

The Department of Veterans Affairs (VA) has authority to provide or reimburse ambulance transport (land or air) of certain eligible Veterans in relation to VA care or VA-authorized community care.

VA payment criteria for ambulance transport

VA pays for ambulance transport when the transport has been preauthorized and in certain emergency situations without preauthorization.

Two criteria must be met in order for VA to pay for ambulance transport:

- A claimant must meet appropriate administrative eligibility, *and*
- A VA provider must determine medical need for ambulance transport.

NOTE: VA must be providing medical care or paying a community care provider for medical care in order to pay for the transport in relation to that care.

Preauthorized ambulance transport

Transport is arranged for eligible Veterans in advance of care, and service is provided to and from a VA facility or VA-authorized community care facility. To qualify, a Veteran must meet the following administrative requirements:

- Veteran has a service-connected (SC) disability or combined rating of 30 percent or more (travel for care relating to any condition), *or*
- Veteran is in receipt of a VA pension, *or*
- Previous calendar year income does not exceed maximum VA pension rate, *or*
- Projected income in travel year does not exceed maximum VA pension rate, *or*
- Travel is in connection with care for a SC disability, *or*
- Travel is for a Compensation and Pension exam, *or*
- Travel is to obtain a service dog, *or*
- Travel is in relation to VA transplant care, *and*
- A VA clinician must determine and document that special mode transportation is medically required.

Unauthorized ambulance transport

Transport must be preauthorized by VA unless it is in relation to a medical emergency. Veterans do not have to contact VA in advance of a medical emergency and are encouraged to call 911 or go to the nearest medical emergency room.

VA may pay for ambulance transport that is not preauthorized in the following emergency situations:

- Transport from point of community emergency *to a VA facility* if claimant meets administrative and medical travel eligibility criteria noted under “Preauthorized ambulance transport”
- Transport from point of community emergency *to a community care facility* if VA pays for the emergency care in the community care facility under the nonservice-connected (NSC) or SC authorities detailed below
- VA is contacted within 72 hours of care at a community care facility and retroactively authorizes the community care for payment, and the Veteran meets administrative and medical travel eligibility criteria noted under “Preauthorized ambulance transport.”

In order for VA to pay for unauthorized ambulance transport, the related care must meet one of the following authorities:

Emergent care for NSC conditions (38 United States Code (U.S.C.) 1725)

- Based on an average knowledge of health and medicine (prudent layperson standard), it is reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health, *and*
- The episode of care cannot be paid under another VA authority, *and*
- A VA or other federal facility/provider was not feasibly available, *and*
- VA medical care was received within a 24-month period preceding the community emergency care, *and*
- The services were furnished by an Emergency Department or similar facility held out to provide emergency care to the general public, *and*
- Veteran is financially liable for the emergency care, *and*
- Veteran has no other coverage under a health care plan (including Medicare, Medicaid and Worker’s Compensation), *and*
- There is no contractual or legal recourse against a third party that could, in whole, extinguish a Veteran’s liability.

Emergency care for SC conditions (38 U.S.C. 1728)

- Care is for a service-connected disability, *or*
- Care is for a nonservice-connected condition associated with and aggravating a service-connected condition, *or*
- Care is for any condition of an active participant in the VA Chapter 31 Vocational Rehabilitation program, and care is needed to make possible entrance into a course of training or to prevent interruption of a course of training, *or*
- Care is for any condition of a Veteran rated as having a total disability permanent in nature resulting from a service-connected disability, *and*
- Based on an average knowledge of health and medicine (prudent layperson standard), it is reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health, *and*
- A VA or other federal facility/provider was not feasibly available.

Retroactive preauthorization (38 CFR 17.54)

In the case of an emergency which existed at the time of treatment, VA may retroactively preauthorize the care if:

- An application for VA payment of care provided is made within 72 hours after the emergency care initiated, *and*
- Veteran meets the eligibility criteria for community care at VA expense of 38 CFR 17.120.

Reimbursement considerations

- If the emergency room visit and/or admission meets eligibility for VA reimbursement and the Veteran meets beneficiary travel requirements, the ambulance will be paid from the scene of the incident to the first community care facility providing necessary care
- If a Veteran arrives via ambulance, but leaves the hospital before being treated by a physician, the ambulance is not guaranteed to be covered by VA regardless of eligibility
- Accepted VA payments are payments in full. Balance due billing of VA or Veteran is prohibited. VA pays the authorized amount or not at all.

Reimbursement payment rates

Negotiated (contract) rate *or* “usual and customary” (billed charges) for:

- Preauthorized travel (includes retroactive preauthorization under 38 U.S.C 1703)

- Unauthorized transport to a VA facility when approved for payment
- Unauthorized claims approved for payment under 38 U.S.C. 1728 (transport to a community care facility).

Lesser of the amount for which the Veteran is liable *or* 70% of the appropriate CMS fee schedule for:

- Unauthorized claims approved for payment under 38 U.S.C. 1725 (transport to a community care facility).

NOTE: Public Law 112-154 authorizes VA to pay, when there is no negotiated rate, the lesser of billed charges or appropriate CMS ambulance rate.

Documents needed to process claims

In order to consider a claim for VA payment of emergency care provided and associated ambulance transport, VA needs the following documents:

- Documented request or application for VA payment of emergency transportation (typically a Health Care Financing Administration (HCFA) form or a bill). Unless transport is preauthorized, the application must be made within 30 days of transport
- Ambulance trip report documenting circumstances of medical event and care provided by the ambulance service
- Invoice from ambulance service and community care provider
- Community care facility records of care provided to the Veteran. (VA will request these from the facility.)

NOTE: All necessary documents must be received prior to payment consideration. Payment for associated ambulance transport cannot occur unless VA is providing or paying for the emergency care.

Appeals

If a claim does not meet VA payment criteria (is not payable), then it is denied and both the community care provider and Veteran are provided an explanation of denial and notified of the right to appeal the decision (VA Form 4107, *Notification of Rights to Appeal Decision*).

Other resources

Visit the VA Chief Business Office Purchased Care provider page at <http://www.va.gov/purchasedcare/programs/providerinfo/> for more provider resources.