

Medicare Benefit Policy Manual

Chapter 10 - Ambulance Services

Crosswalk

New Chap.	New Sect.	Int. Pub. 13	Carrier Pub. 14	HO Pub. 10	PMs	Description
10	10	A3-3114	B3-2120, B3-2120	HO-236		Ambulance Service
10	10.1	A3-3114	B3-2120.1	HO-236.1	B-00-09, AB-00-103	Vehicle and Crew Requirement
10	10.1.1	A3-3114A	B3-2120.1A	HO-236.1A	B-00-09, AB-00-103	The Vehicle
10	10.1.2	A3-3114	B3-2120.1	HO-236.1	B-00-09, AB-00-103	Vehicle Requirements for Basic Life Support and Advanced Life Support
10	10.1.3	A3-3114	B3-2120.1C	HO-236.1	B-00-09, AB-00-103	Verification of Compliance
10	10.1.4	A3-3114	B3-2120.1	HO-236.1	B-00-09, AB-00-103	Ambulance of Providers of Services
10	10.1.5	A3-3114	B3-2120.1	HO-236.1	B-00-09, AB-00-103	Equipment and Supplies
10	10.2	A3-3114B	B3-2120.2	HO-236.2	B-01-16	Necessity and Reasonableness
10	10.2.1	A3-3114B	B3-2120.2	HO-236.2	B-01-16	Necessity for the Service

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10	10.2.2	A3-3114B	B3-2120.2	HO-236.2	B-01-16	Reasonableness of the Ambulance Trip
10	10.2.3	A3-3114B	B3-2120.2	HO-236.2	AB-03-007	Medicare Policy Concerning Bed-Confinement
10	10.2.4				AB-03-007	Documentation Requirements
10	10.2.5				AB-03-007	Transport of Persons Other Than the Beneficiary
10	10.3	A3-3114C	B3-2120.3, B3-2120.3E	HO-236.3		The Destination
10	10.3.1	A3-3114C1		HO-236.3A		Institution to Beneficiary's Home
10	10.3.2	A3-3114C2		HO-236.3B		Institution-to-Institution
10	10.3.3	A3-3114	B3-2120	HO-236.1	B-00-09, AB-00-103	Separately Payable Ambulance Transport Under Part B versus Patient Transportation that is Covered Under a Packaged Hospital Service
10	10.3.4	A3-3114C3	B3-2120.3C	HO-236.3C	AB-00-127	Round -Trip for Specialized Services
10	10.3.5	A3-3114C4	B3-2120.3D	HO-236.3D		Partial Payment
10	10.3.5	A3-3114C5	B3-2120.3E	HO-236.3E		Locality
10	10.3.6	A3-3114C6		HO-236.3F		Appropriate Facilities
10	10.3.7	A3-3114C7	B3-2120.3G	HO-236.3G		Ambulance Service to Physician's Office
10	10.3.8	A3-3114C8	B3-2120.3H	HO-236.3H		Transportation Requested by Home Health Agency
10	10.3.9	A3-3114C9	B3-2120.3I	HO-236.3I	AB-03-007	Coverage of Ambulance Service Furnished to Deceased Beneficiaries

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						Deceased Beneficiary
10	10.3.10	A3-3114C10	B3-2120.3J			Ambulance Transportation to Renal Dialysis Facility Located on Premises of Hospital
10	10.3.11		B3-1726, B3-2120.3K		AB-00-127	Reimbursement for Ambulance Services to Nonhospital-Based Dialysis Facilities
10	10.3.12				A-02-108, B-02-060	Multiple Patient Ambulance Transport
10	10.4	A3-3114C11	B3-2120.4	HO-236.3J		Air Ambulance Services
10	10.4.1	A3-3114C11A	B3-2120.4A			Coverage Requirements
10	10.4.2.1	A3-3114C11B				Medical Appropriateness
10	10.4.3	A3-3114C11C	B3-2120.4C			Time Needed for Ground Transport
10	10.4.4	A3-3114C11E	B3-2120.4E			Hospital to Hospital Transport
10	10.4.5	A3-3114C11F	B3-2120.4F			Special Coverage Rule
10	10.4.6	A3-3114C11 G-H				Special Payment Limitations
10	10.4.7		B3-2120.4H			Documentation
10	10.4.8				AB-03-007	Air Ambulance Transports Canceled Due to Weather or Other Circumstances Beyond the Pilot's Control

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10	20		B3-2125		AB-00-103	Coverage Guidelines for Ambulance Service Claims
10	20.1				AB-03-007	Mandatory Assignment Requirements
10	20.1.1				AB-03-007	Managed Care Providers/Suppliers
10	20.1.2				AB-03-007	Beneficiary Signature Requirements
10	30				AB-00-88, A-01-52, AB-01-165, AB-02-117, AB-02-131	Implementation of the Ambulance Fee Schedule
10	30.1				AB-00-88, A-01-52	New Categories Of Ambulance Services
10	30.1.1				AB-00-88, AB-02-117, AB-02-130, B-99-12, B-00-01	Ground Ambulance Services
10	30.1.2				AB-00-88, A-01-52	Air Ambulance Services