

**Testimony by the
North Dakota Department of Human Services
before the Public Safety and Transportation Committee
Senator David O'Connell, Chairman
March 17, 2010**

Chairman O'Connell, members of the Public Safety and Transportation Committee, I am Maggie Anderson, Director of the Medical Services Division, for the Department of Human Services. I appear before you to provide information on the Medicaid reimbursement process for ambulance services, the process for classifying Medicaid reimbursement claims for ambulance service calls and Medicaid reimbursement rates for services provided by an ambulance service.

In order for an ambulance provider to submit claims on behalf of North Dakota Medicaid clients, the ambulance service must be enrolled as a North Dakota Medicaid provider.

North Dakota Medicaid requires ambulance providers to submit a trip ticket with a paper claim for reimbursement. The current MMIS does not support the use of claim attachments; therefore, providers need to bill via paper, along with a copy of the trip ticket.

The Ambulance claims submitted to Medicaid for reimbursement are classified (coded) by the Ambulance provider. Ambulance providers are responsible for ensuring the code recorded on the claim is representative of the service rendered. As noted above, the Medical Services Division requires a trip ticket to be included with each ambulance claim. As the information is reviewed, the Utilization Review staff of the Medical Services Division may "down code" or deny a claim that has been

submitted; however, the utilization review completed must be in compliance with NDCC 50-24.1-15:

50-24.1-15. Prehospital emergency medical services. Medical assistance coverage must include prehospital emergency medical services benefits in the case of a medical condition that manifests itself by symptoms of sufficient severity which may include severe pain and which a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of medical attention to result in placing the person's health in jeopardy, serious impairment of a bodily function, or serious dysfunction of any body part. A medical assistance claim that meets the prudent layperson standard of this section may not be denied by the department on the basis that the prehospital emergency medical services were not medically necessary or that a medical emergency did not exist.

The Medicaid rates for Ambulance Services, effective July 1, 2009, are the same as the Medicare rates. Those rates are provided in **Attachment A**. On July 1, 2010, each of the Medicaid ambulance rates will be inflated by six percent.

I would be happy to respond to any questions that you have.