STATE OF MISSISSIPPI

OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID
DR. ROBERT L. ROBINSON
EXECUTIVE DIRECTOR

MEMORANDUM

To: Secretary of State Regulation and Enforcement

From: Emily Thompson

Date: December 16, 2010

Re: Notice of Oral Proceeding

Message:

The Division of Medicaid will be holding an oral proceeding in response to requests received regarding the filing of AP 2010-33. Anyone who would like an opportunity to address the panel must notify the Division of Medicaid in advance. Please see the oral proceeding details below.

When: Thursday, January 6, 2011

Time: 9:00 a.m.

Where: Mississippi War Memorial
120 South State Street
Jackson, MS 39201

If you need anything else, please call me at 601-359-4122.

Suite 1000, Walter Sillers Building, 550 High Street , Jackson, MS 39201
Phone (601) 359-4122 Fax (601) 359-9153

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Effective Date: 01/01/11
Section: Ambulance Subject: Definitions	Section: 8.02 Pages: 2 Cross Reference:	

Basic Life Support (BLS): Basic life support (BLS) ambulance services are supportive and non-definitive in nature. A basic ambulance is one that provides transportation plus the equipment and staff needed for such basic services as assessment and support of airway, breathing, oxygenation, and circulation; prevention of disability; and first aid including control of bleeding, splinting fractures, treatment for shock, delivery of babies, etc. BLS assessment includes brief and limited patient assessment and management procedures including evaluation of vital signs, mental and neurologic states, and hemodynamic stability.

Advanced Life Support (ALS): Advanced life support ambulance services include definitive medical treatment **AND** complex specialized life sustaining procedures. Patient assessment is complex and extensive, requiring frequent assessment of the vital signs, oxygenation, cardiac activity and hemodynamic status. Examples of advanced life support services are manual defibrillation/cardioversion, endotracheal intubation, cardiac pacing, chest decompression, insertion of central venous lines, administering life-sustaining drugs, and cardiopulmonary resuscitation. Documentation must support the need for ALS services.

For definitive purposes, the following procedures do NOT substantiate or qualify as complex specialized life-sustaining procedures (these procedures are classified as basic life support procedures):

- Placing oxygen on a patient (i.e., via nasal bi-prong or facemask);
- Monitoring oxygen (O2) saturation levels (i.e., non-invasive ear or pulse oximeter);
- Placing a patient on an EKG and/or monitoring an EKG;
- Establishing a peripheral intravenous (IV) line;
- Maintaining and/or monitoring a peripheral intravenous (IV) line.

Appropriate Facilities: The facility/institution is generally equipped to provide the needed treatment for the patient's condition and is willing to accept the patient.

In the case of a hospital, it also means that a physician or a physician specialist is available to provide the necessary care required to treat the patient's condition. However, the fact that a particular physician does or does not have staff privileges in a hospital is not a consideration in determining whether the hospital has appropriate facilities. Thus, ambulance service to a more distant hospital solely to avail the patient of the service of a specific physician or physician specialist does not make the hospital in which the physician has staff privileges the nearest hospital with appropriate facilities.

The fact that a more distant institution is better equipped, either qualitatively or quantitatively, to care for the patient does not warrant a finding that a closer institution does not have "appropriate facilities".

An institution is also not considered an appropriate facility if there is no bed available. Medicaid will presume that there are beds available at the local institutions unless the provider furnishes evidence that no bed was available at the nearest appropriate hospital.

Bed Confined / Bedridden: Bed confined is defined as the inability to get up from bed without assistance, **AND** inability to ambulate, **AND** inability to sit in a chair, including a wheelchair. This term is used synonymously with the terms "bedridden" or "stretcher bound". However, it is not synonymous with "bedrest" or "non-ambulatory". **All** three of the above conditions must be met and will be applied to all

transports.

Medically Necessary Emergency Ground or Air Ambulance Service: To be considered as a medically necessary emergency for ground or air ambulance services, all three (3) of the following criteria must be met: (1) Ambulance (BLS or ALS) transport to the nearest hospital where treatment for an accidental injury or medical emergency is available, AND (2) the use of other means of transportation is medically contraindicated because it would endanger or be detrimental to the patient's health, AND (3) the injury or medical emergency is sudden, of such severity that the absence of immediate medical care could reasonably result in permanently placing the patient's health in jeopardy, and/or serious impairment of bodily functions, and/or serious and permanent dysfunction of any body organ or part, or other serious medical consequence. Medical necessity is established from the patient's condition at the time of transport, not the diagnosis. The patient's condition must be of such severity that the use of any other method of transportation is contraindicated or not possible. In cases where other means of transportation could be utilized, the fact that there is no other means of transportation available does not justify medical necessity.

Medically Necessary Non-Emergency Ground or Air Ambulance Service: To be considered as medically necessary non-emergency for ground or air ambulance service, all three (3) of the following criteria must be met: (1) Ambulance transport to or from the nearest appropriate facility for the beneficiary to receive non-emergency medical care that cannot be provided in their place of residence or medical facility where the patient is an inpatient, AND (2) the use of other means of transportation is medically contraindicated because it would endanger or be detrimental to the patient's health, AND (3) the patient suffers from an injury or debilitated physical condition(s) that results in the patient being totally bedridden or bed confined. Medical necessity is established from the patient's condition at the time of transport, not the diagnosis. The patient's condition must be of such severity that the use of any other method of transportation is contraindicated or not possible. In cases where other means of transportation could be utilized, the fact that there is no other means of transportation available does not justify medical necessity. In addition, if the patient is able to be transported by other means of transportation, but requires assistance from others in getting in or out of the other type of vehicle, the fact that such assistance is not available does not justify medical necessity.

Patient Loaded Mileage: The patient is on board the ambulance. Mileage to the point of pick-up (no patient on board) does not qualify as "patient loaded".

Basic Life Support (BLS): Basic life support (BLS) ambulance services are supportive and non-definitive in nature. A basic ambulance is one that provides transportation plus the equipment and staff needed for such basic services as assessment and support of airway, breathing, oxygenation, and circulation; prevention of disability; and first aid including control of bleeding, splinting fractures, treatment for shock, delivery of babies, etc. BLS assessment includes brief and limited patient assessment and management procedures including evaluation of vital signs, mental and neurologic states, and hemodynamic stability.

Advanced Life Support (ALS): Advanced life support ambulance services include definitive medical treatment **AND** complex specialized life sustaining procedures. ~~defined specifically as: cardio-pulmonary resuscitation (CPR) and advanced cardiac life support (ACLS) techniques.~~ Patient assessment is ~~usually~~ complex and extensive, requiring frequent assessment of the vital signs, oxygenation, cardiac activity and hemodynamic status. ~~An ALS ambulance is ordinarily equipped for radio-telephone contact with a physician or hospital. Typical of this type of ambulance would be mobile coronary care units and other ambulance vehicles that are appropriately equipped and staffed by personnel trained and authorized to provide the services listed above.~~ Examples of advanced life support services are manual defibrillation/cardioversion, endotracheal intubation, cardiac pacing, chest decompression, insertion of central venous lines, administering life-sustaining drugs, and cardiopulmonary resuscitation. Documentation must support the need for ALS services.

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