Ambulance

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Page Number(s):	1 of 3

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

The purpose of this policy is to inform providers of claim and payment information regarding Ambulance Claims. This includes Ambulance by Ground, Air and Water transport.

DEFINITIONS

Ambulance – A medically equipped vehicle which transports patients to treatment facilities, such as hospitals.

Emergent Transport – Transportation provided when life, health or safety is in danger.

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

Nonemergency Medical Transport – Transportation services provided to individuals who face significant barriers in access to medical care.

POLICY POSITION

MILEAGE

In the context of all payment instructions, Mileage refers to loaded mileage. Mileage rate per statute mile applies for all types of ground ambulance services, which will include paramedic intercept.

Additional air or water mileage or wait time may be allowed in situations where additional mileage or wait time is incurred due to circumstances beyond the ambulance pilot's or captain's control.

Reimbursement for ground air and water ambulance mileage beyond the nearest appropriate facility would **not** be eligible. Ambulance companies should make every reasonable effort to get to nearest facility. All ambulance services are eligible for post payment audit.

BILLING

Medicaid reimbursement for ambulance services is based upon the member's condition at the initial assessment by the ambulance squad and the medical intervention provided throughout the transport.

Ambulance providers who are wholly owned and operated by a facility may bill on a UB04. Secondary claims would be accepted as submitted to the primary payor. All other ambulance companies must bill on a CMS-1500. Regardless of claim form type, services must be billed with a HCPCS code and valid modifier per claim line.

Multiple transport is eligible for two or more patients when patients are being transported to same destination.

NONEMERGENCY TRANSPORTATION:

Members who have non-emergency medical transportation should call Modivcare (broker) at 1-866-412-3778 for information and steps on how to schedule your non-emergency transportation.

Wheelchair van coverage will be handled by state and not by HHO.

The state will not provide non-emergency medical transportation as a benefit provided by the State to DHCP members.

Prior authorizations for nonemergency out of state transportation will be reviewed on a case-by-case basis.

COVERED PROCEDURE CODES

Code	Description
A0380	Bls mileage (per mile).
A0390	Als mileage (per mile).
A0424	Extra ambulance attendant, ground (als or bls) or air (fixed or rotary winged); (required medical review).
A0427	Ambulance service, advanced life support, emergency transport, Level 1 (als1-emergency).
A0429	Ambulance service, basic life support, emergency transport, Level 1 (bls-emergency).
A0431	Ambulance service, conventional air services, transport, one way (rotary wing).
A0432	Paramedic intercept (pi), Rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers.
A0436	Rotary wing air mileage, per statute mile.

COVERED NONEMERGENCY PROCEDURE CODES WITH A PRIOR AUTHORIZATION

Code	Description
A0426	Ambulance service, advanced life support, nonemergency transport, Level 1 (als1).
A0428	Ambulance service, basic life support, nonemergency transport, Level 1 (bls).

NONCOVERED PROCEDURE CODES

Code	Description
A0080	Nonemergency transportation: per mile – vehicle provided by volunteer (individual or organization), with no vested interest.
A0140	Nonemergency Transportation: Air Travel; Private Or Commercial Intra Or Inter State.
A0180	Nonemergency Transportation: Ancillary: Lodging-recipient.
A0190	Nonemergency Transportation: Ancillary: Meals-recipient.
A0200	Nonemergency Transportation: Ancillary: Lodging-escort.
A0210	Nonemergency Transportation: Ancillary: Meals-escort.

MODIFIERS

Code	Description
D	Diagnostic or therapeutic site other than P or H when these are used as origin codes.
E	Residential, domiciliary, custodial facility (other than 1819 facility).
G	Hospital based ESRD facility.
H	Hospital.
I	Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
J	Freestanding ESRD facility.
N	Skilled nursing facility.
P	Physician's office.
R	Residence.
S	Scene of accident or acute event.
X	Intermediate stop at physician's office on way to hospital (destination code only).
QM *	Ambulance service provided under arrangement by a provider of services.
QN*	Ambulance service furnished directly by a provider of services.

***= Institutional-based providers must report one of these modifiers with every HCPCS code to describe whether the service was provided under arrangement or directly.**

When submitting HH modifier on a claim, emergency diagnostic coding must be listed for payment as an emergent service. All claims that do not meet emergent criteria are considered non-emergent transportation and will be subject to denial and/or post payment audit.

POLICY UPDATE HISTORY

03.03.2022	Approved in Reimbursement Policy Committee
03.14.2022	Approved in Medical Policy Governance Committee