

# AMBULANCE SERVICES

## GENERAL INFORMATION

The ambulance services payment policies are primarily based on the current Medicare payment policies for ambulance services modified to meet the needs of Washington State's workers.

## VEHICLE AND CREW REQUIREMENTS

To be eligible to be paid for ambulance services for workers, the provider must meet the criteria for vehicles and crews as established in [WAC 246-976](#) "Emergency Medical Services and Trauma Care Systems" and other requirements as established by the Washington State Department of Health for emergency medical services.

Key sections of this WAC are identified below:

1. General
  - [WAC 246-976-260](#) Licenses required
2. Ground Ambulance Vehicle Requirements
  - [WAC 246-976-290](#) Ground ambulance vehicle standards
  - [WAC 246-976-300](#) Ground ambulance and aid vehicles--Equipment
  - [WAC 246-976-310](#) Ground ambulance and aid vehicles--Communications equipment
  - [WAC 246-976-390](#) Verification of trauma care services
3. Air Ambulance Services
  - [WAC 246-976-320](#) Air ambulance services
4. Personnel
  - [WAC 246-976-182](#) Authorized care
  - Washington State Department of Health, Office of Emergency Medical Services Certification Requirements Guidelines

## PAYMENT POLICIES FOR AMBULANCE RELATED SERVICES

### Emergency Transport

Ambulance services are paid when the injury to the worker is so serious that use of any other method of transportation is contraindicated. Payment is based on the level of medically necessary services provided, not simply on the vehicle used.

Air ambulance transportation services, either by helicopter or fixed wing aircraft, will be paid only if:

- The worker's medical condition requires immediate and rapid ambulance transportation that couldn't have been provided by ground ambulance or
- The point of pickup is inaccessible by ground vehicle or
- Great distances or other obstacles are involved in getting the worker to the nearest place of proper treatment.

### Proper Facilities

The insurer pays the provider for ambulance services to the nearest place of proper treatment. To be a place of proper treatment, the facility must be generally equipped to provide the needed medical care for the worker. A facility isn't considered a place of proper treatment if no bed is available when inpatient medical services are required.

## **Multiple Patient Transportation**

The insurer pays the appropriate base rate for each worker transported by the same ambulance. When multiple workers are transported in the same ambulance, the mileage will be prorated equally among all the workers transported. The provider must use HCPCS Modifier GM (Multiple Patients on 1 Ambulance Trip) for the appropriate mileage billing codes. The provider is responsible for prorating mileage billing codes based on the number of workers transported on the single ambulance trip.

## **Nonemergency Transport**

Nonemergency transportation by ambulance is appropriate if:

- The worker is bed-confined (see bed-confined criteria below), and it is documented that the worker's accepted medical condition is such that other methods of transportation are contraindicated or
- If the worker's accepted medical condition, regardless of bed confinement, is such that transportation by ambulance is medically required.

Bed-confined criteria:

- The worker is unable to get up from bed without assistance, and
- The worker is unable to ambulate, and
- The worker is unable to sit in a chair or wheelchair.

Nonemergency transportation may be provided on a scheduled (repetitive or nonrepetitive) or unscheduled basis.

- Scheduled, nonemergency transportation may be repetitive, for example, services regularly provided for diagnosis or treatment of the worker's accepted medical condition or nonrepetitive, for example, single time need
- Unscheduled services generally pertain to nonemergency transportation for medically necessary services

Workers may not arrange nonemergency ambulance transportation. Only medical providers may arrange for nonemergency ambulance transportation.

The insurer reserves the right to perform a post-audit on any nonemergency ambulance transportation billing to ensure medical necessity requirements are met.

## **Arrival of Multiple Providers**

When multiple providers respond to a call for services, only the provider that furnishes the transport of the worker(s) is eligible to be paid for the services provided. No payment is made to the other provider(s).

## **Mileage**

The insurer pays for mileage (ground and/or air) based on loaded miles only, for example, from the pickup of the worker(s) to their arrival at the destination. The destination is defined as the nearest place of proper treatment.

## AMBULANCE SERVICES FEE SCHEDULE

| HCPCS Code | Description   | Fee Schedule  |
|------------|---|---|
| A0425      | Ground mileage, per statute mile  | \$12.81 per mile  |
| A0426      | Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1) | \$633.83  |
| A0427      | Ambulance service, advanced life support, level 1 (ALS 1-emergency)               | \$657.87  |
| A0428      | Ambulance service, basic life support, nonemergency transport (BLS)               | \$346.24  |
| A0429      | Ambulance service, basic life support, emergency transport (BLS – emergency)      | \$554.00  |
| A0430      | Ambulance service, conventional air services, transport, one way (fixed wing)     | \$5,652.91  |
| A0431      | Ambulance service, conventional air services, transport, one way (rotary wing)    | \$6,572.32  |
| A0433      | Advanced Life Support, Level 2 (ALS 2)  | \$952.18  |
| A0434      | Specialty care transport (SCT)  | \$1,125.31  |
| A0435      | Fixed wing air mileage, per statute mile  | \$31.47 per mile  |
| A0436      | Rotary wing air mileage, per statute mile   | \$73.11 per mile  |
| A0999      | Unlisted ambulance service  | By report restrictions:<br>(1) Reviewed to determine if a more appropriate billing code is available; and<br>(2) Reviewed to determine if medically necessary |