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MAINECARE BENEFITS MANUAL
CHAPTER II

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5.01 DEFINITIONS

- 5.01-1 **Ambulance Services** are those services, which are conditionally, temporarily, or fully licensed, in the state or province where services are provided as documented by written evidence from the appropriate governing board, and that provide emergency care and/or transportation for the ill or injured person, as ordered or approved by a physician, when it is medically necessary.
- 5.01-2 **Basic Life Support (BLS)** ambulance service is one that provides transportation plus the equipment and staff required for basic medical services. These services include, but are not limited to, the following within the scope of the staff's licensure: control of bleeding; splinting fractures; treatment of shock; delivery of babies; cardiopulmonary resuscitation (CPR); and automatic interpretation defibrillation.
- 5.01-3 **Advanced Life Support (ALS)** ambulance service is one that provides complex specialized life-sustaining equipment. Such ambulance vehicles shall be appropriately licensed and equipped, and be staffed by appropriately licensed personnel who are trained and authorized to provide advanced life support. Such training includes administering IVs, establishing and maintaining a member's airway, defibrillation of the heart, and performing other ALS procedures or providing services including, but not limited to, cardiac monitoring.
- 5.01-4 **Air Ambulance Service** provides rapid transportation by air when the member's condition is such that the time needed to transport, or the necessity of transportation by land poses a threat to life or seriously endangers the health of the member. Examples are as follows: (1) hemodynamic, pulmonary, and/or neurological instability with potential for rapid deterioration requiring critical care life support (monitoring, personnel, medications, and/or specific equipment) during transport that is not available from the local ground ambulance service, (2) the member's clinical condition requires that the time spent out of the hospital environment (in transport mode) be as short as possible, and/or (3) the member is located in an area which is inaccessible to regular ground traffic.
- 5.01-5 **Reasonableness** in regard to the use of ambulance service is determined by the treatment of the illness or injury involved. Reimbursement may be denied on the grounds that the use of the ambulance service was unreasonable with respect to the treatment of the illness or injury involved.
- 5.01-6 **Medical Necessity** is established when any other method of transportation is contraindicated for that member's medical condition. Examples of medical necessity include, but are not limited to: (1) the necessity to transport the member immediately as a result of an accident, injury, or acute illness; (2) the necessity to restrain the member; (3) the member being unconscious or in shock; (4) the member requiring oxygen or other emergency treatment during transportation; (5) the requirement to keep the member immobile due to a fracture or a suspected fracture not yet set; (6) the member having sustained an acute stroke or myocardial infarction; (7) the member suffering severe hemorrhage; (8) confinement of the member to bed before and after the ambulance trip; (9) the necessity to move the member by stretcher only.

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5.01 DEFINITIONS (cont.)

If the condition is one of the last two (8, 9) cited above, the reason why the member was bed confined or could only be moved by stretcher must be documented in the member's record.

5.01-7 **Base Rate for Ambulance Service** is the rate allowable for reimbursement for a one way trip from a place of origin to an authorized destination. A Base Rate excludes mileage charges which are billed for loaded miles only, but includes designated supplies, equipment, and ancillary services.

5.01-8 **Ambulance Service for Emergency Involuntary Admission to a Psychiatric Facility** is a one way trip from a place of origin to an inpatient psychiatric facility performed under the auspices of an "Application for Emergency Involuntary Admission to a Psychiatric Facility," sometimes referred to as a "Blue Paper," which is endorsed by a judge of a Maine court of competent jurisdiction.

5.01-9 **Specialty Care Transport (SCT)** is the interfacility transportation of a critically injured or ill member by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-paramedic.

5.01-10 **Fixed Fee** is a specified fee that will be paid to MaineCare providers for services rendered to MaineCare members as specified in Chapter III of this section.

5.01-11 **Ground Mileage Per Statute Mile ("Loaded Miles")** are the miles a MaineCare member is transported from the point of pick-up to the point of destination by the ambulance.

5.01-12 **Out-of-state ambulance services** are defined as those ambulance transports provided to MaineCare member(s) to a location outside of state of Maine borders. Maine-based providers who are providing services to a location out-of-state act as out-of-state providers, are bound by the same requirements as out-of-state providers, and must obtain prior authorization or retroactive prior authorization.

5.01-13 **Out-of-state ambulance providers** are those ambulance providers based outside state of Maine borders, with the exception of the Reid providers. (All transports provided by out-of-state ambulance providers to MaineCare members require prior authorization.)

5.01-14 **In-state ambulance providers** are those ambulance providers based within Maine borders. Providers which are based within fifteen (15) miles of the Maine/New Hampshire border or within five (5) miles of the Maine/Canada border (Reid providers) are treated the same as Maine-based ambulance providers in all aspects of policy requirements, enrollment, rates of reimbursement, and payment methodologies.

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5.02 ELIGIBILITY FOR CARE

Individuals must meet the financial eligibility criteria as set forth in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive. It is the responsibility of the provider to verify a member's eligibility for Ambulance Services. When a newborn, for which MaineCare eligibility has not yet been determined, requires Ambulance Services the provider shall ascertain whether the mother is currently MaineCare eligible. If the mother is eligible, the provider shall assume that the child is eligible.

5.03 DURATION OF CARE

Each Title XIX and XXI member is eligible for as many covered services as are medically necessary, as long as the member meets the eligibility for care requirements set forth under paragraph 5.02. The Department reserves the right to request additional information to evaluate medical necessity.

5.04 COVERED SERVICES

A covered service is a service for which payment to a provider is permitted under this Section of the MaineCare Benefits Manual (MBM). The types of ambulance services that are covered for eligible individuals are subject to medical necessity and those which meet the following criteria:

5.04-1 Transportation to the hospital or medical care facility which:

1. Has an available bed or outpatient service and;
2. Has the equipment and personnel to provide the required services.

5.04-2 Transportation from and to the points listed below:

ORIGIN	DESTINATION
Member's Residence	Nursing Facility (inc. ICF-MR)
Scene of Accident or Illness	Hospital
Scene of Accident or Illness	Nursing Facility (inc. ICF-MR)
Nursing Facility (inc. ICF-MR)	Hospital
Nursing Facility (inc. ICF-MR)	Nursing Facility (inc. ICF-MR)
Nursing Facility (inc. ICF-MR)	Member's Residence

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5.04 COVERED SERVICES (cont.)

Hospital

Nursing Facility (inc. ICF-MR)

Hospital

Hospital

Hospital

Member's Residence

When moving between two facilities having the same level of care, social/familial and medical factors must justify the move, and the move must be in accordance with the relevant provisions of the MaineCare Benefits Manual (MBM).

5.04-3 **Emergency medical services may be provided at the scene** of an illness, injury or accident when transporting the member is not medically necessary. Examples include, but are not limited to:

- (1) A member is pronounced dead after the ambulance was dispatched to the scene;
- (2) An ambulance service that provides treatment at the scene of an accident but does not transport the MaineCare member. Each emergency service that responds to the scene to provide medical treatment may be reimbursed for one A0998 Base Rate only. No mileage is billable as no loaded miles occur.

5.04-4 **Waiting Time** is the period of time when a physician deems it medically necessary for the ambulance provider to wait at a hospital while the member is being stabilized, with the intent of continuing transport to a more appropriate hospital for care or back to the point of origin. The maximum number of hours allowed for waiting time is four hours and is billable in 30-minute increments beginning with completion of the second half-hour of waiting time.

5.04-5 **Out-of-State Ambulance Services**

Out of state ambulance providers and any provider transporting to a location out-of-state must contact MaineCare Services for authorization at 1-800-321-5557, Option: Prior Authorization Unit. Non-emergency transports must be prior authorized before the service is performed. In emergency transport cases, prior authorization may be granted retroactively. All guidelines set forth in Section 1.14-2 of the MaineCare Benefits Manual must be followed.

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5.05 RESTRICTED SERVICES

5.05-1 Air Ambulance Services

A. Air ambulance services are covered services when the provider demonstrates that each of the following conditions is met:

1. The attending physician certifies it is medically inadvisable for the member to travel any other way; and
2. In the case of out of state air ambulance providers, prior authorization has been obtained from MaineCare Services, Prior Authorization Unit (see Section 5.08-2). [Prior authorization is no longer required for air ambulance services if the location where services are received is considered within Maine and in accordance with Section 1.14-2 of the MaineCare Benefits Manual.] Before requesting prior authorization for air ambulance services, the provider must determine which type of transportation (i.e. fixed wing or helicopter) would be the most medically-appropriate, quickest and least expensive and provide the amount of time required for both types of transport in order for Prior Authorization Unit staff to determine the most medically appropriate type of service for the MaineCare member; or
3. The member is airlifted from the scene of an injury or emergency illness for which aero medical transport has been determined to be necessary by EMS personnel at the scene and authorization was granted retroactively. The medical condition must require immediate and rapid ambulance service that could not be provided by ground transportation because: (1) the point of pick up is inaccessible by land, obstacles (i.e.: heavy traffic) or (2) great distances are involved in getting the member to the nearest hospital with appropriate facilities.

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Out of state air ambulance providers and any provider transporting to a location out-of-state must contact MaineCare Services for prior authorization at 1-800-321-5557, Option: Prior Authorization Unit. In the case of emergency air transport, prior authorization may be granted retroactively. All guidelines set forth in 1.14-2 of the MaineCare Benefits Manual must be followed.

B. The provider shall provide the most medically appropriate and cost efficient aircraft for each case, and the aircraft must comply with all regulations for air ambulance of Maine Emergency Medical Services (MEMS), or comparable

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5.05 RESTRICTED SERVICES (cont.)

other jurisdiction. The air ambulance provider shall arrange for ambulance transfer service between airport and hospital at the end of each trip.

- C. The provider shall utilize air ambulance personnel trained and licensed at the paramedic level, and any additional personnel required by the physician in charge. Air ambulance personnel must meet all requirements of Maine Emergency Medical Services regulations, or those of a comparable jurisdiction, including having completed a course in altitude physiology and air operation safety. Copies of licensure of employees and air ambulances shall be on file with the air ambulance provider, as well as insurance certificates for each aircraft used.
- D. Air ambulance equipment must comply with all regulations for air ambulance of Maine Emergency Medical Services, or comparable jurisdiction. Air ambulance equipment shall be made available for inspection from time to time, as deemed necessary by MaineCare Services and/or Maine Emergency Medical Services or comparable other jurisdiction.
- E. In order to provide the medical equipment required for use in meeting the conditions of air ambulance transport, the provider shall not compromise any portion of the minimum equipment complement of any Maine licensed land ambulance required for emergency response.

5.05-2 Services for Continuous Treatment in a Hospital Outpatient Department

Providers must receive prior authorization from MaineCare Services, Prior Authorization Unit (in order to transport members to and from a hospital outpatient department for treatment on a continuing basis from his or her home or a nursing home. Round trips must be medically necessary and the vehicle and personnel requirements must be met. This benefit is limited to those cases in which transportation of the member is less costly than bringing the service to the member.

5.05-3 Round Trips for Specialized Services

- A. Round trip ambulance services are covered for inpatients of hospitals and medical care facilities (including nursing facilities and ICFs-MR) to the nearest hospital or non-hospital treatment facility, i.e. a clinic, therapy center or a physician's office, to obtain medically necessary diagnostic or therapeutic services that are not available at the institution where the member is an inpatient. Round trip ambulance services must meet the criteria for medical necessity as set forth in Section 5.01-6.

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5.05 RESTRICTED SERVICES (cont.)

- B. Round trip services to and from a nursing facility (NF) or Intermediate Care Facility for People With Mental Retardation (ICF-MR) that do not meet the definition of medical necessity and reasonableness as defined in Sections 5.01-5 and 5.01-6, are the responsibility of the NF or ICF-MR, as defined in the MaineCare Benefits Manual, Section 67, Nursing Facility Services, Section 50, Intermediate Care Facility for People with Mental Retardation.

5.05-4 Physician's Office

Ambulance Service to a physician's office may be covered under the following situations:

- A. The trip is a round trip from a medical care facility or residence where it is less expensive to bring the member to the service than the service to the member. No payment is allowed if the trip is made only because the physician does not make calls to the member's place of residence. Round trip ambulance service to a physician's office from a nursing facility (NF) or Intermediate Care Facility for People With Mental Retardation (ICF-MR) that does not meet the definition of medical necessity and reasonableness defined in Section 5.01-5 and 5.01-6 of this policy, is the responsibility of the NF or ICF-MR as defined in the MaineCare Benefits Manual, Section 67, Nursing Facility Services, or Section 50, Intermediate Care Facility for People With Mental Retardation, respectively.
- B. When transporting a member to a hospital, if the ambulance must stop at a physician's office because of the member's need for immediate attention, the ambulance will then complete the trip to the hospital when the member is ready to leave the physician's office.

5.05-5 Medical Supplies and Services Provided by Ground Ambulances

Separate billing is not allowed for ancillary services which include: oxygen, oxygen administration supplies such as disposable oxygen masks, intravenous therapy, EKG, endotracheal intubation, pulse oximetry, telemetry and defibrillation. RN services are not billed separately.

5.05-6 Emergency Involuntary Admission to a Psychiatric Facility Ambulance Services

Ambulance services transporting members for emergency involuntary admission to a psychiatric facility ("Blue Paper") will be reimbursed at a rate consistent with Chapter III of this Section. In order to qualify for the Involuntary Admission to a Psychiatric Facility "Blue Paper" rate, the ambulance service must have a copy in the member's record of the judge-endorsed "Application for Emergency Involuntary Admission to a Psychiatric Facility."

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5.05-7 Specialized Neonate Transport Services

Payment is allowed for an isolette and specialized support equipment needed to transport critically ill neonates. Services must be billed and documented as medically necessary by the attending physician.

Payment is allowed for services delivered to a neonate, between the age of birth and one (1) month. Services delivered to children older than one (1) month, but younger than two (2) years will be approved for payment if the attending physician documents the medical necessity in the member's file and forwards a copy with the bill for services.

5.05-8 Waiting Time

An ambulance service's reimbursement for Waiting Time may not exceed the cost of that ambulance's return trip to that hospital to transport that patient to a more appropriate hospital for care or back to the point of origin.

5.05-9 Air Ambulance Layover Charges

The Air Ambulance Layover Charge shall cover reasonable expenses incurred by employees of ambulance service providers who are covered under this Section of the MaineCare Benefits Manual, either when the return flight is delayed due to poor weather conditions or while waiting for the member when it has been determined that the charges while waiting would be less than making two separate trips. An air ambulance service may not be reimbursed for both layover charges and a second Basic Rate for the same member's round trip to and from a medical facility.

5.05-10 Services for Non-Ambulatory Individuals

Non-ambulatory individuals who do not require the life support emergency medical services available aboard an ambulance, but cannot, due to their disability, be transported by means of conventional transportation services shall be referred to the transportation agency that serves that particular catchment area for a determination of the availability and suitability of wheelchair van services. For additional information please refer to Chapter II, Section 113, "Transportation Services," of this Manual.

5.06 REIMBURSEMENT

The amount of payment for services rendered shall be the lowest of the following:

- A. The amount listed in Chapter III, Section 5, "Allowances for Ambulance Services."

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5.06 REIMBURSEMENT (cont.)

- B. The amount allowed by the Medicare Part B carrier. Ambulance services are exempt from the coinsurance and deductible limitations otherwise set forth under Chapter I, Section 1, General Administrative Policies and Procedures in the MaineCare Benefits Manual.
- C. The ambulance's usual and customary charge.

In accordance with Chapter I of the MaineCare Benefits Manual it is the responsibility of the provider to seek payment from any other source that is available for payment of the rendered service prior to billing MaineCare.

5.07 COPAYMENT

- A. A copayment will be charged to each MaineCare member receiving services. The amount of the copayment shall not exceed \$3.00 per day for services provided, according to the following schedule:

MaineCare Payment for Service	Member Copayment
\$10.00 or less	\$0.50
\$10.01 - 25.00	\$1.00
\$25.01 - 50.00	\$2.00
\$50.01 - or more	\$3.00

- B. The member shall be responsible for copayments up to \$30.00 per month whether the copayment has been paid or not. After the \$30.00 cap has been reached, the member shall not be required to make additional copayments and the provider shall receive full MaineCare reimbursement for covered services.

See Chapter I of the MaineCare Benefits Manual for additional information on copayments, including exemptions and dispute resolution.

5.08 POLICIES AND PROCEDURES

5.08-1 Records

Records must include, but need not be limited to:

- A. Name, address and MaineCare ID number of the member;
- B. Completed Patient/Run Reporting Form; and
- C. Signed "Application for Emergency Involuntary Admission to a Psychiatric Facility" ("Blue Paper") form, if applicable.

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5.08 **POLICIES AND PROCEDURES (cont.)**

5.08-2 **Procedure to Request Prior Authorization (PA)**

All prior authorization requests must include pertinent information concerning the nature, extent, need, and charge for the service. Requests must be in writing and sent to:

MaineCare Services
Health Care Management
Prior Authorization Unit
11 State House Station
Augusta, ME 04333-0011

The procedure to request Prior Authorization is as follows:

- A. The provider shall verify eligibility of the member in the manner described in Chapter I of the MaineCare Benefits Manual.
- B. The request for Prior Authorization shall be made by the provider either in writing or by telephone, followed by written materials.
- C. The provider shall report the following information to MaineCare Services, Prior Authorization Unit when requesting PA:
 - 1. Name of member and MaineCare ID number;
 - 2. Diagnosis;
 - 3. Physician's approval;
 - 4. Medical necessity for transport;
 - 5. Base departure (for air ambulance);
 - 6. Estimated amount of time required for air travel;
 - 7. Land ambulance involved for out of state transport of member by air ambulance; and
 - 8. Other pertinent information.
- D. Emergency cases where the provider is unable to reach the Prior Authorization Unit shall be given special consideration and may be granted retroactive authorization when all other requirements for approval listed above have been met.

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5.08 POLICIES AND PROCEDURES (cont.)

5.08-3 Program Integrity

See Chapter I of the MaineCare Benefits Manual.

5.09.1 BILLING INSTRUCTIONS

- A. Billing must be accomplished in accordance with the Department's billing requirements; "Billing Instructions for CMS 1500 Claim Form."
- B. In order to receive full MaineCare reimbursement for claims submitted for a service that is defined as a copayment exemption in Chapter I, the provider must follow billing instructions.
- C. Some specialized services may require additional documentation to be submitted with the claim. Please refer to "Billing Instructions" for details.