

CHAPTER 1245. AMBULANCE TRANSPORTATION

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Authority

The provisions of this Chapter 1245 issued under sections 403 and 443.4 of the Public Welfare Code (62 P. S. §§ 403 and 443.4), unless otherwise noted.

Source

The provisions of this Chapter 1245 adopted October 31, 1980, effective November 1, 1980, 10 Pa.B. 4257, unless otherwise noted.

Cross References

This chapter cited in 55 Pa. Code § 175.23 (relating to requirements); 55 Pa. Code § 1101.31 (relating to scope); and 55 Pa. Code § 1101.95 (relating to conflicts between general and specific provisions).

GENERAL PROVISIONS**§ 1245.1. Policy.**

The MA Program provides payment for ambulance transportation rendered to eligible recipients by ambulance providers enrolled in the program to provide BLS or ALS services, or both. Payment for ambulance transportation is subject to this chapter, Chapter 1101 (relating to general provisions) and the limitations established in Chapter 1150 (relating to MA Program payment policies) and the MA Program fee schedule.

Source

The provisions of this § 1245.1 adopted October 31, 1980, effective November 1, 1980, 10 Pa.B. 4257; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418; amended October 18, 1991, effective October 19, 1991 and apply retroactively to August 1, 1989, 21 Pa.B. 4951. Immediately preceding text appears at serial page (131130).

§ 1245.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

ALS—Advanced Life Support—Services provided for life-threatening situations.

Appropriate medical facility—A clinic, rural health clinic, hospital, skilled nursing facility or intermediate care facility which participates in the MA Program.

BLS—Basic Life Support—Services provided for emergency or nonemergency situations.

Clinic—An independent or hospital operated facility enrolled in the MA Program which is designed to provide preventative diagnostic, therapeutic, rehabilitative or palliative services on an outpatient basis.

General public—Patients other than MA recipients.

Incapacitated—Incapable of sitting, standing or perambulating.

Medical service—A covered service as specified in Chapter 1101 (relating to general provisions).

Mileage—The distance traveled from the point of departure of the ambulance to the point of destination and the return to the point of departure.

Physician's office—A site designated for the sole purpose of providing physicians' services to outpatients. This includes a private physician's office located at a hospital or other medical facility.

Specialized services—Interfacility transportation of critical care patients such as neonatal, prenatal or cardiac patients provided by ALS units.

Source

The provisions of this 1245.2 adopted October 31, 1980, effective November 1, 1980, 10 Pa.B. 4257; amended October 18, 1991, effective October 19, 1991 and apply retroactively to August 1, 1989, 21 Pa.B. 4951. Immediately preceding text appears at serial pages (131130) to (131131).

COVERED AND NONCOVERED SERVICES

§ 1245.11. Types of services covered.

MA Program coverage for ambulance transportation is limited to the transportation of eligible recipients to their home, or to the nearest appropriate medical facility site only when the condition of the patient absolutely precludes another method of transportation, or to a nonhospital drug and alcohol detoxification or rehabilitation facility from a hospital when a recipient presents to the hospital for inpatient drug and alcohol treatment and the hospital has determined that the required services are not medically necessary in an inpatient facility.

Authority

The provisions of this § 1245.11 amended under sections 201(2) and 443.1(1) of the Public Welfare Code (62 P. S. §§ 201(2) and 443.1(1)).

Source

The provisions of this § 1245.11 adopted October 31, 1980, effective November 1, 1980, 10 Pa.B. 4257; amended November 24, 1995, effective November 25, 1995, and apply retroactively to November 1, 1995, 25 Pa. B. 5241. Immediately preceding text appears at serial page (177249).

SCOPE OF BENEFITS

§ 1245.21. Scope of benefits for the categorically needy.

Categorically needy recipients are eligible for the full range of covered ambulance transportation services listed in Chapter 1150 (relating to MA Program payment policies) and the MA Program fee schedule.

Source

The provisions of this § 1245.21 adopted October 31, 1980, effective November 1, 1980, 10 Pa.B. 4257; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (117521).

§ 1245.22. Scope of benefits for the medically needy.

Medically needy recipients are eligible for the full range of covered ambulance transportation services listed in Chapter 1150 (relating to MA Program payment policies) and the MA Program fee schedule.

Source

The provisions of this § 1245.22 adopted October 31, 1980, effective November 10, 1980, 10 Pa.B. 4257; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial pages (117521) to (117522).

§ 1245.23. Scope of benefits for State Blind Pension recipients.

State Blind Pension recipients are eligible for the full range of covered ambulance transportation services listed in the fee schedule in Chapter 1150 (relating to MA Program payment policies) and the MA Program fee schedule.

Source

The provisions of this § 1245.23 adopted October 31, 1980, effective November 10, 1980, 10 Pa.B. 4257; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (117522).

§ 1245.24. Scope of benefits for General Assistance recipients.

General Assistance recipients, age 21 to 65, whose MA benefits are funded solely by State funds, are eligible for medically necessary basic health care benefits as defined in Chapter 1101 (relating to general provisions). See § 1101.31(e) (relating to scope).

Source

The provisions of this § 1245.24 adopted December 11, 1992, effective January 1, 1993, 22 Pa.B. 5995.

PROVIDER PARTICIPATION**§ 1245.41. Participation requirements.**

In addition to the participation requirements in Chapter 1101 (relating to general provisions), ambulance transportation providers shall meet the following requirements:

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(1) Ambulance providers that transport recipients shall be Medicare certified.

(2) Ambulance providers approved to provide ALS services shall submit to the Department an approval letter from their regional emergency medical services council designated by the Department of Health, and approved by its division of emergency medical services of the Department of Health.

Source

The provisions of this § 1245.41 adopted October 31, 1980, effective November 1, 1980, 10 Pa.B. 4257; amended October 18, 1991, effective October 19, 1991 and apply retroactively to August 1, 1989, 21 Pa.B. 4951. Immediately preceding text appears at serial page (131132).

§ 1245.42. Ongoing responsibilities of providers.

Ongoing responsibilities of providers are established in Chapter 1101 (relating to general provisions).

Source

The provisions of this § 1245.42 adopted October 31, 1980, effective November 1, 1980, 10 Pa.B. 4257.

PAYMENT FOR AMBULANCE TRANSPORTATION SERVICES

§ 1245.51. General payment policy.

(a) Payment is made for medically necessary ambulance transportation services subject to the conditions and limitations established in this chapter, and Chapters 1101 and 1150 (relating to general provisions; and MA Program payment policies). Payment for transportation other than by ambulance is made through the MA Transportation Program, administered by the Office of Social Programs in accordance with § 175.23(b)(2) and (3) (relating to requirements).

(b) Ambulance services which obtain Voluntary Ambulance Service Certification (VASC) from the Department of Health will be reimbursed at a higher rate than non-VASC certified services, as listed in Chapter 1150.

Source

The provisions of this § 1245.51 adopted October 31, 1980, effective November 10, 1980, 10 Pa.B. 4257; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418; amended October 18, 1991, effective October 19, 1991 and apply retroactively to August 1, 1989, 21 Pa.B. 4951. Immediately preceding text appears at serial pages (131132) to (131133).

§ 1245.52. Payment conditions.

Payment for ambulance transportation will be made subject to the following conditions:

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(1) Ambulance transportation is medically necessary. For ambulance transportation to be considered medically necessary, one or more of the following conditions shall be documented in the remarks section of the Medical Services/Supplies Invoice:

(i) The patient is incapacitated as the result of injury or illness and transportation by van, taxicab, public transportation or private vehicle is either physically impossible or would endanger the health of the patient.

(ii) There is reason to suspect serious internal or head injury.

(iii) The patient requires physical restraints.

(iv) The patient requires oxygen or other life support treatment en route.

(v) Because of the medical history of the patient and present condition, there is reason to believe that oxygen or life support treatment is required en route.

(vi) The recipient requires transportation from a hospital to a nonhospital drug and alcohol detoxification facility or rehabilitation facility and the hospital has determined that the required services are not medically necessary in an inpatient facility.

(2) Free ambulance service is not accessible to the client.

(3) The client has been transported to the nearest appropriate medical facility enrolled in the MA Program or from a hospital to a nonhospital drug and alcohol detoxification facility or rehabilitation facility.

(4) The client has been transported to or from an appropriate medical facility in connection with services that are covered under the MA Program or the State-funded nonhospital drug and alcohol services under Act 152 of 1988 (P. L. 1239).

(5) The Medical Services/Supplies Invoice has been completed in accordance with the instructions in the Provider Handbook.

Authority

The provisions of this § 1245.52 amended under sections 201(1) and 443.1(1) of the Public Welfare Code (62 P. S. §§ 201(1) and 443.1(1)).

Source

The provisions of this § 1245.52 adopted October 31, 1980, effective November 10, 1980, 10 Pa.B. 4257; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended October 18, 1991, effective October 19, 1991 and apply retroactively to August 1, 1989, 21 Pa.B. 4951; amended November 24, 1995, effective November 25, 1995, and apply retroactively to November 1, 1995, 25 Pa.B. 5241. Immediately preceding text appears at serial page (177252).

Cross References

This section cited in 55 Pa. Code § 1245.54 (relating to noncompensable services and items).

§ 1245.53. Limitations on payment.

Payment for ambulance transportation is subject to the following limitation:

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- (1) If more than one person is transported during the same trip, either to the same destination or a different destination, payment is made for the transportation of the patient whose destination is the greatest distance. No additional payment is allowed for the additional person.
- (2) [Reserved].

Source

The provisions of this § 1245.53 adopted October 31, 1980, effective November 1, 1980, 10 Pa.B. 4257.

§ 1245.54. Noncompensable services and items.

Payment will not be made for the following services and items:

- (1) Ambulance transportation to a physician's office or group practice.
- (2) Ambulance transportation for a medical service which is not covered under the MA Program, except for nonhospital drug and alcohol detoxification or rehabilitation facility services when a recipient presents to a hospital for inpatient drug and alcohol treatment and the hospital has determined that the required services are not medically necessary in an inpatient facility.
- (3) Ambulance transportation to a clinic, rural health clinic, hospital, skilled nursing facility or intermediate care facility not enrolled in the MA Program, except in an emergency situation. An emergency situation is when an item or service is required to sustain the life of a person or is critical to the health of a person.
- (4) Ambulance transportation of a deceased person to a morgue or funeral parlor.
- (5) Ambulance transportation from one medical facility to another, unless it is for the purpose of obtaining necessary medical care which is unavailable at the facility in which the recipient is a patient and meets the requirements in § 1245.52 (relating to payment conditions).
- (6) Ambulance transportation from one long term care facility to another, unless it is for the purpose of changing the patient's level of care or if the patient is transferred from a facility because its provider agreement has been terminated and the requirements in § 1245.52 are met. Payment is not made if the ambulance is owned by the nursing facility.
- (7) Ambulance transportation out-of-State, unless the nearest appropriate medical facility is located out-of-State.
- (8) Ambulance transportation that is available from another insurance or health program of public agency.

Authority

The provisions of this § 1245.54 amended under sections 201(1) and 443.1(1) of the Public Welfare Code (62 P. S. §§ 201(1) and 443.1(1)).

Source

The provisions of this § 1245.54 adopted October 31, 1980, effective November 1, 1980, 10 Pa.B. 4257; amended November 24, 1995, effective November 25, 1995, and apply retroactively to November 1, 1995, 25 Pa.B. 5241. Immediately preceding text appears at serial page (177253).

§ 1245.55. Billing a recipient for noncompensable ambulance transportation.

A MA client may be billed for ambulance transportation services only if all of the following conditions have been met:

- (1) The provider determines that ambulance transportation is not covered by MA under the existing circumstances.
- (2) The client or responsible party is informed before the service is rendered that he must pay for the service.
- (3) The client or responsible party consents to receive the service and be responsible for the charges.

Source

The provisions of this 1245.55 adopted October 31, 1980, effective November 1, 1980, 10 Pa.B. 4257.

UTILIZATION CONTROL**§ 1245.71. Scope of claims review procedures.**

Claims submitted for payment under the MA Program are subject to the utilization control procedures established in Chapter 1101 (relating to general provisions). Providers shall fully cooperate with audits and reviews made by the Department for the purpose of determining the validity and claims, the reasonableness and necessity of services provided and charges made to the general public.

Source

The provisions of this § 1245.71 adopted October 31, 1980, effective November 1, 1980, 10 Pa.B. 4257.

ADMINISTRATIVE SANCTIONS**§ 1245.81. Provider misutilization.**

Providers determined to have billed for services inconsistent with MA Program regulations, or to have otherwise violated the standards set forth in the provider agreement, are subject to the sanctions described in Chapter 1101 (relating to general provisions).

Source

The provisions of this § 1245.81 adopted October 31, 1980, effective November 1, 1980, 10 Pa.B. 4257.

APPENDIX A. [Reserved]

Source

The provisions of this Appendix A reserved December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932. Immediately preceding text appears at serial page (58185).

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