Ambulance Services

Reimbursement Policy ID: RPC.0011.2100

Recent review date: 02/2025

Next review date: 12/2025

AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Carita Louisiana may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy describes payment of claims for ground and air ambulance services, including mileage reimbursement, by providers contracted with AmeriHealth Caritas Louisiana and/or participating with Louisiana Medicaid. AmeriHealth Caritas Louisiana will align with the State by utilizing those guidelines to determine coverage for ground and air ambulance.

Ambulance ground transportation is either emergency or non-emergency medical transportation provided to Medicaid beneficiaries to and/or from a Medicaid provider for a medically necessary Medicaid covered service when the beneficiary's condition is such that use of any other method of transportation is contraindicated or would make the beneficiary susceptible to injury. Ambulance services are not covered when another means of transportation could be utilized without endangering the individual's health.

Fixed wing (FW) or rotary wing (RW) air ambulance are furnished when the medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Air ambulance services may be reimbursable only if:

- Speedy admission of the beneficiary is essential and the point of pick-up of the beneficiary is inaccessible by a land vehicle; or
- Great distances or other obstacles are involved in getting the beneficiary to the nearest hospital with appropriate services.

Exceptions

Medicaid does not cover “Ambulance 911-Non-emergency” services (i.e., procedure code A0226). If the beneficiary’s medical condition does not present itself as an emergency, the service may be considered a non-covered service by Medicaid. Ambulance providers may bill beneficiaries for non-covered services only if the beneficiary was informed prior to transportation, verbally and in writing, that the service was not covered by Medicaid and the beneficiary agreed to accept the responsibility for payment. The transportation provider must obtain a signed statement or form which documents that the beneficiary was verbally informed of the out-of-pocket expense.

Reimbursement Guidelines

Reimbursement to ambulance providers shall be no less than the published Medicaid FFS rate in effect on the date of service,

Terms utilized in the published Medicaid fee schedule are defined as follows:

- Basic Life Support (BLS): Emergency medical care administered to the EMT-basic scope of practice.
- Advanced Life Support (ALS): Emergency medical care administered to at least the level of an emergency medical technician-paramedic's scope of practice.
- Specialty Care Transport: Interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic.

Ambulance providers may bill for mileage to the nearest appropriate facility. Reimbursement for mileage will vary depending on whether the transport is for an emergency or non-emergency event. Reimbursement for mileage will be limited to actual mileage from point of pick up to point of delivery. Mileage can only be billed for miles traveled with the beneficiary in the ambulance.

Hospital-based ambulance services (Inpatient-air and ground)

If a patient is transported to a hospital by a hospital-based ambulance (ground or air) and is admitted, the ambulance charges may be covered as part of inpatient services. Air ambulance services are not covered unless the recipient is transported to the facility which owns the ambulance. Hospital-based ambulances must meet equipment and personnel standards set by the Bureau of Emergency Services (EMS). Hospitals must submit a copy of the EMS certification to Provider Enrollment for recognition to bill ambulance services.

Hospital-based ambulance services (Air or Ground)

Hospital-based emergency ambulance services for Medicaid beneficiaries may be reimbursed when circumstances exist making the use of any conveyance other than an ambulance medically inadvisable for transport of the beneficiary.

Hospital-based ambulances can be used only to transport beneficiaries to the hospital in an emergency so they may be stabilized. Transfers to another hospital must occur only because the transporting hospital cannot provide appropriate services.

Non-emergency transport by a hospital-based ambulance is not covered. Claims for hospital-based ambulance services must be billed on the UB-04 as outpatient services under the hospital provider number. However, if

the beneficiary is admitted to the hospital, the services must be billed on the UB-04 as part of the inpatient services.

Air ambulance charges are not covered as an outpatient service.

Emergency ambulance transportation

Emergency ambulance transportation is provided for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of the beneficiary (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

A beneficiary may also require emergency ambulance transportation if he or she is psychiatrically unmanageable or needs restraint.

An ambulance trip that does not meet at least one of these criteria would be considered a nonemergency service and must be coded and billed as such. Prior review or authorization is not permitted for emergency ambulance transportation

Non-emergency ambulance transportation

Non-emergency ambulance transportation (NEAT) is transportation provided by ground or air ambulance to a Medicaid beneficiary to and/or from a Medicaid covered service when no other means of transportation is available, and the beneficiary's condition is such that use of any other method of transportation is contraindicated or would make the beneficiary susceptible to injury. The nature of the trip is not an emergency, but the beneficiary requires the use of an ambulance. The beneficiary's treating physician, a registered nurse, the director of nursing at a nursing facility, a nurse practitioner, a physician's assistant, or a clinical nurse specialist must certify on the Certification of Ambulance Transportation that the transport is medically necessary and describe the medical condition which necessitates ambulance services.

NEAT must be scheduled by the beneficiary or a medical facility through the transportation broker or the ambulance provider.

- If transportation is scheduled through the transportation broker, the transportation broker shall verify, prior to scheduling, beneficiary eligibility, that the originating or destination address belongs to a medical facility, and that a completed Certification of Ambulance Transportation form is received for the date of service. Once the trip has been dispatched to an ambulance provider and completed, the ambulance provider shall be reimbursed upon submission of the clean claim for the transport.
- If transportation is scheduled through the ambulance provider, the ambulance provider must verify beneficiary eligibility, that the originating or destination address belongs to a medical facility, and that a completed Certification of Ambulance Transportation form is received for the date of service. The transportation broker shall reimburse the ambulance provider only if a completed Certification of Ambulance Transportation form is submitted with the clean claim or is on file with the transportation broker prior to reimbursement.

Nursing facility ambulance transportation (NEAT)

Nursing facilities are required to provide medically necessary transportation services for Medicaid beneficiaries residing in their facilities. Any nursing facility beneficiary needing non-emergency, non-ambulance transportation services are the financial responsibility of the nursing facility. NEAT services provided to a

nursing facility beneficiary must include the Certification of Ambulance Transportation to be reimbursable by Louisiana Medicaid; otherwise, the nursing facility shall be responsible for reimbursement for such services.

Air ambulance

Air ambulances may be used for emergency and non-emergency ambulance transportation when medically necessary. Licensure by the LDH Bureau of Emergency Medical Services is required. Licensure for air ambulance services is governed by La. R.S. 40:1135.8. Rotor winged (helicopters) and fixed winged emergency aircraft must be certified by the Bureau of Health Services Financing in order to receive Medicaid reimbursement. All air ambulance services must comply with state laws and regulations governing the personnel certifications of the emergency medical technicians, registered nurses, respiratory care technicians, physicians, and pilots as administered by the appropriate agency of competent jurisdiction. Air ambulance services are covered only if:

- Speedy admission of the beneficiary is essential and the point of pick-up of the beneficiary is inaccessible by a land vehicle; or
- Great distances or other obstacles are involved in getting the beneficiary to the nearest hospital with appropriate services If both land and air ambulance transport are necessary during the same trip, each type of provider will be reimbursed separately according to regulations for that type of provider.

If both land and air ambulance transport are necessary during the same trip, AmeriHealth Caritas Louisiana shall reimburse each type of provider separately according to regulations for that type of provider. Prior authorization for emergency air ambulance transportation, both rotary and fixed wing, may not be required. Non-emergency air ambulance transport, both rotary and fixed wing, may require prior authorization.

Return trips and transfers return trips

When a beneficiary is transported to a hospital by ambulance on an emergency basis and is not admitted, the hospital shall request an NEMT return trip with the transportation broker unless the beneficiary meets the medical necessity requirements for NEAT.

Transfers - An ambulance transfer is the transport of a beneficiary by ambulance from one hospital to another. It must be medically necessary for the beneficiary to be transported by ambulance. The beneficiary must be transported to the most appropriate hospital that can meet his/her needs. If the physician makes the decision that the level of care required by the beneficiary cannot be provided by the hospital, and the beneficiary has to be transported by the provider to another hospital, the transportation provider shall be reimbursed for both transfers once clean claims are submitted for the transfers.

CPT codes for ambulance services

The following list(s) of procedure codes is provided for reference purposes only and may not be all inclusive.

Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

When billing for procedure codes A0425-A0429 and A0433-A0434 for ambulance transportation services, the provider shall be required to also enter a valid 2-digit modifier at the end of the associated 5-digit procedure code. Different modifiers may be used for the same procedure code. Spaces will not be recognized as a valid modifier for those procedures requiring a modifier.

The following CPT codes are used for billing ground and air ambulance services with appropriate modifiers.

CPT code	Code description
A0430	Fixed wing air
A0431	Rotary wing air
A0435	Air Mileage; fixed wing
A0436	Air Mileage; rotary wing
A0425	Ground mileage, per statute mile
A0426	Ambulance service, (advanced life support) non-emergency transport (Level 1)
A0427	Advanced life support (Level 1), Emergency
A0428	Basic life support, Non-emergency
A0429	Basic life support, Emergency
A0433	Advanced life support, level 2
A0434	Specialty care transport

Air ambulance transportation is not reimbursable for any of the following:

- Member is legally pronounced dead before the ambulance is called
- Transportation is provided primarily for the convenience of the member, member's family, or the physician
- Transportation to receive a service considered not medically necessary, even if the destination is an appropriate facility

Ambulance modifiers

When billing for procedure codes A0425-A0429 and A0433-A0434 for ambulance transportation services, the provider must also enter a valid 2-digit modifier at the end of the associated CPT® procedure code. Different modifiers may be used for the same procedure code.

For a complete list of modifiers, refer to the ACLA Claims Filing Manual, Page 89-92.

Definitions

Air Ambulance

Air ambulance is a collective term for "fixed wing air ambulance" and "rotary wing air ambulance".

Specialty Care Transport (SCT)

"Interfacility transport of a critically injured or ill individual by ground ambulance and the provision of medically necessary supplies and services at a level beyond the scope of an EMT-paramedic that must be furnished by one or more health professionals in an appropriate specialty area (e.g., emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care) or by an EMT paramedic with additional training."

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services
II. CMS Physician Fee Schedule Database
III. Applicable Louisiana Medicaid Fee Schedule(s).
IV. Claim Filing Instructions - Providers | AmeriHealth Caritas Louisiana

Attachments

N/A

Associated Policies

N/A

Policy History

10/2024	Annual review • No major changes
04/2024	Preamble revised
10/2023	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Louisiana from Policy History section
01/2023	Template revised • Preamble revised • Applicable Claim Types table removed • Coding section renamed to Reimbursement Guidelines • Associated Policies section added
	Precedes Act 319