
Ambulance Services

4.226 Ambulance Services (04/01/2021, GCR 20-097)

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.

4.226.2 Covered Services

Transportation via ambulance is covered for the following:

- (a) Emergency services, as described in Rule 4.102, and
- (b) Non-emergency services when the 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 transportation would be medically contra-indicated. No payment will be made when some means of transportation other than an ambulance could have been used without endangering the individual’s health.

4.226.4 Qualified Providers

Ambulance providers currently enrolled with Vermont Medicaid.

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.

4.226.7 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.