

AMBULANCE TRANSPORTATION-GROUND

Policy

NHP reimburses licensed ambulance providers for the provision of medically necessary ambulance ground transportation in a medical emergency for NHP members in accordance with the Limitations of Coverage and Procedures Sections set forth below. Medically necessary, non-emergency ambulance transport services are reimbursed when arranged by a NHP contracted provider.

Prerequisites

Authorization, Notification and Referral

Service	Requirement
Emergency ambulance service-ground	No Prior Authorization required
Facility-to-Facility (E.g. Specialty Care Transport)	No Prior Authorization required
Non-emergency transport-ground	Not a covered benefit For MassHealth submit to MassHealth under the PT 1 Program
Non-emergency ambulance/common carrier transport-ground, pre-arranged, to a medical service authorized by NHP beyond a 50 mile radius, Out-of-State	Prior Authorization Required for MassHealth Standard and CommonHealth members, only. Not a covered benefit for all other members

Limitations

The emergent nature of an ambulance ground transport is determined at the time of the call to the 911 emergency call system or the call initiating the transport. A “911 call or equivalent” is of an emergent nature when, based on the information available to the dispatcher at the time of the call, it is reasonable for the dispatcher to issue an emergency dispatch in light of accepted, standard dispatch protocol.

If the emergency call does not come through the 911 emergency call system but comes in directly to the ambulance provider, the determination to respond emergently must be in accordance with the local 911 or equivalent service dispatch protocols.

Advanced life support services, levels 1 and 2, must meet the criteria for such services, as set forth in the definitions below.

NHP reimburses ground ambulance mileage according to applicable benefits and the NHP/provider contract in effect at the time services are rendered. The radius of service within which NHP will reimburse ground ambulance services is delineated by the member’s benefits and the NHP provider contract in effect on the date of service.

Exceptions to Policy Criteria

This policy does not apply to air ambulance transportation and other nonemergency ground transportation such as bus, intra or inter-state carrier, mini-bus, mountain area transports, or other transportation systems, etc.

Member Cost-Sharing

The provider is responsible for verifying at each encounter, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Definitions

Additional person: A person traveling in the same vehicle with another person for the purpose of receiving services covered by NHP.

Advanced Life Support, Level 1 (ALS1): When medically necessary, the provision of an assessment by an advanced life support (ALS) ambulance provider or supplier, and the furnishing of one or more ALS interventions. An ALS assessment is performed by an ALS crew and results in the determination that the patient's condition requires an ALS level of care, even if no other ALS intervention is performed. An ALS provider or supplier is defined as a provider trained to the level of the Emergency Medical Technician-Intermediate (EMT-Intermediate) or Paramedic as defined in the National Emergency Medicine Services (EMS) Education and Practice Blueprint. An ALS intervention is defined as a procedure beyond the scope of an EMT-Basic as defined in the National EMS Education and Practice Blueprint as most recently published in the *Federal Register*.

Advanced Life Support, Level 2 (ALS2): When medically necessary, (1) the administration of at least three different medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) the provision of one or more of the following ALS procedures as most recently published in the *Federal Register*:

- Manual defibrillation/cardioversion
- Endotracheal intubation
- Central venous line
- Cardiac pacing
- Chest decompression
- Surgical airway
- Intraosseus line

Note: The monitoring and maintenance of an endotracheal tube that was previously inserted prior to the transport also qualifies as an ALS 2 procedure.

Ambulance - Ground: A motor vehicle, including a dual purpose vehicle, however named, whether privately or publicly owned, that is intended to be used for and is maintained and operated for the transportation of sick or injured persons on land and that has in force a valid certificate of inspection and license issued by the Department of Public Health as set forth in 105 CMR 170.000 of the regulation for the implementation of M.G.L. c. 111C, regulating Ambulances and Ambulance Services (Department of Public Health).

Basic Life Support (BLS): When medically necessary, the provision of basic life support (BLS) services as defined in the National EMS Education and Practice Blueprint for the EMT-Basic including the establishment of a peripheral intravenous (IV) line as most recently published in the *Federal Register*.

Emergency Medical Condition: A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman and her unborn child) in serious jeopardy; serious impairment to body function; or serious dysfunction of any body organ or part.

Emergency Medical Services (EMS): Medical services that are furnished by a professional qualified to provide such services, and are needed to evaluate or stabilize an emergency medical condition.

Emergency Medical Technician (EMT): A person trained in, and expert in the performance of the procedures required in emergency medical care, certified to provide basic emergency services before and during transportation to a hospital.

Escort: An escort can be a parent, guardian of a child, caretaker, a guardian of a mentally incompetent member, or an individual who physically assists a member with ambulating to and from a medical appointment.

Loaded Miles: The distance traveled while a NHP member is in the vehicle.

Radius of Service: The geographic area within which reimbursable ground ambulance services may be rendered to a member.

Specialty Care Transport (SCT): The inter-facility transportation of a critically injured or ill member by ground ambulance, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT transport is necessary when a member's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty care area, for example, emergency or critical care nursing, etc.

Wheelchair van: A motorized vehicle that is specifically equipped to carry one or more persons who are mobility-handicapped or using a wheelchair.

Neighborhood Health Plan Reimburses

- Medically necessary emergency ambulance ground transport including ambulance attendants.
- Medically necessary transport mileage.

Neighborhood Health Plan Does *Not* Reimburse

- Ambulance waiting time.
- Ambulance transport to non-covered medical services
- Extra ambulance attendant, ground (ALS or BLS).
- Non-covered ambulance mileage, per mile (e.g. for miles traveled beyond the closest appropriate facility) in the case of emergent transport.
- Unlisted ambulance services.
- Ground services provided for the convenience of a member, provider, or police officer.
- Ambulance services from islands and other areas for the sake of patient and family preferences rather than medical necessity.

- Transportation to a medical service that is within 0.75 miles of the member’s home or other approved point-of-origin, when the member is able to ambulate freely with or without escort.
- Transportation to child day-care centers and nurseries.
- Transportation to pharmacies to obtain medications.
- Transportation of persons who are elderly or disabled to adult day health programs.
- Transportation to a medical facility or physician’s office for the sole purpose of obtaining a medical recommendation for homemaker/chore services.

Procedure Codes Applicable To Guideline

Note: This list of codes may not be all-inclusive.

Code	Descriptor	Comment
A0130	Non-emergency transportation: wheelchair van	Prior Authorization Required Use A0425 for mileage
A0425	Ground mileage, per statute mile	Ambulances must use this code for mileage
A0426	Ambulance service, advance life support, non-emergency transport, level 1 (ALS 1)	
A0427	Ambulance service, advance life support, emergency transport, level 1 (ALS 1-emergency)	
A0428	Ambulance service, basic life support, non-emergency transport (BLS)	
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)	
A0433	Advanced life support, level 2 (ALS 2)	
A0434	Specialty care transport (SCT)	Hospital-hospital transport of critically injured/ill, by ground ambulance including medically necessary supplies/services, beyond scope of paramedic/EMT. Beneficiary's condition requires ongoing care 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 a paramedic with additional training)
A0999	Unlisted ambulance service	Not a covered benefit, provider liable

Ambulance Modifiers

NHP requires two-digit HCPCS ambulance service modifiers to be submitted in the first modifier field for all ambulance services.

Combine two one-digit modifiers to form a two-digit modifier. The first digit identifies the ambulance’s place of origin; the second digit identifies the destination.

Bill using the appropriate combination of two-digit HCPCS ambulance modifiers, as follows:

Modifier	Descriptor
D	Diagnostic or therapeutic site other than "P" or "H" (includes free standing facilities).
E	Residential, domiciliary, custodial facility (includes non-participating facilities)

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G	Hospital-based end stage renal disease (ESRD)facility
H	Hospital (includes OPD or ER)
I	Site of transfer (e.g.
J	Free standing ESRD facility
N	Skilled nursing facility (SNF)
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office on the way to hospital (destination code, only)

Note: Modifier X can only be used as a designation code in the second position of a modifier.

When performing a site-to-site transport, the following two-digit ambulance modifiers must be used:

Modifier	Descriptor
DH	Diagnostic or therapeutic site to hospital
HD	Hospital to diagnostic or therapeutic site
HH	Hospital to hospital
HN	Hospital to skilled nursing facility
NG	Skilled nursing facility (SNF) to Hospital-based end stage renal disease (ESRD)facility
NH	Skilled nursing facility to hospital
PH	Physicians office to hospital
JH	Non-hospital based dialysis facility to hospital
HJ	Hospital to non-hospital based dialysis facility

The following modifiers are considered secondary modifiers. Bill in the second modifier position.

Modifier	Descriptor	Comments
GM	Multiple patients on one ambulance trip	50% of ambulance fee schedule allowable if billed on separate claims for multiple NHP members. No reduction if billed as a single claim under one NHP member.
QM	Ambulance service provided under arrangement by a provider of services	
QN	Ambulance service furnished directly by a provider of services	

Provider Payment Guidelines and Documentation

Submit ambulance services on a CMS 1500 form with the appropriate HCPCS code included in your provider contract.

Place HCPCS Level II codes and modifiers in box 24 D.

Bill with the appropriate transport destination modifier in the first modifier field.

Bill round trip ambulance transport on two separate lines.

- Line one for the initial transportation
- Line two for the return transportation

Bill transportation to the first destination with a count of one in box 24G.

Bill the return transportation on a separate line with a count of one in box 24G.

If transport is provided between two like facilities, bill on one line with a count of two

E.g. From Hospital A to Hospital B (modifier HH) and from Hospital B back to Hospital A (modifier HH).

Enter the NHP authorization number in box 23, when applicable.

References

Ambulance Billing Guideline, NHIC, Corp. REF-ED0-0004 Version 3, October 2010

NHP Ambulance Services Contract, Appendix I, Covered Services, Reimbursement and Billing Procedures effective January 2010

Publication History

Topic: Ambulance Transportation-Ground	Owner: Provider Network Management
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2010/02/25 *Original documentation*

2011/03/15 *Updated authorization grid, references, disclaimer*

2011/05/06 *Authorization grid, reimbursement bullets, procedure code and modifier grids updated, grammatical correction*

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Neighborhood Health Plan utilizes McKesson’s claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the “appropriate set” of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Questions may be directed to Provider Network Management at prweb@nhp.org.