

§414.617

ambulance fee schedule, make a separate payment for any ground ambulance mileage within the county in which the beneficiary was transported. Payment for ground ambulance mileage in that State will be made based on the full ambulance fee schedule amount for ground mileage. This exception applies only to carrier-processed claims and only in those States in which the carrier paid separately for out-of-county ambulance mileage, but did not make separate payment for any in-county mileage throughout the entire State.

§414.617 Transition from regional to national ambulance fee schedule.

For services furnished during the period July 1, 2004 through December 31, 2009, the amount for the ground ambulance base rate is subject to a floor amount determined by establishing nine fee schedules based on each of the nine census divisions using the same methodology as used to establish the national fee schedule. If the regional fee schedule methodology for a given census division results in an amount that is less than or equal to the national ground base rate, then it is not used, and the national FS amount applies. If the regional fee schedule methodology for a given census division results in an amount that is greater than the national ground base rate, then the FS portion of the base rate for that census division is equal to a blend of the national rate and the regional rate in accordance with the following schedule:

Time period	Regional percent	National percent
7/1/04–12/31/04	80	20
CY 2005	60	40
CY 2006	40	60
CY 2007–CY 2009	20	80
CY 2010 and thereafter	0	100

[69 FR 40292, July 1, 2004]

§414.620 Publication of the ambulance fee schedule.

(a) Changes in payment rates resulting from incorporation of the annual inflation factor and the productivity adjustment as described in §414.610(f) will be announced by CMS by instruction and on the CMS Web site.

42 CFR Ch. IV (10–1–13 Edition)

(b) CMS will follow applicable rule-making procedures in publishing revisions to the fee schedule for ambulance services that result from any factors other than those described in §414.610(f).

[75 FR 73626, Nov. 29, 2010]

§414.625 Limitation on review.

There will be no administrative or judicial review under section 1869 of the Act or otherwise of the amounts established under the fee schedule for ambulance services, including the following:

- (a) Establishing mechanisms to control increases in expenditures for ambulance services.
- (b) Establishing definitions for ambulance services that link payments to the type of services provided.
- (c) Considering appropriate regional and operational differences.
- (d) Considering adjustments to payment rates to account for inflation and other relevant factors.
- (e) Phasing in the application of the payment rates under the fee schedule in an efficient and fair manner.

Subpart I—Payment for Drugs and Biologicals

SOURCE: 69 FR 1116, Jan. 7, 2004, unless otherwise noted.

§414.701 Purpose.

This subpart implements section 1842(o) of the Social Security Act by specifying the methodology for determining the payment allowance limit for drugs and biologicals covered under Part B of Title XVIII of the Act (hereafter in this subpart referred to as the “program”) that are not paid on a cost or prospective payment system basis. Examples of drugs that are subject to the rules contained in this subpart are: drugs furnished incident to a physician’s service; durable medical equipment (DME) drugs; separately billable drugs at independent dialysis facilities not under the ESRD composite rate; statutorily covered drugs, for example, influenza, pneumococcal and hepatitis vaccines, antigens, hemophilia blood clotting factor, immunosuppressive drugs and certain oral anti-cancer drugs.