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| **Addendum 17 to HAAD Claims & Adjudication Rules** | **Version**  **V2012** | |
| **Including the Mandatory Tariff Pricelist Application Rules.** | |  |

1. **Purpose of this Document.**

This Addendum is issued to introduce new service codes for Ambulance Transportation

1. **Effective Date:**

11th January 2021

1. **Service Codes:**

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| Code | Short Code Description | Long Code Description | Price  (AED) |
| 55-01 | **Ambulance service, Non- Critical transport, (BLS)** | Patient is clinically stable; however, the required service is not available at the current location, and transfer to another facility is needed.  The average Response time: following DoH Scheme & guidelines.  Clinicians/response team on Board: as per DoH guidelines.  **Inter facility Ambulance Transportation, Round trip**  This code represents the nonemergency transport of a patient in an basic life support ambulance and provision of a BLS assessment and BLS interventions by ambulance staff including the necessary supplies and services.  Basic life support, or a BLS ambulance transport provides transport for a patient to travel from one location to another due to a medical condition. The patient’s condition is usually stable and the patient requires basic life support services like administration of oxygen, wound management, splinting of broken bones and or bleeding control. The ambulance staffs are qualified emergency professional and the ambulance has specialized instruments.  Use this code when the ambulance staff performs a basic life support assessment such as checking the patient’s vital signs and they provide basic life support procedures during a patient transport for a nonemergency purpose. The ambulance staff uses minimal supplies.  This code will not be covered  if the ambulance transports the patient for a service that could have been provided safely and effectively at the point of origin, such as the patient’s home. | **462** |
| 55-02 | **Ambulance service, advanced life support, Critical  transport, (ALS)** | Patient is not clinically stable, requires immediate transfer.  Response time: immediate up to 6 hours.  Response Team: following DoH Scheme & guidelines  **Inter facility Ambulance Transportation, Round trip**  This code represents the nonemergency transport of a patient in an advanced life support, or ALS ambulance and provision of level one prehospital services such as an ALS assessment and or at least one ALS intervention by the ambulance staff including all the necessary supplies and services.  Advanced life support, or an ALS ambulance typically provides transport for a patient to travel from one location to another due to an emergency medical condition. The patient is usually critical and requires advanced life support for sustaining life such as cardiac pacing, or defibrillation. The ambulance staffs are qualified emergency professional and the ambulance has specialized instruments.  This code will not be covered  if the ambulance transports the patient for a service that could have been provided safely and effectively at the point of origin, such as the patient’s home. | **907.50** |
| 55-03 | **Specialty Care Transport** | For critically ill patient, who requires specialist team, (for example; bariatric overweight patient who requires special equipment for transfer/movement. Type III ambulance is usually used. Ex. Intubated patients, multiple infusions.  Response time & Response team: as per to DoH guidelines.  **Inter facility Ambulance Transportation, Round trip**  This code represents the interfacility transportation of a critically ill (A patient with impairment of one or more vital organs systems leading to a life-threatening decline in condition) or injured patient by a ground ambulance, including the delivery of all medically necessary services and supplies. | **907.50** |
| 55-04 | **Neonatal Transport Ambulance** | patient is clinically stable, but the medical condition is deteriorating.  Example; Ambulance specifically designed for neonates  Response time & Response team: as per DoH guidelines  **Round trip**  This code represents the transport of a neonate, typically defined as an infant less than a month old, using an ambulance as a mode of transport.  patient is clinically stable, but the medical condition is deteriorating | **660** |
| 55-05 | **Ground mileage, per Kilometer** | **Inter facility Ambulance Transportation, Ground mileage, per Kilometer, Round trip** | **5** |
| 56-01 | **Ambulance service, Non- Critical Transport, (BLS)** | Patient is clinically stable; however, the transfer to health care entity is needed via an ambulance (for example: dialysis patient, radiation therapy patient).  Response time & Response team: as per DoH Guidelines.  **Home Transportation, Round trip**  **The indications are same as 55-01** | **462** |
| 56-02 | **Specialty care Transport** | For critically ill patient, who requires specialist team, (for example; bariatric overweight patient who requires special equipment for transfer/movement. Type III ambulance is usually used. Ex. Intubated patients, multiple infusions.  Response time & Response team: as per to DoH guidelines.  **Home Transportation, Round trip**  **The indications are same as 55-03** | **907.50** |
| 56-03 | **Ground mileage, per Kilometer** | **Home Transportation, Ground mileage, per Kilometer Round trip** | **5** |

1. **Claims and Adjudication Rules**

**Clinical Indications**

**Medically Necessary:**

Non-emergency ground ambulance services are considered **medically necessary** when the following criteria are met (A, B, **and** C must be met):

1. The ambulance must have the necessary equipment and supplies to address the needs of the individual; **and**
2. The individual’s condition must be such that any other form of transportation would be medically contraindicated (for example bed-confined [unable to get up from bed without assistance, unable to ambulate, and unable to sit in a chair or wheelchair]); **and**
3. Either of the following circumstances exists:
   1. Transportation to or from one hospital or medical facility to another hospital or medical facility, skilled nursing facility, or free-standing dialysis center in order to obtain medically necessary diagnostic or therapeutic services is required (for example magnetic resonance imaging, computed tomography scan, acute interventional cardiology, intensive care unit [ICU] services [including neonatal ICU], Cobalt therapy, etc.) provided such services are unavailable at the facility where the individual initially resides; **or**
   2. Transfer from an acute care facility to an individual’s home or a skilled nursing facility is required.

Non-emergency ground ambulance services are considered **medically necessary** if the ground ambulance provider responds to a call and provides medically necessary treatment, but the ambulance transport is not completed.

Non-emergency ground ambulance services for *deceased*individual*s* are considered **medically necessary** when the criteria above have been met and when either of the following is present:

1. The individual was pronounced dead while in route or upon arrival at the hospital or final destination; **or**
2. The individual was pronounced dead by a legally authorized individual (physician or medical examiner) after the ambulance call was made, but prior to pick-up.

**Not Medically Necessary:**

Non-emergency ground ambulance services are considered **not medically necessary**for all other indications including, but not limited to the following:

1. The criteria and circumstances above have not been met; **or**
2. The services are primarily for the convenience of the individual or the individual’s family or physician; **or**
3. The services are for a transfer of a deceased individual to a funeral home, morgue, or hospital, when the individual was pronounced dead at the scene.