

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NOTICE OF PUBLIC HEARING

December 13, 2021  
10:00 a.m. Central Time  
Nebraska State Office Building – Lower Level A  
301 Centennial Mall South, Lincoln, Nebraska  
Phone call information: 888-820-1398; Participant code: 3213662#

The purpose of this hearing is to receive comments on proposed changes to Title 471, Chapter 4 of the Nebraska Administrative Code (NAC) – *Ambulance Services*. The proposed changes set the regulations' scope; update definitions; remove unnecessary and outdated language from the regulations; remove duplicate statutory and guidance language from the regulations; update formatting; and restructure the regulatory chapter.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

In order to encourage participation in this public hearing, a phone conference line will be set up for any member of the public to call in and provide oral comments. Interested persons may provide verbal comments by participating via phone conference line by calling 888-820-1398; Participant code: 3213662#.

Interested persons may attend the hearing and provide verbal or written comments, or mail, fax or email written comments, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or [dhhs.regulations@nebraska.gov](mailto:dhhs.regulations@nebraska.gov), respectively.

A copy of the proposed changes is available online at <http://www.sos.ne.gov>, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8417. Individuals who are deaf or hard of hearing may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.



TO: Executive Board  
Room 2108 State Capitol  
Legislative Council

FROM: Marge Respeliers, Paralegal I  
Legal Services  
Department of Health and Human Services (DHHS)

DATE: November 3, 2021

RE: Notice of Rulemaking under Neb. Rev. Stat. § 84-907.06

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The Department of Health and Human Services (DHHS) will be holding a public hearing on amending the following regulations:

TITLE: 471 Nebraska Medical Assistance Program Services  
CHAPTER: 4 Ambulance Services

These regulations are scheduled for public hearing on December 13, 2021.

The purpose of this hearing is to receive comments on proposed changes to Title 471, Chapter 4 of the Nebraska Administrative Code (NAC) – *Ambulance Services*. The proposed changes set the regulations' scope; update definitions; remove unnecessary and outdated language from the regulations; remove duplicate statutory and guidance language from the regulations; update formatting; and restructure the regulatory chapter.

The following items are enclosed for your referral to the chair of the relevant standing committee of the Legislature:

1. A copy of the notice of public hearing;
2. A copy of the proposed regulations;
3. A copy of the Policy Pre-Review Checklist; and
4. The estimated fiscal impact of this rulemaking action on state agencies, political subdivisions or persons being regulated.

## FISCAL IMPACT STATEMENT

Agency: <b>Department of Health and Human Services</b>	
Title: Ambulance Services	Prepared by: Danielle Trejo
Chapter: 471	Date prepared: 7.14.21
Subject: 4	Telephone: 402.471.9282

Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	( <input checked="" type="checkbox"/> )	( <input checked="" type="checkbox"/> )	( <input checked="" type="checkbox"/> )
Increased Costs	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Decreased Costs	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Increased Revenue	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Decreased Revenue	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Indeterminable	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )

Provide an Estimated Cost & Description of Impact:

State Agency: MLTC does not expect an impact.

Political Subdivision:

Regulated Public:

If indeterminable, explain why:

DRAFT  
07-19-2021

NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

471 NAC 4

REV. DECEMBER 14, 2016 — NEBRASKA DEPARTMENT OF — MEDICAID SERVICES  
MANUAL LETTER #55-2016 — HEALTH AND HUMAN SERVICES — 471 NAC 4-000

TITLE 471            NEBRASKA MEDICAL ASSISTANCE PROGRAM SERVICES

CHAPTER 4            AMBULANCE SERVICES

CHAPTER 4-000 AMBULANCE SERVICES

001. SCOPE AND AUTHORITY. These regulations govern services provided under the Medical Assistance Act, Nebraska Revised Statute (Neb. Rev. Stat.) §§ 68-901 et seq.

4-001 Definitions: 002. DEFINITIONS. The following definitions apply:

002.01 ADVANCED LIFE SUPPORT (ALS) SERVICES. Advanced Life Support (ALS) Services: An emergency medical service that utilizes personnel that have been trained and licensed as advanced emergency medical technicians, emergency medical technician-intermediates, or paramedics and has equipment available commensurate with that level of training. Transportation by ground ambulance vehicle and the provision of medically necessary services by ALS personnel; and if necessary, the use of medically necessary complex specialized life sustaining equipment and, ordinarily, equipment for radio-telephone contact with a physician or hospital.

ALS Personnel: Personnel trained and authorized to provide specialized services such as administering IV's (intravenous therapy), establishing and maintaining a patient's airway, defibrillating the heart, relieving pneumothorax conditions, and performing other advanced life support procedures or services such as cardiac (EKG) monitoring.

002.02 BASIC LIFE SUPPORT (BLS) SERVICES. Basic Life Support (BLS) Services: An emergency medical service that utilizes personnel that have been trained and licensed, as a minimum, as emergency medical technicians and has equipment available commensurate with that level of training. Transportation by ground ambulance vehicle and the provision of medically necessary services plus the equipment and staff needed for basic services such as control of bleeding, splinting fractures, treatment for shock, delivery of babies, cardio-pulmonary resuscitation (CPR), defibrillation, etc.

Contraindication: Any circumstance, symptom, or condition that renders a particular medical treatment improper or undesirable.

002.03 EMERGENCY TRANSPORT. Emergency Transport: Services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient

~~severity, including severe pain that the absence of immediate medical attention could reasonably be expected to result in: Services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in-~~

- ~~(A)1.Placing the client's health in serious jeopardy;~~
- ~~(B)2.Serious impairment to bodily functions; or~~
- ~~(C)3.Serious dysfunction of any bodily organ or part.~~

~~Hospital Based Ambulance Service: An ambulance service which is owned and operated by a hospital.~~

~~002.04 LOADED MILEAGE. Loaded Mileage: Miles traveled while the client is present in the ambulance vehicle.~~

003. PROVIDER REQUIREMENTS. ~~002 Provider Requirements:~~

003.01 GENERAL PROVIDER REQUIREMENTS. ~~4-002.01 General Provider Requirements:~~ Providers of ambulance services must comply with all applicable provider participation requirements codified in 471 Nebraska Administrative Code (NAC) 2 and 3. In the event that provider participation requirements in 471 NAC 2 or 3 conflict with requirements outlined in this chapter, the individual provider participation requirements in this chapter will govern. To participate in the Nebraska Medical Assistance Program (Medicaid), providers of ambulance services shall comply with all applicable provider participation requirements codified in 471 NAC Chapters 2 and 3. In the event that provider participation requirements in 471 NAC Chapters 2 or 3 conflict with requirements outlined in this 471 NAC Chapter 4, the individual provider participation requirements in 471 NAC Chapter 4 shall govern.

~~4-002.02 Service Specific Provider Requirements: To participate in Medicaid, providers of ambulance services shall meet the licensure and certification requirements of the Nebraska Department of Health and Human Services, Division of Public Health. Out-of-state ambulance providers shall meet the licensure and certification requirements of that state, and be enrolled in Nebraska Medicaid by complying with the Provider Agreement requirements included in 471 NAC 4-002.02A.~~

~~4-002.02A Provider Agreement: The ambulance provider shall complete and sign Form MC-19, "Medical Assistance Provider Agreement," (see 471-000-90) and submit the completed form to the Department for approval to participate in Medicaid.~~

~~4-002.02B Vehicular Specifications and Requirements: The ambulance vehicle must be specially designed and equipped for transporting the sick or injured. It must have customary patient care equipment including a stretcher, clean linens, first aid supplies, and oxygen equipment, and it must also have such other safety and lifesaving equipment as is required by state or local authorities. A wheelchair van is not considered an ambulance vehicle and therefore cannot provide ambulance services.~~

004. SERVICE REQUIREMENTS. ~~4-003 Service Requirements:~~

004.01 GENERAL REQUIREMENTS. ~~4-003.01 General Requirements:~~

004.01(A) MEDICAL NECESSITY OF THE SERVICE. ~~4-003.01A. Medical Necessity of the Service:~~ Medical necessity is established when the client's condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the client's health, whether or not such other transportation is actually available, Medicaid will not shall not make payment for ambulance service. Claims for ambulance services must include adequate documentation for determination of medical necessary.

004.01(B) SERVICES PROVIDED FOR CLIENTS ENROLLED IN NEBRASKA MEDICAID MANAGED CARE. ~~See 471 NAC 1. 4-003.01B Services Provided for Clients Enrolled in the Nebraska Medicaid Managed Care Program: See 471 NAC 1-002.01.~~

004.01(C) HEALTH CHECK SERVICES. ~~See 471 NAC 33.4-003.01C HEALTH CHECK (EPSDT) Treatment Services: See 471 NAC Chapter 33.~~

004.02 COVERED SERVICES. ~~4-003.02 Covered services:~~ Medicaid covers medically necessary and reasonable ambulance services required to transport a client to obtain, or after receiving, a Medicaid covered service.

004.02(A) GROUND AMBULANCE SERVICES. ~~4-003.02A Ground Ambulance Services~~

004.02(A)(i) BASIC LIFE SUPPORT (BLS) SERVICES. ~~Medicaid covers basic life support (BLS) ambulance services. 4-003.02A1 Basic Life Support (BLS) Services: Medicaid covers BLS ambulance services as defined in 471 NAC 4-001.~~

~~4-003.02A2 Advanced Life Support (ALS) Services: Medicaid covers ALS ambulance services as defined in 471 NAC 4-001.~~

- ~~(i) ALS transports with specialized ALS services are covered only when ambulance personnel perform specialized ALS services during the transport (e.g., start IV medication, establish patient's airway, etc.).~~
- ~~(ii) ALS transports with no specialized ALS services are covered only when ambulance personnel monitor specialized ALS services during the transport but do not actually render the services.~~
- ~~(iii) If ALS services are not provided or monitored during the ALS transport, the services are covered as a BLS service.~~

004.02(A)(ii) ADVANCED LIFE SUPPORT (ALS) SERVICES. ~~Medicaid covers advanced life support (ALS) ambulance services if:~~

- ~~(1) Ambulance personnel perform advanced life support (ALS) services during the transport;~~
- ~~(2) Advanced life support (ALS) personnel monitor the condition of a client during the transport, even if no advanced life support (ALS) services are provided during the transport; or~~
- ~~(3) Any ambulance service not covered under 004.02(A)(ii)(1) or 004.02(A)(ii)(2) covered as a basic life support (BLS) service.~~

004.02(A)(iii) MILEAGE. ~~4-003.02A3 Mileage:~~ Loaded mileage is covered for total distances in excess of five (5) loaded miles. Unloaded mileage, and the initial five (5) loaded miles when the total distance is not in excess of five (5)-loaded miles, is covered as a part of the base rate outlined in 471 NAC 4-004.02B1.

~~4-003.02A4 Third Attendant:~~ A third attendant is covered only if the circumstances of the transport requires three attendants. Payment for a third attendant cannot be made when the third attendant is -

1. ~~Needed because a crew member is not qualified to provide a service (e.g., administer IV's, etc.); or~~
2. ~~Staff provided by the hospital to accompany a client during transport.~~

~~The circumstances which required the third attendant must be documented on or with the claim when billing NMAP.~~

004.02(A)(iv) WAITING OR STANDBY TIME. ~~4-003.02A5 Waiting or Standby Time:~~ Waiting or standby time under normal circumstances is covered as a part of the base rate outlined in 471 NAC 4-004.02B1. Waiting or standby time, in excess of thirty minutes, but less than two hours, is covered only when necessary to stabilize a client's condition. Waiting or standby time in excess of two hours is not covered. beyond the first one-half hour, is covered separately only when unusual circumstances exist.

004.02(B) AIR AMBULANCE. ~~4-003.02B Air Ambulance:~~ Medicaid covers medically necessary air ambulance services only when transportation by ground ambulance is contraindicated and:

- 1-(i) Great distances or other obstacles are involved in getting the client to the destination;
- 2-(ii) Immediate and rapid admission is essential; or
- 3-(iii) The point of pickup is inaccessible by land vehicle.

004.02(C) NON-EMERGENCY TRANSPORTS. ~~4-003.02C Non-emergency Transports:~~ Any ambulance transport that does not meet the definition of an emergency transport, included in 471 NAC 4-001, will be covered as a non-emergency transport, regardless of point of origin and destination. ~~This includes all scheduled runs (regardless of point of origin and destination), hospital to hospital transports, and transports to nursing facilities or to the client's residence. Although non-emergent, these transports are covered in accordance with this 471 NAC Chapter 4. Sufficient documentation is required to support the medical necessity of a non-emergency transport.~~

004.02(C)(i) TRANSPORTS TO THE FACILITY WHICH MEETS THE NEEDS OF THE CLIENT. ~~4-003.02C1 Transports to the Facility Which Meets the Needs of the Client:~~ Medicaid covers services provided by the most appropriate ambulance and practitioner type that meets the needs of the client including: Ambulance services are covered to enable the client to obtain medical care in a facility or from a physician/practitioner that most appropriately meets the needs of the client, including

- (1) Medical care in a facility;
- (2) Support from the client's community; or

(3) Care from the client's own physician or practitioner or a qualified physician, practitioner, or specialist.

~~(i) Support from the client's community and/or family; or~~

~~(ii) Care from the client's own physician/practitioner or a qualified physician/practitioner and/or specialist (e.g., to establish or maintain a "medical home").~~

004.02(C)(ii) TRANSPORTS TO A PHYSICIAN'S OFFICE ~~004.02(C)(ii) TRANSPORTS TO A PHYSICIAN'S OFFICE.~~ Non-emergency ambulance transports

to a physician or practitioner's office, clinic or therapy center are covered when:

(1) The client is bed confined before, during, and after transport; and

(2) The services cannot or cannot reasonably be expected to be provided at the client's residence. (including a nursing facility or Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD)).

004.02(D) ROUND TRIP TRANSPORTS FOR HOSPITAL INPATIENTS. ~~4-003.02D Round Trip Transports for Hospital Inpatients:~~ Ambulance services provided to a client receiving inpatient hospital services, where the client is transported to a separate facility for services (e.g., diagnostic testing), and the client is returned to the originating hospital for continuation of inpatient care, are covered as an ambulance service as opposed to a hospital service outlined in 471 NAC Chapter 10.

004.02(E) TRANSPORT OF MORE THAN ONE CLIENT. ~~4-003.02E Transport of More Than One Client:~~ When more than one client is transported during a single trip, a base rate is covered for each client transported. The number of loaded miles and mileage charges must be prorated among the number of clients being billed.

004.02(F) TRANSPORT OF MEDICAL TEAMS. ~~4-003.02F Transport of Medical Teams:~~ Transportation of a medical team (or other medical professionals), resulting in an ambulance transport of the client, is covered as a part of the base rate outlined in 471 NAC ~~4-004.02B1~~. Transportation of a medical team without the client being in the ambulance is not covered.

004.02(G) TRANSPORT OF DECEASED CLIENTS. ~~4-003.02G Transport of Deceased Clients:~~ Ambulance services are covered if the client is pronounced dead while en route to or upon arrival at the hospital. Ambulance services are not covered if a client is pronounced dead before the client is transported.

004.02(H) HOSPITAL-BASED AMBULANCE SERVICE. ~~4-003.02H Hospital-Based Ambulance Service:~~ Hospital-based ambulance services are regulated in 471 NAC Chapter 10. Refer to 471 NAC Chapter 10 for all coverage limitations, billing requirements, and payment limitations.

005. BILLING AND PAYMENT FOR AMBULANCE SERVICES. ~~4-004 Billing and Payment for Ambulance Services~~

005.01 BILLING. ~~4-004.01 Billing~~



005.01(A) GENERAL BILLING REQUIREMENTS. ~~4-004.01A General Billing Requirements:~~ Providers shall must comply with all applicable billing requirements codified in 471 NAC Chapter 3. In the event that individual billing requirements in 471 NAC Chapter 3 conflict with billing requirements outlined in this 471 NAC Chapter 4, the individual billing requirements in this 471 NAC Chapter 4 shall will govern.

005.01(B) SPECIFIC BILLING REQUIREMENTS. ~~4-004.01B Specific Billing Requirements~~

005.01(B)(i) BILLING INSTRUCTIONS. ~~4-004.01B1 Billing Instructions:~~ The Provider shall must bill Medicaid, using the appropriate claim form or electronic format, (see Claim Submission Table at Appendix 471-000-49), in accordance with the billing instructions included in Appendix 471-000-53.

005.01(B)(ii) USUAL AND CUSTOMARY CHARGE. ~~4-004.01B2 Usual and Customary Charge:~~ The provider or the provider's authorized agent shall must submit the provider's usual and customary charge for each procedure code listed on the claim. Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) procedure codes used by Medicaid are listed in the Nebraska Medicaid Practitioner Fee Schedule. ~~HCPCS procedure codes used by Medicaid are listed in the Nebraska Medicaid Practitioner Fee Schedule (see Appendix 471-000-504).~~

005.02 PAYMENT. ~~4-004.02 Payment~~

005.02(A) GENERAL PAYMENT REQUIREMENTS. ~~4-004.02A General Payment Requirements:~~ Nebraska Medicaid will reimburse the provider Provider for services rendered in accordance with the applicable payment regulations codified in 471 NAC Chapter 3. In the event that individual payment regulations in 471 NAC Chapter 3 conflict with payment regulations outlined in this chapter 471 NAC Chapter 4, the individual payment regulations in this chapter 471 NAC Chapter 4 shall will govern.

005.02(B) SPECIFIC PAYMENT REQUIREMENTS. ~~4-004.02B Specific Payment Requirements~~

005.02(B)(i) BASE RATES. ~~4-004.02B1 Base Rates:~~ Ground ambulance base rates include all services, equipment, and other costs, including: vehicle operating expenses, services of two attendants and other personnel, overhead charges (linens, etc.), reusable and disposable items and supplies, oxygen, pharmaceuticals, unloaded and five (5) or less total loaded mileage, and usual waiting/standby time.

005.02(B)(ii) REIMBURSEMENT. ~~4-004.02B2 Reimbursement:~~ Medicaid pays for covered ambulance services at the lower of:

- ~~1.~~ (1) The provider's submitted charge; or
- ~~2.~~ (2) The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule (Appendix 471-000-504) in effect for that date of service.

DRAFT  
07-19-2021

NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

471 NAC 4

005.02(B)(iii) AIR AMBULANCE. ~~4-004.02B3 Air Ambulance:~~ If a determination is made that ambulance transport is medically necessary, but ground ambulance would have been appropriate, payment for the air ambulance service is limited to the amount allowable for ground transport.