Provider Network Notification

Ambulance Treatment-in-Place / Telehealth Billing Guidelines

May 2021

OVERVIEW:

Aetna Better Health of Louisiana (ABHLA) is aligned with the Louisiana Department of Health's Medicaid Services Manual, and would like to remind providers to refer to these manuals when submitting claims. If the manual requires additional guidance impacting reimbursement, the details will be outlined by ABHLA in the Provider Manual or in a supporting reimbursement policy.

The following guidelines are effective for Dates of Service on and after March 1, 2020:

The treatment-in-place service consists of a treatment-in-place ambulance service plus a treatment-in-place telehealth service. Each treatment-in-place ambulance service must have a corresponding treatment-in-place telehealth service.

Treatment-in-Place Ambulance Claim:

The treatment-in-place ambulance service must be separately billed from the treatment-in-place telehealth service. The ambulance provider's NPI must be enrolled as an ambulance service billing provider with the entity to whom the claim will be submitted (fee-for-service Medicaid or the MCO).

Supply codes A0382 and A0398 are payable but mileage (A0425) and other ambulance transportation services are not payable. Claims billed with non-payable ambulance treatment-in-place services will be denied.

Claims must indicate treatment-in-place destination code "W" in the destination position of the origin/destination modifier combination. TIP claims without Modifier "Y" to in the emergency indicator field will be denied by ABHLA.

Valid Treatment-in-Place Ambulance Claim Modifiers:

Modifier	Origination Site	Destination
DW	Diagnostic or therapeutic site other than P or H when these are used as origin codes	Tx-in-Place
EW	Residential, domiciliary, custodial facility (other than 1819 facility)	Tx-in-Place
GW	Hospital based ESRD facility	Tx-in-Place
HW	Hospital	Tx-in-Place
IW	Site of transfer (e.g. airport or helicopter pad) between modes of ambulance transport	Tx-in-Place
JW	Freestanding ESRD facility	Tx-in-Place
NW	Skilled nursing facility	Tx-in-Place
PW	Physician's office	Tx-in-Place
RW	Residence	Tx-in-Place
SW	Scene of accident or acute event	Tx-in-Place

If a patient being treated in place has a real-time deterioration in their clinical condition necessitating immediate transport to an emergency department, the ambulance provider cannot bill for both the treatment in place ambulance service and the transport to the emergency room. In that case, the ambulance provider shall bill only for the emergency department transport.

Requests for consideration or reconsideration of fee-for-service claim denials (edit 900) for multiple treatment in place and treatment in place and transport claims rendered on the same date of service for the same recipient, should be submitted with Pre-Hospital Care Summary Reports demonstrating the services were rendered for different occurrences. Aetna Better Health of Louisiana will deny such claims where the report is not attached.

Optional Procedure Code for Patient's Refusal to Participate in ET3 Model Interventions

For informational purposes, ambulance providers may include G2022 on ambulance transportation claims to an ER that met ET3 model but the member refused TIP and transportation to alternative destination (TAD). ABHLA will pay such claims at $0.00.

Optional				
Procedure Code	Description	When to use it	Where to use it	Fee
G2022	Beneficiary refuses treatment in place services	Ambulance transport claims to an ER that met TIP or TAD criteria but the patient refused.	CPT/HCPCS Code Field	$0.00

Treatment-in-Place Telehealth Claims:

Treatment-in-place telehealth services must be separately billed from treatment-in-place ambulance services.

Claims for allowable telehealth procedure codes must be billed with the addition of G2021 procedure code.

The G2021 code will be accepted, paid at $0.00 and used by Medicaid to identify treatment-in-place telehealth services. Please see details in the chart below.

As with all telehealth claims, providers must include POS identifier of "02" and modifier "95" with their claim to identify the claim as a telehealth service. Providers must follow CPT guidance relative to the definition of a new patient versus an established patient.

Procedure Code	Modifier	Place of Service	Description	When to use it	Where to Use It	Fee
G2021	95	02	TIP telehealth service	When providing TIP telehealth services	CPT/HCPCS Code Field; Must be used when Providers bill claims for the telehealth service.	$0.00

Billing & Rendering Providers

The Billing Provider's NPI must be enrolled as a professional service billing provider with the entity to whom the claim will be submitted (fee-for-service Medicaid or the MCO).

The rendering provider's NPI must be reported on the claim for both the E/M telehealth procedure code and the G2021 procedure code[1] and must be enrolled with the entity to whom the claim will be submitted (fee-for-service Medicaid or the MCO). Valid rendering providers are licensed physicians, advanced practice registered nurses, and physician assistants. Rendering providers must be 'linked' to the billing provider.

Approved Telehealth Procedure Codes:

Category	Service	CPT Codes
Evaluation and Management, Office, or Other Outpatient Service	New Patient	99201[2] , 99202, 99203, 99204, 99205
	Established Patient	99211, 99212, 99213, 99214, 99215

Recap:

ABHLA will enact edits to match ambulance TIP claims to the corresponding TIP telehealth claims and telehealth TIP claims to either ambulance TIP or ambulance transport.

There should be:

- no telehealth TIP without a corresponding ambulance TIP or ambulance transport.
- no ambulance TIP without a corresponding telehealth TIP service.

Ambulance treatment in place encounters without a corresponding telehealth encounter will be denied.

Claims for multiple treatment in place and treatment in place and transport claims rendered on the same date of service for the same recipient, submitted without Pre-Hospital Care Summary Reports will be denied.

Claims for TIP without modifier "Y" in the emergency indicator field will be denied.

Claims failing to adhere to these requirements are subject to post-payment review, recoupment, and additional sanctions as deemed appropriate by Louisiana Medicaid.

Questions and Support:

For questions, please contact LAProvider@AETNA.com or call 1-855-242-0802 and follow the prompts.

[1] Rendering provider NPI is required when it is different than the billing provider, ASCX 12N/5010X222
[2] Procedure code 99201 deleted effective with DOS 01-01-2021