

AMBULANCE SERVICE CATEGORIES

Under the fee schedule, there are seven categories of ground ambulance services and two categories of air ambulance services. In this section, each of the categories and their requirements is outlined. Medicare pays only for the category of service provided and then only when medically necessary. Use the HCPCS code to reflect the type of service the beneficiary received and not the type of vehicle used. Even if a local government requires an ALS response for all calls, Medicare pays only for the level of service provided and then only when medically necessary.

The seven ground ambulance categories, which apply to both land and water transportation include:

1. Basic Life Support (BLS);
2. Basic Life Support (BLS) Emergency;
3. Advanced Life Support (ALS), Level One;
4. Advanced Life Support (ALS), Level One, Emergency;
5. Advanced Life Support (ALS), Level Two;
6. Specialty Care Transport; and
7. Paramedic Intercept (This only applies to ambulance services in New York state.)

The following definitions apply to both land and water (hereafter referred to as "ground") ambulance services unless otherwise specified as applying to air ambulance services:

BASIC LIFE SUPPORT

Definition: Basic life support (BLS) is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the state. The ambulance must be staffed by an individual who is qualified in accordance with state and local laws as an emergency medical technician basic (EMT Basic). These laws may vary from state to state or within a state. For example, only in some jurisdictions is an

EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions and establish a peripheral intravenous (IV) line.

EMERGENCY RESPONSE

Definition: Emergency response is one in which a BLS or ALS1 level of service has been provided in immediate response to a 911 call or the equivalent. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call.

Application: The phrase "911 call or equivalent" is intended to establish the standard that the nature of the call at the time of dispatch is the determining factor. Regardless of the medium by which the call is made (i.e., a radio call could be appropriate) the call is of an emergent nature when based on the information available to the dispatcher at the time of the call, it is reasonable for the dispatcher to issue an emergency dispatch in light of accepted, standard dispatch protocol. An emergency call need not come through 911 even in areas where a 911 call system exists. However, the determination to respond emergently must be in accord with the local 911 or equivalent service dispatch protocol. If the call came in directly to the ambulance supplier, then the supplier's dispatch protocol and the dispatcher's actions must meet at a minimum, the standards of the dispatch protocol of the local 911 or equivalent service. In areas that do not have a local 911 or equivalent service, both the protocol and the dispatcher's actions must meet at a minimum, the standards of the dispatch protocol in another similar jurisdiction within the state; or, if there is no similar jurisdiction, then the standards of any other dispatch protocol within the state. Where the dispatch was inconsistent with this standard of protocol, including where no protocol was used, the beneficiary's condition (for example, symptoms) at the scene determines the appropriate level of payment.

ADVANCED LIFE SUPPORT, LEVEL 1

Definition: Advanced life support, level 1 (ALS1) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention.

ADVANCED LIFE SUPPORT ASSESSMENT

Definition: Advanced life support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in determining that the patient requires an ALS level of service.

The determination to respond emergently with an ALS ambulance must be in accord with the local 911 or equivalent service dispatch protocol.

ADVANCED LIFE SUPPORT, LEVEL 2

Definition: Advanced life support, level 2 (ALS2) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including: (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids); or (2) ground ambulance transport and the provision of at least one of the ALS2 procedures listed below.

Application: Crystalloid fluids include fluids such as 5% dextrose in water, saline and lactated ringers. Medications that are administered by other means, i.e., intramuscular/subcutaneous injection, oral, sublingually or nebulizer, do not qualify to determine whether the ALS2 level rate is payable. However, this is not an all-inclusive list. Likewise, a single dose of medication administered fractionally, i.e., one-third of a single dose quantity, on three separate occasions does not qualify for the ALS2 payment rate. The criterion of multiple administrations of the same drug requires a suitable quantity and amount of time between administrations that is in accordance with standard medical practice guidelines. The fractional administration of a single dose, for this purpose meaning a standard or protocol dose, on three separate occasions does not qualify for ALS2 payment. In other words, the administration of one third of a qualifying dose three times does not equate to three qualifying doses for purposes of indicating ALS2 care. One third of X given three times might = X (where X is a standard/protocol drug amount), but the same sequence does not equal three times X. Thus, if three administrations of the same drug are required to show that ALS2 care was given, each of those administrations must be in accord with local protocols. The run will not qualify on the basis of drug administration if that administration was not according to protocol.

An example of a single dose of medication administered fractionally on three separate occasions that would not qualify for the ALS2 payment rate would be the use of intravenous (IV) epinephrine in the treatment of pulseless ventricular tachycardia/ventricular fibrillation (VF/VT) in the adult patient. Administering this medication in increments of 0.25 mg, 0.25 mg and 0.50 mg for a total of 1 mg would not qualify for the ALS2 level of payment. This medication, according to the American Heart Association (AHA) Advanced Cardiac Life Support (ACLS) protocol, calls for epinephrine to be administered in 1 mg increments every 3 to 5 minutes. Therefore, in order to receive payment for an ALS2 level of service, three separate administrations of epinephrine in 1 mg increments must be administered for the treatment of pulseless VF/VT.

A second example that would not qualify for the ALS2 payment level is the use of adenosine in increments of 2 mg, 2 mg and 2 mg for a total of 6 mg in the treatment of an adult patient with paroxysmal supraventricular tachycardia (PSVT). According to ACLS guidelines, 6 mg of adenosine should be given by rapid intravenous push (IVP) over 1 to 2 seconds. If the first dose does not result in the elimination of the supraventricular tachycardia within 1 to 2 minutes, 12 mg of adenosine should be administered IVP. If the supraventricular tachycardia persists, a second 12 mg dose of adenosine can be administered for a total of 30 mg of adenosine. Three separate administrations of the drug adenosine in the dosage amounts outlined in the later case would qualify for ALS2 payment.

For purposes of this definition, the ALS2 procedures are:

1. Manual defibrillation/cardioversion;
2. Endotracheal intubation;
3. Central venous line;
4. Cardiac pacing;
5. Chest decompression;
6. Surgical airway; or
7. Intraosseous line.

Endotracheal intubation is one of the services that will qualify for the ALS2 level of payment; therefore, it is not necessary to consider medications administered by endotracheal intubation for the purpose of determining whether the ALS2 rate is payable. The monitoring and maintenance of an endotracheal tube that was previously inserted prior to the transport also qualifies as an ALS2 procedure.

ADVANCED LIFE SUPPORT INTERVENTION

Definition: Advanced life support (ALS) intervention is a procedure that is in accordance with state and local laws beyond the scope of practice of an emergency medical technician-basic (EMT-Basic).

Application: An ALS intervention must be medically necessary to qualify as an intervention for payment of an ALS level of service. An ALS intervention applies only to ground transports.

ADVANCED LIFE SUPPORT (ALS) PERSONNEL

Definition: ALS personnel are individuals trained to the level of the emergency medical technician-intermediate (EMT-Intermediate) or paramedic.

EMT-INTERMEDIATE

Definition: EMT-Intermediate is an individual who is qualified in accordance with state and local laws, as an EMT-Basic and who is also certified in accordance with state and local laws to perform essential advanced techniques and to administer a limited number of medications.

EMT-PARAMEDIC

Definition: EMT-Paramedic possesses the qualifications of the EMT-Intermediate and in accordance with state and local laws has enhanced skills that include being able to administer additional interventions and medications.

SPECIALTY CARE TRANSPORT

Definition: Specialty care transport (SCT) is hospital-to-hospital transportation of a critically injured or ill beneficiary 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. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health

professionals in an appropriate specialty area, for example emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care or a paramedic with additional training.

Application: SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area. The EMT-Paramedic level of care is set by each state. Care above that level that is medically necessary and that is furnished at a level of service above the EMT-Paramedic level of care, is considered SCT. That is to say if EMT-Paramedics without specialty care certification or qualification are permitted to furnish a given service in a state, then that service does **not** qualify for SCT. The phrase "EMT-Paramedic with additional training" recognizes that a state may permit a person who is not only certified as an EMT-Paramedic but who also has successfully completed additional education as determined by the state in furnishing higher level medical services required by critically ill or critically injured patients to furnish a level of service that otherwise would require a health professional in an appropriate specialty care area (for example, a nurse) to provide. "Additional training" means the specific additional training that a state requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during an SCT.