9(8)	Effective date of the fee schedule file (MMDDYYYY)	
Filler	57-80	X(24)	Future Use	