Payment Policy: Ambulance Services

Purpose: Commonwealth Care Alliance® (CCA) reimburses contracted ambulance and transportation providers. CCA will cover emergency ambulance, air and water transport services. Non-emergency ambulance and transportation services are subject to medical necessity review.

<table>
<thead>
<tr>
<th>Original Date Approved:</th>
<th>Effective Date</th>
<th>Date Revised:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/26/18</td>
<td>7/1/18</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Scope: Commonwealth Care Alliance (CCA) Product Lines:
- ☒ All product lines
- ☐ Senior Care Options
- ☐ One Care

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PAYMENT POLICY SUMMARY
CCA will cover ambulance services when they are medically necessary, meet the destination limits of closest appropriate facilities, and are provided by an ambulance service that is licensed by the state of Massachusetts. Out-of-network providers will be reimbursed based on a determination of the usual and reasonable fee for the emergency service in the designated area.

AUTHORIZATION REQUIREMENTS
Prior authorization is not required for in-network and out-of-network emergency ambulance services. Prior authorization is required for non-emergency ambulance services (in-network and out-of-network). Non-emergency ambulance services must be coordinated and paid through CCA’s non-emergency medical transportation (NEMT) vendor.

PROVIDER REIMBURSEMENT
Emergency Ambulance services are reimbursed when they are medically necessary and meet emergency criteria below:
- Injury resulting from an accident or illness with acute symptoms. Examples are hemorrhage, shock, chest pain, acute neurological symptoms or respiratory distress.
- A member requires restraints by a professionally trained ambulance attendant as a means of preventing injury either to the beneficiary or to another person. A description of why restraints are necessary is required. Such descriptions may include narrative describing specific violent or psychotic acts, frequency/severity/predictability of seizure activity, or a precise description of the risk to safety that unrestrained and unsupervised transport would create.
• Oxygen is required by the member during transport. The administration of oxygen itself does not satisfy the requirement that the beneficiary needed oxygen. Documentation should reflect the need such as hypoxemia, syncope, airway obstruction, or chest pain. Ambulance transport is not medically necessary if the only reason for the ambulance service is to provide oxygen during transport, and the beneficiary has a portable oxygen system available.

• Immobilization of the member is necessary because of a suspected fracture, a compound fracture, severe pain, the need for pain medication, or suspicion of neurological injury.

• A transfer is made of a member between institutions for necessary services not available at the transferring institution and the member meets any of the criteria 1-4 above. Examples are members with cardiac disease requiring cardiac catheterization or coronary bypass not available at the transferring institution.

• A sole diagnosis of senility, forgetfulness, or Alzheimer's does not qualify.

Non-emergency transportation is covered when:

• The member is authorized by CCA for non-emergency transportation services to the destination.
• The member is bed-confined.
• Transportation other than an ambulance will precipitate an adverse event or would be medically contraindicated.
• Diagnosis and present clinical condition justify ambulance transport.
• Transportation is to a covered destination.

Non-emergency transportation is **not** covered:

• For a member’s convenience instead of medical necessity
• If a member can be moved with a wheelchair
• If a member is not confined to a bed
• If a member can be moved or travel by a special van or other means
• For the convenience of a doctor or staff
• For the convenience of a member and his or her family

**BILLING AND CODING GUIDELINES**

Emergency ambulance services are submitted to CCA’s claims department at:
Claims Office
PO Box 22280
Portsmouth, NH 03802-2280

Non-emergency ambulance services are coordinated and submitted to CCA’s NEMT vendor at:
CTS
35 Nutmeg Drive
Suite 120
Trumbull, CT 06611
CCA requires all ambulance services to be submitted following industry standard guidelines. Services should be billed with place of service 41 or 42:

41 **Ambulance:** A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured  
42 **Air or Water:** An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured

The HCPCS code range Ambulance and Other Transport Services and Supplies A0021-A0999 is a standardized code set necessary for Medicare and other health insurance providers to provide healthcare claims.

HCPCS code range (A0021-A0999), Transportation Services Including Ambulance, contains HCPCS codes for Transportation Services, outside state per mile, wheel-chair van, air travel, parking fees, tolls, and other.

**HCPCS codes highlighted in the CCA Provider Manual:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Unit of measure</th>
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<tbody>
<tr>
<td>A0380</td>
<td>Basic life support (BLS) mileage</td>
<td>Per mile</td>
</tr>
<tr>
<td>A0425</td>
<td>Ground mileage</td>
<td>Per statute mile</td>
</tr>
<tr>
<td>A0426</td>
<td>Ambulance service, ALS</td>
<td>Level 1 – Non emergent</td>
</tr>
<tr>
<td>A0427</td>
<td>Ambulance service, ALS</td>
<td>Level 1 – Emergency transport</td>
</tr>
<tr>
<td>A0428</td>
<td>Ambulance service, BLS</td>
<td>Non emergent</td>
</tr>
<tr>
<td>A0429</td>
<td>Ambulance service, BLS</td>
<td>Emergency transport</td>
</tr>
<tr>
<td>A0431</td>
<td>Ambulance services, conventional air service, transport</td>
<td>One way</td>
</tr>
<tr>
<td>A0433</td>
<td>Ambulance service, ALS</td>
<td>Level 2</td>
</tr>
<tr>
<td>A0434</td>
<td>Ambulance service, specialty care transport</td>
<td></td>
</tr>
<tr>
<td>A0436</td>
<td>Ambulance service, rotary wing (Air Ambulance)</td>
<td>Per statute mile</td>
</tr>
<tr>
<td>S0208</td>
<td>Paramedic intercept, hospital based ALS service</td>
<td>Non-voluntary transport</td>
</tr>
<tr>
<td>T2005</td>
<td>Stretcher service – non-emergency</td>
<td></td>
</tr>
</tbody>
</table>

*ALS: Advanced Life Support  
*BLS: Basic Life Support

Ambulance suppliers documentation requirements for emergency ambulance transports include:

- Physician-written order for transport (if non-emergency physician ordered)
- Trip record to include:
  - Detailed statement of the condition necessitating the ambulance service
  - Statement indicating the beneficiary was admitted as an inpatient, including the name and address of facility
  - Name and address of the certifying physician
  - Name and address of physician ordering service, if other than certifying physician
  - Point of pick-up (identify place and complete address)
  - Destination (identify place and complete address)
  - Number of loaded miles (the number of miles traveled when the beneficiary was in the
ambulance)

* Cost per mile: Mileage charge, minimal or base charge, charge for special services with an explanation, rationale for condition and any further documentation that help support medical necessity of ambulance transport (i.e., emergency room report)

• Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to CCA upon request.

AUDIT AND DISCLAIMER INFORMATION

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES

CMS Website: http://www.mass.gov/courts/docs/lawlib/116-130cmr/130cmr433.pdf

CCA Website: http://www.commonwealthcarealliance.org/