



Rule Category:
Billing

Ref: No:
2013-BR-0001

Version Control:
Version No.3.0

Effective Date:
30-09-2018

Revision Date:
August 2019



Ambulance Services

Adjudication Guideline

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Abstract

For Members

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

For Medical Professionals

Billing Rules are the adjudication rules, which are in compliance with official CPT, ICDICM 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.

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 intervention could result in placing the patient's health in serious jeopardy, impairment to bodily functions or serious dysfunction to any bodily organ or part.

Documentation should be provided to justify the service.

Note: Lack of alternative transport does not justify the coverage of emergency ambulance service.

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:
None

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Scope

The scope of this guideline is to explain Daman’s coverage of emergency ground ambulance services for Abu Dhabi providers.

Adjudication Policy

Eligibility / Coverage Criteria

Ambulance services are covered for all the health insurance plans administered by Daman whenever provided for medical emergencies and by licensed ambulance providers.

Daman covers ambulance services to the nearest appropriate facility that is able to give the care which a beneficiary requires. If the patient is taken to a facility that is farther away, the additional mileage needs to be justified.

Type of transfer	Coverage
Home to facility	Covered for emergencies
Facility to facility	Covered for emergencies
Site of event (not road traffic accident) to facility	Covered for emergencies

Please note that Daman will consider mile (in HCPCS description) to mean kilometres.

Requirements for Coverage

An ICD-10-CM diagnosis, coded to the highest level of specificity, justifying the condition of the patient and the appropriate HCPCS.

Non-Coverage

Ambulance services are not covered non-emergency conditions.

Payment and Coding Rules

1. Please apply DOH payment rules and regulations and relevant coding manuals for ICD10CM and HCPCS.
2. Ambulance Services HCPCS should only be billed for actual emergencies:
 - a) 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, **OR**
 - b) 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.
3. It is the medical condition of the patient, not the diagnosis, which drives the necessity to call for an ambulance service. Examples of emergency conditions are listed below:
 - a) Severe bleeding/haemorrhage, risk of blood loss from internal bleedings (e.g. intracranial haemorrhage)
 - b) Signs and Symptoms of acute cardiac distress (e.g. chest pain), Heart attack, Shortness of breath, Stroke.
 - c) Life threatening trauma, Loss of consciousness, Extensive burns, severe fractures and injuries
 - d) Immediate Oxygen requirement and/or skilled emergency medical treatment is needed during transportation.

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4. Various Ambulance Billing Requirements

a) 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 Defibrillator.
- Endotracheal intubation.
- Central venous line.
- Cardiac Pacing.
- Chest compression.
- Surgical airway.
- Intraosseous line.

b) Basic Life Support (BLS)

- Medical condition requires intervention by an EMT basic.

c) 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

d) Ambulance Waiting Time (ALS OR BLS)

- Waiting time is reimbursed only if waiting time is more than 15 minutes.

5. Claim Requirements:

- a) Encounter Start Type – 2 : Emergency
- b) Encounter Type – 41 Ambulance - Land

Denial codes

Description
Service is not clinically indicated based on good clinical practice
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
Service is too frequent
Services (s) is (are) not covered

Appendices

A. References

- HAAD Standard for Minimum Requirements for the Preparedness of Common Medical Emergencies in Inpatient Care Setting, Outpatient Care Setting, Ambulance Services and Inter-facility Patient Transfer.
- Services and Clients' Service Management Manual of Dubai Corporation for Ambulance Services
- NHS Ambulance Services
- Irish Prehospital Emergency Care Council Guidelines.

B. Revision History

Date	Change(s)
15/05/2013	V1.0 Release
01-07-2013	V1.1 New template
15-07-2014	V2.0 Disclaimer updated as per system requirements
30-08-2018	V3.0 Content update

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