

TITLE 471 NEBRASKA MEDICAL ASSISTANCE PROGRAM SERVICES

CHAPTER 4 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.

002. DEFINITIONS. The following definitions apply:

002.01 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.

002.02 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.

002.03 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:

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

002.04 LOADED MILEAGE. Miles traveled while the client is present in the ambulance vehicle.

003. PROVIDER REQUIREMENTS.

003.01 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.

004. SERVICE REQUIREMENTS.

004.01 GENERAL REQUIREMENTS.

004.01(A) 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 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.

004.01(C) HEALTH CHECK SERVICES. See 471 NAC 33.

004.02 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.

004.02(A)(i) BASIC LIFE SUPPORT (BLS) SERVICES. Medicaid covers basic life support (BLS) ambulance services.

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. Loaded mileage is covered for total distances in excess of five loaded miles. Unloaded mileage, and the initial five loaded miles when the total distance is not in excess of five loaded miles, is covered as a part of the base rate.

004.02(A)(iv) WAITING OR STANDBY TIME. Waiting or standby time under normal circumstances is covered as a part of the base rate. 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.

004.02(B) AIR AMBULANCE. Medicaid covers medically necessary air ambulance services only when transportation by ground ambulance is contraindicated and:

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

004.02(C) NON-EMERGENCY TRANSPORTS. Any ambulance transport that does not meet the definition of an emergency transport will be covered as a non-emergency transport, regardless of point of origin and destination. 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. Medicaid covers services provided by the most appropriate ambulance and practitioner type that 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.

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.

004.02(D) 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, 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 10.

004.02(E) 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. Transportation of a medical team resulting in an ambulance transport of the client, is covered as a part of the base rate. Transportation of a medical team without the client being in the ambulance is not covered.

004.02(G) 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. Hospital-based ambulance services are regulated in 471 NAC 10.

## 005. BILLING AND PAYMENT FOR AMBULANCE SERVICES.

### 005.01 BILLING.

005.01(A) GENERAL BILLING REQUIREMENTS. Providers must comply with all applicable billing requirements codified in 471 NAC Chapter 3. In the event that individual billing requirements in 471 NAC 3 conflict with billing requirements outlined in this chapter 4, the individual billing requirements in this chapter 4 will govern.

### 005.01(B) SPECIFIC BILLING REQUIREMENTS.

005.01(B)(i) BILLING INSTRUCTIONS. The provider must bill Medicaid using the appropriate claim form or electronic format.

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005.01(B)(ii) USUAL AND CUSTOMARY CHARGE. The provider or the provider's authorized agent 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.

005.02 PAYMENT.

005.02(A) GENERAL PAYMENT REQUIREMENTS. Medicaid will reimburse the provider for services rendered in accordance with the applicable payment regulations codified in 471 NAC 3. In the event that individual payment regulations in 471 NAC 3 conflict with payment regulations outlined in this chapter the individual payment regulations in this chapter will govern.

005.02(B) SPECIFIC PAYMENT REQUIREMENTS.

005.02(B)(i) BASE RATES. Ground ambulance base rates include all services, equipment, and other costs.

005.02(B)(ii) REIMBURSEMENT. Medicaid pays for covered ambulance services at the lower of:

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

005.02(B)(iii) 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.