



Reimbursement Policy

Subject: Transportation Services: Ambulance and Non-Emergent Transport

Effective Date: **01/01/15**

Committee Approval Obtained:
07/13/18

Section: **Transportation**

*****The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicare. *****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup Medicare Advantage benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a non-contracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup Medicare Advantage strives to minimize these variations.

Amerigroup Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy

Amerigroup Medicare Advantage allows reimbursement for transport to and from covered services or other services mandated by contract, unless provider, state, federal or CMS contracts and/or requirements

indicate otherwise. Reimbursement is based on the guidelines in this policy.

Non-Emergent Transport Services

Non-emergency medical transport (NEMT) entails the transport of a member by nonmedically skilled personnel (laypersons) to receive covered services. There are several types of medical transports: ambulette/medi-van, wheelchair van, invalid coach, taxicab, mini-bus, and public transportation (e.g., bus and/or subway).

In some instances, NEMT services are provided through a state vendor, not Amerigroup Medicare Advantage.

Reimbursement for medical transport services is based on receipt of a claim or an invoice from contracted transportation vendors or other suppliers detailing:

- The NEMT base rate per trip, where a trip is defined by the origin and destination modifiers.
- Mileage.
- Parking and/or toll fees

Ambulance Services

Reimbursement for ambulance services is based on:

- The ambulance base rate per trip in accordance with the medically necessary level of care provided to the member, where a trip is defined by the origin and destination modifiers.
- The fee schedule or contracted/negotiated rate for services and items separately reimbursable from the ambulance base rate.
- If ambulance transport is medically necessary for inpatient-to-inpatient transfer between hospital-based facilities, reimbursement is included in the inpatient stay.

Included in the Ambulance Base Rate

Services reimbursed as part of the ambulance base rate:

- Ambulance equipment and supplies:
 - Disposable/first aid supplies
 - Reusable devices/equipment
 - Oxygen
 - Intravenous drugs
- Ambulance personnel services

Separately Reimbursable from the Ambulance Base Rate

Services that are not part of the ambulance base rate are separately reimbursable expenses:

- Mileage

Transportation Modifiers

Claims for transportation services must be billed with the following origin and destination modifiers. Claims for transportation services submitted without origin and destination modifiers will be denied.

- Modifier D: diagnostic or therapeutic site/free standing facility other than P or H
- Modifier E: residential, domiciliary, custodial facility
- Modifier G: hospital-based dialysis facility (hospital or hospital-associated)
- Modifier H: hospital (inpatient or outpatient)
- Modifier I: site of transfer between types of ambulance
- Modifier J: Nonhospital-based dialysis
- Modifier N: skilled nursing facility, including swingbed
- Modifier P: physician's office, including HMO nonhospital facility, clinic, etc.
- Modifier R: private residence
- Modifier S: scene of accident or acute event
- Modifier X: intermediate stop at the physician's office en route to hospital (includes HMO nonhospital facility, clinic, etc.)
 - Modifier X can only be used as a destination code in the second position of a modifier

In addition to the origin and destination modifiers, the following modifiers are to be used when appropriate:

- Modifier GM: indicates multiple members on one trip
- Modifier QL: indicates the member died after the ambulance was called
- Modifier QM: indicates the provider arranged for the transportation services
- Modifier QN: indicates the provider furnished the transportation services
- Modifier TK: indicates multiple carry trips
- Modifier TQ: indicates life support transport by a volunteer ambulance provider
- Modifiers for transportation of portable/mobile radiology equipment

Nonreimbursable

Amerigroup Medicare Advantage does not allow reimbursement of the following for any ambulance or medical transport service provided:

	<ul style="list-style-type: none"> • A member who is not available • Additional rates for night, weekend and/or holiday calls • Mileage in transit to pick up or drop off the member • Mileage for additional passengers • Mileage for extra attendant for additional passengers • Mileage when the transport service has been denied or is not covered • Transport for a member's or caregiver's convenience • Transport available free of charge • Unusual waiting time • For ambulance services only: <ul style="list-style-type: none"> ○ For reasons other than medical care ○ Where another means of transportation could be used without endangering the member's health ○ For separate reimbursement for services/items included in the base ambulance rate ○ For a higher level of care when a lower level is more appropriate ○ For both basic and advanced life support when ALS services are provided ○ For services provided by the Emergency Medical Technician [EMT] in addition to ALS or BLS base rates ○ For services provided on the ambulance by hospital staff ○ Additional ground and/or air ambulance providers that respond but do not transport the member ○ Transport from the member's home to a facility other than a hospital, skilled nursing facility, dialysis facility, or nursing home ○ Transport from a facility other than a hospital, skilled nursing facility, dialysis facility or nursing home to the member's home ○ Transport of persons other than the member and a medically required attendant who do not require medical attention ○ Transport for a member pronounced dead prior to the ground and/or air ambulance being contacted ○ Mileage beyond the nearest appropriate facility (excessive mileage) • For medical transport services only: <ul style="list-style-type: none"> ○ Transportation vendor/supplier lodging or meals ○ Vehicle maintenance or gas
History	<ul style="list-style-type: none"> • Biennial review approved 07/13/18: Policy template updated • Biennial review approved 06/05/17 • Initial approval effective 01/01/15

<p>References and Research Materials</p>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State contracts • Optum Learning: Understanding Modifiers, 2016 edition
<p>Definitions</p>	<ul style="list-style-type: none"> • Ambulance Services: ambulance services entail the medically necessary transport of a member by medically skilled personnel to the nearest appropriate facility equipped to provide care for the member’s injury and/or illness; services are initially delineated as basic life support (BLS) or advanced life support (ALS) levels of care, and then further delineated as emergency or nonemergency: <ul style="list-style-type: none"> ○ BLS consists of noninvasive services provided by personnel trained as emergency medical technicians (EMTs) (basic) in conjunction with applicable state laws. ○ ALS consists of invasive services provided by personnel trained as EMTs (intermediate or paramedic) in conjunction with applicable state laws. ○ Emergency ambulance transportation is an urgent service in which the member experiences a sudden, unexpected onset of acute illness or injury requiring immediate medical or surgical care which the member secures immediately after the onset, (or as soon thereafter as practical) and, if not immediately treated, could result in death or permanent impairment to the member’s health. ○ Nonemergency ambulance transportation is a scheduled or unscheduled service in which the member requires attention by EMT-trained personnel while in transit. • Ambulance Types: there are two types of ambulance transports: <ul style="list-style-type: none"> ○ Ground ambulance — an equipped and staffed land or water vehicle designed to transport a member in the supine position ○ Air ambulance — an equipped and staffed aircraft necessary to rapidly transport a member to the nearest appropriate facility that could not otherwise be accomplished or be accessed by a ground ambulance without endangering the member’s health; air ambulances are either rotary-wing (helicopter) or fixed-wing (commercial or private aircraft) • Medical Transport Services: medical transport services, also referred to as NEMT, entails the transport of a member by nonmedically skilled personnel (i.e., laypersons) to receive covered services; there are several types of medical transports: ambulette/medi-van, wheelchair van, invalid coach, taxicab, mini-bus, and public transportation (i.e., bus and/or subway) • Transportation Modifiers: single alpha characters with distinct definitions that are paired together to form a two-character

	<p>modifier; the first character indicates the origination of the member, and the second character indicates the destination of the member.</p> <ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Portable/Mobile/Handheld Radiology Services
Related Materials	<ul style="list-style-type: none"> • None