

WAC 182-546-0425 Ambulance transportation—During inpatient hospital stays. (1) The medicaid agency does not pay separately for ambulance transportation when a client remains as an inpatient client at the admitting hospital and the transportation to or from another facility is for diagnostic or treatment services (e.g., MRI scanning, kidney dialysis). Transportation of an inpatient client for such services is the responsibility of the admitting hospital, regardless of the payment method the agency uses to pay the hospital.

(2) **Hospital-to-hospital transfers.** Except as provided in subsections (3) and (5) of this section, the agency does not pay for hospital-to-hospital transfers of a client when ambulance transportation is requested solely to:

(a) Accommodate a physician's or other health care provider's preference for facilities;

(b) Move the client closer to family or home (i.e., for personal or family convenience); or

(c) Meet insurance requirements or hospital/insurance agreements.

(3) **Transfer-up services.** The agency pays for transfer-up ambulance transportation services as follows:

(a) Air ambulance transportation only when transportation by ground ambulance would cause sufficient delay as to endanger the client's life or substantially impair the client's health (e.g., in major trauma cases).

(b) Air ambulance transportation for medical and surgical procedures only and not for diagnostic purposes.

(c) The reason for the transfer-up must be clearly documented in the client's hospital chart and in the ambulance trip report.

(4) **Transfer-down services.** The agency pays for ground ambulance transfer-down services with a signed physician certification statement (PCS) or a nonphysician certification statement (NPCS).

(5) **Specialty care transport (SCT).** The agency pays an ambulance provider the advanced life support (ALS) rate for an SCT-level transport, provided:

(a) The criteria for covered hospital transfers are met; and

(b) The SCT is from an acute care hospital to another acute care hospital.

[Statutory Authority: RCW 41.05.021, 41.05.160, 2015 c 157, 2017 c 273, and 2016 1st sp.s. c 29. WSR 20-17-010, § 182-546-0425, filed 8/6/20, effective 9/6/20. WSR 11-14-075, recodified as § 182-546-0425, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.04.057, 74.08.090, and 74.09.510. WSR 04-17-118, § 388-546-0425, filed 8/17/04, effective 9/17/04.]