



AMBULANCE SERVICES

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This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

This document covers services provided by an ambulance provider who is enrolled with North Dakota (ND) Medicaid.

The ambulance provider must be licensed under North Dakota statutes as an advanced life support or basic life support.

COVERED SERVICES

Ambulance transportation defined as the transport of a member whose medical condition or diagnosis requires medically necessary services before and during transport.

- Emergency transport by ambulance is a covered service.
- Non-emergency transport by ambulance is a covered service only when medically necessary and ordered by the attending physician.

TRANSPORTATION BETWEEN PROVIDERS

ND Medicaid covers medical transportation of a member between providers as specified below:

- Except for an emergency transportation between two long-term care facilities must be medically necessary because the health service required by the member's plan of care is not available at the long-term care facility where the member resides.
- Transportation between two hospitals must be to obtain a medically necessary service that is not available at the hospital where the member was when the medical necessity was diagnosed.

TRANSPORT OF A DECEASED PERSON

The following information clarifies ND Medicaid policy related to the death of a member and the payment for any ambulance services.

The death of a member is recognized when the pronouncement of death is made by an individual legally authorized to do so by the state where the pronouncement is made. The following three scenarios apply to payment for ambulance services when the member dies before a ground or air ambulance arrives.

- If the member is pronounced dead after the ambulance is called but before the ambulance arrives at the scene, payment based on the base rate may be made. However, mileage will not be paid.
 - If a ground vehicle is dispatched, payment is made based on the BLS level of service.
 - If an air ambulance is dispatched, payment is made based on the fixed wing or rotary wing base rate, as appropriate.
- The member is pronounced dead after being loaded into the ambulance, regardless of whether the pronouncement is made during or subsequent to the transport. A determination of “dead on arrival” (DOA) is made at the facility to which the member is transported.
 - Payment is made following the usual rules of payment (as if the member had not died).
- No payment will be made if the member was pronounced dead prior to the time the ambulance is called or dispatched.

AMBULANCE TRANSPORTATION

In order for ND Medicaid to cover ambulance transportation, the member must receive medically necessary services before and during transport, and the transportation must comply with the following conditions:

- The member’s transportation must be in response to a 911 emergency call, a police or fire department call, or an emergency call received by the provider. Claims in question may be denied for non-emergency transportation.
- Ambulance transportation that responds to a medical emergency is covered by ND Medicaid for no load transportation only if the ambulance transportation provided medically necessary treatment to the member at the pickup point of the member. The payment is limited to charges for transportation to the point of pickup and for ancillary services.

- Out-of-state travel expenses for non-emergency out-of-state medical services, including follow up visits, may be compensated only if the out-of-state medical services are first approved by ND Medicaid.

AIR AMBULANCE

ND Medicaid covers transportation by air ambulance if the member has a potentially life threatening condition that precludes the use of another form of transportation.

Providers must submit documentation for medical necessity and the need for air ambulance with claims for in-state transportation.

For out-of-state transfers, the transferring facility must follow criteria for emergency out-of-state transportation. Air ambulance transportation originating outside of North Dakota or to a destination outside of North Dakota, must inform ND Medicaid within 48 hours of the transfer. Documentation to ND Medicaid must include:

- Destination and date of transfer;
- Mode of transportation;
- Discharge summary; and
- If trip is less than 50 miles, the facility must indicate why air rather than ground ambulance was used.

OUT-OF-STATE TRANSPORTATION

All medical transportation to a site located more than 50 statute miles from the nearest North Dakota border requires prior approval. Exceptions include emergency transportation or transportation provided to a member for whom the state makes adoption assistance or foster care maintenance payments.

Transportation provided by private automobile, bus or other commercial carrier must be authorized by the local county social service agency. Limitations on travel expenses for medical purposes are addressed in NDAC 75-02-02-13.1.

NON-COVERED SERVICES

The costs of items listed below are not covered by ND Medicaid as medical transportation:

- Transportation of a member to a hospital or other site of health services for detention that is ordered by a court or law enforcement agency except when life support transportation is medically necessary;

- Transportation of a member to a facility for alcohol detoxification that is not a medical necessity;
- No load transportation except as described under transportation of deceased persons and payment limitations for life support transportation.

BILLING GUIDELINES

Providers must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code.

If the claim was submitted through the ND Web Portal or EDI, the ambulance report must be received within 30 days or the claim will be denied.