

		Reimbursement Policy	
Subject: Transportation Services: Ambulance and Nonemergent Transport			
Effective Date: 04/01/16	Committee Approval Obtained: 07/13/18	Section: Facilities	
<p>*****The most current version of our 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/IA.*****</p> <p>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 Iowa, Inc. 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 both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 strives to minimize these variations.</p> <p>Amerigroup reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>			
Policy	<p>Amerigroup 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.</p> <p>Due to the complex nature of transportation services, Amerigroup recommends that providers also review state guidelines for coverage requirements.</p>		

Nonemergent Transport Services

Nonemergency 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, minibus and public transportation.

Note: NEMT services are provided through a state vendor, not Amerigroup.

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

- The nonemergency medical transport 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
 - Intravenous drugs
- Ambulance personnel services

Separately Reimbursable from the Ambulance Base Rate

The following services are not part of the ambulance base rate and are separately reimbursable expenses:

- Mileage
- Oxygen

- Additional appropriately licensed medical personnel as medically necessary for member's health status
- Unusual waiting time
- Disposable/first aid supplies in greater than normal use

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 swing bed
- **Modifier P:** physician's office
- **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
 - 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 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 (no-show) • Additional rates for night, weekend and/or holiday calls • Mileage in transit to pick up or drop off the member (unloaded mileage) • 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 • 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 advanced life support (ALS) services are provided ○ For services provided by the emergency medical technician (EMT) in addition to ALS or basic life support (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: Policy template updated • Initial approval 08/04/15 and effective 04/01/16

<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 Medicaid • State contract • Optum 360, 2018 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 BLS or 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 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

	<p>coach, taxicab, minibus and public transportation (i.e., bus and/or subway)</p> <ul style="list-style-type: none"> • Transportation Modifiers Transportation modifiers are single alpha characters with distinct definitions that are paired together to form a two-character modifier; the first character indicates the origination of the member, and the second character indicates the destination of the member • 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