



PROVIDER REIMBURSEMENT GUIDANCE

Emergency Ambulance Services

Original Date Approved	Effective Date Senior Care Options/	Effective Date Medicare Advantage*	Revision Date
04/26/2018	06/10/2022	06/10/2022	05/10/2022
<p>Scope: Commonwealth Care Alliance (CCA) Product Lines</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Senior Care Options (MA) <input checked="" type="checkbox"/> One Care (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA* <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI* <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI* 			

PAYMENT POLICY SUMMARY:

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. 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 holds the appropriate state licensure. 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:

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

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.



REIMBURSEMENT GUIDELINES: (cont.):

- 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:

Commonwealth Care Alliance
ATTN: Claims Office
PO Box 22280
Portsmouth, NH 03802-2280

Non-emergency ambulance services are coordinated and submitted to CCA's 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:

BILLING and CODING GUIDELINES (cont.):

- **Ambulance (POS 41):** A land vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured
- **Air or Water (POS 42):** 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.

Code	Description	Unit of Measure
A0380	Basic Life Support (BLS) mileage	Per Mile
A0425	Ground Mileage	Per Statute Mile
A0426	Ambulance Service; Advanced Life Support (ALS)	Level 1 – Non-Emergent
A0427	Ambulance Service; Advanced Life Support (ALS)	Level 1 – Emergency
A0428	Ambulance Service; Basic Life Support (BLS)	Non-Emergent
A0429	Ambulance Service; Basic Life Support (BLS)	Emergency Transport
A0431	Ambulance Services, Conventional Air Service Transport	One Way
A0433	Ambulance Service; Advanced Life Support (ALS)	Level 2
A0434	Ambulance Service, Specialty Care Transport	-
A0436	Ambulance Service, Rotary Wing (Air Ambulance)	Per Statute Mile
S0208	Paramedic Intercept, Hospital Based ALS Service	Non-Voluntary Transport
T2005	Stretcher Service – Non-Emergency	Non-Emergency
HCPCS Modifier	Description	
D	Diagnostic or therapeutic site other than a -P or -H when these are used as origin codes	
E	Residential, domiciliary, custodial facility, (not 1819 facility)	
G	Hospital-based dialysis facility (hospital or hospital-related)	
H	Hospital	
I	Site of transfer (e.g., airport or helicopter pad) between types of ambulance	
J	Non-hospital-based dialysis facility	
N	Skilled Nursing Facility (SNF) –1819 facility	
P	Physician Office	
R	Residence	
S	Scene or accident or acute event	
X	Intermediate stop at physician’s office on the way to the hospital – use as a destination code only	
GM	Multiple patients on one trip	
QM	Ambulance services provided under arrangement by a provider of services	
QN	Ambulance services furnished directly by a provider of services	



BILLING and CODING GUIDELINES (cont.):

Ambulance supplier's documentation requirements for emergency ambulance transport 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.

RELATED SERVICE POLICIES:

Durable Medical Equipment

Hospice VBID Care

Skilled Nursing Facilities

AUDIT and DISCLAIMER:

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, 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:

- [CCA Website](#)
- [CMS Website](#)

POLICY TIMELINE DETAILS:

1. Effective 06/01/2022
2. Revised: June 2020 to include modifiers
3. Revised: October 2020, Prior Authorizations
4. Revised: April 2022, formatting updates
5. Revised: May 2022, formatting, Billing and Coding Updates