	Reimbursement Policy

Subject: Transportation Services: Ambulance and Nonemergent Transport

Effective Date: **09/14/20**	Committee Approval Obtained: **09/14/20**	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 > Medicaid. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.*****

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 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.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:
- Reject or deny the claim.
- Recover and/or recoup claim payment.

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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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.

Amerigroup 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 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.

Amerigroup allows reimbursement for ambulance transport, and the services and supplies associated with the transportation, to the nearest facility equipped to treat the member.

Reimbursable
Ambulance services reimbursement is based on the ambulance base rate per trip, in accordance with the appropriate level of care provided to the member. Claims for transportation services must be billed with origin and destination modifiers, or the claim may be denied.

Providers should refer to their provider manual, and state and federal guidelines for details on transportation submission requirements.

Services included in the ambulance base rate:
- Ambulance equipment and supplies:
    - Disposable/first aid supplies
    - Reusable devices/equipment
    - Oxygen
    - Intravenous (IV) drugs
- Ambulance personnel services

Services separately reimbursed from the ambulance base:
- Mileage

Non-Emergency Medical Transport (NEMT) to and from covered services reimbursement is based on the appropriate mode of transportation. Claims for NEMT services must be billed with origin and destination modifiers, or the claim may be denied.

Services reimbursed for NEMT:
- Medical transport base rate
- Additional appropriately licensed medical personnel as needed for member's health status
- Mileage
- Unusual waiting time
- Parking and/or toll fees

Nonreimbursable
Amerigroup does not allow reimbursement of the following for any ambulance or medical transport services:
- Mileage when the transport service has been denied or is not covered
- 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
- Transport for a member or caregiver's convenience
- Transport available free of charge
- Transportation vendor/supplier lodging or meals
- Vehicle maintenance or gas

Amerigroup does not allow reimbursement for ambulance only services:
- Ambulance transports for reasons other than medical care
- Ambulance Base Rate when no transportation is provided (treatment without transport)
- 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)

Transportation modifiers

Modifier	Description	Comments
D	Diagnostic or therapeutic site/free standing facility other than P or H	Origin and Destination Modifier

	E	Residential, domiciliary, custodial facility	Origin and Destination Modifier
	G	Hospital-based dialysis facility (hospital or hospital associated)	Origin and Destination Modifier
	H	Hospital (inpatient or outpatient)	Origin and Destination Modifier
	I	Site of transfer between two types of ambulance	Origin and Destination Modifier
	J	Nonhospital based dialysis	Origin and Destination Modifier
	N	Skilled nursing facility (SNF), including swing bed	Origin and Destination Modifier
	P	Physician's office, including HMO nonhospital facility, clinic, etc.	Origin and Destination Modifier
	R	Private residence	Origin and Destination Modifier
	S	Scene of accident or acute event	Origin and Destination Modifier
	X	Intermediate stop at the physician's office en route to hospital (included HMO nonhospital facility, clinic, etc.)	Destination Modifier
	GM	Multiple members on one trip	Additional to Origin and Destination Modifiers
	QL	The member died after the ambulance was called	Origin and Destination Modifiers not required with this Modifier
	QM	The provider arranged for transportation services	Additional to Origin and Destination Modifiers
	QN	The provider furnished the transportation services	Additional to Origin and Destination Modifiers
	TK	Multiple carry trips	Additional to Origin and Destination Modifiers
	TQ	Life support transport by a volunteer ambulance provider	Additional to Origin and Destination Modifiers
Exemptions	• The policy is not applicable to the following markets: o Amerigroup Community Care in Maryland		

	○ Amerigroup Washington, Inc.
	• Amerigroup Community Care in New Jersey allows concurrent billing of BLS and ALS in accordance with the state-mandated two-tier system.
	• Amerigroup Texas, Inc. and Amerigroup Insurance Company allows:
	    ○ Reimbursement of the following separate from the ambulance base rate:
	        ■ BLS and ALS routine disposable supplies
	        ■ Ambulance oxygen and oxygen supplies
	    ○ Reimbursement of mileage separate from the base rate for medical transport.
	    ○ Emergency transport requires the use of Modifier ET in addition to origin and destination modifiers. The ET Modifier must be included in the first position.

History	• Review approved and effective 09/14/20: updated policy language to reference submission requirements.
	• Biennial review approved and effective 06/24/2020: Policy language updated, alignment language, added modifiers to grid for explanation of services, updated definitions, removed language on vendors, removed exemptions related to state administered vendor
	• Biennial review approved 07/13/18; Tennessee and Texas exemptions updated due to regulatory directive
	• Update due to regulatory directive 09/27/2017: Policy language updated effective 01/01/18
	• Biennial review approved 06/05/17: Texas exemption updated; Vendor exemption updated
	• Review approved and effective 08/18/14: policy template updated; New Jersey exemption added; Texas exemption updated
	• Update due to regulatory directive 10/24/11: vendor exemption updated
	• Biennial review approved 12/06/10: Policy adapted from the following policies: Transportation Services — Ambulance (#07-036); Transportation Services — Medical Transport (#07-037) and Transportation Modifiers (#07-038); policy language updated; New York and Texas exemptions added; vendor exemption added; Benefit-specific exemptions removed; policy template updated
	• Initial review approval and effective dates:
	    ○ Transportation Services — Ambulance: Approved 10/05/07 and effective 02/26/08
	    ○ Transportation Services — Medical Transport: Approved 10/05/07 and effective 02/26/08

	o Transportation Modifiers: Approved 10/17/07 and effective 02/26/08
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State Medicaid • Amerigroup state contracts
Definitions	• **Advanced Life Support (ALS):** invasive services provided by personnel trained as EMTs (intermediate or paramedic) in conjunction with applicable state laws • **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) • **Ambulance services:** the medically necessary transport of a member by a medically skilled personnel to the nearest appropriate facility equipped to provide care for the member's injury and/or illness; services are delineated as basic life support (BLS) or advanced life support (ALS) levels of care, and further delineated as emergency or non-emergency • **Basic life support (BLS)**: noninvasive services provided by personnel trained as emergency medical technicians (EMTs) (basic) in conjunction with applicable state laws • **Emergency ambulance transportation:** 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 • **Ground ambulance:** an equipped and staffed land or water vehicle designed to transport a member in the supine position • **Nonemergency ambulance transportation:** a scheduled or unscheduled service in which the member requires attention by EMT-trained personnel while in transit • **Non-Emergency Medical Transport Services (NEMT):** the transport of a member by non-medically 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); also called medical transport services • **General Reimbursement Policy Definitions**

Related Policies	• Portable/Mobile/Handheld Radiology Services
Related Materials	• None