



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date	Next Annual Review	Effective Date	
02/02/2018		Tentative	
Policy Name		Policy Number	
LA Policy Ambulance Policy - Non-Covered Origins and Destinations		ABHLA-RP-0026	
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.

Certain origins and destinations are not covered when billed with ground ambulance service and transport codes (excluding air transport). When a claim is received with certain origin and destination modifiers, the ambulance service will be denied. Please refer to the Codes/Conditions of Coverage section for these specific grouped codes.

B. Overview

This policy addresses reimbursement in regards to certain ground ambulance supplier service origins and destinations and the utilization of specific ground ambulance modifier codes. A ground ambulance supplier must bill for ground ambulance services using fee schedule designated procedure codes to describe origin and destination. Please refer to Codes/Conditions of Coverage for specifics.

C. Definitions

Ambulance- A professional ambulance is a vehicle medically staffed and equipped to transport ill or injured persons that has attendants who are fully trained in emergency care, such as Emergency Medical Technicians (EMT) or paramedics and are licensed based on local, county or state laws or regulations.

Ambulance services- must be medically necessary by the treating physician or nurse at the facility and are provided when the use of other methods of transportation is contraindicated. This service includes oxygen, drugs, extra attendants, supplies, EKG, and night differentials, first aid supplies, and customary patient care equipment.

Origin-the point or place where something begins, arises, or is derived.

Destination-the point or place to which someone or something is going.

Abbreviations-

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 facility; H = Hospital; I = Site of transfer (e.g. airport or helicopter pad) between modes of ground ambulance transport; J = Freestanding ESRD facility; N = Skilled nursing facility; N = Skilled nursing facility; P = Physician's office; R = Residence; S = Scene of accident or acute event;



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X = Intermediate stop at physician's office on way to hospital (destination code only).

D. Reimbursement Guidelines

1. 105 Form required
2. When billing for Procedure Codes A0425 – A0429 and A0433 - A0434 for Ambulance Transportation services, the provider must enter a valid 5-digit Procedure Code.

E. Codes/Condition of Coverage

The particular origin and destination modifiers referenced are the following combinations: DD, DE, DG, DJ, DP, DS, ED, EE, EP, ES, GD, GG, GJ, GP, GS, HP, HS, ID, IE, IG, IJ, IN, IP, IR, IS, JD, JJ, JP, JS, NP, NS, PD, PE, PG, PF, PP, PR, PS, RD, RE, RP, RR, RS, SD, SE, SG, SJ, SN, SP, SR, SS, XD, XE, XG, XH, XI, XJ, XN, XP, XR, XS, XX

http://www.lamedicaid.com/provweb1/Providermanuals/manuals/MED_TRANS/MED_TRANS.pdf

CPT Codes: A0425-A0429, A0433-A0434

F. Frequently Asked Questions

Q: What if the patient receives two trips in one day?

A: Each ambulance trip for a patient must be coded on a separate claim unless the second trip is within the same zip code as the first.

Q: What method do I bill for reimbursement for ambulance transportation implemented as a result of Section 1834(1)?

A: Payment for all ambulance services, otherwise previously payable on a reasonable cost basis is now made under the Ambulance fee schedule found in the LDH provider manual.

G. Review/Revision Date

Action	Date	Comments
Date Issued	02/02/2018	
Date Revised	04/17/2018	
Effective Date	Tentative	

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:



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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/>

Aetna Policies:

https://www20.aetna.com/nco/claim_call/ePolicies/content/Ambulance/Ambulance_POL.html