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| LOCAL COMMISSIONERS MEMORANDUM |  
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Transmittal No: 90 LCM-51

Date: April 12, 1990

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Medical Transportation:  
Ambulance Reimbursement Schedule

ATTACHMENTS: There are no attachments to this LCM.

This memorandum provides local district staff pertinent information regarding ambulance transportation of Medical Assistance recipients. This memorandum focuses on the schedule of ambulance services currently established by your department. Local district staff may choose to refine the existing schedule of reimbursable ambulance transportation services in order to portray more accurately those services delivered by an ambulance provider.

Currently, local districts have established reimbursement rates for various ambulance services, including:

- o basic life support, weekday;
- o basic life support, night/weekend/holiday;
- o advanced life support, weekday;
- o advanced life support, night/weekend/holiday;
- o emergency transports;
- o non-emergency transports;
- o stretcher transports;
- o neonatal/premature infant transports;
- o transport of obese and/or disturbed patients;
- o mileage;

Date

Trans. No.

Page No. 2

- o use of oxygen;
- o use of medical items such as oxygen masks and intravenous equipment;
- o use of an electrocardiogram (EKG) heart monitor;
- o use of a licensed nurse for specialized transports;
- o use of an extra attendant;
- o use of a more highly trained emergency medical technician (EMT); and
- o administration of medication.

This configuration of reimbursable services, which is often determined by the ambulance provider itself, confounds attempts to set comparable reimbursement rates among local districts and may result in a highly fluctuating reimbursement per transport within the same district.

After discussions with staff from the New York State Department of Health (the regulating agency for ambulance services), staff from this Division propose a modified reimbursement schedule of ambulance services:

- o basic life support, day;
- o basic life support, night/weekend/holiday;
- o advanced life support, day;
- o advanced life support, night/weekend/holiday;
- o oxygen use for transports outside the local medical area; and,
- o mileage for transports outside the local medical area.

(Please note: The phrase "local medical area" refers to the commonly accepted boundary surrounding a hospital or other medical facility, such as the limits to a city. Transports within these boundaries are relatively short in distance. Transports which originate in a rural area or cross county boundaries are usually considered outside this local medical area.)

1. Basic Life Support Services

Basic Life Support (BLS) services, as described by staff from the New York State Department of Health, are those services in which the treatment required is non-invasive to the patient. Such treatment includes administration of oxygen and taking the patient's blood pressure. This treatment can be provided by a person certified as a basic EMT.

2. Advanced Life Support Services

Advance Life Support (ALS) services, as described by staff from the New York State Department of Health, are those services in which the treatment required is invasive to the patient. Such treatment includes

initiation of intravenous fluids, administration of drugs, insertion of an airway tube, and defibrillation of the patient's heart. This treatment must be provided by a more highly trained person certified as an advanced EMT.

3. Oxygen Use

It is recommended that the cost of oxygen usage be incorporated in a BLS or ALS rate since the cost of delivering oxygen during a local transport is minimal.

However, the cost of delivering oxygen to a patient increases as the distance of a transport increases. Therefore, an oxygen reimbursement rate can be established for transports outside the local medical area.

4. Mileage

It is recommended that the cost of mileage be incorporated in a BLS or ALS rate for local transports.

However, the cost of a transport increases as the distance of the transport increases. Therefore, a mileage reimbursement rate can be established for transports outside the local medical area.

A per mile differential between a BLS transport and an ALS transport is unnecessary.

5. Additional Information

a. "Dial 911" Emergency System:

Some metropolitan areas have a "Dial 911" emergency system which dispatches a municipal provider, such as a fire department, to the emergency scene. These providers usually deliver all necessary ALS services at the scene and accompany the patient in the private ambulance that responds.

Therefore, in these instances, the ambulance provider may bill Medicaid only the BLS rate, since the provider delivered only BLS services.

b. Premature Infant Transports:

When a premature infant is transported from one facility to another, necessary medical staff and medical equipment are generally provided by the discharging or admitting hospital facility.

Therefore, in these instances, the ambulance provider may bill Medicaid only the BLS rate, since the provider delivered only BLS services.

Date

Trans. No.

Page No. 4

c. Reimbursement for Level of Care:

Though ambulance providers may staff their vehicles with more highly trained personnel certified as advanced EMT's, it has been recommended that the local district reimburse for the level of care provided (BLS versus ALS) rather than the level of personnel staffing a vehicle.

Therefore, when an advanced EMT-staffed vehicle responds to a call and BLS services are provided, the BLS rate may be billed.

Local districts may choose to modify their current ambulance reimbursement structure immediately, or may choose to modify the structure when the current reimbursement rates are reevaluated and updated. If you have any questions concerning the information in this memorandum, please contact Timothy Perry-Coon of my staff at 1-800-342-3715, extension 6-4794.

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Jo-Ann A. Costantino  
Deputy Commissioner  
Division of Medical Assistance