

CHAPTER 4-000 AMBULANCE SERVICES

4-001 Definitions:

Advanced Life Support (ALS) Services: Transportation by ground ambulance vehicle and the provision of medically necessary services by ALS personnel; and if necessary, the use of medically necessary complex specialized life sustaining equipment and, ordinarily, equipment for radio-telephone contact with a physician or hospital.

ALS Personnel: Personnel trained and authorized to provide specialized services such as administering IV's (intravenous therapy), establishing and maintaining a patient's airway, defibrillating the heart, relieving pneumothorax conditions, and performing other advanced life support procedures or services such as cardiac (EKG) monitoring.

Basic Life Support (BLS) Services: Transportation by ground ambulance vehicle and the provision of medically necessary services plus the equipment and staff needed for basic services such as control of bleeding, splinting fractures, treatment for shock, delivery of babies, cardio-pulmonary resuscitation (CPR), defibrillation, etc.

Contraindication: Any circumstance, symptom, or condition that renders a particular medical treatment improper or undesirable.

Emergency Transport: Services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in -

1. Placing the client's health in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

Hospital Based Ambulance Service: An ambulance service which is owned and operated by a hospital.

Loaded Mileage: Miles traveled while the client is present in the ambulance vehicle.

4-002 Provider Requirements:

4-002.01 General Provider Requirements: To participate in the Nebraska Medical Assistance Program (Medicaid), providers of ambulance services shall comply with all applicable provider participation requirements codified in 471 NAC Chapters 2 and 3. In the event that provider participation requirements in 471 NAC Chapters 2 or 3 conflict with requirements outlined in this 471 NAC Chapter 4, the individual provider participation requirements in 471 NAC Chapter 4 shall govern.

4-002.02 Service Specific Provider Requirements: To participate in Medicaid, providers of ambulance services shall meet the licensure and certification requirements of the Nebraska Department of Health and Human Services, Division of Public Health. Out-of-state ambulance providers shall meet the licensure and certification requirements of that state, and be enrolled in Nebraska Medicaid by complying with the Provider Agreement requirements included in 471 NAC 4-002.02A.

4-002.02A Provider Agreement: The ambulance provider shall complete and sign Form MC-19, "Medical Assistance Provider Agreement," (see 471-000-90) and submit the completed form to the Department for approval to participate in Medicaid.

4-002.02B Vehicular Specifications and Requirements: The ambulance vehicle must be specially designed and equipped for transporting the sick or injured. It must have customary patient care equipment including a stretcher, clean linens, first aid supplies, and oxygen equipment, and it must also have such other safety and lifesaving equipment as is required by state or local authorities. A wheelchair van is not considered an ambulance vehicle and therefore cannot provide ambulance services.

4-003 Service Requirements:

4-003.01 General Requirements:

4-003.01A Medical Necessity of the Service: Medical necessity is established when the client's condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the client's health, whether or not such other transportation is actually available, Medicaid shall not make payment for ambulance service. Claims for ambulance services must include adequate documentation for determination of medical necessary.

4-003.01B Services Provided for Clients Enrolled in the Nebraska Medicaid Managed Care Program: See 471 NAC 1-002.01.

4-003.01C HEALTH CHECK (EPSDT) Treatment Services: See 471 NAC Chapter 33.

4-003.02 Covered services: Medicaid covers medically necessary and reasonable ambulance services required to transport a client to obtain, or after receiving, a Medicaid covered service.

4-003.02A Ground Ambulance Services

4-003.02A1 Basic Life Support (BLS) Services: Medicaid covers BLS ambulance services as defined in 471 NAC 4-001.

4-003.02A2 Advanced Life Support (ALS) Services: Medicaid covers ALS ambulance services as defined in 471 NAC 4-001.

- (i) ALS transports with specialized ALS services are covered only when ambulance personnel perform specialized ALS services during the transport (e.g., start IV medication, establish patient's airway, etc.).
- (ii) ALS transports with no specialized ALS services are covered only when ambulance personnel monitor specialized ALS services during the transport but do not actually render the services.
- (iii) If ALS services are not provided or monitored during the ALS transport, the services are covered as a BLS service.

4-003.02A3 Mileage: Loaded mileage is covered for total distances in excess of five (5) loaded miles. Unloaded mileage, and the initial five (5) loaded miles when the total distance is not in excess of five (5) loaded miles, is covered as a part of the base rate outlined in 471 NAC 4-004.02B1.

4-003.02A4 Waiting or Standby Time: Waiting or standby time under normal circumstances is covered as a part of the base rate outlined in 471 NAC 4-004.02B1. Waiting or standby time, beyond the first one-half hour, is covered separately only when unusual circumstances exist.

4-003.02B Air Ambulance: Medicaid covers medically necessary air ambulance services only when transportation by ground ambulance is contraindicated and –

1. Great distances or other obstacles are involved in getting the client to the destination;
2. Immediate and rapid admission is essential; or
3. The point of pickup is inaccessible by land vehicle.

4-003.02C Non-emergency Transports: Any ambulance transport that does not meet the definition of an emergency transport, included in 471 NAC 4-001, will be covered as a non-emergency transport. This includes all scheduled runs (regardless of point of origin and destination), hospital to hospital transports, and transports to nursing facilities or to the client's residence. Although non-emergent, these transports are covered in accordance with this 471 NAC Chapter 4. Sufficient documentation is required to support the medical necessity of a non-emergency transport.

4-003.02C1 Transports to the Facility Which Meets the Needs of the Client: Ambulance services are covered to enable the client to obtain medical care in a facility or from a physician/practitioner that most appropriately meets the needs of the client, including -

- (i) Support from the client's community and/or family; or
- (ii) Care from the client's own physician/practitioner or a qualified physician/practitioner and/or specialist (e.g., to establish or maintain a "medical home").

Non-emergency ambulance transports to a physician or practitioner's office, clinic or therapy center are covered when -

- (i) The client is bed confined before, during, and after transport; and
- (ii) The services cannot or cannot reasonably be expected to be provided at the client's residence (including a nursing facility or Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD)).

4-003.02D Round Trip Transports for Hospital Inpatients: Ambulance services provided to a client receiving inpatient hospital services, where the client is transported to a separate facility for services (e.g., diagnostic testing), and the client is returned to the originating hospital for continuation of inpatient care, are covered as an ambulance service as opposed to a hospital service outlined in 471 NAC Chapter 10.

4-003.02E Transport of More Than One Client: When more than one client is transported during a single trip, a base rate is covered for each client transported. The number of loaded miles and mileage charges must be prorated among the number of clients being billed.

4-003.02F Transport of Medical Teams: Transportation of a medical team (or other medical professionals), resulting in an ambulance transport of the client, is covered as a part of the base rate outlined in 471 NAC 4-004.02B1. Transportation of a medical team without the client being in the ambulance is not covered.

4-003.02G Transport of Deceased Clients: Ambulance services are covered if the client is pronounced dead while en route to or upon arrival at the hospital. Ambulance services are not covered if a client is pronounced dead before the client is transported.

4-003.02H Hospital-Based Ambulance Service: Hospital-based ambulance services are regulated in 471 NAC Chapter 10. Refer to 471 NAC Chapter 10 for all coverage limitations, billing requirements, and payment limitations.

4-004 Billing and Payment for Ambulance Services

4-004.01 Billing

4-004.01A General Billing Requirements: Providers shall comply with all applicable billing requirements codified in 471 NAC Chapter 3. In the event that individual billing requirements in 471 NAC Chapter 3 conflict with billing requirements outlined in this 471 NAC Chapter 4, the individual billing requirements in 471 NAC Chapter 4 shall govern.

4-004.01B Specific Billing Requirements

4-004.01B1 Billing Instructions: The Provider shall bill Medicaid, using the appropriate claim form or electronic format (see Claim Submission Table at Appendix 471-000-49), in accordance with the billing instructions included in Appendix 471-000-53.

4-004.01B2 Usual and Customary Charge: The provider or the provider's authorized agent shall submit the provider's usual and customary charge for each procedure code listed on the claim. HCPCS procedure codes used by Medicaid are listed in the Nebraska Medicaid Practitioner Fee Schedule (see Appendix 471-000-504).

4-004.02 Payment

4-004.02A General Payment Requirements: Nebraska Medicaid will reimburse the Provider for services rendered in accordance with the applicable payment regulations codified in 471 NAC Chapter 3. In the event that individual payment regulations in 471 NAC Chapter 3 conflict with payment regulations outlined in this 471 NAC Chapter 4, the individual payment regulations in 471 NAC Chapter 4 shall govern.

4-004.02B Specific Payment Requirements

4-004.02B1 Base Rates: Ground ambulance base rates include all services, equipment and other costs, including: vehicle operating expenses, services of two attendants and other personnel, overhead charges (linens, etc.), reusable and disposable items and supplies, oxygen, pharmaceuticals, unloaded and five (5) or less total loaded mileage, and usual waiting/standby time.

4-004.02B2 Reimbursement: Medicaid pays for covered ambulance services at the lower of -

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule (Appendix 471-000-504) in effect for that date of service.

4-004.02B3 Air Ambulance: If a determination is made that ambulance transport is medically necessary, but ground ambulance would have been appropriate, payment for the air ambulance service is limited to the amount allowable for ground transport.

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~~4-001 Standards for Participation:~~ To participate in the Nebraska Medical Assistance Program (NMAP), providers of ambulance services shall meet the licensure and certification requirements of the Nebraska Department of Health and Human Services Regulation and Licensure. Out-of-state ambulance providers shall meet the licensure and certification requirements of that state.

~~The ambulance vehicle must be specially designed and equipped for transporting the sick or injured. It must have customary patient care equipment including a stretcher, clean linens, first aid supplies, and oxygen equipment, and it must also have such other safety and lifesaving equipment as is required by state or local authorities. A wheelchair van is not considered an ambulance vehicle and therefore cannot provide ambulance services.~~

~~Note:~~ NMAP policy for ambulance services provided by hospital-based ambulance providers is outlined in 471 NAC 10-000, Hospital Services.

~~4-001.01 Provider Agreement:~~ The ambulance provider shall complete and sign Form MC-19, "Medical Assistance Provider Agreement," (see 471-000-90) and submit the completed form to the Department for approval to participate in NMAP.

~~4-002 Covered Services:~~ NMAP covers medically necessary and reasonable ambulance services required to transport a client to obtain or after receiving Medicaid-coverable medical care.

~~4-002.01 Medical Necessity of the Service:~~ To be covered by NMAP, ambulance services must be medically necessary and reasonable. Medical necessity is established when the client's condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the client's health, whether or not such other transportation is actually available, NMAP shall not make payment for ambulance service. Claims for ambulance services must include adequate documentation for determination of medical necessary.

~~4-002.02 Services Provided for Clients Enrolled in the Nebraska Health Connection (NHC):~~ Certain NMAP clients are required to participate in the Nebraska Medicaid Managed Care Program known as the Nebraska Health Connection (NHC). See 471-000-122 for a listing of the NHC plans.

~~4-002.02A Health Maintenance Organizations (HMO) Plans:~~ NHC HMO plans are required to provide, at a minimum, coverage of services as described in this Chapter. The prior authorization requirements, payment limitations, and billing instructions outlined in this Chapter do not apply to services provided to clients enrolled in an NHC HMO plan. Services provided to clients enrolled in an NHC HMO plan are not billed to NMAP. The provider shall provide services only under arrangement with the HMO.

~~4-002.02B Primary Care Case Management (PCCM) Plans:~~ All NMAP policies apply to services provided to NHC clients enrolled in a PCCM plan. Ambulance services do not require referral/approval from the client's primary care physician (PCP). All services provided to clients enrolled in NHC PCCM plans are billed to NMAP.

4-003 Ground Ambulance Services

4-003.01 Basic Life Support (BLS) Ambulance: A BLS ambulance provides transportation plus the equipment and staff needed for basic services such as control of bleeding, splinting fractures, treatment for shock, delivery of babies, cardio-pulmonary resuscitation (CPR), defibrillation, etc.

4-003.02 Advanced Life Support (ALS) Services: An ALS ambulance provides transportation and has complex specialized life sustaining equipment and, ordinarily, equipment for radio-telephone contact with a physician or hospital. An ALS ambulance is appropriately equipped and staffed by personnel trained and authorized to provide specialized services such as administering IV's (intravenous therapy), establishing and maintaining a patient's airway, defibrillating the heart, relieving pneumothorax conditions, and performing other advanced life support procedures or services such as cardiac (EKG) monitoring. ALS transports with specialized ALS services may be billed only when ambulance personnel perform specialized ALS services during the transport (e.g., start IV medication, establish patient's airway, etc.). ALS transports with no specialized ALS services may be billed only when ambulance personnel monitor specialized ALS services during the transport but do not actually render the services.

4-003.03 Base Rates: Ground ambulance base rates include all services, equipment and other costs, including: vehicle operating expenses, services of two attendants and other personnel, overhead charges (linens, etc.), reusable and disposable items and supplies, oxygen, pharmaceuticals, unloaded and in-town mileage, and usual waiting/standby time.

4-003.04 Mileage: "Loaded" mileage (i.e., miles traveled while the client is present in the ambulance vehicle) is covered for out-of-town ambulance transports. Out-of-town transports are defined as trips in which the final destination of the client is outside the limits of the town in which the trip originated. "Unloaded" mileage is included in the payment for the base rate.

4-003.05 Third Attendant: A third attendant is covered only if the circumstances of the transport requires three attendants. Payment for a third attendant cannot be made when the third attendant is—

1. Needed because a crew member is not qualified to provide a service (e.g., administer IV's, etc.); or
2. Staff provided by the hospital to accompany a client during transport.

The circumstances which required the third attendant must be documented on or with the claim when billing NMAP.

4-003.06 Waiting or Standby Time: Waiting or standby time is separately reimbursed only when "unusual circumstances" exist. The "unusual circumstances," including why the ambulance waited and where the wait took place (e.g., the client's home, hospital, nursing facility, etc.) must be documented on or with the claim when billing NMAP. When waiting time is covered, the first one-half hour is not reimbursed. Payment for waiting time under normal circumstances is included in the payment for the base rate.

~~4-004 Air Ambulance: NMAP covers medically necessary air ambulance services only when transportation by ground ambulance is contraindicated and -~~

- ~~1. Great distances or other obstacles are involved in getting the client to the destination;~~
- ~~2. Immediate and rapid admission is essential; or~~
- ~~3. The point of pickup is inaccessible by land vehicle.~~

~~When billing NMAP, the provider shall bill air ambulance services as a single charge which includes base rate and mileage. The number of "loaded" miles must be included on the claim as specified in claim submission instructions.~~

~~If a determination is made that ambulance transport is medically necessary, but ground ambulance would have been appropriate, payment for the air ambulance service is limited to the amount allowable for ground transport.~~

4-005 Limitations and Requirements for Certain Ambulance Services

~~4-005.01 Emergency and Non-emergency Transports: Emergency transports are defined as services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in -~~

- ~~1. Placing the client's health in serious jeopardy;~~
- ~~2. Serious impairment to bodily functions; or~~
- ~~3. Serious dysfunction of any bodily organ or part.~~

~~Any ambulance transport that does not meet the definition of an emergency transport must be billed as a non-emergency transport. This includes all scheduled runs (regardless of origin and destination) and transports to nursing facilities or to the client's residence.~~

~~4-005.02 Transports to the Facility Which Meets the Needs of the Client: Ambulance services are covered to enable the client to obtain medical care in a facility or from a physician/practitioner that most appropriately meets the needs of the client, including -~~

- ~~1. Support from the client's community and/or family; or~~
- ~~2. Care from the client's own physician/practitioner or a qualified physician/practitioner and/or specialist (e.g., to establish or maintain a "medical home").~~

~~4-005.03 Transports To A Physician/Practitioner's Office, Clinic or Therapy Center: Emergency ambulance transports to a physician or practitioner's office, clinic or therapy center are covered. Non-emergency ambulance transports to a physician or practitioner's office, clinic or therapy center are covered when-~~

- ~~1. The client is bed confined before, during, and after transport; and~~
- ~~2. The services cannot or cannot reasonably be expected to be provided at the client's residence (including a nursing facility or ICF/MR).~~

~~4-005.04 Round Trip Transports for Hospital Inpatients: Ambulance services provided to a client receiving inpatient hospital services, where the client is transported to another facility for services (e.g., diagnostic testing) and the client is returned to the originating hospital for continuation of inpatient care, are not included in the payment to the hospital and must be billed by the ambulance provider.~~

~~4-005.05 Combined ALS/BLS Transports: When a client is transferred from a BLS vehicle to an ALS ambulance, the ALS service may be billed, however only one ambulance provider may submit the claim for the service.~~

~~When the placement of ALS personnel and equipment on board a BLS vehicle qualifies the BLS vehicle as an ALS ambulance, the ALS service may be billed, however, only one ambulance provider may submit the claim for the service.~~

~~4-005.06 Transport of More Than One Client: When more than one client is transported during a single trip, a base rate is covered for each client transported. The number of "loaded" miles and mileage charges must be prorated among the number of clients being billed. A notation that the mileage is prorated and why must be on or with the claim when billing NMAP.~~

~~4-005.07 Transport of Medical Teams: Transport of a medical team (or other medical professionals) to meet a client is not separately reimbursed. If the transport of the medical team results in an ambulance transport of the client, the services are included in the base rate of the client's transport.~~

~~4-005.08 Transport of Deceased Clients: Ambulance services are covered if the client is pronounced dead while enroute to or upon arrival at the hospital. Ambulance services are not covered if a client is pronounced dead before the client is transported.~~

~~4-005.09 HEALTH CHECK (EPSDT) Treatment Services: Services not covered under the Nebraska Medical Assistance Program (NMAP) but defined in Section 1905(a) of the Social Security Act must meet the conditions of items 1 through 8 listed in the definition of "Treatment Services" in 471 NAC 33-001.04. These services must be prior authorized by the Medicaid Division.~~

~~4-006 Payment for Ambulance Services: The Nebraska Medical Assistance Program (NMAP) pays for covered ambulance services at the lower of-~~

- ~~1. The provider's submitted charge; or~~
- ~~2. The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect for that date of service. The allowable amount is indicated in the fee schedule as-~~
 - ~~a. The unit value multiplied by the conversion factor;~~
 - ~~b. The invoice cost (indicated as "IC" in the fee schedule);~~
 - ~~c. The maximum allowable dollar amount; or~~
 - ~~d. The reasonable charge for the procedure as determined by the Medicaid Division (indicated as "BR" by report or "RNE" rate not established in the fee schedule).~~

~~4-006.01 Revisions of the Fee Schedule: The Department may adjust the fee schedule to-~~

- ~~1. Comply with changes in state or federal requirements;~~
- ~~2. Comply with changes in national standard code sets, such as HCPCS and CPT;~~
- ~~3. Establish an initial allowable amount for a new procedure or a procedure which was previously identified as "RNE" or "BR" based on information that was not available when the fee schedule was established for the current year; and~~
- ~~4. Adjust the allowable amount when the Medicaid Division determines that the current allowable amount is-~~
 - ~~a. Not appropriate for the service provided; or~~
 - ~~b. Based on errors in data or calculation.~~

~~Providers will be notified of changes and their effective dates.~~

~~4.006.02 Medicare/Medicaid Crossover Claims: For payment of Medicare/Medicaid crossover claims, see 471 NAC 3-004.~~

~~4-007 Billing Requirements: Ambulance providers shall bill the Department on the appropriate claim form or electronic format (see Claim Submission Table at 471-000-49).~~

~~The provider or the provider's authorized agent shall submit the provider's usual and customary charge for each procedure code listed on the claim.~~

~~HCPCS procedure codes used by NMAP are listed in the Nebraska Medicaid Practitioner Fee Schedule (see 471-000-504).~~