

**Bulletin Number:** MSA 17-15

**Distribution:** Ambulance Providers, Medicaid Health Plans

**Issued:** May 1, 2017

**Subject:** Ambulance Fractional Mileage and Pronouncement of Death Changes

**Effective:** June 1, 2017

**Programs Affected:** Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, MI Child, Maternity Outpatient Medical Services

The purpose of this bulletin is to inform enrolled Medicaid Fee-for-Service (FFS) ambulance providers of changes relating to reimbursement of billed ambulance mileage and pronouncement of death. This policy is effective for dates of service on and after June 1, 2017. For services for Medicaid beneficiaries enrolled in a Medicaid Health Plan (MHP) providers should contact the MHP for policy and coverage information.

### **Fractional Mileage Billing**

Currently, the Medicaid Provider Manual requires FFS providers to report the "total number of whole miles the beneficiary was transported" to determine appropriate mileage payment for Medicaid-reimbursable ambulance transports. Beginning the effective date of this policy, Medicaid FFS enrolled ambulance providers must report mileage units rounded up to the nearest tenth of a mile for claims totaling less than 100 miles. For claims submitted with mileage units greater than one decimal place Medicaid will truncate to accommodate its fractional billing policy (e.g., 15.99 reported miles will become 15.9 miles).

For ambulance runs totaling 100 miles or more, providers must report mileage rounded up to the nearest whole mile. For claims submitted totaling 100 miles or more, and that are reported using fractional mileage, Medicaid will truncate to accommodate this policy (e.g., 115.99 reported miles will become 115 miles). Medicaid will not round up to the nearest whole mile for ambulance runs totaling 100 miles or more that are truncated as a result of this policy.

For ambulance runs totaling less than one mile, providers must report a "0" prior to the decimal (e.g., 0.5).

**NOTE:** Because the National Uniform Billing Committee (NUBC) UB-04 paper claim form cannot accommodate fractional billing, hardcopy ambulance billers submitting the UB-04 should report mileage units rounded up to the nearest whole mile.

## **Pronouncement of Death**

In situations where a Medicaid beneficiary dies, reimbursement to a Medicaid ambulance provider depends upon when the beneficiary's death occurs. If a beneficiary is pronounced dead by an individual legally authorized to pronounce death:

- Prior to the time that the ambulance is called, no payment is made.
- After the ambulance is called, either before or after the ambulance arrival to the scene, payment for an ambulance trip is made at the Basic Life Support (BLS) rate, but no mileage is paid.
- On arrival to the receiving hospital after getting medically necessary care during the ambulance transport from the scene to the receiving facility, payment is made at the medically necessary level of service furnished.

## **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## **Approved**



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Medical Services Administration