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## Ambulance Services

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### 4.226 Ambulance Services (XX/XX/2024, GCR 24-XXX)

#### 4.226.1 Definitions

The following definition shall apply for use in Rule 4.226:

- (a) **“Ambulance”** means any vehicle, whether for use by air, ground, or water, that is primarily designed, used, or intended for use in transporting ill or injured persons.
- (b) **“Treatment without Transportation”** means when any medically necessary treatment is provided at the scene of an accident or medical event when no transportation occurs.

#### 4.226.2 Covered Services

- (a) Transportation via ambulance is covered for the following:
  - (1) Emergency services, as described in Rule 4.102, and
  - (2) Non-emergency services when the conditions for coverage under this rule are met.
- (b) Treatment without transportation when conditions for coverage under this rule are met.

#### 4.226.3 Eligibility for Care

Vermont Medicaid covers medically necessary ambulance services for Medicaid beneficiaries for whom other methods of treatment or transportation would be medically contraindicated. No payment will be made when some less costly means of transportation other than an ambulance could have been used without endangering the individual's health.

#### 4.226.4 Qualified Providers

- a) Ambulance providers currently enrolled with Vermont Medicaid.
- b) Treatment without transportation must be provided by one of the following providers who are working under a Medicaid enrolled ambulance provider:
  - (1) **“Emergency Medical Technicians”** refers to any licensed Emergency Medical Technician (EMT) that may provide services within their scope of practice as defined under state law.
  - (2) **“Advanced Emergency Medical Technicians”** refers to any licensed Advanced Emergency Medical Technicians (AEMT) that may provide services within their scope of practice as defined under state law.
  - (3) **“Paramedics”** refers to any licensed Paramedics that may provide services within their scope of practice as defined under state law.

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### 4.226.5 Conditions for Coverage

In order for ambulance services provided to eligible Medicaid beneficiaries to be covered, the following conditions must be met:

- (a) Any non-emergent ambulance service must be ordered by a physician or certified as to necessity by a physician at the receiving facility. If an ambulance provider is unable to obtain a signed physician certification statement from the beneficiary's attending physician, a signed certification statement must be obtained from either the physician assistant, nurse practitioner, clinical nurse specialist, licensed social worker, case manager, or discharge planner.
- (b) Ambulance transportation must be to or from a Medicaid covered service. Ambulance transportation will not be reimbursed if the covered service in question requires prior authorization, and such authorization was not obtained from Vermont Medicaid.
- (c) Treatment without transportation is covered under the following conditions:
  - (1) When emergency medical services are provided in response to a call originated through 9-1-1 or a first responder dispatch, and
  - (2) The beneficiary consents to evaluation and treatment, and
  - (3) Evaluation or treatment are rendered to the beneficiary in accordance with the Statewide Emergency Medical Services (EMS) Protocols published by the Department of Health, and
  - (4) The beneficiary does not desire transport to an emergency department for further evaluation, and
  - (5) The beneficiary provides written refusal of transportation, and
  - (6) The beneficiary is not transported by the responding service provider.

### 4.226.6 Non-Covered Services

Ambulance services from hospital-to-facility for the provision of outpatient services that are not available at the originating hospital must be paid for by the originating hospital and should not be separately billed to Vermont Medicaid.