

SCHEDULE OF MAXIMUM ALLOWABLE RATES

EFFECTIVE January 1, 2019 through December 31, 2019

2019 Rate Schedule

East Windsor Ambulance Association, Inc.

AMBULANCE SERVICE RATE SCHEDULE

Basic Life Support (BLS) Rate	\$743.00
Advance Life Support Level 1 Non-ER.....	N/A
Advance Life Support Level 1 ER.....	\$1,175.00
Advance Life Support Level 2.....	\$1,244.00
Paramedic Intercept	\$835.00
Basic Life Support (BLS) Helicopter Assist.....	\$486.00
Advance Life Support (ALS) Helicopter Assist	\$756.00
Advance Life Support (ALS) Assessment.....	\$436.00
Specialty Care Transport (SCT)	\$1,615.00

ANCILLARY CHARGES

Waiting Time Charge	\$197.00
Per Mileage Charge	\$18.07
Special Attendant Charge	\$147.00

INVALID COACH RATE SCHEDULE

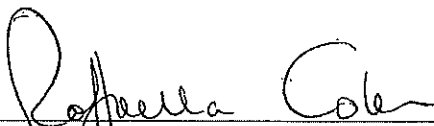
Base Rate (IC).....	N/A
Two Patients (IC).....	N/A

ANCILLARY CHARGES

Per Mile Charge (IC)	N/A
Second Attendant Charge (IC).....	N/A
Waiting Time Charge (IC).....	N/A

All charges must be in conformance with the definitions on the subsequent pages entitled "Explanatory Notes on the Implementation of the 2016 Schedule of Maximum Allowable Rates," which are attached to, and become part of, the Rate Schedule.

Certified to be the maximum allowable rates by:



Raffaella Coler, Director
Office of Emergency Medical Services

Date Certified: _____

12/14/18

EXPLANATORY NOTES FOR THE IMPLEMENTATION OF THE 2019 SCHEDULE OF MAXIMUM ALLOWABLE RATES

Not Applicable or "N/A" – indicates that charges are not applicable in this category for the provider named on page one of this Schedule. Connecticut issues rates consistent with the provider's certification/licensure level.

Basic Life Support – means transportation by ground ambulance vehicle and supplies and services, plus the provision of BLS ambulance services. The ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an emergency medical technician (EMT).

An emergency response by a certified or licensed ambulance provider, when no transportation is provided due to the fact that the patient is pronounced/presumed dead by an individual authorized by the State to make such pronouncement/presumption after the ambulance is called. **No ancillary fees, including mileage, may be added to this rate for patients that are pronounced dead.**

The ambulance service and personnel must comply with all relevant CT General Statutes and DPH Regulations, including, but not limited to, the minimal vehicle standards and staffing requirements specified, and cited, in DPH Regulations Section 19a-179-10 (b) "Basic Ambulance Service." Basic life support level services are those performed by personnel certified in Connecticut as Emergency Medical Technicians (EMT).

Advanced Life Support Level 1 Non-Emergency (ALS Non-ER) – the maximum charge, in addition to applicable ancillary fees, that may be assessed a patient who is transported in a ground ambulance vehicle by a licensed provider for the purposes of receiving, **non-emergency, ambulance services at the Advanced Life Support Level 1.** The ambulance service and personnel must comply with all relevant CT General Statutes and DPH Regulations, including, but not limited to, the minimal vehicle standards and staffing requirements specified, and cited, in DPH Regulations Section 19a-179-10 (c) "Mobile Intensive Care-Intermediate Level (MIC-I) Service, AEMT Level Service is the same." Advanced Life Support Level 1 services are those performed by personnel certified in Connecticut as an Advanced Emergency Medical Technician (AEMT) or Paramedic.

Non-emergency ALS services may include, but are not limited to the following:

1. Inter-facility transport to/from a hospital, skilled nursing facility or the patient's home and/or
2. Round trip transportation to a hospital or non-hospital based out patient facility to obtain necessary diagnostic and/or therapeutic services such as a CT scan, radiation therapy or dialysis for renal disease.

Advanced Life Support Level 1, Emergency (ALS 1, ER) – means transportation by ground ambulance vehicle, supplies and services and either an ALS assessment by ALS personnel or the provision of at least one ALS intervention, in compliance with the CGS and DPH Regulations, **in the context of an emergency response to a 911 call or equivalent.** An emergency response is defined as responding immediately at the ALS 1 level of service to a 911 call or equivalent. An immediate response is one in which the ambulance provider begins as quickly as possible to take the steps necessary to respond to the call.

Advanced Life Support Level 1 (ALS 1) services include an assessment by ALS personnel or the provision of at least one ALS intervention. An ALS assessment is performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment to determine whether ALS interventions were needed, or may be needed, during transport. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service, or that ALS personnel accompany the patient during transport. It is incumbent on the ALS Service to verify that the call was dispatched as an ALS call according to Emergency Medical Dispatch (EMD) protocols pursuant to Public Act 00-151. **The transporting BLS service is entitled to the BLS Rate in the ALS Assessment billing process.**

An ALS provider is defined as a provider whose staff includes an individual trained and authorized at the Advanced EMT or Paramedic level. An ALS assessment charge is only relevant and reimbursable in an emergency response. The ALS 1 category replaced the Intermediate Surcharge definition used for the 2003 Rate Schedule.

Advanced Life Support Level 2 (ALS 2) – means either transportation by ground ambulance vehicle, supplies and services, and the administration of at least three medications by intravenous push/bolus or by continuous infusion excluding crystalloid, hypotonic, isotonic, and hypertonic solutions (Dextrose, Normal Saline, Ringer's Lactate); or transportation, medically necessary supplies and services, and the provision of at least one of the following ALS procedures:

- (1) Manual defibrillation/cardioversion.
- (2) Endotracheal intubation.
- (3) Central venous line.
- (4) Cardiac pacing.
- (5) Chest decompression.
- (6) Surgical airway.
- (7) Intraosseous line.

ALS 2 services are those performed by personnel licensed in Connecticut as Paramedics pursuant to the provisions in CGS Section 20-206jj - 206nn. The ambulance service and personnel must comply with all other relevant CT General Statutes and DPH Regulations, including, but not limited to, the minimal vehicle standards and staffing requirements specified, and cited, in DPH Regulations Section 19a-179-10, (d) "Mobile Intensive Care-Paramedic Level (MIC-P)."

Paramedic Intercept – means Paramedic services furnished by an entity that does not furnish the ground ambulance transport. The provider must be able to document that:

1. Paramedic/ALS services were provided in accordance with medical direction and oversight.
2. The paramedic accompanied the patient to the hospital in the patient transport vehicle

BLS Helicopter Assist – Indicates the maximum charge that may be assessed a patient, including applicable ancillary fees, for a Basic Life Support Ambulance Service providing care at the scene to such patient when such patient is ultimately transported by a state certified or licensed air ambulance.

ALS Helicopter Assist - Indicates the maximum charge that may be assessed a patient, including applicable ancillary fees, for an Advanced Life Support Service providing care at the scene to such patient when such patient is ultimately transported by a state certified or licensed air ambulance.

Specialty Care Transport (SCT) - means inter-facility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including supplies and services, at a level of service beyond the scope of the Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.

To assess the SCT charge a provider must be authorized at the paramedic level and must provide such care in accordance with medical direction and/or authorized protocols and applicable Connecticut statutes and DPH Regulations, including, but not limited to, those specified above in ALS 2.

Waiting Time Charge –may be assessed, in addition to the applicable ground ambulance transport charge, on the basis of a minimum wait of one hour. When waiting time exceeds one hour, additional time shall be charged in quarter hour increments.

Per Mile Charge – may be assessed, in addition to the applicable ambulance transport charge, from the point of origin to the point where the patient is transported. Mileage reimbursement shall be based on the number of actual miles the patient is transported.

Special Attendant Charge– may be assessed, in addition to the applicable ambulance transport charge, for the use of attendants with characteristics specifically requested by or on behalf of the patient. Such special characteristics

include, but are not limited to, special training or experience or an attendant of a specific gender. There shall be no additional charge if an attendant with the requested characteristics has already been scheduled by the provider.

Bundle Billing – It is permissible for a BLS ambulance service to bill for ALS assessment and interventions provided that the ALS care is rendered by an EMS service, authorized at the paramedic level, which has entered into a bundle billing agreement with the BLS service that submits the bill.