

Ambulance services

Adjudication Guideline

Rule Category:
Billing

Ref: No:
2013-BR-0001

Version Control:
Version No. 4.0

Effective Date:
15/05/2013

Revision Date:
29/12/2024

Approved by:
Daman

Responsible:
Medical Standards
& Research

**Related Adjudication
Guidelines:**
N/A

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1. Abstract

1.1 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.

1.2 For Medical Professionals

Billing Rules are the adjudication rules following HCPCS and regulatory/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 services are provided for medical emergencies where patient's condition may not allow them to be suitable for transport by other methods.

2. Scope

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

3. Adjudication Policy

3.1 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, with relevant documentation.

Note: Lower severity levels do not justify the coverage of emergency ambulance service, and alternative modes of transport should be used.

The below Transfer Types are covered based on SOB and regulator standards:

- Home to facility
- Facility to facility
- Site of event (not road traffic accident) to facility

Note: Daman will consider "mile" (in HCPCS description) to mean kilometres.

3.2 Requirements for Coverage

The diagnosis must be coded to the highest level of specificity, justifying the condition of the patient and the appropriate HCPCS.

3.3 Non-Coverage

Ambulance services are not covered non-emergency conditions.

3.4 Payment and Coding Rules

1. Please apply DOH payment rules and regulations and relevant coding manuals for ICD and HCPCS.
2. Ambulance Services HCPCS should only be billed in line with the Ambulance and EMS Standards as per DOH requirements with sufficient documented medical necessity such as:
 - 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 recommended
 - 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. Medical condition of the patient, not the diagnosis, drives the necessity to call for an ambulance service. Examples of emergency conditions are listed below:
 - Severe bleeding/haemorrhage, risk of blood loss from internal bleedings (e.g. intracranial haemorrhage)
 - Signs and Symptoms of acute cardiac distress (e.g. chest pain), Heart attack, Shortness of breath, and stroke.
 - Life threatening trauma, Loss of consciousness, Extensive burns, severe fractures and injuries.
 - Immediate Oxygen requirement and/or skilled emergency medical treatment is needed during transportation.

4. Various Ambulance Billing Requirements

- Advanced Life Support-2 (ALS-2)
In addition to the above, the medical condition severity can be defined such 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
- Basic Life Support (BLS)
 - Medical condition requires intervention by an EMT basic
- 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
- Ambulance Waiting Time (ALS OR BLS)
 - Waiting time is reimbursed only if waiting time is more than 15 minutes.
- Non-emergency Ambulance transfers
 - Eligibility criteria for medically indicated Non-Emergency Ambulance transfer:
 - The patient being transported has at the time of ground transport, a condition such that all other methods of ground transportation are contraindicated.
 - The patient is before, during and after transportation, bed confined. "Bed-confined" means the patient must meet all of the following three criteria:
 - Unable to get up from bed without assistance.
 - Unable to ambulate.
 - Unable to sit in a chair (including a wheelchair).

Claims must be billed as per DOH Addendums and claims and adjudication requirements for all types of ambulance services:

- Encounter Start Type must be reported and documented for reimbursement and billing
- Encounter Type (e.g.) 41 Ambulance – Land must be reported as per the requirements

4. Denial Codes

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service is too frequent
NCOV-003	Services (s) is (are) not covered

5. Appendices

5.1 References

- <https://www.doh.gov.ae/-/media/F8647B708EDE4AFD87FEB6A024F2E907.ashx>
- https://www.doh.gov.ae/-/media/Feature/Muashir/Jawda/Jawda-Quarterly-Submission-Guidelines/7969_EMS-Guidance-Lastupdate_May2019.ashx
- <https://u.ae/en/information-and-services/justice-safety-and-the-law/handling-emergencies/medical-emergencies>
- <https://www.nen.nl/en/nen-en-1789-2020-en-275702>

5.2 Revision History

Date	Change(s)
15/05/2013	V1.0 Release of Guideline
01/07/2013	V1.1 New template
15/07/2014	V2.0 Disclaimer updated as per system requirements
30/09/2018	V3.0 Content update
29/12/2024	V4.0 General Content and Template update

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