



Ambulance and Transportation Service

Payment Policy

Policy

Fallon Community Health Plan (FCHP) reimburses ambulance services when they are medically necessary and reasonable, based on the below requirements.

Definitions

Additional training: The specific additional training that the state requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during Specialty Care Transport.

Bed confined: Individuals who are unable to tolerate any activity out of bed. This term is not synonymous with "bed rest or non-ambulatory." All of the below criteria must be met in order for the member to meet the definition of bed-confined.

- The member is unable to get up from bed without assistance.
- The member is unable to ambulate.
- The member is unable to sit in a chair or wheelchair.

Critically injured or ill: An injury or illness of such a serious nature that that the patient's life is in jeopardy and the patient has an immediate need for any form of organ support; e.g.: intubation, ventilation; or is likely to suffer acute cardiac, respiratory, or neurological deterioration requiring such support.

Emergency Medical Condition: A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (1) serious jeopardy to the health of the member or another person, or, in the case of a pregnant woman, the health of the woman or her unborn child; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.

Interfacility: Transportation from one acute hospital, acute rehabilitation hospital, long term acute care hospital, or skilled nursing facility to another facility with a different provider number.

Intracampus: Transportation between facilities sharing the same provider number.

Medically trained personnel: Refers to individuals who have fulfilled state training and educational requirements and are certified or licensed by their respective state to provide Basic Life Support (BLS) Emergency Medical Technician, Advanced Life Support (ALS) Emergency Medical Technician (EMT), or Paramedic Emergency Medical Technician level services.

Residence: The member's home or place where the member receives custodial care; e.g.: home, rest home, assisted living facility, or long term care facility.

Specialty care transport (SCT): The interfacility transportation of a critically injured or ill patient by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care 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 a paramedic with additional training.

Benefits application

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Fallon Preferred Care PPO
- Fallon Senior Plan HMO
- Fallon Senior Plan PPO
- Summit ElderCare®
- NaviCare®

Reimbursement

FCHP will reimburse for emergency and preauthorized non-emergency transportation when:

- The member's clinical condition at the time of transport requires the presence of medically trained personnel to accompany the member to assure safety during transport.
- The use of any other method of transportation would be contraindicated, endangering the member's health.
- Transportation to the nearest appropriate facility is reimbursed at the level of medical services provided. The type of ambulance used must be appropriate to the medical necessity and geographic conditions; e.g.: if an ALS ambulance responds to a call and provides BLS level services, the BLS level will be reimbursed.

Payment is made according to the level of medically necessary services actually furnished rather than simply on the vehicle used.

To meet medical necessity, the trip sheet record must reflect that a member required the attendance of medically trained personnel during the transport or to assess the patient on-scene. This must be evident and documented in the EMT trip report and be consistent with other supporting documentation.

The trip sheet and the Physician Certification Statement (PCS) must be legible, complete, signed, include the evidence to support medical necessity, and be available to FCHP upon request.

FCHP requires that ambulance services be provided in accordance with state and federal requirements.

FCHP must preauthorize non-emergent transportation:

Non-emergency, medically necessary transportation may be for scheduled or unscheduled medical treatment. Such transportation requires preauthorization by an approved plan representative and must be noted in an approved authorization.

For non-emergency transportation, one or more of the following criteria must be met to ensure that transportation is covered:

- Medical condition of the member contraindicates any other form of transportation.
- Be bed-confined, as defined above.
- Require medical assistance to administer or adjust oxygen en route and member remains on oxygen therapy when EMT services are discontinued.
- Require isolation due to communicable disease or hazardous material exposure.
- Major orthopedic device must significantly hamper transport by wheelchair, van or other vehicle.
- Position requires special handling. Includes members who require frequent position changes to avoid further injury; will not apply in shorter transports; e.g., less than one hour. Includes members who cannot physically be positioned in a chair or wheelchair or standard vehicle because of contractures, recent or post-op hip fracture, member's size, severe pain, or more than one person for physical assistance in the transfer.
- Is a danger to one's self or others.
- If the facility to which the member is initially taken is found to have inadequate or unavailable means to provide the required care and the member is then transported to a second facility having appropriate facilities.
- Round-trip for specialized services when not included in the inpatient reimbursement.
- Intracampus or interfacility transportation for outpatient services.

Reimbursement for ground or air ambulance services furnished to a deceased member:

If the member was pronounced dead by a legally authorized individual before the ambulance was called, no payment is made. Where the member was pronounced dead after the ambulance was called but before pickup, the provider's BLS fee (no mileage adjustment) is reimbursed. If a member was pronounced dead while en route to or upon arrival at the destination, the medically necessary level of service and mileage adjustment is reimbursed.

Modifier QL (patient pronounced dead after ambulance called) must be submitted on the claim.

Transportation of multiple patients

If two patients are transported to the same destination simultaneously, for each FCHP member, FCHP will reimburse 75 percent of the allowed fee for the medically necessary level of care plus 50 percent of the total mileage fee allowance for the trip.

If three or more patients are transported to the same destination simultaneously, for each FCHP member, FCHP will reimburse 60 percent of the allowed fee for the base rate for the medically necessary level of care plus a prorated mileage payment based on total number of patients transported.

Modifier GM (multiple patients on one ambulance trip) must be submitted on the claim.

Air ambulance transportation

Non emergency air transport requires preauthorization. Air ambulance transportation is covered if it meets the following criteria:

- Ambulance company documents that a member's medical condition required "immediate and rapid ambulance transportation that could not have been provided by land ambulance."
- The point of pickup was inaccessible by land ambulance.

- Great distance or other obstacles were involved in getting the member to the nearest hospital with appropriate facilities.

Behavioral health

FCHP will reimburse ambulance transportation for behavioral health emergency evaluations and inpatient admissions.

FCHP will reimburse for medically necessary ambulance transportation during an inpatient behavioral health stay.

Transportation during a covered Skilled Nursing Facility (SNF) Stay

FCHP will reimburse transportation to and from any of the following settings when the member is in the midst of an approved SNF stay. Prior authorization for the transportation is not required.

- Cardiac Catheterizations
- Chemotherapy/Radiation Therapy
- CT Scans
- Dialysis
- Magnetic resonance imaging
- Ambulatory Surgery involving the use of an operating room, including the insertion, removal, or replacement of a PEG tube in the hospital's GI or endoscopy suite
- Emergency Services
- Angiography
- Lymphatic and Venous procedures

With the exception of the above list, FCHP does not reimburse separately for transportation when the member is in the midst of an approved SNF stay.

Transportation will be rejected by FCHP with a message that the SNF is responsible for the transportation costs. Reimbursement for this ambulance transportation and related ambulance services provided for FCHP members in a covered SNF stay is included in the per diem rate paid to the SNF. The ambulance provider furnishing ambulance services must seek payment from the SNF responsible for the member's care.

Specialty Care Transport

When medically necessary for a critically injured or ill member, SCT level services will be reimbursed when all of the following criteria are met:

- Interfacility between acute hospital, acute rehabilitation hospital, long term acute care hospital, or skilled nursing facility.
- Ground ambulance is used.
- The level of service is of higher intensity than found in the Statewide Treatment Protocols for ALS as published by the Commonwealth of Massachusetts at www.mass.gov.
- The patient's condition requires one or more health professionals trained in specialty areas to be on board during transport. The level of service must be beyond the scope of the EMT-Paramedic.

Ambulance transportation services that do not meet SCT criteria should be billed with a code that accurately reflects the services provided.

FCHP will not reimburse for the following services:

- Ambulance services that do not meet FCHP medical necessity criteria.
- Wheelchair van or medivan transportation for members of Fallon Senior Plan™ and Fallon Senior Plan Preferred.

- For other members, wheelchair van or medivan transportation unless preauthorized by FCHP.
- Ambulance transportation when the documentation on the trip sheet does not support medical necessity.
- Ambulance transportation when the documentation on the trip sheet contradicts documentation on the Physician Certification Statement (PCS).
- The member's condition does not warrant ambulance transport, either because the member could have been safely transported by another means of transportation, regardless of whether or not ambulance transport was available, or if the member's condition did not require the skills of specially trained staff or equipment.
- Ambulance response and treatment, no transport (A0998).
- Non-emergency transportation that was not authorized by FCHP.
- Returning physician or staff to the transferring hospital.
- Transfer for convenience of doctor, facility, staff, member, family, or authorized representative.
- Transportation between one facility to another due to equipment failure or scheduling conflicts.
- Transportation to/from routine outpatient visits for members of Fallon Senior Plan™ and Fallon Senior Plan Preferred.
- For other members, transportation to/from routine outpatient visits unless specifically authorized by the plan.
- Commercial air transportation to return to the Plan service area for a member who becomes ill or injured while outside the Plan service area.
- Ambulance transportation provided during an inpatient stay. Payment is included in the inpatient reimbursement. As described above, behavioral health admissions are an exception.
- Intracampus transportation from an outpatient to inpatient setting if the inpatient admission occurs on the same day as the transport. The hospital accepts responsibility for all medical costs incurred on the day of an admission. As described above, behavioral health admissions are an exception.
- Intracampus transportation when an all inclusive case rate or global payment applies to the facility's reimbursement. The hospital accepts responsibility for all medical costs for the care.
- FCHP will not reimburse separately for items and services associated with the ambulance transport.

Member liability

Members can only be held liable for non-covered services if they agreed to pay for the non-covered service by signing a valid waiver or statement of personal responsibility accepting financial responsibility if the services are non-covered.

Referral/notification/prior authorization requirements

Summit ElderCare requires that all non-emergency outside services, including transportation, be authorized in advance. Please contact the referring Summit ElderCare PACE site for assistance.

NaviCare® requires that all non-emergency services be authorized in advance. Please contact an Enrollee Service Representative at 1-877-700-6996 for assistance.

Non-emergency transportation requires preauthorization by an approved plan representative, and must be noted in an approved authorization. Request for preauthorization forms should be faxed to Utilization Management at 1-508-368-9700.

Non-emergency transportation occurring during non-business hours; e.g.: nights, weekends; must be reported to FCHP within 5 business days. Request for prior authorization forms with the completed trip sheet and physician certification sheet (PCS) should be faxed to Utilization Management at 1-508-368-9700.

Claims for non-emergency services where the request for prior authorization is received more than 5 business days after the service was rendered will be denied vendor liable. Ambulance providers are responsible for verifying and/or obtaining prior authorization. Services that are not prior authorized will be denied vendor liable.

Prior authorization is required in the following situations:

- Discharge to residence, nursing home (long term care level), rest home or assisted living from the ER, inpatient hospital stay, or observation status.
- From a long term care nursing home stay to another long term care nursing home stay.

Prior authorization is not required for emergency transport.

Prior authorization of ambulance transportation is not required in the following situations:

- Urgent or emergent transportation to an ER.
- Discharge to an approved SNF or rehabilitation facility stay from the ER, observation, or inpatient status.
- To or from the Emergency Room (ER) during an approved SNF stay.
- To or from any of the following from an approved SNF stay:
 - Cardiac Catheterizations
 - Chemotherapy/Radiation Therapy
 - CT Scans
 - Dialysis
 - MRI
 - Ambulatory Surgery involving the use of an operating room, including the insertion, removal, or replacement of a PEG tube in the hospital's GI or endoscopy suite
 - Emergency Services
 - Angiography
 - Lymphatic and Venous procedures
- From an ER, observation, or inpatient status to a psychiatric facility. This service should be submitted with the service code A0428.
- From an ER, observation, or inpatient status at one facility to another facility for ER, observation, or inpatient services.
- From a physician's office/clinic site to an ER.
- From a long term care facility (LTC) to an ER, including for the purpose of a psychiatric evaluation.

Billing/coding guidelines

Fallon Community Health Plan requests all ambulance services be submitted on a CMS-1500 claims form or HIPAA-standard electronic format per industry standard guidelines.

FCHP determines the appropriate level of service to be reimbursed based on CPT/HCPCS, CMS and state guidelines. Ambulance claims must indicate the correct HCPCS code for the level of service provided.

The trip sheet and the Physician Certification Statement (PCS) must be complete, legible, signed, include the evidence to support medical necessity, and be available to FCHP upon request.

To meet medical necessity, the trip sheet record must reflect that a member required the attendance of medically trained personnel during the transport or to assess the patient on-scene. This must be evident and documented in the EMT trip report and be consistent with other supporting documentation.

Generally, each ambulance transportation will require two lines of coding:

- One line for the service and
- One line for the mileage

Service	
A0130	Nonemergency transportation: wheelchair van
A0428	Basic Life Support Non-Emergency
A0429	Basic Life Support Emergency
A0426	<p>Advanced Life Support, Level 1 (ALS 1) Non-Emergency</p> <ul style="list-style-type: none"> • Payment is made according to the level of medically necessary services actually furnished rather than simply on the vehicle used. • Presence of ALS assessment does not guarantee reimbursement at this level. <p>The type of ambulance used must be appropriate to the medical necessity and geographic conditions; e.g.: if an ALS ambulance responds to a call and provides BLS level services, the BLS level will be reimbursed.</p>
A0427	<p>Advance Life Support, Level 1 (ALS 1) Emergency</p> <ul style="list-style-type: none"> • Payment is made according to the level of medically necessary services actually furnished rather than simply on the vehicle used. • Presence of ALS assessment does not guarantee reimbursement at this level. <p>The type of ambulance used must be appropriate to the medical necessity and geographic conditions; e.g.: if an ALS ambulance responds to a call and provides BLS level services, the BLS level will be reimbursed.</p>
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0433	<p>Advanced Life Support, Level 2 (ALS2):</p> <p>When medically necessary, means:</p> <ol style="list-style-type: none"> 1. three or more separate administrations of medications by IV push/bolus or continuous infusion, except crystalloid fluids, or 2. the provision of one or more of the following services (either performed or attempted): <ul style="list-style-type: none"> • performed or attempted manual defibrillation/cardioversion • endotracheal intubation • central venous line • cardiac pacing • manual decompression • surgical airway • intraosseous line
A0434	Specialty Care Transport
Mileage	
A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
A0425	Ground mileage, per statute mile
A0435	Fixed wing air mileage, per statute mile

A0436	Rotary wing air mileage, per statute mile
S0209	Wheelchair van, mileage, per mile
S0215	Non-emergency transportation; mileage, per mile

Paramedic Intercept

If a BLS provider transports a member that requires and receives ALS services from another provider, the BLS provider may bill for the upgraded services as an ALS transport. It is the responsibility of the transporting provider to reimburse the other provider.

FCHP requests that the BLS provider submit the corresponding ALS code on the claim.

FCHP requests that the ALS provider who provides Paramedic Intercept Services bill FCHP and the transporting BLS provider with the appropriate HCPCS intercept code from below. While these codes will not be reimbursed by FCHP, the submission of claims with these codes will expedite accurate processing and payment.

A0432	Paramedic intercept, rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers.
S0207	Paramedic intercept, non-hospital based ALS service (non-voluntary), non-transport.
S0208	Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport

Modifiers

Unless otherwise indicated, ambulance claims should include an origin and destination modifier for each ambulance trip provided.

Origin/Destination Modifier Codes	
D	Diagnostic or therapeutic site other than P or H when these are used as origin codes
E	Residential, domiciliary, custodial facility (other than 1819 facility)
G	Hospital based ESRD/dialysis facility (hospital or hospital related)
H	Hospital
I	Site of transfer (for example, airport or helicopter pad) between types of ambulance
J	Freestanding/Non-hospital based ESRD/dialysis facility
M	Ambulance arranged by provider
N	Skilled nursing facility (1819 facility)
P	Physician's office (includes HMO non-hospital facility, clinic, etc.)
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office on way to hospital (includes HMO non-hospital facility, clinic, etc.) (destination code only)

Other Ambulance Modifier Codes	
GM	Multiple patients on one ambulance trip
QL	Patient pronounced dead after ambulance called/dispatched
QM	Ambulance service provided under arrangement by a provider of services (institutional-based providers)
QN	Ambulance service furnished directly by a provider of services (institutional-based providers)
TQ	Basic Life Support transport provided by a volunteer ambulance service

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date: 11/07/01
 Previous revision date(s): 02/18/04, 03/16/05, 02/15/06, 12/20/06, 10/10/07
 11/01/09 – Renamed to Ambulance and Transportation Service Payment Policy; moved to new template and clarified language throughout the policy.
 03/01/2010 – Updated criteria for non-emergency transportation. Added explanation and examples of services requiring prior authorization. Added explanation of transportation services that are/are not reimbursed during a covered SNF stay. Added that FCHP will not reimburse wheelchair van or medivan transportation for members of Fallon Senior Plan™ and Fallon Senior Plan Preferred.

Connection date & details:

November 2011 - Updated discussion of prior authorization for non-emergency transportation and description of service code A0433.

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.