Ambulance Services

Adjudication Rule

Abstract

For members

Billing Rules are the adjudication rules, which are in compliance with official CPT, ICD-CM and HAAD/CCSC coding guidelines.

A billing rule defines the minimum requirements to be met when a service is claimed for a Daman beneficiary in terms of frequency, duration etc.

It explains the minimum required documentation to claim a service. It also defines the coverage of a service under a particular insurance plan administered by Daman.

An ambulance is a vehicle specially equipped with mobile hospital medical care for transportation of patients in severe emergency conditions like injury, to/from or between places of treatment.

The ambulance services are covered if the condition of the patient requires emergency transport.

For medical professionals

Ambulance service is provided for sudden medical emergency where patient’s condition is so severe that no other method of transport other than ambulance would be recommendable. Absence of immediate medical condition could result in placing the patient’s health in serious jeopardy, impairment to bodily functions or serious dysfunction to any bodily organ or part.

The emergency medical condition of the patient drives the necessity of covering an ambulance service, not the diagnosis. All the conditions are listed in this AR. If the listed conditions are not present, then documentation should be provided to justify the service.

Note: Not having alternative transport does not justify the coverage as emergency ambulance service.
Ambulance Services

Scope

The scope of the guideline is to explain Daman coverage of ground ambulance services.

Adjudication Policy

Eligibility / Coverage Criteria

Ambulance services are covered for all the health insurance plans administered by Daman provided it is a medical emergency and is provided by licensed ambulance services.

Coverage of ambulance services depends on both; the actual performance of the service and the patient condition. (See payment and coding rules for more details).

Daman covers ambulance services to the nearest appropriate facility that is able to give the care which a beneficiary requires. If the ambulance service is farther away, the medical justification for such a service needs to be documented.

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency ambulance service-ground (Scene of injury/ illness or patients’ residence to the nearest appropriate facility)</td>
<td>Covered. No prior authorization required</td>
</tr>
<tr>
<td>Facility to Facility (e.g. Specialty Care Transport)</td>
<td>Covered only as emergency. Not for non-emergency transfers</td>
</tr>
<tr>
<td>Non-emergency transport-ground (patient)</td>
<td>Not covered</td>
</tr>
<tr>
<td>Non-emergency transport-ground (Physician or skilled medical personnel)</td>
<td>Follow Home service guidelines</td>
</tr>
</tbody>
</table>

Requirements for Coverage

An ICD-9-CM diagnosis, coded to the highest level of severity, justifying the condition of the patient.

Non-Coverage

Ambulance service provided to a patient who does not fit the definition of emergency ambulance service

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Ambulance Services are considered as Emergency if:

1. Ambulance service is provided for sudden medical emergency where patient’s condition is so severe that no other method of transport other than ambulance would be recommendable

2. Absence of immediate medical attention could result in placing the patient's health in serious jeopardy; impairment to bodily functions; or serious dysfunction to any bodily organ or part.

It is the emergency medical condition of the patient, not the diagnosis, which drives the necessity to call for an ambulance service. The emergency conditions are listed below:

- Severe bleeding/hemorrhage with a risk of heavy blood loss e.g. intracranial bleeding;
- Signs and symptoms of: acute cardiac distress (e.g. chest pain) / acute respiratory distress (e.g. SOB) / stroke / severe debilitating pain (pain scale 7-10);
- Cardiac shock/attack/stroke/unconsciousness
- Medically restrained or immobile due to or to prevent injury e.g. fracture
- Requires oxygen and/or skilled emergency medical treatment during transportation
- Burns requiring treatment
- Bed confined/unable to ambulate not even in wheel chair or could be moved only by stretcher (before and after the ambulance service)
- Multiple severe injuries or life threatening trauma

If the above listed conditions are not present; documentation should be provided to justify the service.

Note: Not having alternative transport does not justify the coverage as emergency ambulance service.

Various Ambulance Billing Requirements

1. Advanced Life Support-2 (ALS-2)

In addition to the above, the medical condition should be so severe that the administration of three or more different medications and the provision of at least one of the following procedures is required:

- Manual defibrillation/cardio version
- Endotracheal intubation
- Central venous line
- Cardiac pacing
- Chest compression
- Surgical airway; OR
- Intra osseus line
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2. Basic Life Support Emergency (BLS)
   ▪ Medical condition requires intervention by an EMT-Basic.

3. Specialty Care Transport
   It is interfaculty transportation of a critically injured or ill patient at a level of service beyond the scope of the EMT-Paramedic.

4. Ambulance Waiting Time (ALS OR BLS)
   Waiting time is reimbursed only if waiting time is more than 15 minutes.

Claim Requirements:
   ▪ Encounter Start Type - 2 = Emergency
   ▪ Encounter Type - 41 = Ambulance
   ▪ Mile = Kilometer

Adjudication Examples

Example 1

**Question:** Thiqa patient met with a cardiac arrest and was transported to the nearest public provider. The beneficiary needed cardiac pacing and chest compression while transportation and was under skilled medical care during the entire duration of transportation. Can the provider report HCPCS code A0433?

**Answer:** Yes, provider can report HCPCS code A0433, Advanced Life Support level 2 (ALS 2).

Example 2

**Question:** 5 year old enhanced patient had a laceration. Bleeding was controlled with home dressing. Parents decided to have a medical check and due to lack of public transport they called for an ambulance. Will Daman pay for this visit?

**Answer:** No, it is not an emergency visit and ambulance is not an alternative transport.

Denial codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Code description</th>
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</thead>
<tbody>
<tr>
<td>MNEC-003</td>
<td>Service is not clinically indicated based on good clinical practice</td>
</tr>
<tr>
<td>MNEC-005</td>
<td>Service too frequent</td>
</tr>
<tr>
<td>NCOV-003</td>
<td>Service(s) is (are) not covered</td>
</tr>
</tbody>
</table>

Appendices

A. References
   1. HAAD Ambulance Standards
   2. Wikipedia
   3. AMA HCPCS 2011
   4. HAAD Claims and Adjudication Rules, V2012-Q2

Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Change(s)</th>
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<tbody>
<tr>
<td>01-07-13</td>
<td>V 1.1: New template</td>
</tr>
<tr>
<td>15-07-14</td>
<td>1. V2.0</td>
</tr>
<tr>
<td></td>
<td>2. Disclaimer updated as per system requirements</td>
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