DRAFT

To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP.

Table of Contents

DRAFT

DRAFT

Related Clinical Coverage Policies

Refer to https://medicaid.ncdhhs.gov/ for the related coverage policies listed below:
1E-7, Family Planning Services
2A-3, Out-of-State Services

Information

Refer to the following web sites for information:
NC Medicaid Provider Services: https://medicaid.ncdhhs.gov/
OEMS Website: https://www.ncdhhs.gov/divisions/dhsr
Provider Policies, Manuals and Guidelines:
https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html
Non-Emergency Medical Transport: https://medicaid.ncdhhs.gov/NEMT-policy
Behavioral Health Mobile Crisis Team: https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/crisis-services/find-mobile-crisis-team

1.0 Description of the Procedure, Product, or Service

Emergency Ambulance services provide medically necessary treatment and transport of a NC Medicaid ~~Program~~ beneficiary. Transport is provided only if the beneficiary's medical condition is such that the use of any other means of transportation is contraindicated or unavailable. Ambulance services include emergency ~~and non-emergency~~ ambulance transport via ground and air medical ambulance for a beneficiary. ~~Refer to **Subsection 4.0**.~~

1.1 Definitions

Advanced Life Support (ALS) Assessment
A medically necessary assessment performed by an ALS crew as part of an emergency response as the beneficiary's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the beneficiary requires an ALS level of service.

Advanced Life Support Intervention
Advanced life support (ALS) intervention means a procedure that is, in accordance with State and local laws, required to be furnished by ALS personnel.

Note: If local protocols require an ALS response for all calls, N.C. Medicaid only covers the level of service provided. ALS level of service must include ALS assessment, ALS intervention, or both, and then only when the service is medically necessary.

Advanced Life Support, Level 1 (ALS1)
Advanced life support, level 1 (ALS1) means transportation by ground ambulance vehicle, medically necessary supplies, and services and either an ALS assessment by ALS personnel or the provision of at least one ALS intervention.

Advanced Life Support, Level 2 (ALS2)
Advanced life support, level 2 (ALS2) means either transportation by ground ambulance vehicle, medically necessary supplies and services, and the administration of at least three medications by intravenous push, bolus or 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 of the following ALS procedures:

a. Manual defibrillation or cardioversion;
b. Endotracheal intubation;
c. Central venous line;
d. Cardiac pacing;
e. Chest decompression;
f. Surgical airway;
g. Intraosseous line;
h. 12-Lead electrocardiogram (ECG); ~~for segment elevation myocardial infarction (STEMI)~~
i. Continuous Positive Airway Pressure (CPAP); ~~or~~
j. Ventilator Operation.; or
k. ~~Femoral line~~ Prehospital blood transfusion which includes:
   ~~i.~~ Administration of low titer O+ and O- whole blood (WBT);
   ~~ii.~~ Administration of packed red blood cells (PRBCs);
   ~~iii.~~ Administration of plasma; or
   ~~iv.~~ Administration of a combination PRBCs and plasma

Advanced Life Support Personnel
An individual trained to the level of emergency medical technician-intermediate (EMT-Intermediate) or paramedic. EMT-Intermediate is defined as an individual who is qualified, according to state and local laws, as an EMT-Basic and who is also qualified in accordance with State and local laws to perform essential advanced techniques and to administer a limited number of medications. EMT-Paramedic is defined as possessing the qualifications of the EMT-Intermediate and according to state and local laws, as having enhanced skills that include being able to administer additional interventions and medications.

Air Medical Ambulance
An aircraft (rotary and fixed wing) configured and medically equipped to transport a beneficiary by air. The beneficiary care compartment of air medical ambulances shall be staffed by medical crew members approved for the mission by the Medical Director.
Vehicle and equipment requirements are located at 10A NCAC 13P .0209.
~~Rotary-wing air medical ambulance is transport by a helicopter that has been inspected and issued a permit by the State OEMS as a rotary-wing ambulance, and the provision of medically necessary supplies and services. Fixed-wing air medical ambulance is transport by a fixed-wing aircraft that has been inspected and issued a permit by the State OEMS as a fixed-wing air medical ambulance, and the provision of medically necessary supplies and services.~~

Basic Life Support (BLS)
BLS is transportation by a ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State Office of Emergency Medical Services (OEMS). The ambulance shall be staffed by an individual who is credentialed in accordance with 10A NCAC 13P .0502 and G.S. 131E-159 as an Emergency Medical Technician (EMT).

Bypass
A decision made by the emergency medical technician to transport a beneficiary from the scene of an accident or medical emergency past a receiving facility for the purposes of accessing a facility with a higher level of care, or a hospital of its own volition reroutes a beneficiary from the scene of an accident or medical emergency or referring hospital to a facility with a higher level of care.

Date of Service
The date of service of an ambulance transport ~~service~~ is the date that the loaded ambulance vehicle departs from the point of pick-up. In the case of ground transport, if the beneficiary is deceased upon arrival, or declines transport, ~~pronounced dead after the vehicle is dispatched but before the (now deceased) beneficiary is loaded into the vehicle,~~ the date of service is the date of the vehicle's dispatch.

Diversion
Means the hospital is unable to accept a beneficiary via emergency ambulance as staffing or resources to treat and stabilize are temporarily unavailable.
Emergency Ground Transportation
Medically necessary ground transportation to the nearest appropriate facility where prompt medical or behavioral health services are provided in an emergency ~~situation such as accident, acute illness, or injury~~. Emergency ground transport includes both BLS and ALS services.

Emergency Medical Condition
A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in subjecting the beneficiary or their unborn child to medical or behavioral deterioration.
~~An **emergency medical condition** is defined in 42 C.F.R. 489.24(b).~~
Emergency Response
Emergency response means responding immediately ~~at the BLS or ALS1 level of service~~ to a 911 call or the equivalent in areas without a 911 call system. An immediate response is one in which the ambulance entity begins as quickly as possible to take the steps necessary to respond to the call.

~~An **emergency response** means responding immediately at the Basic Life Support (BLS) or Advanced Life Support Level 1 (ALS1) service to a 911 call or the equivalent in areas without a 911 call system.~~

~~An **immediate response** is one in which the ambulance service begins as quickly as possible to take the steps necessary to respond to a 911 call.~~

Ground Ambulance
A vehicle used to transport a beneficiary with traumatic or medical conditions or the beneficiary for whom the need for specialty, emergency, or non-emergency medical care is anticipated either at the beneficiary's location or during transport.~~is the same as defined in 10A NCAC 13P .0102(29).~~ In this policy, ambulance transport by either land or water vehicles may be referred to as "ground transportation." Vehicle and equipment requirements are located at 10A NCAC 13P .0207, .0208, and .0210.

Loaded Mileage
The number of miles for which the beneficiary is transported in the ambulance vehicle. For air medical ambulances (fixed wing and rotary wing), the point of origin includes the beneficiary's loading point and runway taxiing until the beneficiary is offloaded from the air medical ambulance. Air mileage is based on loaded miles flown, as expressed in statute miles, and is reimbursable.
For ground ambulances, loaded mileage is from the point of origin to the nearest appropriate facility. Mileage to a facility ~~that does not meet this criterion~~ beyond the appropriate facility is not covered. ~~Ground ambulance loaded mileage is reimbursable for out-of-county transport and in-county transport. In-county loaded ground mileage is not reimbursable.~~
~~**Out of county Out-of-County transport** is a transport by ambulance in which the final destination of the beneficiary is outside the limits of the county in which the transport originated.~~

Nearest Appropriate Facility
The nearest medical or behavioral health ~~appropriate~~ facility, except for instances of bypass or diversion, ~~for emergency transport is the nearest institution or medical facility that is capable~~ with the capability and capacity, under federal and state laws, ~~of furnishing~~ to furnish the required type of care for the beneficiary's illness or injury.

~~**Non-Emergency Medically Necessary Ambulance Transport**~~
~~Non-emergency ambulance transport is a medically necessary transport for a Medicaid beneficiary to obtain medical services that cannot be provided when needed at the beneficiary's location.~~

One-Way Trip
Emergency ~~or non-emergency~~ transportation from point of pickup to destination. Delivery of the beneficiary at the destination discharges the ambulance provider's responsibility. The ambulance service is then available to respond to another call or return to base. ~~transport other beneficiaries~~.

Out of State Facility
A medical or behavioral health facility, enrolled in NC Medicaid, and greater than 40 miles from the NC border.

Point of Pick-up (Origin)
The point of pick-up, or origin, is the location of the beneficiary at the time placed on board the ground or air medical ambulance.

Prudent Layperson Standard
The standard used to determine whether a medical condition reasonably appeared to require emergency medical attention based on the presenting symptoms, not the final diagnosis. The standard is met when a person with average knowledge of health and medicine could reasonably expect that delaying immediate medical attention would place the individual's health—or, for a pregnant woman, the health of the woman or her unborn child—in serious jeopardy; seriously impair bodily functions; or cause serious dysfunction of a bodily organ or part. (42 C.F.R. § 438.114)

Round Trip
~~A non-emergency transportation by ambulance from the point of pickup to destination and return to point of pickup. The ambulance remains in the vicinity of the destination, does not return to base, and does not respond to other calls for transport.~~ ~~This service is covered for **Medicaid beneficiaries only**. Refer to **Subsection 4.0.**~~

Specialty Care Transport
Transport of a critically injured or ill beneficiary to a higher level of care via ambulance, including medically necessary supplies, services and personnel, at a level of service beyond the scope of the EMT-Paramedic.

Treat No Transport
The beneficiary is stabilized on scene by emergency services personnel. Basic or advanced life support may be provided, but the beneficiary is not transported, or is deemed competent and refuses transport by EMS.

~~**Locality**~~
~~Locality means the service area surrounding the institution to which beneficiaries normally travel or are expected to travel to receive hospital or skilled nursing services.~~

~~If two or more facilities that meet the destination requirements can treat the beneficiary appropriately, and the locality of each facility encompasses the place where the ambulance transportation of the beneficiary began, then the out-of-county mileage (if applicable) to any one of the facilities to which the beneficiary is taken is covered.~~

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(*The term "General" found throughout this policy applies to all Medicaid policies*)

a. An eligible beneficiary shall be enrolled in the NC Medicaid Program. *(Medicaid is NC Medicaid program, unless context clearly indicates otherwise*).
b. Provider(s) shall verify each Medicaid beneficiary's eligibility each time a service is rendered.
c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.1.2 Specific

a. **Medicaid**
None Apply.

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination** (includes any evaluation by a physician or other licensed clinician).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. **EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide,* and on the EPSDT provider page. The Web addresses are specified below.

   NCTracks Provider Claims and Billing Assistance Guide: https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html

   EPSDT provider page: https://medicaid.ncdhhs.gov/

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

3.1 General Criteria Covered

Medicaid shall cover procedures, products, and services related to this policy when they are medically necessary, and:

a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by Medicaid

Medicaid shall cover Ambulance Services when the beneficiary meets the following specific criteria:

a. Services provided are to the extent necessary to screen and stabilize the beneficiary, based on a prudent layperson standard of presenting signs and symptoms. refer to **Section 1.1.** ~~Coverage for emergency services shall be provided to the extent necessary to screen and to stabilize the beneficiary;~~
~~b. shall not require prior authorization of the services if a prudent layperson acting reasonably would have believed that an emergency medical condition existed; and~~
~~c. Payment of claims for emergency services shall be based on the retrospective review of the presenting history and symptoms of the beneficiary.~~

3.2.1.1 Air Medical Ambulance

NC Medicaid shall cover ~~For~~ air medical ambulance from the point of pick-up to the point the beneficiary is off loaded when one of the following conditions are met: ~~the point of origin is the beneficiary's loading point and runway taxiing, until the beneficiary is offloaded from the air medical ambulance.~~

l. ~~Air medical ambulance is covered in any one of the following situations:~~

m. ~~the beneficiary's medical condition requires immediate and rapid ambulance transport that cannot be provided by ground ambulance;~~

a. the point of pickup is inaccessible by ground vehicle; **or**

b. the beneficiary's condition is such that the time needed to transport the beneficiary by land, or the instability of transport by land, to the nearest appropriate facility poses a threat to the beneficiary's survival or endangers the beneficiary's health.

3.2.1.2 Air Medical Ambulance Transport

NC Medicaid shall cover Air Medical Ambulance transport between hospitals; this includes conditions where:

a. the need for advanced care capabilities is not immediately available by local ground ambulance resources; or

b. the threat posed by land transport to the beneficiary's survival or health is determined by the treating physician

c. ~~Some conditions requiring emergency air medical ambulance transportation are:~~

~~1. intracranial bleeding requiring neurosurgical intervention;~~
~~2. shock;~~
~~3. major burns requiring treatment in a burn center;~~
~~4. conditions requiring immediate treatment in a hyperbaric oxygen unit;~~
~~5. multiple severe injuries;~~
~~6. life-threatening trauma;~~
~~7. ST Segment Elevation Myocardial Infarction (STEMI); and~~
~~8. cardiovascular Accident (CVA).~~

3.2.1.3 Ambulance Transport of a Deceased Beneficiary

NC Medicaid shall cover ambulance transport of a deceased beneficiary when either of the conditions below are met: ~~is covered in either one of the following situations:~~

a. the beneficiary is pronounced dead by a legally authorized individual after the dispatch of the ambulance, but before the beneficiary is loaded on board the ambulance; ~~The provider is reimbursed for the BLS base rate. No mileage is reimbursed. The date of service is the date of the dispatch of the ambulance. Use QL modifier, "Patient pronounced dead after ambulance called," on the claim;~~ or

b. the beneficiary is pronounced dead by a legally authorized individual after pick-up but before arrival at the receiving facility. The same reimbursement rules apply as if the beneficiary were alive.

3.2.1.4 Out-of-State (Non-Contiguous) Transport of a Beneficiary

NC Medicaid shall cover medically necessary ground or air transport to a facility beyond 40 miles of the NC border when the following conditions are met:

a. the facility and providers are actively enrolled in NC Medicaid for the date the service is rendered: **and**

b. an approval is in place for both the care to be rendered and the non-emergency transport between facilities.

Note: Emergency transportation and services are exempt from prior approval.

~~Hospitals, acute medical care, and ambulance services are out-of-state services when they are provided more than 40 miles outside of the N.C. border.~~

~~Hospitals, acute medical care, and ambulance services provided *within* 40 miles of the N.C. border in the contiguous states of Georgia, South Carolina, Tennessee, and Virginia shall be covered to the same extent and under the same conditions as services provided in North Carolina. These facilities and providers shall obtain Medicaid provider numbers. Contact NC Medicaid Provider Services (https://medicaid.ncdhhs.gov/) for information on obtaining a Medicaid Provider number.~~

~~Refer to clinical coverage policy, 2A-3, *Out-of-State Services*, at https://medicaid.ncdhhs.gov/.~~

~~3.2.1.5 Out-of-County Transport of Beneficiaries~~

~~Ground ambulance loaded mileage is reimbursable only for out-of-county transport.~~

3.2.1.6 Transport to Behavioral Health Crisis Centers

NC Medicaid shall cover transport of a Medicaid beneficiary in behavioral health crisis to behavioral health clinics or alternative appropriate care locations when the following criteria are met:

a. emergency Medical Services (EMS) providers have received appropriate education in caring for a beneficiary in behavioral health crisis;

b. EMS system has at least one partnership with a receiving facility that is able to provide care appropriate for a beneficiary; and

c. EMS systems shall be required to include in its EMS system plan a report on beneficiary experiences and outcomes in accordance with rules adopted by Department of Health and Human Services (DHHS), Division of Health Service Regulation (DHSR), Division of Health Benefits (DHB), and Office of Emergency Services (OEMS) (Session Law 2018-5 Section 11H.4(a)

3.2.2 Medicaid Additional Criteria Covered

In addition to the specific criteria covered in **Subsection 3.2.1** of this policy, Medicaid shall cover emergency ambulance transports (that meets all other program requirements for coverage) only to the following destinations:

~~3.2.2.1 Origin and Destination~~

~~Medicaid shall cover ambulance transports (that meet all other program requirements for coverage) only to the following destinations:~~

a. hospital; (including facility to facility or facility bypass when advanced level of care is required);
b. critical access hospital;
~~c. skilled nursing facility;~~
~~d. adult care home;~~
~~e. intermediate care facility for individuals with intellectual disabilities (ICF-IID);~~
~~f. beneficiary's primary private residence;~~
~~g. dialysis facility for end-stage renal disease if the beneficiary's condition requires ambulance services;~~
h. transfer site (airport or helipad); and
i. physician's office;
~~1. Non-emergency transport to a physician's office shall meet the criteria in **Subsection 3.2.2.2, Non-Emergency Medically Necessary Ambulance Transport.**~~
~~2. Emergency transportation to a physician's office shall meet the following conditions:~~
~~A. the beneficiary is enroute to a hospital;~~
~~B. there is medical need for a professional to stabilize the beneficiary's condition; and~~
~~C. the ambulance continues the trip to the hospital immediately after stabilization.~~
j. emergency transport from hospital to hospital is appropriate when the transferring facility does not have adequate facilities to provide needed care. Coverage is available only if the beneficiary is transferred to the nearest appropriate facility such as, transportation between burn centers, neonatal care centers, trauma units, primary cardiac intervention centers, and stroke centers~~; and~~
~~k. emergency transport of a beneficiary residing in a nursing home shall meet medical necessity criteria for an emergency, and the services needed shall be unavailable at the facility.~~

~~3.2.2.2 Non-emergency Medically Necessary Ambulance Transport~~

a. ~~Non-emergency medically necessary ambulance transport is covered for Medicaid beneficiaries only in the following situations:~~
~~1. medical necessity is indicated when the use of other means of transportation is medically contraindicated. This refers to beneficiaries whose medical condition requires transport by stretcher;~~
~~2. the beneficiary is in need of medical services that cannot be provided in the place of residence; or~~

3. return transportation is provided from a facility that can provide total care for every aspect of an injury or disease to a facility that has fewer resources to offer highly specialized care.

b. Non-emergency medically necessary ambulance transport is appropriate in either of the following situations:

1. the beneficiary is bed confined and it is documented that the beneficiary's medical condition is such that a stretcher is the only safe mode of transportation; or

2. the beneficiary's medical condition, regardless of bed confinement, is such that transportation by ambulance is medically required.

c. A beneficiary is bed confined when all of the following criteria are met. The beneficiary is:

1. unable to get up from bed without assistance;

2. unable to ambulate; and

3. unable to sit in a chair or wheelchair.

d. A provider shall move a bed-confined beneficiary by stretcher for:

1. contractures creating non-ambulatory status and the beneficiary cannot sit;

2. immobility of lower extremities (spica cast, fixed hip joints) and unable to be moved by wheelchair; or

3. return (back) transport, such as when a newborn is transported to a tertiary hospital for necessary care and services and, when stabilized, is transported back to the referring hospital to receive a lower level of services.

3.2.2.3 Ambulance Services during Pregnancy

Medicaid shall cover Ambulance medically necessary, emergency ambulance services for pregnant beneficiaries. services for pregnant beneficiaries must be medically necessary. Medical necessity may be present if one of the following conditions occur:

c. Crowning;
d. Hemorrhage;
e. Preterm labor (before 37 weeks);
f. Premature rupture of membranes;
g. Abruptio placentae placenta;
h. Placenta Previa;
i. Pre-eclampsia Preeclampsia or Eclampsia; or
j. Transport from a small hospital to tertiary hospital when beneficiary is in preterm labor.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid shall not cover procedures, products, and services related to this policy when:

a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0;**
b. the beneficiary does not meet the criteria listed in **Section 3.0;**
c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by Medicaid

Medicaid shall not cover ~~the following~~ emergency ambulance services for the following:

a. to an acute care facility based solely at the convenience of the provider, caregiver or beneficiary,
b. via air transport to a non-acute facility;
c. false alarms;
d. calls where all care is refused by the beneficiary or caregiver;
e. transport for a medical service not covered by Medicaid;
f. commercial airline tickets;
g. airstrip fees;
h. nursing personnel;
i. waiting fees, and;
j. oxygen and other items included in the base rate.

~~4.2.1.1 Nearest Appropriate Facility~~

~~a. The beneficiary is to be transferred to the nearest appropriate facility. Loaded mileage to a facility that does not meet this criterion is not reimbursed.~~
~~b. The fact that a physician does or does not have staff privileges in a hospital is not a consideration in determining whether the hospital has appropriate facilities.~~
~~c. A facility is not deemed appropriate or inappropriate based on provider, beneficiary, family or guardian preference.~~
~~a beneficiary's preference.~~

~~4.2.1.2 Transport of Deceased Beneficiaries~~

~~Ambulance transport of a deceased beneficiary is not covered if the beneficiary is pronounced dead by a legally authorized individual before the ambulance is called.~~

~~4.2.1.3 Air Medical Ambulance~~

~~Air medical ambulance transport to a facility that is not an acute care hospital is not a covered service.~~

4.2.1.4 Other Non-covered Ambulance Services

a. An ambulance is called, and no treatment is needed.
b. The ambulance responds to a false alarm call.
c. The beneficiary refuses all medical services.
d. Ambulance transport is for a medical service that is not a Medicaid covered service.
e. Commercial airline tickets are not reimbursable.
f. Airstrip fees are not covered.
g. Charges for taxes (local, state, federal, etc.) are not covered.
h. Separate additional charges for nursing personnel who are employees of a facility or ambulance service are not covered.
i. Waiting fees are not covered.
j. Costs for oxygen and other items and supplies provided are included in the base rate and are not separately reimbursable.
k. Services other than those listed in **Subsection 3.2** are not covered.

4.2.2 Medicaid Additional Criteria Not Covered

In addition to the specific criteria not covered in **Subsection 4.2.1** of this policy, Medicaid shall not cover:

a. Non-ambulance transportation of a Medicaid-eligible beneficiary to receive medical care that cannot be provided in the nursing facility is covered in the per diem that is reimbursed to the facility. The facility may contract with a service (including county-coordinated transportation systems) to provide transportation or may provide transportation services using its own vehicles.

Note: The nursing facility cannot charge the beneficiary or the beneficiary's family for the cost of this transportation.

4.2.2.1 Maternity Transport

Ambulance transport for beneficiaries with routine pregnancies is not covered. Beneficiaries without complications that would endanger the life of the mother, the child, or both do not meet medical necessity criteria.

Beneficiaries with Medicaid coverage through Family Planning are not covered to receive ambulance services.

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

5.1 Prior Approval

Medicaid shall not require prior approval for emergency ambulance services. Refer to Clinical Coverage Policy 2A-3, Out-of-State Services and Non-Emergency Medical Transport: https://medicaid.ncdhhs.gov/NEMT-policy for prior approval requirements for out of state and non-emergency medical transport.

The provider shall obtain prior approval before rendering Ambulance Services.

Prior approval (PA) is required for non-emergency ambulance services for a Medicaid beneficiary by ground or air from North Carolina to another state, from one state to another, or from another state back to North Carolina. Medical necessity determination is based on the documentation submitted by the provider. PA must be obtained **before** rendering out-of-state non-emergency ambulance services. PA for ambulance service is separate from PA for a medical procedure or treatment provided out of state.

Obtaining PA does not guarantee payment, ensure beneficiary eligibility on the date of service, or guarantee a post-payment review to verify that the service was appropriate and medically necessary. A beneficiary must be eligible for Medicaid coverage on the date the procedure is performed, or the service rendered. Requirements for billing Medicaid beneficiaries are outlined in 10A NCAC 22J.0106 (d).

Services must be provided in compliance with all applicable rules, regulations, laws, and current standards of practice. When requesting authorization for payment of services, the provider shall submit the beneficiary's face sheet and any other relevant information that demonstrates the beneficiary had an emergency medical condition as defined in 42 C.F.R. 489.24(c)(3).

A provider requesting PA for state-to-state ambulance transport shall submit the request by the provider (currently enrolled in NC Medicaid) to the fiscal agent. PA is *not* required for in or out of state emergency ambulance services, ground or air, for Medicaid beneficiaries.

5.2 Prior Approval Requirements

5.2.1 General

None Apply.

The provider(s) shall submit to the Department of Health and Human Services (DHHS) Utilization Review Contractor the following:

a. the prior approval request; and

b. all health records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy.

5.2.2 Specific

None Apply.

a. Each trip requires a separate PA process and PA number.

b. For non-emergency medically necessary ambulance transport, PA shall be obtained before service is rendered for a Medicaid beneficiary.

c. The PA is active for 30 calendar days.

5.3 Additional Limitations or Requirements

The provider shall bill only one ambulance procedure code for the same date of service, the same hour or time of pick-up, and the same or a different provider.

The provider shall not bill around-trip a round trip ambulance transport and a one-way-trip ambulance transport on the same date of service. If this situation occurs, the provider shall submit an adjustment request with documentation that substantiates a round trip and an additional one-way trip on the same date of service.

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, the provider(s) shall:

a. meet Medicaid qualifications for participation;

b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and

c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply.

6.2 Provider Certifications

None Apply.

6.3 Licensure and Vehicles

Ambulance providers shall comply with licensure and credentialing requirements of the State Office of Emergency Medical Services (OEMS) in the Division of Health Service Regulation (DHSR) and G.S. 131E-155.1. The beneficiary shall be transported in an appropriately equipped vehicle that has been inspected and issued a permit by the State OEMS and the ambulance provider shall comply with G.S. 131E-156 and 131E-157. Staffing shall be according to G.S. 151E-158 and 10A NCAC 13P and appropriate for the level of care provided to the Medicaid beneficiary. The OEMS Website is located at https://www.ncdhhs.gov/divisions/dhsr.

6.4 In-State Emergency Ambulance Service Requirements

In-state ambulance service providers shall meet each of the following requirements:

a. have a valid license from the State OEMS;
b. hold a current permit issued by OEMS on the vehicle(s) used for transport;
c. participate as an ambulance provider in the Medicare program; and
d. staff ambulances in accordance with State and local laws, including staff credentialing in accordance with OEMS

6.5 Out-of-State Emergency Ambulance Service Requirements

Out-of-state ambulance service providers shall meet all of the following requirements:

a. s valid license as an ambulance provider under the laws of the state in which the provider operates;
b. an enrolled Medicaid ambulance provider in the state in which the provider operates;
c. an enrolled Medicare ambulance provider; and
d. enrolled with an N.C. Medicaid provider number.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, its divisions or its fiscal contractor(s)

7.2 Call Reports

The ambulance provider shall maintain all call reports, ~~PA forms,~~ documentation to support the miles billed, and any other records prepared or received regarding the service rendered to the beneficiary and claimed for reimbursement. The provider shall retain the records for a minimum of five ~~six~~ years from the date of service, unless a longer retention period is required, and shall be made available to NC Medicaid or its NC Medicaid's designee upon request.

Submission of call reports is not required when filing ambulance claims.

A call report shall be legible, complete, and accurate.

a. Include a complete description of the beneficiary at the scene and in transit and contain at a minimum the following:
    1. ~~detail~~ the condition necessitating the ambulance service;
    ~~2. include~~ a physical description of the beneficiary's position, location, and status during the initial encounter. ~~(for example, lying on the floor or sitting in a wheelchair);~~
    3. ~~Include data on how, when, and where the beneficiary was found;~~ all vital signs; level of consciousness; and other relevant information;
    4. ~~document~~ all treatments rendered and the beneficiary's response to treatment;
    5. ~~use~~ sufficient detail to justify that the beneficiary's health and safety would be endangered if transported other than by stretcher; **and**
    ~~6. use~~ sufficient detail to support the medical necessity of the transport, ~~the condition codes billed,~~ and the level of care provided. ~~If the ambulance service does not meet medical necessity and coverage criteria, the provider shall document this information on the call report to ensure a complete and accurate record of the beneficiary's condition.~~
b. Include the time in the range of 00–23 hours, the point of pickup, the destination, and the number of loaded miles;
c. Document that the transport is to the nearest appropriate facility; and
d. Document one-way or round-trip ambulance transport.

7.3 Physician Certification and Order for Non-Emergency Medicaid Ambulance Services

The ambulance provider shall obtain the signed written order and certification with the appropriate signatures before billing for the following services:

7.3.1 Non-Emergency, Scheduled, Repetitive Ambulance Services

For all non-emergency, scheduled, repetitive ambulance services, ambulance providers shall obtain from the Medicaid beneficiary's attending physician a written order certifying the medical necessity of the ambulance services. The physician's order shall be dated no earlier than 60 calendar days before the date the service is furnished.

7.3.2 Non-Emergency Ambulance Services That Are Either Unscheduled or That Are Scheduled on a Non-Repetitive Basis

For a Medicaid beneficiary who is under the care of a physician, the ambulance provider shall obtain a written order certifying the medical necessity from the beneficiary's attending physician within 48 hours after the transport.

If the ambulance provider cannot obtain the written order and certification with appropriate signatures within 21 calendar days following the date of service, the provider shall document the attempts to obtain the requested order and certification and may then submit the claim to NC Medicaid's designee.

If the ambulance provider cannot obtain a signed physician certification statement from the beneficiary's attending physician, he shall obtain a signed certification statement from either the physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), registered nurse (RN), or discharge planner who has personal knowledge of the beneficiary's condition at the time the ambulance transport is ordered, or the service is furnished.

This individual shall be employed by the beneficiary's attending physician or by the hospital or facility where the beneficiary is being treated and from which the beneficiary is transported.

A physician order is not required for a Medicaid beneficiary who resides in their; primary private residence or in a facility and is not under the direct care of a physician.

The presence of the signed physician certification statement does not necessarily demonstrate that the transport was medically necessary and that it met coverage criteria. The ambulance provider shall meet all coverage criteria, including call report criteria, in order for reimbursement to be made.

8.0 Policy Implementation and History

Original Effective Date: February 1, 2016

History:

Date	Section or subsection Revised	Change
02/01/2016	All sections and attachment(s)	New policy documenting current coverage and services
03/15/2019	Table of Contents	Added, "To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after November 1, 2019, please contact your PHP."
03/15/2019	All Sections and Attachments	Updated policy template language.
08/15/2019	Section 3.2.1.5	Added Subsection "**3.2.1.5 Transport to Behavioral Health Crisis Centers."** NC Medicaid shall cover transport of Medicaid beneficiaries in behavioral health crisis to behavioral health clinics or alternative appropriate care locations when the following criteria are met: a. Emergency Medical Services (EMS) providers have received appropriate education in caring for beneficiaries in behavioral health crisis; b. EMS system has at least one partnership with a receiving facility that is able to provide care appropriate for those beneficiaries; and c. EMS systems shall be required to include in its EMS system plan a report on beneficiary experiences and outcomes in accordance with rules adopted by Department of Health and Human Services (DHHS), Division of Health Service Regulation (DHSR), Division of Health Benefits (DHB), and Office of Emergency Services (OEMS) Session Law 2018-5 11H.4(a)
08/15/2019	Section 3.2.3.1 (g)	Added: Emergency transport to a behavioral health clinic or other appropriate location during a behavioral health crisis. Effective Date: July 1, 2019
01/15/2020	Table of Contents	Updated policy template language, "To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP."
01/15/2020	Attachment A	Added, "Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines".
03/01/2023	Section 3.2.1	a . Coverage for emergency services shall be provided to the extent necessary to screen and to stabilize the

Date	Section or subsection Revised	Change
		beneficiary; b. shall not require prior authorization of the services if a prudent layperson acting reasonably would have believed that an emergency medical condition existed; c. and Payment of claims for emergency services shall be based on the retrospective review of the presenting history and symptoms of the beneficiary.
03/01/2023	Section 5.1	Clarified 10A NCAC 22J.0106 (d), outlines requirements for billing Medicaid recipients. Deleted: provider cannot bill beneficiaries when he fails to follow program regulations or when the claim denies on the basis of a lack of medical necessity.
03/01/2023	Section 5.1	Deleted instructions to submit PA forms and replaced with instructions for the provider (currently enrolled in NC Medicaid) to request state-to-state ambulance transport from the fiscal agent. Also clarified that NCHC does not cover non-emergency medically necessary transportation.
03/01/2023	Attachment A (C)	Removed Medical Conditions List
03/28/2023		Numbering fixed in policy amended date not changed
4/15/2023	All Sections and Attachment(s)	Updated policy template language due to North Carolina Health Choice Program's move to Medicaid. Policy posted 4/15/2023 with an effective date of 4/1/2023.
12/15/2023		Fixed minor formatting issue posting and amended date not changed.
00/00/000	Title, throughout	Changed Policy title to Emergency Ambulance Services to differentiate between emergency and non-emergency medical transportation
00/00/000	Throughout	Removed all references to Non-Emergency Medically Necessary Ambulance Transport
00/00/000	Related Clinical Coverage Policies	Added Non-Emergency Medical Transport policy to the list of related policies
00/00/000	All Sections and Attachments	Updated grammar and formatting per the policy template. Changed "beneficiaries" to "beneficiary"
00/00/000	Section 1.0	Added the words "and transport of" and "unavailable, or declined by the beneficiary"
00/00/000	Section 1.0	Deleted the words "Program" and "Refer to Subsection 4.0"
00/00/000	Section 1.1	Added definitions for the terms: Advanced Life Support Personnel Bypass Diversion Emergency Medical Condition

Date	Section or subsection Revised	Change
		Prudent Layperson Standard Point of Pick-up (Origin) Specialty Care Transport Treat No Transport Removed definitions for the term: Non-Emergency medically Necessary Ambulance Transport
/ /2025	Section 1.1.2	Added the word "note" to the definition of Advanced Life Support (ALS) Intervention.
/ /2025	Section 1.1.4	Removed the phrase "for segment elevation myocardial infarction (STEMI)" and "or Femoral Line" Added "Prehospital blood transfusion" and the covered blood products to the list of qualifying ALS procedures
/ /2025	Section 1.1.6	Deleted pre-existing definition. Added "An aircraft (rotary and fixed wing) configured and medically equipped to transport a beneficiary by air. The beneficiary care compartment of air medical ambulances shall be staffed by medical crew members approved for the mission by the Medical Director.
/ /2025	Section 1.1.9	Changed the term "service" to "transport". Changed the phrase "pronounced dead after the vehicle is dispatched but before the (now deceased) beneficiary is loaded into the vehicle" to "deceased upon arrival, or declines transport"
/ /2025	Section 1.1.11	Added "or behavioral health". Deleted "situation such as accident, acute illness, or injury"
/ /2025	Section 1.1.12	Removed pre-existing definition. Added "A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in subjecting the beneficiary or their unborn child to medical or behavioral deterioration."
/ /2025	Section 1.1.13	Deleted "at the BLS or ALS1 level of service"
/ /2025	Section 1.1.14	Added "A vehicle used to transport a beneficiary with traumatic or medical conditions or the beneficiary for whom the need for specialty, emergency, or non-emergency medical care is anticipated either at the beneficiary's location or during transport…In this policy, ambulance transport by either land or water vehicles may be referred to as "ground transportation."

Date	Section or subsection Revised	Change
		Deleted "is the same as defined in 10A NCAC 13P .0102(29)."
00/00/000	Section 1.1.15	Changed the phrase "that does not meet this criterion" to "beyond the nearest appropriate facility" Deleted "Ground ambulance loaded mileage is reimbursable for out-of-county transport and in-county transport. In-county loaded ground mileage is not reimbursable. Out-of-County transport is a transport by ambulance in which the final destination of the beneficiary is outside the limits of the county in which the transport originated.
00/00/000	Section 1.1.16	Changed the phrase "appropriate facility for emergency transport is the nearest institution or medical facility" to "Medical or behavioral facility, except for instances of bypass or diversion, with the capability and capacity, under federal and state laws, to furnish the required type of care for the beneficiary's illness or injury."
00/00/000	Section 1.1.17	Deleted the term "Medicaid".
00/00/000	Section 1.1.18	Changed the phrase "transport other beneficiaries" to "respond to another call or return to base"
00/00/000	Section 1.1.21	Deleted the section "Round Trip" as this only applies to NEMT
00/00/000	Section 1.1	Deleted the definition "Locality"
00/00/000	Section 3.2.1	Added the phrase "Medicaid shall cover Ambulance Services when the beneficiary meets the following specific criteria:"
00/00/000	Section 3.2.1	a: Changed the phrase "Coverage for emergency services shall be provided to the extent necessary to screen and to stabilize the beneficiary; shall not require prior authorization of the services if" to "Services provided are to the extent necessary to screen and stabilize the beneficiary, based on a prudent layperson standard of presenting signs and symptoms." b: Deleted the phrase "shall not require prior authorization of the services if prudent layperson acting reasonably would have believed that an emergency medical condition existed." c: Deleted the phrase "Payment of claims for emergency services shall be based on the retrospective review of the presenting history and symptoms of the beneficiary."

Date	Section or subsection Revised	Change
00/00/000	Section 3.2.1.1	Added the phrase "NC Medicaid shall cover air medical ambulance from the point of pick-up to the point the beneficiary is off loaded when one of the following conditions are met:" and "NC Medicaid shall cover Air Medical Ambulance transport between hospitals, this includes scenarios where: 1.The need for advanced care capabilities are not immediately available by local ground ambulance resources; or 2.The threat posed by land transport to the beneficiary's survival or health is determined by the treating physician"
00/00/000	Section 3.2.1.1	Deleted "the point of origin is the beneficiary's loading point and runway taxiing, until the beneficiary is offloaded from the air medical ambulance." a: Deleted "Air medical ambulance is covered in any one of the following situations:" b: Deleted "the beneficiary's medical condition requires immediate and rapid ambulance transport that cannot be provided by ground ambulance;" c: Deleted Removed conditions requiring emergency air medical ambulance transportation
00/00/000	Section 3.2.1.2	Added the phrase "NC Medicaid shall cover ambulance transport of a deceased beneficiary when either of the below conditions are met"
00/00/000	Section 3.2.1.2	Deleted the phrase "is covered in either one of the following situations:" Deleted the phrase "The provider is reimbursed for the BLS base rate. No mileage is reimbursed. The date of service is the date of the dispatch of the ambulance. Use QL modifier, "Patient pronounced dead after ambulance called," on the claim;"
00/00/000	Section 3.2.1.3	Added "NC Medicaid shall cover medically necessary ground or air transport to a facility beyond 40 miles of the NC border when the following conditions are met: The facility and providers are actively enrolled in NC Medicaid for the date the service is rendered: and An approval is in place for both the care to be rendered and the non-emergency transport between facilities. Note: Emergency transportation and services are exempt from prior approval." Removed previous coverage material
00/00/000	Section 3.2.1.4	Removed Section 3.2.1.4 Out of County Transport to Beneficiaries

Date	Section or subsection Revised	Change
00/00/000	Section 3.2.2	Added the phrase "transports (that meet all other program requirements for coverage) only to the following destinations:"
00/00/000	Section 3.2.2	Now includes list that was previously in section 3.2.2.1 With updated list item "hospital" to include the description "(including facility to facility or facility bypass when advanced level of care is required);" Removed "skilled nursing facility" as an approved destination for emergency ambulance transport
00/00/000	Section 3.2.2.1	Removed criteria for Non-emergency and emergency transport to a physician's office
00/00/000	Section 3.2.2.2	Deleted this section titled "Non emergency Medically Necessary Ambulance Transport"
00/00/000	Section 3.2.2.3	Deleted this section titled "Ambulance Services During Pregnancy"
00/00/000	Section 4.2.1	Changed the phrase "the following" to "ambulance services for the following"
00/00/000	Section 4.2.1.1	Deleted the section titled "Nearest Appropriate Facility"
00/00/000	Section 4.2.1.2	Deleted the section titled "Transport of Deceased Beneficiaries"
00/00/000	Section 4.2.1.3	Deleted the section titled "Air Medical Ambulance"
00/00/000	Section 4.2.1.4	Deleted the section titled "Other Non covered Ambulance Services"
00/00/000	Section 4.2.2.1	Deleted the section titled "Maternity Transport"
00/00/000	Section 5.1	Replaced this section with the statement: "Medicaid shall not require prior approval for emergency ambulance services. Refer to Clinical Coverage Policy 2A-3, Out-of-State Services and Non-Emergency Medical Transport: https://medicaid.ncdhhs.gov/NEMT-policy for prior approval requirements for out of state and non-emergency medical transport."
00/00/000	Section 5.2.1	Changed to "None Apply"
00/00/000	Section 5.2.2	Changed to "None Apply"

Date	Section or subsection Revised	Change
00/00/000	Section 5.3	Corrected "around trip" to "a round trip"
00/00/000	Section 7.2	Changed the number of years from six to five
00/00/000	Section 7.2	Updated the call report requirements for readability Deleted the example "lying on the floor or sitting in a wheelchair"
00/00/000	Section 7.2	Deleted the requirement "Include data on how, when, and where the beneficiary was found;"
00/00/000	Section 7.2	Deleted the requirement for documenting "the condition codes billed"
00/00/000	Section 7.2	Updated call report requirements for readability and to remove the "PA forms" reference. Changed the number of years providers are required to retain records from "six" to "five" years
00/00/000	Section 7.3	Deleted the section titled "Physician Certification and Order for Non-Emergency Medicaid Ambulance Services"
00/00/000	Section 7.3.1	Deleted the section titled "Non-Emergency, Scheduled, Repetitive Ambulance Services"
00/00/000	Section 7.3.2	Deleted the section titled "Non-Emergency Ambulance Services That Are Either Unscheduled or That Are Scheduled on a Non-Repetitive Basis"
00/00/000	Attachment A (C)	Added: Coverage for A0998 and A0434
00/00/000	Attachment A (C)	Deleted the Reported condition codes AK, AL, and AM
00/00/000	Attachment A (D)	Added: Origin/destination modifier combinations SS and RR are the only acceptable options for HCPCS code, A0998.
00/00/000	Att0achment A (H)	Added: When transporting the deceased beneficiary, the provider is reimbursed for the BLS base rate. No mileage is reimbursed. The date of service is the date of the dispatch of the ambulance. Use QL modifier, "Beneficiary pronounced dead after ambulance called," on the claim.

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, NC Medicaid's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid:

A. Claim Type

Institution-based ambulance providers bill institutional (UB-04/837I)

Independent and private ambulance providers bill professional (CMS-1500/837P)

Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines

B. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

HCPCS Codes

Institutional and professional providers use the following HCPCS code(s) to identify the service being rendered.

HCPCS Code(s)	
A0425	A0433
A0426	A0434
A0427	A0435
A0428	A0436
A0429	A0998
A0430	T2003
A0431	

Revenue Codes

Institutional providers must report revenue code (RC) 540 and one of the HCPCS codes listed above for each ambulance trip provided. Institutional providers must report RC 540 and a mileage code, when applicable, on a separate detail line.

Revenue Code
RC540

~~**Condition Codes**~~

~~Institutional providers must report one of the condition codes listed below:~~

~~Condition Code~~	
~~AK~~	~~Air Ambulance Required~~
~~AL~~	~~Specialized Treatment/Bed Unavailable (transported to alternate facility)~~
~~AM~~	~~Non-Emergency Medically Necessary Stretcher Transport Required~~

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

Providers must report an origin and destination modifier for each ambulance trip provided. Origin and destination modifiers used for ambulance services are created by combining two alpha characters. Each alpha character, with the exception of "x," represents an origin code or a destination code. The pair of alpha codes creates one modifier. The first position alpha code equals origin; the second position alpha code equals destination. The modifier description is listed in the Health Care Procedure Coding System (HCPCS). Provider(s) shall refer to the applicable edition for the code description as it is no longer documented in the policy.

Alpha Codes		
D	I	R
E	J	S
G	N	X
H	P	

Providers must report QL modifier if the time of death pronouncement is made after dispatch but before the beneficiary is loaded onboard the ambulance. Origin and destination modifier combinations SS and RR are the only acceptable options for HCPCS code, A0998.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s). The time of pick-up, in the range of 00–23 hours, is required on the claim form.

When multiple units respond to a call for services, the provider that transports the beneficiary is the only provider that may bill for the service. If both ground and air medical ambulances are involved, then each submits its own claim and each claim is processed and reimbursed independently of the other.

F. Place of Service

Ambulance

G. Co-payments

For Medicaid refer to Medicaid State Plan:
https://medicaid.ncdhhs.gov/meetings-notices/medicaid-state-plan-public-notices

H. Reimbursement

Provider(s) shall bill their usual and customary charges.
For a schedule of rates, refer to: https://medicaid.ncdhhs.gov/

Reimbursement is based on the level of service rendered, not the type of vehicle. The level of service is determined by medical necessity and qualifying criteria. Claims are subject to pre- or post-payment review for medical necessity and qualifying criteria.

Reimbursement includes both the transport of the Medicaid beneficiary to the nearest appropriate facility and all supplies (disposable and nondisposable, including oxygen) associated with such transport.

~~Reimbursement is allowed for a round trip only if the ambulance remained in the vicinity of the destination, did not return to base, and did not respond to other calls for transport. Otherwise, the provider must bill for two one-way trips. Medicaid providers shall not bill for additional reimbursement for waiting time on round trips. Waiting time is included in the round-trip reimbursement. Medicaid providers shall not bill a beneficiary for waiting time on round trips.~~

~~If a beneficiary is transported and returned to the point of pick-up or other delivery point by a different provider on the same date of service, each provider is allowed a one-way trip. The level of reimbursement is determined by medical necessity and qualifying criteria.~~

Ambulance transport of a Medicaid hospice beneficiary for any service related to terminal illness is the responsibility of the hospice provider. The ambulance provider shall contact the hospice provider before transport to arrange for payment. The ambulance provider shall not bill Medicaid.

When transporting the deceased beneficiary, the provider is reimbursed for the BLS base rate. No mileage is reimbursed. The date of service is the date of the dispatch of the ambulance. Use QL modifier, "Beneficiary pronounced dead after ambulance called," on the claim.