

Patient Name: \_\_\_\_\_ Incident Number: \_\_\_\_\_ DOS: \_\_\_\_\_

**AccuMed Billing, Inc.**  
**Regarding Ambulance Transport Beyond the "Closest Appropriate Facility"**

In order to process this ambulance transport in compliance with Medicare, we need some additional information to be submitted with the run report. The Medicare Benefit Policy Manual 10.3.6. (Rev.1, 10-01-03) A3-3114.C.6.,HO-236.3.F. contains the following explanation:

**Nearest Appropriate Facility**

Medicare pays for a medically necessary transportation to the nearest appropriate facility. The current AHA guide for each state determines the nearest appropriate facility.

*The term "appropriate facilities" means that the institution is generally equipped to provide the needed hospital or skilled nursing care for the illness or injury involved. In the case of a hospital, it also means that a physician or a physician specialist is available to provide the necessary care required to treat the patient's condition. However, the fact that a particular physician does or does not have staff privileges in a hospital is not a consideration in determining whether the hospital has appropriate facilities. Thus, ambulance service to a more distant hospital solely to avail a patient of the service of a specific physician or physician specialist does not make the hospital in which the physician has staff privileges the nearest hospital with appropriate facilities.*

*The fact that a more distant institution is better equipped, either qualitatively or quantitatively, to care for the patient does not warrant a finding that a closer institution does not have "appropriate facilities." Such a finding is warranted, however, if the beneficiary's condition requires a higher level of trauma care or other specialized service available only at the more distant hospital.*

If you are transporting to a facility beyond a closer hospital, please provide specific service(s) and/or equipment only available at a further facility or hospital.

\_\_\_\_\_  
\_\_\_\_\_

If you are diverted because of an extraordinary circumstances (i.e. lack of power, road construction or accident, lack of bed space)-please state reason \_\_\_\_\_

Name and Address of the by-passed hospital or facility:  
\_\_\_\_\_  
\_\_\_\_\_

Number of Miles beyond the closer facility: \_\_\_\_\_

Who is requesting the more distant facility? \_\_\_\_\_

**If you are transporting to a further facility due to family preference ( i.e. personal physician on staff, health insurance coverage or similar reasons); the difference in mileage from the closest facility to the further facility is the patient's responsibility. Please inform the patient and indicate this below. We can then process claim with covered benefit billed to insurance carrier and uncovered mileage billed to the patient. The entire claim can be rejected or down-coded by the insurance carrier if this is not documented.**

Transport beyond closest facility for uncovered reason, bill mileage beyond the closer facility to the patient. (Check box)