

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 27.00: AMBULANCE SERVICES

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27.01: General Provisions

- (1) Scope, Purpose and Effective Date. 114.3 CMR 27.00 governs the payment rates for ambulance and chair car services rendered to publicly aided individuals effective May 1, 2008. The ground transport rates set forth in 114.3 CMR 27.00 also apply to individuals covered by the Worker's Compensation Act, M.G.L. c. 152.
- (2) Authorization of Services. Governmental Units are responsible for the definition and determination of circumstances constituting medical necessity for services governed by 114.3 CMR 27.00.
- (3) Coverage. The payment rates in 114.3 CMR 27.00 constitute full compensation for the services provided, including administration and professional supervision services. The payment rates shall apply to ambulance and chair car services provided to publicly aided individuals whose medical condition requires the use of such vehicles in the following situations:
 - (a) Inpatient. Transportation of a person to a hospital or other health care facility for the purpose of being admitted or return transportation following discharge from such hospital or health care facility.
 - (b) Outpatient. Transportation of persons to a hospital or other health care facility for outpatient services other than routine tests or treatments or return transportation following performance of these services. Medical necessity will determine the appropriate means of transportation in each circumstance.
- (4) Exclusion. 114.3 CMR 27.00 and the payment rates in 114.3 CMR 27.03(2) shall not, under any conditions, apply when the purchasing agency determines that:
 - (a) no medical necessity exists; or
 - (b) some means of transportation other than an ambulance or chair car may be used without endangering the patient's health; or
 - (c) ambulance or chair car usage is for an unauthorized purpose.
- (5) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the *Healthcare Common Procedure Coding System (HCPCS)*. The publication of such updates and corrections will list:
 - (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
 - (b) deleted codes for which there are no corresponding new codes; and
 - (c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.
- (6) Administrative Information Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 27.00.
- (7) Authority. 114.3 CMR 27.00 is adopted pursuant to M.G.L. c.118G.

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27.02: General Definitions

Meaning of Terms. As used in 114.3 CMR 27.00, unless the context otherwise requires, terms shall have the meanings set forth in 114.3 CMR 27.02.

Additional Person. A second patient transported together in an ambulance or chair car along with another patient both of whom require that form of transportation.

Advanced Life Support, Level 1 (ALS1). When medically necessary, this is the provision of an assessment by an advanced life support (ALS) ambulance provider or supplier or the furnishing of one or more ALS interventions. An ALS assessment is performed by an ALS crew and results in the determination that the patient's condition requires ALS level of care, even if no other ALS intervention is performed. An ALS provider or supplier is defined as a provider or supplier whose staff includes an individual trained to the level of the Emergency Medical Technician-Intermediate (EMT-Intermediate) or Paramedic as defined in the National Emergency Medicine Services (EMS) Education and Practice Blueprint. An ALS intervention is defined as a procedure beyond the scope of an EMT-Basic as defined in the National EMS Education and Practice Blueprint.

Advanced Life Support, Level 2 (ALS2). When medically necessary, the administration of at least three different medications or one or more of the following ALS procedures: manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, intraosseous line.

Ambulance. An aircraft, boat, motor vehicle or other means of transportation, including a dual purpose vehicle, however named, whether privately or publicly owned, which is intended to be used for and is maintained and operated for the transportation of sick, injured or disabled persons and which has in force a valid certificate of inspection and license issued by the Department of Public Health, Commonwealth of Massachusetts, as set forth in 105 CMR 170.000 for the implementation of M.G.L. c. 111C, Regulating Ambulances and Ambulance Services (Department of Public Health).

Basic Life Support (BLS). When medically necessary, the provision of basic life support (BLS) services as defined in the National EMS Education and Practice Blueprint for the EMT-Basic including the establishment of a peripheral intravenous (IV) line.

Division. The Division of Health Care Finance and Policy, established under M.G.L. c. 118G.

Chair Car. A motor vehicle specifically equipped to carry persons who are confined to wheelchairs or otherwise mobility handicapped .

Eligible Provider of Ambulance and Chair Car Services. A person, partnership, corporation, Governmental Unit or other entity that provides authorized emergency ambulance, transfer ambulance, and/or chair car services and that also meets such conditions of participation as have been or may be adopted from time to time by a Governmental Unit purchasing ambulance services.

Government Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Loaded Mileage. The actual distance a person or persons is (are) transported in an ambulance or chair car.

Publicly Aided Individual. A person for whose medical and other services a Governmental Unit is in whole or in part liable under a statutory program.

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Specialty Care Transport (SCT). When medically necessary, interfacility transport of a critically injured or ill person by a ground ambulance vehicle including medically necessary supplies and services, at a level of service beyond the scope of the paramedic as defined in the National EMS Education and Practice Blueprint. This is necessary when a person's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area (for example, nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training).

Trip. The event of pick-up, transport and delivery of a person or persons to or from a hospital or other health care facility by an ambulance or chair car.

27.03: General Rate Provisions and Maximum Fees

(1) Rate Determination. Rates of payment shall be the lowest of:

- (a) the eligible provider's usual fee to patients other than publicly-aided individuals; or
- (b) the eligible provider's actual charge submitted; or
- (c) the schedule of fees set forth in 114.3 CMR 27.03.

(2) Maximum Trip Fee. The maximum trip fees for an authorized ambulance service trip to which 114.3 CMR 27.00 applies are:

<u>Code</u>	<u>Maximum Allowable Fee</u>	<u>Description of Code</u>
A0425	\$ 2.93	Ground mileage (per statute mile). (Loaded Mileage)
A0426	\$177.20	Ambulance service, Advanced Life Support, non-emergency, level 1 (ALS 1)
A0427	\$280.57	Ambulance service, Advanced Life Support, emergency, level 1 (ALS 1 - Emergency)
A0428	\$147.67	Ambulance service, Basic Life Support, non-emergency (BLS)
A0429	\$236.27	Ambulance service, Basic Life Support, emergency (BLS-Emergency)
A0430	\$3,775.00	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	\$3,775.00	Ambulance service, conventional air services, transport, one way (rotary wing)
A0433	\$406.09	Advanced Life Support, Level 2 (ALS 2).
A0434	\$479.93	Ambulance service Specialty Care Transport (SCT)
A0370	I.C.*	Transportation of an additional person in an Emergency Situation (Providers must specify the level of service provided, <i>i.e.</i> BLS-Emergency, ALS1-Emergency, or ALS2)

*I.C. (Individual Consideration) – Rates reimbursed for transportation of an additional person in an emergency situation will be paid at one-half of base rate set for the level of service specified on claims form.

(3) Transportation of an Additional Person in an Emergency Situation. Transportation of an additional person by a Class I ambulance or a Class V temporary ambulance acting as a second backup in an emergency situation, such as a multiple accident, will be paid at one-half the base rate. When a publicly-aided individual or industrial accident patient is transported together with a private patient, the publicly-aided individual or industrial accident patient will be considered the additional person as outlined above and no mileage fee shall be allowed.

(4) Billing Certification. Each eligible provider who submits an invoice to a Governmental Unit for authorized ambulance services shall certify to the accuracy of the level of services provided, as listed on its invoice.

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(5) Maximum Trip Fee, Chair Car Services

A0130	\$20.94	Chair Car, each way (plus mileage)
S0215	\$ 1.46	Chair Car, mileage per loaded mile
X0147	\$10.45	Chair Car, each additional person, each way (no additional mileage fee allowed)
T2001	\$ 8.00	Chair Car, additional attendant (each way)

(6) Preferred Provider Agreements.

(a) A purchaser may apply to the Division for approval of a Preferred Provider Agreement under which the Governmental Unit will purchase services at a reimbursement rate that reflects special circumstances around the services to be provided.

(b) In order for the Division to approve the Agreement, the Agreement must:

1. Identify the special circumstances of the purchaser's clients;
2. Establish specific criteria for evaluating provider qualifications to meet the needs of the purchaser's clients;
3. Specify the purchaser's role in managing the services provided to its clients, including but not limited to prior authorizations;
4. Specify the provider's duties in complying with the administrative requirements established by the purchasing agency;
5. Demonstrate that the rates to be paid are reasonable and reflect the services to be provided;
6. If the Governmental Unit is a state agency, the agency must demonstrate that the provisions of 808 CMR 2.00 relative to the procurement and form of the Agreement have been satisfied.

(c) If the Governmental Unit has adopted formal procedures for contracting with providers under Preferred Provider Agreements, and the procedures satisfy the criteria in 114.3 CMR 27.03(6)(b)1. through 6., the Governmental Unit may request approval of its formal procedures rather than approval of the individual agreements. The Governmental Unit must supply to the Division the services for which Preferred Provider Agreements will be executed and the range of rates to be paid.

(7) Individual Consideration. Rates of payment to eligible providers for services authorized but not listed herein, or authorized services performed in exceptional circumstances shall be determined on an Individual Consideration (I.C.) basis by the Governmental Unit upon receipt of a bill which describes the services rendered.

27.04: Filing and Reporting Requirements

(1) Required Reports. Each eligible provider, except Governmental Units, shall complete and file an ambulance service cost report and supplemental schedules as specified by the Division each fiscal year. The submission must include financial statements audited, certified, reviewed or compiled by a certified public accountant or copies of tax returns filed with the Internal Revenue Service for the reporting year.

(2) Filing Deadlines. Each eligible provider must file the required documents cited in 114.3 CMR 27.04(1) by November 1st of the year following the end of the provider's fiscal year. For example, for any fiscal year ending in 2008, the filing date will be November 1, 2009.

(3) Examination of Records. Each provider shall make available for audit all records relating to its operation if requested by the Division and according to the requirements cited in 114.3 CMR 27.04(7).

(4) Additional Information Requested by Division. Each provider shall file such additional information as the Division may from time to time require.

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(5) Accurate Data. All reports, schedules, additional information, books and records that are filed or made available to the Division shall be certified under pains and penalty of perjury as true, correct and accurate by the owner, officer, executive director or financial officer of the provider.

(6) Non-compliance. Failure by an eligible provider to submit complete, accurate and timely information as required in 114.3 CMR 27.00 may result in a penalty. The rates will be reduced for an amount of time equal to the period of non-compliance. The penalty will be a 5% rate reduction per month of non-compliance and may be retroactive to the date of initial non-compliance. The penalty will not exceed a cumulative total of more than 50% of the rate of payment for a given service. If a provider is not in full compliance upon adoption of new rates, at no time can the new rates exceed the penalty-adjusted current rate. If the new rate were to exceed the penalty-adjusted current rate, the applicability of the new rate will be delayed until full compliance with the filing requirements. If, however, the new rate is less than the rate currently in effect, then the new rate will become effective immediately and potentially subject to further penalty.

(7) Field Audit. The Division shall determine if a field audit is necessary to substantiate information contained in the cost report and supplemental schedules. The Division shall make reasonable attempts to schedule an audit at the mutual convenience of both parties.

27.05: Severability

The provisions of 114.3 CMR 27.00 are severable. If any provisions of 114.3 CMR 27.00 or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 27.00: M.G.L. c. 118G.

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NON-TEXT PAGE