



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date		Next Annual Review		Effective Date	
01-01-2018		06-19-2019		06-19-2018	
Policy Name				Policy Number	
LA-Policy Ambulance Bill Type Codes				ABHLA-RP-0019	
Policy Type					
Medical		Administrative		Pharmacy	
				Reimbursement	

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana department of Health (LDH) and The Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

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A. Policy

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met. The effective date of implementation for this reimbursement policy is contingent upon the Louisiana Department of Health's endorsement.

According to Louisiana Department of Health, the ambulance services, supplies, and transport codes should only be billed with appropriate Bill Types. When any ambulance services, supplies, and transport codes are billed without the required Bill Types, then the service, supply or transport code will be denied.

B. Overview

Ambulance services must be medically necessary.

Medical necessity is established when the recipient's condition is such that use of any other method of transportation is contraindicated. Ambulance services are not covered when another means of transportation could be utilized without endangering the individual's health, whether or not such transportation is actually available. Determination of medical necessity of the means of transport is made by the physician or nurse at the treating facility.

Payment under the fee schedule for ambulance services:

- Includes a base rate payment plus a separate payment for mileage;
- Covers both the transport of the beneficiary to the nearest appropriate facility and all items and services associated with such transport; and
- Does not include a separate payment for items and services furnished under the ambulance benefit.

C. Definitions

Ambulance Services: There are several categories of ground ambulance services and two categories of air ambulance services under the fee schedule. (Note that "ground" refers to both land and water transportation.) All ground and air ambulance transportation services must meet all requirements regarding medical reasonableness and necessity as outlined in the applicable statute, regulations, and manual provisions.

Type of bill codes are three-digit codes located on the UB-04 claim form that describe the type of bill a provider is submitting to a payer, such as Medicaid or an insurance company.

D. Reimbursement Guidelines

Ambulance supply, service and transport codes when billed with an inappropriate bill type will be denied. Louisiana Medicaid covers ambulance transports (that meet all other program requirements for coverage) only to the following destinations:



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Hospital; Critical Access Hospital (CAH); Skilled Nursing Facility (SNF); Beneficiary's home; Dialysis facility for ESRD patient who requires dialysis.

A physician's office is not a covered destination. However, under special circumstances an ambulance transport may temporarily stop at a physician's office without affecting the coverage status of the transport.

When submitting a claim for a payable ambulance transport to a facility that is not the nearest facility, please include the following information:

Name of facility that was bypassed because services were not available there (electronically: this should be given following the reason for transport.)

The specific service(s) or physician specialty that was not available at the nearest facility and what the patient needed (electronically: this should be entered in the reason for the transport).

The name, complete address, and type of facility where the transport started and ended.

The mileage of the trip.

E. Codes/Condition of Coverage

Ambulance services, supplies, and transport codes : A0021-A0999, S9960, or S9961

Bill Types 013X (Outpatient Hospital), 022X (SNF Inpatient Part B), 023X (SNF Outpatient Part B), 083X (Ambulatory Surgery Center), or 085X (Critical Access Center Outpatient Part B).

These codes are not all inclusive and for more reference please refer to www.lamedicaid.com ambulance services.

F. Frequently Asked Questions

Q: Are we required to submit mileage documentation with our ambulance claims?

A: We require documentation for ambulance mileage billed with HCPCS A0425, A0435 or A0436 and Q/B (Quantity Billed) of 126 or greater.

Ambulance claims that do not include sufficient justification will receive a request for additional documentation to support mileage reported beyond 126 miles.

Q: Are air ambulance services payable when a patient requires a transfer from one hospital to another hospital?

A: Yes, air ambulance services are payable from hospital to hospital, if it meets medical appropriateness criteria and the transferring hospital does not have adequate facilities to provide the medical services needed by the patient. Only the nearest available medically appropriate facility will be reimbursed.

G. Review/Revision Date

Action	Date	Comments
Date Issued	01-01-2018	
Date Revised	04-16-2018	



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Effective Date	06-19-2018	
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H. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>

Individual state Medicaid regulations, manuals & fee schedules

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

American Medical Association, *Current Procedural Terminology (CPT[®]) Professional Edition* and associated publications and services

<https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

<https://www.cms.gov/>