Certification Page
Regular and Emergency Rules

Revised September 2016

☐ Emergency Rules *(After completing all of Sections 1 through 3, proceed to Section 5 below)* ■ Regular Rules

1. General Information

a. Agency/Board Name Wyoming Department of Health		
b. Agency/Board Address 6101 Yellowstone Rd., Ste. 210	c. City Cheyenne	d. Zip Code 82002
e. Name of Agency Liaison Amy Buxton	f. Agency Liaison Telephone Number 307-777-5081	
g. Agency Liaison Email Address amy.buxton@wyo.gov	h. Adoption Date December 19, 2016	
i. Program Medicaid		

2. Legislative Enactment

For purposes of this Section 2, "new" only applies to regular rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

■ No. ☐ Yes. Please provide the Enrolled Act Numbers and Years Enacted:

3. Rule Type and Information

a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter.

(Please use the Additional Rule Information form for more than 10 chapters and attach it to this certification)

Chapter Number:	Chapter Name:			
15	Ambulance Services	☐ New	■ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed

3. State Government Notice of Intended Rulemaking

a. Date on which the Proposed Rule Packet (consisting of the Notice of Intent as per W.S. 16-3-103(a), Statement of Principal Reasons, strike and underscore format and a clean copy of each chapter of rules were: July 5, 2016

- approved as to form by the **Registrar of Rules**; and
- provided to the **Legislative Service Office** and **Attorney General:**

4. Public Notice of Intended Rulemaking

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. ☐ **No.** ☐ **Yes.** ■ **N/A**

b. A public hearing was held on the proposed rules. ■ **No.** ☐ **Yes. Please complete the boxes below.**

Date:	Time:	City:	Location:

c. If applicable, describe the **emergency** which requires promulgation of these rules without providing notice or an opportunity for a public hearing:

5. Final Filing of Rules

a. Date on which the Certification Page with original signatures and final rules were sent to the **Attorney General's Office for the Governor's signature**: 12/19/2016

b. Date on which final rules were approved as to form by the **Secretary of State** and sent to the Legislative Service Office: 12/19/2016

c. ■ The Statement of Reasons is attached to this certification.

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual	Thomas A Schmidt for
Printed Name of Signatory	Thomas O. Forslund
Signatory Title	Director
Date of Signature	December 19, 2016

7. Governor's Certification

I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature	
Date of Signature	

CHAPTER 15

Ambulance Services

Intent to Adopt Rules

Statement of Reasons

The Wyoming Department of Health proposes to adopt the following Amended Rule to comply with the provisions of W.S. § 42-4-103, *et seq*., and the Wyoming Administrative Procedure Act at W.S. § 16-3-101 through -115.

Chapter 15 has been adopted to describe the policies related to Ambulance Services under Wyoming Medicaid.

Medicaid has simplified and streamlined this Chapter, reducing both the number and length of rules, to comply with Governor Mead's directive. For example, many definitions have been moved to Chapter 1 of Medicaid's rules and stricken from this Chapter.

Wyoming Department of Health

Division of Healthcare Financing

Response to Public Comment

Chapter 15, Ambulance Services

No public comments were received during the public commenting period.

CHAPTER 15

AMBULANCE SERVICES

Section 1. Authority

This Chapter is promulgated by the Department of Health pursuant to the Medical Assistance and Services Act at W.S. § 42-4-101 through W.S. § 42-4-306 and the Wyoming Administrative Procedures Act at W.S. § 16-3-101 through W.S. § 16-3-115.

Section 2. Purpose and Applicability.

This rule establishes the scope of ambulance services covered by Medicaid and the methods and standards for reimbursing providers of such services.

Section 3. Incorporation By Reference

(a) Any code, standard, rule or regulation incorporated by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section.

(b) Each rule incorporated by reference and can be found at http://soswy.state.wy.us/rules/ and is further identified as follows:

(i) Wyoming Medicaid Rule, Chapter 1

(ii) Wyoming Medicaid Rule, Chapter 3

(iii) Wyoming Office of Emergency Medical Services and Trauma Rules

Section 4. General Terms

(a) The Department may issue manuals, bulletins, or both to interpret the provisions of this rule. Such manuals and bulletins shall be consistent with and reflect the administrative interpretations contained in this rule.

Section 5. Definitions. Except as otherwise specified in Chapter 1, the terminology used in this Chapter is the standard terminology and has the standard meaning used in healthcare, Medicaid and Medicare.

Section 6. Provider Participation.

(a) Eligible providers. An individual or entity that:

(i) Holds a current ambulance business license pursuant to the Wyoming Emergency Medical Services Act of 1977, found at W.S. § 33-36-101 through W.S. § 33-36-115, or, if the provider is located outside Wyoming, is licensed under applicable provisions of that state's law; and

(ii) Meets all Medicare certification requirements.

(b) Compliance with Wyoming Medicaid Rule, Chapter 3. A person or entity that wishes to receive Medicaid reimbursement for covered services furnished to a recipient must meet the provider participation requirements of Wyoming Medicaid Rule, Chapter 3.

(c) Right of inspection. The Office of Emergency Medical Services and Trauma may inspect any ambulance at any time or place to determine whether the ambulance is being operated safely and in compliance with these and other applicable laws. An ambulance which does not pass an inspection shall not receive Medicaid reimbursement for furnishing covered services to a client until the ambulance has passed a re-inspection by the Office of Emergency Medical Services and Trauma.

Section 7. Covered Services.

The terms in this section shall be interpreted to follow the definitions and classifications established by the Office of Emergency Medical Services and Trauma Rules.

(a) Emergency ground ambulance transportation.

(i) Ground ambulance is any motor vehicle maintained, operated or advertised for the medical care and transportation of patients upon any street, highway or public way, or any motor vehicle owned and operated on a regular basis by the State of Wyoming or any agency, municipality, city, town, county or political subdivision of Wyoming for medical care and transportation of patients upon any street, highway or public way.

(b) Basic Life Support (BLS) or Advanced Life Support (ALS).

(i) Basic Life Support (BLS) is treatment rendered by personnel licensed at the Emergency Medical Responder (EMR) or basic Emergency Medical Technician (EMT) level, including procedures such as bandaging, splinting, basic first aid, and performing CPR.

(ii) Advanced life support (ALS) is treatment rendered by personnel licensed at the Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT) level, with additional training certifying them to perform additional procedures such as cardiac monitoring and defibrillation, advanced airway management, intravenous therapy, and the administration of medications.

(iii) Advanced Life Support Level 1- Emergency (ALS1- emergency) is transportation by ground ambulance with provision of medically necessary supplies, oxygen, and at least one ALS intervention. The ambulance and its crew must meet licensure standards for ALS care.

(A) An ALS intervention refers to the provision of care outside the scope of an EMT and must be medically necessary (e.g., medically necessary ECG monitoring, drug administration, etc.)

(iv) Advanced Life Support Level 2 (ALS2) is covered for the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids); or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

(A) Manual defibrillation/cardio version

(B) Endotracheal intubation

(C) Central venous line

(D) Cardiac pacing

(E) Chest decompression

(F) Surgical airway

(G) Intraosseous line

(v) ALS or BLS ground ambulance is a covered service if:

(A) The use of any other method of transportation could endanger the health of the client;

(B) The client is transported to the nearest appropriate facility, which is a facility that offers services sufficient to meet the medical needs of the client; and

(C) The client is admitted to the receiving facility as an inpatient or an outpatient.

(D) Reimbursement for ALS services is available only if such services are medically necessary and actually rendered to the client.

(1) An ALS assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient'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 patient requires an ALS level of service.

(c) Non-emergency transportation. Non-emergency transportation provided in a ground ambulance is a covered service if any other mode of transportation would endanger the health or life of the individual and the individual meets at least one of the criteria listed below. The individual is:

(i) Continuously dependent on oxygen;

(ii) Continuously confined to bed;

(iii) Unable to perform any physical activity without discomfort because of a cardiac disease;

(iv) Receiving intravenous treatment;

(v) Heavily sedated;

(vi) Comatose;

(vii) Post pneumo/encephalogram, myelogram, spinal tap, or cardiac catheterization;

(viii) Unable to have flexion at the hip because of hip spicas or other casts;

(ix) In need of isolette in perinatal period; or

(x) Unconscious or semi-conscious.

(d) Advanced Life Support Level 1- Non-Emergent (ALS1- non-emergent) in non-emergent circumstances.

(i) Follows the same criteria as ALS 1 – emergency set out above in Section 7(b)(iii).

(e) Air ambulance services

(i) Fixed-wing aircraft or helicopter licensed to provide ambulance services.

(ii) Transportation provided in an air ambulance is covered if:

(A) The client has a life-threatening condition and the use of any other method of transportation, including ground ambulance, could endanger the health of the client; or

(B) The client's location is inaccessible by ground ambulance.

(C) Air transport is more cost effective than any other alternative.

(f) Community Emergency Medical Services as described and certified by the Office of Emergency Medical Services and Trauma to include:

(i) Community Emergency Medical Services – Technical (CEMS-T)

(ii) Community Emergency Medical Services – Clinical (CEMS-C)

Section 8. Excluded Services. The following are not covered services:

(a) Transportation to receive services that are not covered services;

(b) No-load trips and unloaded mileage (when no patient is aboard the ambulance), including transportation of life-support equipment in response to an emergency call;

(c) Transportation of a client who is pronounced dead before an ambulance is called or after the ambulance is called but before transport;

(d) Transportation of a family member or friend to visit a client or consult with the client's physician or other provider of medical services;

(e) Transportation to pick up pharmaceuticals;

(f) A client's return home when ambulance transportation is not medically necessary, including a client's return back to a nursing facility;

(g) Transportation of a resident of a nursing facility to receive services that are available at the nursing facility;

(h) Air ambulance services to transport a client from a hospital capable of treating the client to another hospital because the client or family prefers a specific hospital or practitioner;

(i) Transportation of a client in response to detention ordered by a court or law enforcement agency;

(j) Transportation based on a physician's standing orders;

(k) Stand-by time;

(l) Special attendants;

(m) Specialty Care Transport (SCT);

(n) Paramedic Intercept (PI);

(o) When a client can be transported by a mode other than ambulance without endangering the client's health, regardless of whether other transportation is available.

Section 9. Prior Authorization.

(a) Services that require prior authorization.

(i) The Department may designate ambulance services that require prior authorization.

(ii) In designating services that require prior authorization, the Department shall consider the:

(A) Cost of the service;

(B) Potential for over-utilization of the service; and

(C) Availability of lower cost alternatives.

(b) The Department may disseminate a list of ambulance services that require prior authorization to providers through manuals or bulletins.

(c) The failure to obtain prior authorization shall result in denial of Medicaid payment for the service.

Section 10. Medicaid Allowable Payment. Medicaid reimbursement shall be the lesser of the provider's usual and customary charges and the Medicaid fee schedule.

Section 11. Submission and Payment of Claims.

(a) An ambulance trip report must be submitted with all claims. The failure to submit such a report may result in the denial of payment.

(b) An ambulance trip report is a written report, in the form and containing the information specified by the Department, documenting the ambulance services for which Medicaid reimbursement is being sought.

Section 12. Delegation of duties. The Department may delegate any of its duties under this rule to the HHS, any other agency of the federal, state or local government, or a private entity which is capable of performing such functions, provided that the Department shall retain the authority to impose sanctions, recover overpayments or take any other final action authorized by this Chapter or another Chapter within this rule.

Section 13. Interpretation of Chapter.

(a) The order in which the provisions of this Chapter appear is not to be construed to mean that any one provision is more or less important than any other provision.

(b) The text of this Chapter shall control the titles of various provisions.

Section 14. Superseding Effect. This Chapter supersedes all prior rules or policy statements issued by the Department, including manuals and/or bulletins, which are inconsistent with this Chapter.

Section 15. Severability. If any portion of this Chapter is found invalid or unenforceable, the remainder shall continue in effect.

~~**WYOMING MEDICAID RULES**~~

CHAPTER 15

AMBULANCE SERVICES

Section 1. Authority

~~These rules are~~This Chapter is promulgated by the Department of Health pursuant to the Medical Assistance and Services Act at W.S. § 42-4-101 through W.S. § 42-4-306 ~~*et seq.*~~ and the Wyoming Administrative Procedures Act at W.S. § 16-3-101 through W.S. § 16-3-115 ~~*et seq*~~.

Section 2. Purposes and Applicability.

This rule establishes the scope of ambulance services covered by Medicaid and the methods and standards ~~of~~ for reimbursing providers of such services.

Section 3. Incorporation By Reference

(a) Any code, standard, rule or regulation incorporated by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section.

(b) Each rule incorporated by reference and can be found at http://soswy.state.wy.us/rules/ and is further identified as follows:

(i) Wyoming Medicaid Rule, Chapter 1

(ii) Wyoming Medicaid Rule, Chapter 3

(iii) Wyoming Office of Emergency Medical Services and Trauma Rules

Section ~~3~~4. General Terms

~~(a) This rule shall apply to and govern the provision of ambulance services and reimbursement for those services~~

(~~b~~a) The Department may issue ~~M~~manuals, ~~or~~ ~~B~~bulletins, or both ~~to providers and/or other affected parties~~ to interpret the provisions of this rule. Such ~~M~~manuals and ~~B~~bulletins shall be consistent with and reflect the ~~policies~~ administrative interpretations contained in this rule. ~~The provisions contained in Mmanuals or bulletins shall be subordinate to the provisions of this Chapter.~~

Section 4~~5~~. Definitions. Except as otherwise specified in Chapter 1, the terminology used in this Chapter is the standard terminology and has the standard meaning used in healthcare, Medicaid and Medicare.

~~Section 4. Definitions.~~

~~(a) "Advanced life support (ALS)." Treatment rendered by highly skilled personnel, including procedures such as cardiac monitoring and defibrillation, advanced airway management including endotracheal intubation, intravenous therapy, and the administration of certain medications.~~

~~(b) "Air ambulance." A fixed-wing aircraft or helicopter licensed to provide ambulance services.~~

~~(c) "ALS ambulance." An ambulance that has ALS.~~

~~(d) "Ambulance." An air ambulance or a ground ambulance.~~

~~(e) "Ambulance trip report." A written report, in the form and containing the information specified by the Division Office of Healthcare Financing, about the ambulance services for which Medicaid reimbursement is being sought.~~

~~(f) "Appropriate facility." A facility that offers services sufficient to meet the medical needs of a patient.~~

~~(g) "Attendant." An individual who is certified by the Division of Preventive Medicine Office of Emergency Medical Services as an EMT or paramedic attendant.~~

~~(h) "Basic life support (BLS)." Transportation in an ambulance which provides the equipment, supplies and attendants required for basic services such as the protection and maintenance of airways including the actual flow of air through respiration, the movement of blood through the beating of the heart or the emergency measure of cardiopulmonary resuscitation (CPR), controlling of bleeding, and protection of the cervical spine and avoidance of additional injuries through splinting and immobilization., splinting of fractures, and treatment for shock and cardiopulmonary resuscitation (CPR).~~

(i) "Chapter I." Chapter I, Rules for Medicaid Administrative Hearings, of the Wyoming Medicaid Rules.

(j) "Chapter 3." Chapter 3, Provider Participation, of the Wyoming Medicaid Rules.

(k) "Chapter 26." Chapter 26, Covered Services, of the Wyoming Medicaid Rules.

(l) "Claim." A request by a provider for Medicaid payment for covered services provided to a recipient.

(m) "Covered services." Services which are Medicaid reimbursable pursuant to the rules of the Department.

(n) "Department." The Wyoming Department of Health, its agent, designee or successor.

(o) "Direct contact." The presence of a physician in the ambulance or radio or telephone contact between the ambulance attendant(s) and a physician.

(p) "Division Office of HealthCare Financing." The Division Office of HealthCare Financing of the Department, its agent, designee or successor.

(q) "Division of Preventive Medicine." "Office of Emergency Medical Services." The Division of Preventive Medicine Office of Emergency Medical Services of the Department, its agent, designee or successor.

(r) "Emergency." An emergency exists under any of the following circumstances:

(i) An individual is suffering severe symptoms as a result of an accident, injury or acute illness;

(ii) Restraints are required to transport an individual;

(iii) The individual is unconscious or in shock;

(iv) Immobilization is required due to a fracture or the possibility of a fracture;

(v) The individual is experiencing symptoms of myocardial infarction or acute stroke; or

(vi) The individual is experiencing severe hemorrhaging.

(s) "Emergency medical technician (EMT)." A person that has graduated from a Department approved training program for emergency medical technicians.

(t) "Excess payments." Medicaid funds received by a provider which exceed the reimbursement limit established by this Chapter.

(u) "Facility." A hospital or nursing facility.

(v) "Ground ambulance." Any land motor vehicle maintained, operated or advertised for the medical care and transportation of patients upon any street, highway or public way, or any land motor vehicle owned and operated on a regular basis by the State of Wyoming or any agency, municipality, city, town, county or political subdivision of Wyoming for medical care and transportation of patients upon any street, highway or public way.

(w) "HCFA." The Health Care Financing Administration of the United States Department of Health and Human Services.

(x) "Hospital." An institution that:

(i) Is approved to participate as a hospital under Medicaid;

(ii) Is maintained primarily for the treatment and care of patients with disorders other than tuberculosis or mental diseases;

(iii) Has a provider agreement;

(iv) Is enrolled in the Medicaid program; (v) is licensed to operate a hospital by the State of Wyoming or, if the institution is out-of-state, licensed by the state in which the institution is located.

(y) "Medicaid." Medical assistance and services provided pursuant to Title XIX of the Social Security Act and the Wyoming Medical Assistance and Services Act.

(z) "Medicaid allowable payment." The maximum Medicaid reimbursement for covered services as specified by this Chapter.

(aa) "Medicaid fee schedule." The Medicaid fee schedule established pursuant to Chapter 3, which is incorporated by this reference.

(bb) "Medical necessity" or "medically necessary." A service that is required to diagnose, treat, cure or prevent an illness, injury or disease which has been diagnosed or is reasonably suspected, to relieve pain, or to improve and preserve health and be essential to life. The service must be:

~~(i) Consistent with the recipient's diagnosis and treatment of the recipient's condition;~~

~~(ii) In accordance with the standards of good medical practice among the provider's peer group;~~

~~(iii) Required to meet the medical needs of the recipient and undertaken for reasons other than the convenience of the recipient and the provider; and~~

~~(iv) Provided in the most appropriate and cost-effective setting required by the recipient's condition.~~

~~(cc) "Medicare." The health insurance program for the aged and disabled established pursuant to Title XVIII of the Social Security Act.~~

~~(dd) "No-load trip." A trip which does not involve the transportation of a recipient.~~

~~(ee) "Nursing facility." "Nursing facility" as defined by 42 U.S.C. § 1396r (a). "Nursing facility" may include a distinct part of a hospital or institution which is designated to provide skilled nursing facility services.~~

~~(ff) "Physician." A person licensed to practice medicine or osteopathy by the Wyoming State Board of Medical Examiners or a similar agency in another state.~~

~~(gg) "Prior authorized." Approval by the Department pursuant to the prior authorization provisions of Chapter 3, which are incorporated by this reference.~~

~~(hh) "Provider." A provider as defined by Chapter 3, which definition is incorporated by this reference.~~

~~(ii) "Recipient." An individual that has been determined eligible for Medicaid.~~

~~(jj) "Services." Health services or supplies.~~

~~(kk) "Usual and customary charges." A provider's charges for comparable services provided to non-recipients.~~

Section ~~5~~6. Provider ~~p~~P~~p~~articipation.

(a) Eligible providers. An individual or entity that:

(i) Holds a current ambulance business license pursuant to the Wyoming Emergency Medical Services Act of 1977, found at W.S. § 33-36-101 through

W.S. § 33-36-115, or, if the provider is located outside Wyoming, is licensed under applicable provisions of that state's law; and

(ii) Meets all Medicare certification requirements.

(b) Compliance with Wyoming Medicaid Rule, Chapter 3. A person or entity that wishes to receive Medicaid reimbursement for covered services furnished to a recipient must meet the provider participation requirements of Wyoming Medicaid Rule, Chapter 3~~, which are incorporated by this reference~~.

(c) Right of inspection. The ~~Division of Preventive Medicine~~Office of Emergency Medical Services and Trauma may inspect any ambulance at any time or place to determine whether the ambulance is being operated safely and in compliance with these and other applicable laws. An ambulance which does not pass an inspection ~~may~~ shall not receive Medicaid reimbursement for furnishing covered services to a ~~recipient~~client until the ambulance has passed a reinspection by the ~~Division of Preventive Medicine~~Office of Emergency Medical Services and Trauma.

~~Section 6. Provider records. A provider must comply with the record keeping requirements of Chapter 3, which are incorporated by this reference~~.

~~Section 7. Verification of recipient data. A provider must comply with the verification of recipient data requirements of Chapter III, which are incorporated by this reference.~~

Section 8~~7~~. Covered ~~s~~Services.

The terms in this section shall be interpreted to follow the definitions and classifications established by the Office of Emergency Medical Services and Trauma Rules.

(a) Emergency ground ambulance transportation. ~~Emergency transportation provided in an ALS or BLS ground ambulance is a covered service if:~~

(i) Ground ambulance is any motor vehicle maintained, operated or advertised for the medical care and transportation of patients upon any street, highway or public way, or any motor vehicle owned and operated on a regular basis by the State of Wyoming or any agency, municipality, city, town, county or political subdivision of Wyoming for medical care and transportation of patients upon any street, highway or public way.

(b) ~~Emergency transportation provided in an~~ Basic Life Support (BLS) or Advanced Life Support (ALS).

(i) Basic Life Support (BLS) is treatment rendered by personnel licensed at the Emergency Medical Responder (EMR) or Emergency Medical Technician

(EMT) level, including procedures such as bandaging, splinting, basic first aid, and performing CPR.

(ii) Advanced life support (ALS) is treatment rendered by personnel licensed at the Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT) level, with additional training certifying them to perform additional procedures such as cardiac monitoring and defibrillation, advanced airway management, intravenous therapy, and the administration of medications.

(iii) Advanced Life Support Level 1- Emergency (ALS1- emergency) is transportation by ground ambulance with provision of medically necessary supplies, oxygen, and at least one ALS intervention. The ambulance and its crew must meet licensure standards for ALS care.

(A) An ALS intervention refers to the provision of care outside the scope of an EMT and must be medically necessary (e.g., medically necessary ECG monitoring, drug administration, etc.)

(iv) Advanced Life Support Level 2 (ALS2) is covered for the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids); or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

(A) Manual defibrillation/cardio version

(B) Endotracheal intubation

(C) Central venous line

(D) Cardiac pacing

(E) Chest decompression

(F) Surgical airway

(G) Intraosseous line

(v) ALS or BLS ground ambulance is a covered service if:

(~~i~~A) The use of any other method of transportation could endanger the health of the ~~recipient~~client;

(~~ii~~B) The ~~recipient~~client is transported to the nearest appropriate facility, which is a facility that offers services sufficient to meet the medical needs of the client; and

(~~iii~~C) The ~~recipient~~client is admitted to the receiving facility as an inpatient or an outpatient.

(~~iv~~D) Reimbursement for ALS services is available only if such services are medically necessary and actually rendered to the ~~recipient~~client.

(1) An ALS assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient'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 patient requires an ALS level of service.

~~(b)~~(c) Non-emergency transportation. Non-emergency transportation provided in a ground ambulance is a covered service if any other mode of transportation would endanger the health or life of the individual and the individual meets at least one of the criteria listed below. The individual is:

(i) Continuously dependent on oxygen;

(ii) Continuously confined to bed;

(iii) Unable to perform any physical activity without discomfort because of a cardiac disease;

(iv) Receiving intravenous treatment;

(v) Heavily sedated;

(vi) Comatose;

(vii) Post pneumo/encephalogram, myelogram, spinal tap, or cardiac catheterization;

(viii) Unable to have flexion at the hip because of hip spicas or other casts;

(ix) In need of isolette in perinatal period; or

(x) Unconscious or semi-conscious.

(d) Advanced Life Support Level 1- Non-Emergent (ALS1- non-emergent) in non-emergent circumstances.

(i) Follows the same criteria as ALS 1 – emergency set out above in Section 7(b)(iii).

~~(c)~~(e) Air ambulance services

(i) Fixed-wing aircraft or helicopter licensed to provide ambulance services.

(ii) Transportation provided in an air ambulance is covered if:

(A) The ~~recipient~~client has a life-threatening condition and the use of any other method of transportation, including ground ambulance, could endanger the health of the ~~recipient~~client; or

(B) The ~~recipient's~~client's location is inaccessible by ground ambulance.

(C) Air transport is more cost effective than any other alternative.

(f) Community Emergency Medical Services as described and certified by the Office of EMS and Trauma to include:

(i) Community Emergency Medical Services – Technical (CEMS-T)

(ii) Community Emergency Medical Services – Clinical (CEMS-C)

Section ~~9~~8. Excluded ~~s~~Services. The following are not covered services:

(a) Transportation to receive services ~~which~~that are not covered services;

(b) No-load trips and unloaded mileage (when no patient is aboard the ambulance), including transportation of life-support equipment in response to an emergency call;

(c) Transportation of a ~~recipient~~client who is pronounced dead before an ambulance is called or after the ambulance is called but before transport;

(d) Transportation of a family member or friend to visit a ~~recipient~~client or consult with the ~~recipient's~~client's physician or other provider of medical services;

(e) Transportation to pick up pharmaceuticals;

(f) A ~~recipient's~~client's return home when ambulance transportation is not medically necessary, including a client's return back to a nursing facility;

(g) Transportation of a resident of a nursing facility to receive services that are available at the nursing facility;

(h) Air ambulance services to transport a client from a hospital capable of treating the client to another hospital because the client or family prefers a specific hospital or practitioner;

(i) Transportation of a ~~recipient~~client in response to detention ordered by a court or law enforcement agency;

(j) Transportation based on a physician's standing orders;

(k)Stand-by time;

(l) Special attendants;

(m) Specialty Care Transport (SCT);

(n) Paramedic Intercept (PI);

(o) When a client can be transported by a mode other than ambulance without endangering the client's health, regardless of whether other transportation is available.

~~(l) Unloaded mileage (when no patient is aboard the ambulance).~~

Section ~~10~~9. Prior ~~a~~Authorization.

~~(a) Incorporation of Chapter 3. Prior authorization of ambulance services shall be governed by the prior authorization requirements of Chapter 3, which are incorporated by this reference.~~

(a) Services that require prior authorization.

(i) The ~~Division of HealthCare Financing~~ Department may~~, from time to time,~~ designate ambulance services that require prior authorization.

(ii) In designating services that require prior authorization, the ~~Division of HealthCare Financing~~ Department shall consider the:

(A) Cost of the service;

(B) Potential for over-utilization of the service; and

(C) Availability of lower cost alternatives.

(b) The ~~Division of HealthCare Financing~~ Department ~~shall~~ may disseminate a list of ambulance services that require prior authorization to providers through ~~M~~manuals or ~~B~~bulletins.

(c) The failure to obtain prior authorization shall result in denial of Medicaid payment for the service.

Section ~~11~~10. Medicaid ~~a~~Allowable ~~p~~Payment. Medicaid reimbursement shall be the lesser of the provider's usual and customary charges and the Medicaid fee schedule.

Section 1~~2~~1. Submission and ~~p~~Payment of ~~c~~Claims.

~~(a) Submission and payment of claims shall be pursuant to the payments of claims provisions of Chapter 3, which are incorporated by this reference.~~

(a) An ambulance trip report must be submitted with all claims. The failure to submit such a report ~~shall~~ may result in the denial of payment.

(b) An ambulance trip report is a written report, in the form and containing the information specified by the Department, documenting the ambulance services for which Medicaid reimbursement is being sought.

~~Section 13. Recovery of excess payments. Excess payments may be recovered pursuant to the recovery of excess payments provisions of Chapter 3, which are incorporated by this reference.~~

~~Section 14. Reconsideration.~~

~~(a) Request for reconsideration. A provider may request that the Department reconsider a decision to recover excess payments or deny payments. Such request must be mailed to the Department by certified mail, return receipt requested within twenty days of the date the facility receives notice of the action. The request must state with specificity the reasons for the request. Failure to provide such a statement shall result in the dismissal of the request with prejudice.~~

~~(b) Reconsideration.. The Department shall review the decision or rate and send written notice by certified mail, return receipt requested, to the provider of its final decision within forty-five days after receipt of the request for reconsideration or the receipt of any additional information requested pursuant to whichever is later.~~

~~(c) Request for additional information. The Department may request additional information from the provider as part of the reconsideration process. Such a request shall be made in writing by certified mail, return receipt requested. The provider must provide the requested information within thirty days after the date of the request. Failure to provide the requested information shall result in the dismissal of the request with prejudice.~~

~~(d) Reconsideration shall be limited to whether the Department has complied with the provisions of this Chapter.~~

~~(e) Informal resolution. The provider or the Department may request an informal meeting before the final decision on reconsideration to determine whether the matter may be resolved. The substance of the discussions and/or settlement offers made pursuant to an attempt at informal resolution shall not be admissible as part a subsequent administrative hearing or judicial proceeding.~~

~~(f) Administrative hearing. A provider may request an administrative hearing regarding the final decision pursuant to Chapter I of these rules by mailing by certified mail, return receipt requested or personally delivering a request for hearing to the Department within twenty days of the date the provider receives notice of the final decision.~~

~~(g) Failure to request reconsideration. A provider which fails to request reconsideration pursuant to this section may not subsequently request an administrative hearing regarding the recovery of excess payments pursuant to Chapter I.~~

Section 12. Delegation of duties. The Department may delegate any of its duties under this rule to the HHS, any other agency of the federal, state or local government, or a private entity which is capable of performing such functions, provided that the Department shall retain the authority to impose sanctions, recover overpayments or take any other final action authorized by this Chapter or another Chapter within this rule.

Section 13. Interpretation of Chapter.

(a) The order in which the provisions of this Chapter appear is not to be construed to mean that any one provision is more or less important than any other provision.

(b) The text of this Chapter shall control the titles of various provisions.

Section 1~~5~~4. Superseding ~~e~~Effect. ~~When promulgated, t~~This Chapter supersedes all prior rules or policy statements issued by the Department, including ~~provider~~ manuals and/or ~~provider~~ bulletins, which are inconsistent with this Chapter.

Section 1~~6~~5. Severability. If any portion of this Chapter is found ~~to be~~ invalid or unenforceable, the remainder shall continue in effect.