



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Fire and Emergency Medical Services Department

PUBLIC NOTICE

Date of Notice: 10/01/2023

Effective Date: 01/01/2024

Reason for Notice: Public notice of ambulance fees and charges used for submission of insurance claims and billing, including conditionally adjusted rates.

When a patient is treated and/or transported by the District of Columbia Fire and Emergency Medical Services (DCFEMS) Department, or by Global Medical Response (GMR, formerly AMR), DCFEMS uses a third party billing service to process insurance claims and bill for ambulance fees and charges. This notice describes ambulance fees and charges used for submission of insurance claims, including conditional adjusted rates as described by DCFEMS ambulance billing policy. The DCFEMS third party billing party is authorized to use this notice for determination of patient account payment responsibility decisions.

As of **January 1, 2024:**

AUTHORIZED AMBULANCE FEES AND CHARGES

OF THE DISTRICT OF COLUMBIA FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT

I. AUTHORIZATION

This notice of ambulance fees and charges is authorized for use by the DCFEMS ambulance billing administrator on and after the effective date. The DCFEMS third party billing service (by contractual terms and conditions) shall follow the requirements of this notice for patient account payment responsibility decisions. Identified errors, omissions, or other inquiries should be directed to the DCFEMS third party billing service office representative **by calling 1-202-673-3368** during normal business hours.

II. FEES AND CHARGES BY LEVEL OF SERVICE

- A. The DCFEMS third party billing service is authorized to submit insurance claims (on behalf of patients) and mail Statements of Accounts (to patients) for ambulance fees and charges by level of service (excluding Medicaid plan beneficiaries) using the following rate table:

TABLE 1A – Authorized Fees

Authorized Fee	Effective 10/01/23	Effective 01/01/24
Basic Life Support (BLS)	\$1,250.00	\$1,500.00
Advanced Life Support (ALS-1)	\$1,250.00	\$1,500.00
Advanced Life Support (ALS-2)	\$1,250.00	\$1,500.00
Ground Transport Mileage (GTM)	\$18.75/mile	\$22.50/mile

- B. The DCFEMS third party billing service is authorized to submit Medicaid plan insurance claims for ambulance fees and charges by level of service using the following rate table:

TABLE 1B – Authorized Fees (Medicaid)

Authorized Fee	Effective 10/01/23	Effective 01/01/24
Basic Life Support (BLS)	\$1,540.91	\$1,540.91
Advanced Life Support (ALS-1)	\$1,829.83	\$1,829.83
Advanced Life Support (ALS-2)	\$1,829.83	\$1,829.83
Ground Transport Mileage (GTM)	\$24.06/mile	\$24.06/mile

III. EXEMPTIONS FOR BILLING

- A. The DCFEMS third party billing service is authorized to apply full and partial exemptions to unpaid account balances following insurance claim processing (excluding private insurance plans) by means of contractual adjustment and/or authorized write-offs such that patient responsibility for a remaining unpaid balance (all levels of service) does not exceed the amounts indicated by the following table:

TABLE 2A – Patient Responsibility for Unpaid Balances

Insurance Program (All Plans)	D.C. Residents	Out-of-State Residents
Medicaid	\$0.00	\$0.00
Medicare	\$0.00	\$200.00
Veterans Healthcare	\$0.00	\$200.00

- B. The DCFEMS third party billing service is authorized to apply full and partial exemptions to unpaid account balances following private insurance plan claim processing (with or without a DCFEMS participating provider agreement) by means of contractual adjustment and/or authorized write-offs such that patient responsibility for a remaining unpaid balance (all levels of service) does not exceed the amounts indicated by the following table:

TABLE 2B – Patient Responsibility for Unpaid Balances (Private)

Insurance Program (All Plans)	D.C. Residents	Out-of-State Residents
Private (with PPA)	\$0.00	\$250.00
Private (without PPA)	\$250.00	\$500.00

- C. The DCFEMS third party billing service is authorized to apply full and partial exemptions to unpaid account balances following private insurance plan claim processing (with a DCFEMS participating provider agreement) by means of contractual adjustment and/or authorized write-offs using D.C. Resident rates if the DCFEMS participating provider agreement with such a plan requires all beneficiaries be considered equally.

IV. REDUCTIONS AND WAIVERS FOR BILLING

- A. The DCFEMS third party billing service is authorized to apply conditional reductions or waivers to unpaid account balances before or after insurance plan claim processing by means of authorized write-offs following review of patient and/or patient representative requests. Such requests shall be submitted according to the requirements of DCFEMS ambulance billing policy and shall be considered fairly and impartially prior to determination. Conditional reductions or waivers for ambulance fees and charges shall include the following:

- (1) Hardship reductions or waivers. The DCFEMS third party billing service shall reduce or waive ambulance fees and charges such that patient responsibility for a remaining unpaid balance (all levels of service) does not exceed the amounts indicated by the following table (if a hardship request is granted):

TABLE 3A – Patient Responsibility for Unpaid Balances (Hardship)

Hardship Reason	D.C. Residents	Out-of-State Residents
Homeless	\$0.00	\$0.00
Unemployed	\$0.00	\$200.00
Uninsured (income qualified)	\$0.00	\$200.00
Uninsured	\$250.00	\$500.00
Permanently Disabled	\$0.00	\$0.00
End-of-Life Condition/Death	\$0.00	\$0.00

- (2) Uninsured income qualification. Uninsured patients requesting hardship reductions or waivers shall be considered income qualified if their annual income is less than two hundred fifty percent (250%) of poverty level for an individual, family, or domestic partner arrangement as determined by “Poverty Guidelines for the 48 Contiguous States and the District of Columbia,” published each year by the U.S. Department of Health and Human Services (HHS). The DCFEMS third party billing service shall determine income qualification using the following table:

TABLE 3B – Income Qualification (Uninsured Patients)

Persons in Family/Household	Poverty Guideline	250% (Qualification)
1	\$14,580	\$36,450

2	\$19,720	\$49,300
3	\$24,860	\$62,150
4	\$30,000	\$75,000
5	\$35,140	\$87,850
6	\$40,280	\$100,700
7	\$45,420	\$113,550
8	\$50,560	\$126,400
More than 8	N/A	\$126,400

- (3) Insurance review reductions or waivers. The DCFEMS third party billing service shall reduce or waive ambulance fees and charges such that patient responsibility for a remaining unpaid balance (all levels of service) does not exceed the amounts indicated by the following table (if an insurance review request is granted):

TABLE 3C – Patient Responsibility for Unpaid Balances (Insurance)

Insurance Review Reason	D.C. Residents	Out-of-State Residents
Not Identified (patient submitted)	\$0.00	\$250.00
Claim Error	\$0.00	\$250.00
Claim Denial/No Response	\$250.00	\$500.00
High Out-of-Pocket (more than \$500)	\$250.00	\$500.00
Involuntary Transport	\$0.00	\$0.00

- (4) Other reductions or waivers. The DCFEMS third party billing service shall reduce or waive ambulance fees and charges such that patient responsibility for a remaining unpaid balance (all levels of service) does not exceed the amounts indicated by the following table (if another reason of necessity is granted or identified):

TABLE 3D – Patient Responsibility for Unpaid Balances (Other)

Other Reason	D.C. Residents	Out-of-State Residents
Misidentification or Fraud	\$0.00	\$0.00
Victim of Crime	\$0.00	\$0.00
Other Reason	\$0.00	\$0.00

V. COLLECTION ELIGIBILITY

- A. The DCFEMS third party billing service is authorized to classify patient accounts with unpaid balances (after the insurance claim processing and patient billing cycle is complete) as delinquent, between 180 and 360 days after the date a patient received ambulance transport services. Delinquent patient accounts eligible for collection transfer are as follows:

- (1) Any patient account assessed at authorized fee rates (described by Table 1A, above) when the identity, residential address, or insurance coverage information for a patient could not be

verified for billing, and when less than full payment was received, and the remaining unpaid balance exceeds two dollars (\$2.00).

- (2) Any patient account billed at authorized patient responsibility rates (described by Tables 2A and 2B, above), and when less than full payment was received, and the remaining unpaid balance exceeds two dollars (\$2.00).
- (3) Any patient account billed at authorized patient responsibility rates (described by Tables 3A and 3C, above), and when less than full payment was received, and the remaining unpaid balance exceeds two dollars (\$2.00).
- (4) Any patient account not qualified for full or partial exemption, and not qualified for reduction or waiver, and when less than full payment was received, and the remaining unpaid balance exceeds two dollars (\$2.00).

This notice was approved for publication by the District of Columbia Fire and EMS Department on 09/20/2023.