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PART He-W 572 AMBULANCE SERVICES

Readopt with amendment He-W 572.04, effective 6-25-24 (Document #14007), to read as follows:

He-W 572.04 Covered Services.

(a) The following ambulance services, in the case of an emergency medical condition, shall be covered:

(1) Transportation to the nearest acute care hospital with appropriate treatment facilities, including loaded mileage and routine disposable supplies used en-route;

(2) Transportation from an acute care hospital inpatient bed or acute care hospital emergency department to an inpatient psychiatric facility or a designated receiving facility for admission;

(3) Transportation from one acute care hospital to another acute care hospital when the necessary treatment or diagnostic testing cannot be provided by the originating hospital and the recipient is discharged from the originating hospital; and

(4) Treatment for appropriate and medically necessary medical care when an ambulance is dispatched and treatment is provided to the recipient without the recipient being transported to another site, in accordance with the New Hampshire Department of Safety's "Patient Care Protocols, Version 9.3" (November 2025), available as noted in Appendix A.

(b) Air ambulance services, in the case of an emergency medical condition, shall be covered if the recipient's condition is such that:

(1) The recipient cannot be safely transported in a timely basis via an ALS ground transportation with appropriate staff; and

(2) The recipient is at imminent risk of losing life or limb if the fastest means of transport is not utilized to move the recipient to the nearest facility capable of treating the recipient.

(c) Scheduled and routine ambulance transportation, as defined in He-W 572.01(k), to and from the destination, including loaded mileage and routine disposable supplies used en-route, shall be covered when the service has been determined medically necessary in accordance with He-W 572.06.

(d) Waiting time for scheduled and routine ambulance transportation authorized pursuant to He-W 572.06 shall be covered up to a maximum of 2 hours, rounded to the nearest half hour.

Readopt with amendment He-W 572.07, effective 6-25-24 (Document #14007), to read as follows:

He-W 572.07 Documentation.

(a) Each ambulance provider shall maintain supporting records in accordance with He-W 520 and He-W 521.

(b) Each ambulance provider shall maintain documentation in their records to fully support each claim billed for services, including:

(1) For emergency transportation, documentation of the nature of the recipient's emergency medical condition;

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(2) For all ambulance transportation, documentation that justifies the level of service, whether ALS or BLS, claimed; and

(3) For all ambulance treatment of the recipient without transport to a facility, documentation that justifies the level of treatment without the need for transport.

(c) For each trip billed in (b) above, the ambulance provider shall maintain a run sheet or patient care report that includes at a minimum the following information, which is legibly written:

(1) Recipient name and medicaid identification number;

(2) Date of service;

(3) Origin and destination;

(4) Recipient vital signs;

(5) Recipient signs and symptoms upon arrival at the point of pick-up;

(6) Recipient status en-route;

(7) Services provided;

(8) The name of the person who provided the service or care in the ambulance, including signature and credentials; and

(9) The response code that indicates the mode of response for the ambulance making the trip.

Readopt with amendment He-W 572.10, effective 6-25-24 (Document #14007), to read as follows:

He-W 572.10 Payment for Services.

(a) Payment for ambulance services shall be made in accordance with the rates established by the department in accordance with RSA 161:4, VI(a).

(b) Payment shall consist of the following separate components, as applicable:

(1) A base rate;

(2) A mileage rate, which shall be paid for the most direct route to and from a destination and for loaded miles only, which:

a. Shall be the distance traveled while transporting a recipient from a pick-up point to a drop-off point; and

b. Does not include mileage incurred on the way to pick up a recipient or after dropping off a recipient;

(3) Payment for waiting time, as allowed by He-W 572.04(d);

(4) Payment for routine disposable supplies used en-route; and

(5) Payment for supplies used for treatment on-site when final transport to a facility is not required.

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(c) Payment shall be made for only one mileage charge per trip regardless of the number of recipients transported.

(d) Payment shall be based on the level of service provided, not on the vehicle used, even if the local government requires an ALS response for all calls.

(e) The ambulance provider shall not bill medicaid for transporting a recipient from an acute care hospital to another acute care hospital or medical provider to obtain necessary treatment or diagnostic testing not available while the recipient is still an inpatient of the originating acute care hospital.

(f) The ambulance provider shall submit claims for payment to the department's fiscal agent.

APPENDIX A: Incorporation by Reference Information

Rule	Title	Publisher; How to Obtain; and Cost
He-W 572.04(a)(4)	New Hampshire Department of Safety's, "State of New Hampshire Patient Care Protocols, Version 9.3" (November 2025)	Publisher: New Hampshire Department of Safety Cost: Free of Charge The incorporated document is available at https://mm.nh.gov/files/uploads/fstems/documents/patient-care-protocols.pdf.

APPENDIX B

Rule	Specific State or Federal Statute or Regulations the Rule Implements
He-W 572.04	42 CFR 440.170
He-W 572.07	42 CFR 431.107
He-W 572.10	RSA 126-A:5, XXXVI; RSA 161:4, VI; RSA 541-A:21, III; 42 CFR 447.200; 42 CFR 447.202; 42 CFR 447.204