



LAA COVID-19 Ambulance Resource Page

A. Medicaid

1. Medicaid Physician Certification Form

Non-Emergency Ambulance Transportation

Signatures of healthcare providers certifying the need for transport shall not be required.

Reference: [La. Dept. of Health – Health Plan Advisory 20-6](#) (Updated April 16, 2020)

2. Treatment-in-Place

Treatment-in-Place by Ambulance Providers

An enrollee who is experiencing an acute medical emergency that requires medically necessary treatment in a hospital setting shall be transported to a hospital emergency department, pursuant to applicable laws and protocols. However, for the duration of the COVID-19 emergency and for enrollees that are not experiencing such a condition, the treatment-in-place service may be rendered.

Treatment-in-place consists of ambulance dispatch followed by facilitation of a telemedicine/telehealth visit in the field with a licensed physician, physician assistant, or advanced practice registered nurse. The purpose of this service is to increase the economy and efficiency of care and to increase enrollee choice in care setting. The determination of which patients and which conditions are appropriate for treatment-in-place must comply with all state and local laws and occur under protocols established and supervised by a licensed physician serving as the ambulance provider's medical director.

For treatment-in-place, ambulance providers shall be reimbursed the base rate, without mileage. The licensed physician, physician assistant, or advanced practice registered nurse shall be reimbursed for professional services rendered under the general telemedicine/telehealth policy. For all services rendered, licensed physicians, physician assistants, and advanced practice registered nurses must adhere to all existing clinical policies, must indicate place of service 02, and must append modifier -95 to indicate telemedicine/telehealth.

A "Physician-Directed Treatment-in-Place" fee schedule is available on the Medicaid website: [Louisiana Medicaid Physician-Directed Treatment-in-Place Fee Schedule Effective for Dates of Service on or after March 1, 2020](#). This fee schedule contains information specific to the procedure codes and reimbursement for these services.

Reference: [La. Dept. of Health -- Health Plan Advisory 20-6](#) (Updated April 23, 2020)

3. Alternative Destinations

Transportation by ground ambulance should be to the most appropriate medical facility, which may be an alternative destination other than a hospital emergency department. The non-emergency ambulance transportation (NEAT) fee schedule will add a code to pay the NEAT rate for ambulance transports with non-emergency provider site modifiers (clinics, behavioral health facilities, etc.). The code should be paid when an ambulance was dispatched for a Basic Life Support (BLS) level of care but had obtained a

signature from a medical professional at the receiving facility, attesting that the visit was medically necessary but non-emergent.

Certain provisions apply to these transports to alternative destinations:

- 1) No Medicaid enrollee is to be transported to an alternative destination unless the enrollee and alternative destination both consent to the transport;
- 2) No ambulance service provider shall transport a Medicaid enrollee to an alternative destination in which the ambulance provider has a financial interest; and
- 3) Such transport may be made to an alternative destination when the enrollee's condition does not meet the definition of emergency medical service.

Reference: [La. Dept. of Health – Informational Bulletin 18-12](#)

B. Bureau of EMS

1. Practitioner Licensing

a. Extension of Expiration Dates of Licenses and CPR Cards

- i. All National Registry of EMTs certifications and Louisiana licenses with an expiration date of March 31, 2020 will remain valid until June 30, 2020.
- ii. The current National Registry of EMTs recertification and Louisiana license renewal deadline of March 31, 2020, has been extended to June 30, 2020.
- iii. There will be no late fees for submission after March 31, 2020 but on or before June 30, 2020.
- iv. The Distributive Education limits will be waived for the remainder of the National Registry recertification cycle for EMS Practitioners whose certification initially expired on March 31, 2020. (National Registry of EMTs is currently modifying their software to accommodate this exception. There may be a delay in the ability to input this information into their system.)
- v. The Bureau of EMS will recognize CPR cards that have been expired for up to 60 days until June 30, 2020. (i.e., the Bureau of EMS will recognize a CPR card with an expiration of 6/30/2020 until 8/31/2020.)

Reference: <http://ldh.la.gov/assets/oph/ems/2020/200318AltOperationsPlanBEMS.pdf>

b. NREMT Provisional Certification

Provisional Certification will be automatically assigned to any candidate that (1) completes an educational program at the EMR, EMT, AEMT or Paramedic level and (2) successfully passes the National Registry's cognitive examination. The requirement for completing the psychomotor examination is suspended for the duration of the national emergency or until psychomotor examinations can be safely reinstated in the United States. If an individual has completed the requirements listed above but has not received a communication from NREMT. Please contact NREMT directly (support@nremt.org).

Is the provisional certification a National Registry certification?

Yes, but not the same as being fully Nationally Registered. The target population, training requirements, cognitive examination and passing standard for the cognitive exam are the same as the full certification. There is no psychomotor examination or verification of BLS skills associated with the provisional certification.

[NREMT FAQs about Provisional Certification](#)

2. Ambulance Inspections

Ambulance inspections scheduled in the months of March and April will be postponed to May and/or June. Regular maintenance, service, and updates should continue to all vehicles. This postponement will not affect the renewal of the EMS Provider license. The EMS Providers affected are: Acadian Ambulance, Acadian New Orleans, Air Med, West Feliciana Hospital, Louisiana State Penitentiary, Gonzales Fire Department, Elayn Hunt Correctional, East Baton Rouge Parish EMS, New Orleans EMS, East Jefferson Hospital EMS, Gretna PD EMS, Westwego EMS, A Med Ambulance, and Plaquemines Parish EMS.

Normal site visits are scheduled to resume in May.

Reference: <http://ldh.la.gov/assets/oph/ems/2020/200318AltOperationsPlanBEMS.pdf>

C. Medicare Fee-for-Service

1. Billing for Treatment Without Transport

Question: If the ambulance crew provides treatment but does not transport anyone, can the company bill Medicare for the services provided

Answer: No. Medicare law prohibits payment for an ambulance service unless a medically necessary transport of a Medicare beneficiary has taken place. However, when an enrolled physician or other qualified health professional furnishes services from an ambulance, he or she may bill for those services under the Medicare Physician Fee Schedule, assuming that the services furnished were in accordance with applicable state law and services are within his or her scope of practice requirements.

Reference: [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#)

2. Medical Necessity – COVID-19 Patients

Question: Can I consider any COVID-19 positive patient to meet the medical necessity requirements for ambulance transport?

Answer: **The medical necessity requirements for coverage of ambulance services have not been changed.** For both emergency and non-emergency ambulance transportation, Medicare pays for ground (land and water) and air ambulance transport services only if they are furnished to a Medicare beneficiary whose medical condition is such that other forms of transportation are contraindicated. The beneficiary's condition must require both the ambulance transportation itself and the level of service provided for the billed services to be considered medically necessary.

Reference: [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#)

3. Approved Destinations

Question: In emergency/disaster situations, how does CMS define an “approved destination” for ambulance transports and would it include alternate care centers, field hospitals and other facilities set up to provide patient care in response to the emergency/disaster?

Answer: CMS defines “approved destination” at 42 CFR 410.40(f), Origin and destination requirements. Medicare can only pay for ambulance transportation when it meets the origin and destination requirements and all other coverage requirements.

42 CFR 410.40(f) allows Medicare to pay for an ambulance transport (provided that transportation by any other means is contraindicated by the patient’s condition and all other Medicare requirements are met) to the following destinations:

- From any point of origin to the nearest hospital, Critical Access Hospital (CAH), or SNF that is capable of furnishing the required level and type of care for the beneficiary’s illness or injury and the return trip to the beneficiary’s home. The hospital or CAH must have available the type of physician or physician specialist needed to treat the beneficiary’s condition.
- For beneficiaries residing in a SNF who are receiving Part B benefits only, ambulance transport from a SNF to the nearest supplier of medically necessary services not available at the SNF where the beneficiary is a resident, including the return trip. For SNF residents receiving Medicare Part A benefits, this type of ambulance service is subject to SNF consolidated billing.
- For a beneficiary who is receiving renal dialysis for treatment of ESRD, from a beneficiary’s home to the nearest facility that furnishes renal dialysis, including the return trip.

A physician’s office normally is not a covered destination under Medicare Part B. However, under certain circumstances an ambulance transport may temporarily stop at a physician’s office without affecting the coverage status of the transport. Note that there is an exception to this rule during the COVID-19 PHE, as explained further below.

Should a facility that would normally be the nearest appropriate facility be unavailable during an emergency/disaster, Medicare may pay for transportation to another facility so long as that facility meets all Medicare requirements and is still the nearest facility that is available and equipped to provide the needed care for the illness or injury involved.

Medicare payment for an ambulance transport to a temporary expansion site may be available if the site is determined to be part of a hospital, CAH or SNF that is an approved destination for an ambulance transport under 42 CFR 410.40(f). If the temporary expansion site is part of a hospital, CAH or SNF that is an approved destination under 42 CFR 410.40(f) for an ambulance transport, Medicare will pay for the transport on the same basis as it would to any other approved destination.

In addition, to provide ground ambulance providers and suppliers the flexibility to furnish medically necessary emergency and non-emergency ambulance transports for beneficiaries during the PHE for the COVID-19 pandemic, we are temporarily expanding the list of allowable destinations for ground ambulance transports. During the COVID-19 PHE, a covered destination for a ground ambulance transport may include any destination that is equipped to treat the condition of the patient in a manner consistent with state and local Emergency Medical Services (EMS) protocols in use where the services will be furnished. These destinations may include, but are not limited to: any location that is an alternative site determined to be part of a hospital, CAH or SNF; community mental health centers; federally qualified health centers; rural health clinics, physician’s offices; urgent care facilities; ambulatory surgical centers; any location furnishing dialysis services outside of the ESRD facility when an ESRD facility is not available; and the beneficiary’s home. There must be a medically necessary ground ambulance transport of a patient in order for the ambulance service to be covered.

Reference: [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#)

4. Beneficiary Signatures

Question: Our ambulance uses an electronic patient care reporting device to record beneficiary signatures that authorize submission of claims to Medicare. We are concerned that a known or suspected COVID-19 patient using a touch screen to sign or holding an electronic pen or stylus could contaminate these devices for future patients and for ambulance personnel. Are we permitted to sign on behalf of a patient with known or suspected COVID-19?

Answer: Yes, but only under specific, limited circumstances. CMS will accept the signature of the ambulance provider's or supplier's transport staff if that beneficiary or an authorized representative gives verbal consent. CMS has determined that there is good cause to accept transport staff signatures under these circumstances. See 42 CFR 424.36(e). CMS recommends that ambulance providers and suppliers follow the Centers for Disease Control's Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States, which can be found at the following link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>. This guidance includes general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a patient with known or suspected COVID-19. However, in cases where it would not be possible or practical (such as a difficult to clean surface) to disinfect the electronic device after being touched by a beneficiary with known or suspected COVID-19, documentation should note the verbal consent.

Reference: [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#)

[PWW Model Ambulance Signature Form COVID-19 Version 2.2-CV \(Word\)](#)

NOTICE: This information is for educational/informational purposes only. EMS providers should review this with their medical director and/or legal counsel and only use this information if it is endorsed by their medical director and/or legal counsel. This is in no way meant to serve as professional or legal advice. Viewing this document and/or using information from it does not create any type of professional relationship with Louisiana Ambulance Alliance. Louisiana Ambulance Alliance makes no warranties express or implied in offering this information. There is no warranty or guarantee that using this information will be in compliance with local, state, or federal law. Louisiana Ambulance Alliance is in no way responsible for any reliance on this information.