

205 GROUND AMBULANCE TRANSPORTATION REIMBURSEMENT REQUIREMENTS FOR NON-CONTRACTED PROVIDERS

EFFECTIVE DATE: October 1, 2019

Purpose

This Policy applies to the Division of Developmental Disabilities Administrative Services Subcontractors (AdSS). The purpose of this Policy is to provide ground ambulance transportation reimbursement requirements. It is limited to AdSS and ambulance or emergent care transportation providers when a contract does **not** exist between these entities.

Definitions

For purposes of this policy the following definitions apply:

- A. Advanced Life Support (ALS) - 42 CFR 414.605, describes ALS as either transportation by ground ambulance vehicle, that has medically necessary supplies and services, and the treatment includes administration of at least three medications by intravenous push/bolus or by continuous infusion, excluding crystalloid, hypotonic, isotonic, and hypertonic solutions (Dextrose, Normal Saline, Ringer's Lactate); or transportation, medically necessary supplies and services, and the provision of at least one ALS procedure:
- Manual defibrillation/cardioversion
 - Endotracheal intubation
 - Central venous line
 - Cardiac pacing
 - Chest decompression
 - Surgical airway
 - Intraosseous line.
- B. Ambulance - Ambulance as defined in A.R.S. §36-2201.
- C. Basic Life Support (BLS) - Transportation by ground ambulance vehicle that has medically necessary supplies and services, plus the provision of BLS ambulance services. The ambulance must be staffed by an individual who is qualified in accordance with State and local laws as described in 42 CFR 414.605.
- D. Emergency Ambulance Services - Emergency ambulance services are as described in 9 A.A.C. 22, Article 2, 9 A.A.C. 25, and in 42 CFR 410.40 and 414.605.
- E. Emergency Ambulance Transportation - Emergency ground and air ambulance services required to manage an emergency medical condition of an AHCCCS member at an emergency scene and transport to the nearest appropriate facility.
- F. Emergency Medical Care Technician (EMCT) - As defined in A.A.C. R9-25-101(18).

- G. Emergency Medical Condition - A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in: a) placing the patient's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, b) serious impairment to bodily functions, or c) serious dysfunction of any bodily organ or part [42 CFR 438.114(a)].
- H. Emergency Medical Services - Covered inpatient and outpatient services provided after the sudden onset of an emergency medical condition as defined above. These services must be furnished by a qualified provider, and must be necessary to evaluate or stabilize the emergency medical condition [42 CFR 438.114(a)].

Policy

Ambulance providers that have fees established by the Arizona Department of Health Services (ADHS) are reimbursed by AHCCCS at a percentage, prescribed by law, of the Ambulance provider's ADHS-approved fees for covered services. These rates are contained in the AHCCCS Capped Fee for Service (FFS) Fee Schedule for Certificate of Necessity Providers and are used by the AdSS for reimbursement when no contract exists with the provider.

For Ambulance providers, whose fees are not established by ADHS, and no contract exists with the provider, the AHCCCS Capped FFS Fee Schedule is for Ground Transportation are used by the AdSS.

Emergency Ground Ambulance Claims are Subject to Medical Review

Claims are submitted with documentation of medical necessity and a copy of the trip report evidencing:

- A. Medical condition, signs, symptoms, procedures, and treatment.
- B. Transportation origin, destination, and mileage (statute miles).
- C. Supplies
- D. Necessity of attendant, if applicable.

Claims submitted without such documentation are subject to denial. The AdSS processes the claims within the timeframes established in 9 A.A.C. 22, Article 7. Emergency transportation ordered by the AdSS cannot be denied upon receipt. This claim is not subject to further medical review.

Criteria and Reimbursement processes for Advanced Life Support (ALS) and Basic Life Support

- A. Advanced Life Support (ALS) level
 - 1. To reimburse Ambulance services at the ALS level, all the following criteria must be satisfied:
 - a. The Ambulance must be ALS licensed and certified in accordance with A.R.S. §36-2202, A.R.S. §36-2204, and A.R.S. §36-2212.

- b. Emergency Medical Care Technician (EMCT) are present and EMCT services/procedures are medically necessary, based upon the member's symptoms and medical condition at the time of the transport.
 - c. EMCT services/procedures and authorized treatment activities were provided.
 - B. Basic Life Support (BLS) level
 1. To reimburse Ambulance services at the BLS level, all the following criteria must be satisfied:
 - a. The Ambulance must be BLS licensed and certified in accordance with A.R.S. §36-2212 and A.A.C. R9-25-201.
 - b. EMCT are present
 - c. EMCT services/procedures, are medically necessary, based upon the member's symptoms and medical condition at the time of the transport.
 - d. EMCT services/procedures and authorized treatment activities were provided.

Claims submitted without such documentation are subject to denial. The AdSS processes the claims within the timeframes established in 9 A.A.C. 22, Article 7. Emergency transportation ordered by the AdSS cannot be denied upon receipt. This claim is not subject to further medical review.

Non-Emergent Ground Ambulance Transportation Payment Provisions

- A. Non-emergent Ambulance transportation is subject to review for medical necessity by the AdSS. Medical necessity criteria are based on the medical condition of the member. Non-emergent transportation by an ambulance is appropriate if:
 1. Documentation supports that other methods of transportation are contraindicated.
 2. The member's medical condition, regardless of bed confinement, requires the medical treatment provided by the qualified staff in an ambulance.

Non-emergent transportation ordered by the AdSS cannot be denied upon receipt. This claim is not subject to further medical review.
- B. At the AdSS discretion, non-emergent ambulance transport may not require prior authorization or notification. This may include after-hours calls. An example is an ambulance company which receives a call from the emergency room to transport a nursing facility member back to the facility and the AdSS cannot be reached.

All hospital-to-hospital transfers are paid at the BLS level unless the transfer meets ALS criteria. This includes transportation between general and specialty hospitals.
- C. Transportation reimbursement is adjusted to the level of the appropriate alternative transportation when circumstances do not necessitate an ambulance transport, or the services rendered at the time of transport are deemed not medically necessary. Ambulance

providers that have fees established by ADHS are reimbursed in accordance with A.R.S. § 36-2239(H).

Refer to AMPM Policy 310-BB for additional requirements for coverage of transportation.