

## COVID-19 FAQ

### **8. Will CMS reimburse ambulance services for transports to alternative destinations during the COVID-19 pandemic?**

Date Added: 03/31/20

**Revised Date:** 04/9/20

**Answer:** Yes. CMS issued an Interim Final Rule establishing that, during the COVID-19 Public Health Emergency, for a medically necessary ambulance transport, CMS will expand the list of Medicare covered destinations to include all destinations that are equipped to treat the condition of the patient consistent with Emergency Medical Services (EMS) protocols established by state and/or local laws where the services will be furnished. Approved alternative destinations may include, but are not limited to:

- Any location that is an alternative site determined to be part of a hospital, critical access hospital (CAH) or skilled nursing facility (SNF);
- Community mental health centers;
- Federal qualified health clinics (“FQHCs”);
- Rural health clinics (“RHCs”);
- Physicians’ offices;
- Urgent care facilities;
- Ambulatory surgery centers (“ASCs”);
- Any location furnishing dialysis services outside of an ESRD facility when an ESRD facility is not available; and
- The beneficiary’s home.

CMS has also expanded the descriptions for origin and destination claim modifiers to account for the new covered locations. CMS’s COVID-19 Expanded Use of Ambulance Origin/Destination Modifiers are:

- Modifier D - Community mental health center, FQHC, RHC, urgent care facility, non-provider-based ASC or freestanding emergency center, location furnishing dialysis services and not affiliated with ESRD facility
- Modifier E – Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary’s home
- Modifier H - Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center
- Modifier N - Alternative care site for SNF
- Modifier P - Physician’s office
- Modifier R - Beneficiary’s home

This expansion applies to medically necessary emergency and non-emergency ground ambulance transports of beneficiaries from any point of origin during the Public Health Emergency (PHE) for the COVID-19 pandemic.

CMS has not issued any guidance suggesting that the use or definition of any of the destination modifiers has changed. They also have not suggested the need for any additional second modifier when a beneficiary is transported to one of these alternative destinations. Rather, 42 CFR §410.40(f)(5) simply states that during the PHE for the COVID-19 pandemic, medically necessary ambulance transport to any destination (modifier) equipped to treat the condition of the patient consistent with any applicable state or local EMS protocol that governs the destination location is a Medicare covered service.

It is important to keep in mind that the Rule does not waive medical necessity requirements for transports to any destination. In order to be a Medicare covered service, the ambulance documentation will need to establish both the fact that ambulance transport was medically necessary, and that the patient was transported to a destination equipped to treat the condition of the patient consistent with applicable state or local EMS protocols.