Treatment Benefits - Ambulance Services Policy

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Purpose

This policy provides direction on the provision of ambulance services.

Policy

General

1. Ambulance services may be approved for eligible clients if such services are medically required:
    a. relation to treatment of a pensioned or disability award condition; or
    b. in relation to conditions that are not for a pensioned or disability award condition if not provided as a provincially insured service.
2. Ambulance services may be approved for transportation to the nearest appropriate health care facility and by the various modes of travel listed in the Benefit Grid; i.e., ground ambulance, air ambulance. The most efficient and economical mode of transportation consistent with the urgency of the situation and the medical condition of the client is to be utilized at all times.
3. Air ambulance services may only be approved for transportation to the nearest appropriate health care facility when ground ambulance is considered by the attending physician to be medically inappropriate. Return transportation to the client's home by air ambulance is excluded.

Eligibility

4. Eligibility to receive ambulance services is outlined in Eligibility for Health Care Programs - Eligible Client Groups.

Approval Criteria - Ground Ambulance

5. Payment may be made for ground ambulance services if:
    a. there is a medical need for the service; and
    b. other means of transportation are medically inappropriate.

Approval Criteria - Air Ambulance

6. Payment may be made for air ambulance services if:
    a. there is a medical need for the service; and
    b. ground ambulance service is medically inappropriate.

Fees for air ambulance are not provincially regulated. Therefore, if circumstances permit, estimates should be obtained, and the service provider offering the lowest estimate should be utilized unless medical circumstances dictate otherwise

Licensing Requirement

7. Payment can only be made for ambulance services provided by operators licensed in the province/territory in which they operate.

Third-party Liability

8. Payment cannot be made for ambulance services when there is a third-party obligation to pay (see Costs Recoverable From Third Parties).

Pre-authorization

9. In non-emergency situations, ambulance services must be prescribed and preauthorized as outlined in the Benefit Grid.
10. In emergency situations, pre-authorization is not required; however, authorization is required prior to providing payment for the service.

Escorts for Ambulance Trips

11. The Department may authorize payment of fees for an escort to accompany the client during an ambulance trip when one is requested in writing for medical reasons by the client's physician.
12. Payment of fees and expenses for escorts approved for ground ambulance trips is made as follows:
    a. for health care professionals, payment should be made under the Healthcare Benefit Category which normally covers the cost of services provided by the health professional (e.g. for nurses, payment would be made under Nursing Services), and
    b. for non-health care professionals, payment is made under the conditions and rates payable outlined in the policy on Health Related Travel.
13. Payment of fees and expenses for escorts approved for air ambulance trips is made as follows:
    a. for health care professionals, escort fees are not applicable as crew protocol dictates the requirement for air ambulance health professionals and does not allow additional health care professionals; and
    b. for non-health care professionals, approval of escort's presence must be provided by air ambulance pilot, air ambulance physician and attending physician. Payment is made under the conditions and

rates payable outlined in the policy on Health Related Travel.

References

Veterans Well-being Act

Veterans Health Care Regulations

Benefit Grid