AMBULANCE SERVICES PROVIDER MANUAL

JULY 1, 2019

South Carolina Department of Health and Human Services

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PROGRAM OVERVIEW

The South Carolina Medicaid program sponsors transportation to Medicaid covered services in three ways: through the Broker model, for non-emergency transportation (ground and air); outside the Broker model, for fee-for-service, emergency transportation; and through Managed Care Organizations (MCOs) and the Medical Home Networks — Medically Complex Children's Waiver (MCCW) for beneficiaries enrolled in a Managed Care Plan. The South Carolina Medicaid program will sponsor only "medically necessary" ambulance transportation.

Ambulance fee-for-service transportation is considered medically necessary if the following conditions exist:

- 911 is called and the beneficiary is transported in an emergency situation (e.g., as a result of an accident, injury or acute illness) and any other method of transportation is inappropriate.

- The Department of Health and Environmental Control (DHEC) approved Ambulance Run Report justifies the emergency conditions and/or treatment of the level of service billed.

Payment will not be made for ambulance service in a case where another means of transportation could be utilized without endangering the beneficiary's health. For example, if a beneficiary is not transported in any emergency situation, the beneficiary should be instructed to contact the broker.

The South Carolina Medicaid program will reimburse for ambulance services using the lower amount of the provider's actual submitted charges or the established program fee schedule. Please visit the South Carolina Department of Health and Human Services (SCDHHS) website at: http://www.scdhhs.gov for the current fee schedule.

NOTE: References to supporting documents and information are included throughout the manual. This information is found at the following locations:

- Provider Administrative and Billing Manual

- Forms

- Section 4 - Procedure Codes

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COVERED POPULATIONS

ELIGIBILITY/SPECIAL POPULATIONS

Verification of Eligibility

Claims involving retroactive eligibility must be received within six months of the beneficiary's eligibility determination or one year from the date of service delivery, whichever is later. When the date of service is over a year old, claims should be submitted to the program area manager with a Department of Health and Human Services (DHHS) Form 945 (Verification of Eligibility) from the county SCDHHS office verifying the retroactive determination.

When a claim involving retroactive eligibility is rejected for edit 510 or CARC 29 (date of service is more than one-year-old), it is the provider's responsibility to contact the county SCDHHS office to obtain a DHHS Form 945. The form must state when eligibility was added to the system and the dates of eligibility.

Note: Retroactive claims must be submitted to the program area manager within six months from the time eligibility was added to the system. The Transportation Department can only accept retroactive eligibility on a DHHS 945 form; no other forms or printout will be accepted in lieu of the DHHS 945 Form.

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ELIGIBLE PROVIDERS

PROVIDER QUALIFICATIONS

Licensing

The DHEC Code of Regulation 61-7, South Carolina Code of Laws of 1976, Statutory Authority Section 44-61-150, sets forth the current minimum standards for ambulance operations in South Carolina. South Carolina Medicaid will only reimburse ambulance providers who are in compliance with all current DHEC regulations, including revisions, for the services rendered. Out-of-state providers must be licensed and certified by their respective states.

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COVERED SERVICES AND DEFINITIONS

BROKER ARRANGED AMBULANCE SERVICES

This information should assist providers to answer telephone calls from beneficiaries who are not eligible for ambulance services outside of the Medicaid Broker. If a beneficiary does not meet the criteria for emergency transportation, they should be instructed to call the non-emergency transportation broker in the county in which they reside. The broker will provide Medicaid transportation services for the following:

- All non-emergency ambulance transportation to medical appointments and non-emergency transports which are planned/scheduled trips.

- Transports from a nursing home to a physician's office, a nursing home to a dialysis center or hospital to residence.

- Non-emergency transportation for beneficiaries requiring stretcher or wheelchair service.

- Non-emergency transportation services to beneficiaries traveling out of state for prior authorized medical services (e.g., lodging, meals, etc.).

- Non-emergency air transports for both Rotary and Fixed Wing air flights.

- Transportation for beneficiaries who receive retroactive eligibility.

Note: All ambulance services provided out of the South Carolina Medical Service Area (SCMSA), with the exception of emergency services, **must have prior approval from SCDHHS**. Prior approval can be obtained by contacting the SCDHHS Provider Service Center (PSC) at +1 888 289 0709 or submit an online inquiry at http://www.scdhhs.gov/contact-us. The SCDHHS county office listing is located on the website at https://www.scdhhs.gov/site-page/where-go-help.

Non-Emergency Medical Transportation Brokers
Region 1 Counties

• Abbeville	• Greenville	• Oconee
• Anderson	• Greenwood	• Pickens
• Cherokee	• Laurens	• Saluda
• Edgefield	• McCormick	• Spartanburg

Region 1 Contact Information

Reservations:

+1 866 910 7688

"Where's My Ride":

+1 866 910 7689

Administrative Line:

+1 866 910 7684

Region 2 Counties

- Aiken
- Allendale
- Bamberg
- Barnwell
- Calhoun
- Chester

- Clarendon
- Fairfield
- Kershaw
- Lancaster
- Lee
- Lexington

- Newberry
- Orangeburg
- Richland
- Sumter
- Union
- York

Region 2 Contact Information

Reservations:

+1 855 777 1255

"Where's My Ride":

+1 855 777 1255 Opt. 1

Administrative Line:

+1 855 777 1255 Opt. 6

Region 3 Counties

- Beaufort
- Berkeley
- Charleston
- Chesterfield
- Colleton
- Darlington

- Dillon
- Dorchester
- Florence
- Georgetown
- Hampton
- Horry

- Jasper
- Marion
- Marlboro
- Williamsburg

Region 3 Contact Information

Reservations:

+1 855 777 1255

"Where's My Ride":

+1 855 777 1255 Opt. 1

Administrative Line:

+1 855 777 1255 Opt. 6

Managed Care Organizations Transportation Services

All transportation services for beneficiaries enrolled in a Managed Care Plan or the Medical Home Network (MCCW) are the responsibility of the MCO. MCOs are responsible for all ambulance transports for Advanced Life Support or Basic Life Support either emergency or non-emergency transports billable by an Ambulance Provider. These trips may be routine or non-routine transports to a Medicaid covered service. The MCO will provide stretcher trips, as well as, air ambulance or Medivac transportation.

In the event that an ambulance is called to a location but not used for transport (i.e., the Medicaid MCO beneficiary is not taken to a medical service provider), the MCO is still responsible for payment to the provider. The MCO may review ambulance services; however, the contractual definition of medical necessity must be used as guidance in making determinations. MCOs may require the same level of documentation from the Provider as required by the fee-for service system. Beneficiaries requiring out-of-state Medical Services are eligible for prior authorized transportation as described below:

- If the MCO authorizes out-of-state referral services and the service is available in-state, the MCO is responsible for all Medicaid covered services related to the referral to include all modes of transportation, escorts, meals and lodging.

- If the MCO authorizes out-of-state services and the service is not available in-state, the MCO will be responsible for the cost of referral services and any ambulance or Medivac transportation.

Scheduling Transports

For Medicaid beneficiaries of all ages, South Carolina Medicaid covers necessary non-emergency transportation to and from South Carolina Medicaid covered services for eligible beneficiaries. It is also the responsibility of the Broker to:

- Receive the transportation request (beneficiary name, date transport needed, and other pertinent beneficiary and appointment information necessary to arrange/schedule the transport).

- Determine the appropriate method of transport, book the transport and inform the beneficiary and medical facility (if applicable) of the transport information.

- Ensure transportation requests include weekends and holidays, if necessary.

The beneficiary or a person designated by the beneficiary to act on their behalf (i.e., a neighbor, a hospital, a social worker, etc.) must make the request for transportation through the **non-emergency transportation broker in the county in which they reside.**

South Carolina Medical Service Area

The South Carolina Medicaid program will pay for ambulance services rendered in the SCMSA, which meet all the requirements in this manual. The SCMSA includes all of South Carolina and area(s) within 25 miles of the South Carolina Border. If any part of the metropolitan area of the city such as Charlotte, Augusta, Savannah, etc., is within 25 miles of the State border, the entire metropolitan area is considered to be within the SCMSA.

Documentation Requirement

Documentation is necessary to show evidence that billed services were provided and were medically necessary. If during a review sufficient documentation is not available to support the paid claims filed by the provider, then Medicaid funds could be subject to recoupment.

Transport/Trip

A transport or trip is defined as a pickup and transport to or from a Medicaid service.

Program Services

Mileage: Mileage is paid from the point of pickup to the point of destination.

Supplies: All supplies and drugs are included in the ambulance transport fee.

Extra Attendant: An extra certified ambulance attendant will be covered if needed. The DHEC Run Report must explain the necessity for using an additional attendant.

Waiting Time: Ambulance waiting time may be billed when an ambulance transports a beneficiary to receive services. It is billed in one half hour increments (the first half-hour is not reimbursable). Waiting time charges cannot exceed the return trip charges. The DHEC Run Report must support any waiting time billed.

Multiple Beneficiaries in a Single Trip: Ambulance providers may transport more than one beneficiary at the same time. A multiple beneficiary transport may be either an emergency or a non-emergency service. Separate documentation for each beneficiary that is transported is required. The claim should include the appropriate base rate. The mileage charge should be billed to only one of the beneficiaries transported.

Transport of Dually Eligible Beneficiaries

Medicare rates for Skilled Nursing Facilities (SNFs) may include costs for transporting residents of the facility. If transportation is not specifically excluded from the SNF Rate, the cost of transportation is the responsibility of the facility if the transportation is medically necessary. If transportation is excluded from the SNF Rate and the beneficiary meets the medical necessity criteria, the transportation provider must bill Medicare.

Transportation of Self-Administered Oxygen Dependent Beneficiaries

It is the responsibility of emergency medical service providers whenever possible to transport oxygen dependent beneficiaries with the beneficiary's personal portable oxygen system in anticipation of the beneficiary's medical/health needs.

NON-COVERED SERVICES

The following ambulance transports are not covered:

- When a beneficiary is pronounced dead before the ambulance transport is called.

- When the ambulance transport is to a coroner's office, a morgue, a funeral home or any other nonmedical facility.

- Free ambulance services.

- Convenience transports.

- Intra-facility transports (site/facilities on campus).

- Alcohol related transports, unless the beneficiary is enrolled in a rehabilitation program and is being transported for rehabilitation services.

- Inpatient hospital services (offsite) — when a beneficiary remains an inpatient of the hospital, all services rendered to the beneficiary including ambulance transports are included in the hospital diagnosis related group (DRG) payment (e.g., if a member remains on the census as an inpatient at Hospital A and is only traveling to Hospital B for a diagnostic test or procedure not available at A, the DRG facility is responsible). Ambulance providers and the hospital facility should determine payment procedures when rendering services to an inpatient beneficiary.

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ADDITIONAL REQUIREMENTS

REPORTING/DOCUMENTATION

Department of Health and Environmental Control Run Report

Each time an ambulance service responds to a call, South Carolina law requires that a DHEC approved Ambulance Run Report be completed to document the trip. The Ambulance Run Report is a medical document that can be used to record a patient's treatment and must be maintained in the beneficiary's record for all ambulance transports. An example of the DHEC Ambulance Run Report is included on the SCDHHS website, scdhhs.gov. provider portal.

The Advanced Procedures Section is used to denote advanced medical procedures rendered during the transport. The Comments Section of the DHEC Run Report should further document the advanced procedures rendered at the scene and during the transport.

In addition to the Advanced Procedures Section and the Treatment Procedures Section, the Drugs Used Section and the Revised Trauma Score Section may be needed to describe the care provided at the scene or during transport. Again, the Comments Section of the DHEC 1050 Run Report should further document the procedures/treatments rendered at the scene and during the transport.

The primary and/or secondary attendant's signature(s) and certification number must be documented. The attendant's certification number should begin with eight or nine to designate the following:

8 — Paramedic

9 — Intermediate Emergency Medical Technician

A copy of the DHEC Ambulance Run Report is located in the Forms section of the SCDHHS website. A link to the Forms section is included at the end of Section 1 above. A DHEC Patient Care Report may be used in lieu of the DHEC 1050.

The DHEC Ambulance Run Report includes the following: Type of Incident, the Call Type, the Patient Status and any Treatment Procedures. The Drugs Used Section may be completed if ambulance personnel administered medication during the transport. The Comments Section must support all care provided at the scene and during transport and show a detailed account of the amount of physical effort required to transport the beneficiary. The Comments Section must also be used to document the details of the active, Ongoing Medical Treatment Section. For example, you should note the amount of oxygen administered to the patient, details of the suctioning method, etc.

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BILLING CONSIDERATIONS

ICD-CODE

When billing ambulance transportation services, providers must use a valid diagnosis code from the current edition of the International Classification of Diseases, Clinical Modification (ICD-CM) to reflect the current medical condition/problem that requires the transport. Medicaid requires full ICD-CM diagnosis codes. Refer to the Provider Administrative and Billing Manual for more detailed information regarding diagnosis code requirements.