

Ambulance

Asuris Northwest Health standard health plans indicate that, the service of a licensed ambulance company will be provided, when medically necessary and if other means of transportation would endanger the member's health. The purpose of the transportation cannot be for personal or convenience reasons. Ambulance services are provided when the ambulance is used to transport the member, to the nearest accredited hospital where adequate facilities for treatment are available.

Levels of Ambulance Services

Basic Life Support: Basic life support means non-invasive emergency medical services and provides transportation by stretcher, plus equipment and staff.

Advanced Life Support: Advanced life support means invasive emergency medical services with specialized life-sustaining equipment and (usually) radiotelephone contact with a physician or hospital.

Air ambulance: Air ambulance service is medically necessary when the use ground ambulance would endanger the member's health.

Cabulance: A cabulance is used when the member is medically stable and does not require the use of a stretcher.

Billing Guidelines

Air Ambulance Services

Claims for air transportation are reimbursed according to the member's contract benefits as described in the member's plan. Medical necessity must be established. Air transportation is not covered when done for convenience. Transportation must be to the nearest hospital equipped to provide the necessary treatment.

Transportation by air is considered medically necessary when:

- The patient's condition is considered life threatening, or
- The point of pick-up is inaccessible by land vehicles, or
- There are multiple orthopedic fractures, or
- There is a high potential for rapid medical decline, or
- There are great distances or other factors involved in transporting the member to the nearest appropriate medical services. Other factors include but are not limited to the time of day, and imminent danger of limb loss if other modes of transportation are used.

Note: Air transport would not be medically necessary for routine medical visits or for returning home or to another hospital when services can be provided at the present hospital.

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Cabulance Services

Cabulance services are available for non-emergent transport of medically stable patients who cannot otherwise use private transport without endangering their safety. Cabulance services include medically stable patients via wheelchair with portable oxygen, a non-active IV, hep lock, Foley catheter, or NG tube. Can also include a patient who is non-ambulatory, medically stable and requires movement by wheelchair or the patient is ambulatory but requires assistance to transfer.

Typical uses for Cabulance Services

- For transfer to a medical facility for special treatment
- From a hospital or skilled nursing facility to home when other transportation is not medically feasible.
- When transportation is medically necessary, if other means of transportation would endanger the patient's health.
- The purpose of transportation is not for personal or convenience reasons.

Proper Use of 'E' Codes

Ambulance claims should be billed using ICD-9 'E' diagnosis codes in the second position when it is necessary and appropriate. The 'E' codes are used to define the external cause of an illness or injury. They can not be billed as the primary diagnosis.

Example: For injuries incurred from a pedestrian and motor vehicle accident, the symptom (fractured finger[s]) 816.00 would be listed as the primary diagnosis, and E814 (motor vehicle accident-Ped) would be listed as secondary.

Use the appropriate 'E' code that best represents the accident type. Use of the correct 'E' code, allows us to identify the responsible party and process the claim without delay.

Name and Address of Facility Where Services Were Rendered

Make sure to enter both the "From" location and the "To" location.

- If the "From" or "To" location is not a hospital or care facility, enter the street address.
- If the "From" or "To" location is a hospital or care facility, enter the name of the facility only, not the address.

This information should be entered in the narrative field of the electronic claim format.

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(Billing Guidelines, Cont.)

Services That Are Not Typically Covered

The following is a list of examples of services not normally covered. This list is not a complete list of plan exclusions or a determination of medical necessity:

- Charges for the return and pickup of staff
- Ambulance calls where the member is not transported to a medical facility
- Ground ambulance transportation for members during an inpatient hospital stay initiated in a DRG payment methodology (i.e., a member is transported to another facility for a MRI because there was no MRI equipment available at the DRG hospital where the member is currently hospitalized). *For a listing of DRG hospitals please contact your professional relations representative at 1-800-562-2156.*
- Transportation to a clinic or practitioners office
- Transportation for personal or convenience reasons include but are not limited to:
 - Move the member closer to home
 - Move the member to receive treatment from a personal practitioner (i.e., may not have admitting privileges at the first hospital)

Note: When in the course of transporting a member to a hospital and the ambulance stops at the practitioner's office, the claim will be reviewed for medical necessity.