



Louisiana Department of Health
Health Plan Advisory 18-4
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Ambulance Non-Covered Services Modifiers

Under Louisiana Department of Health (LDH) policy, emergency ambulance transportation claims require documentation in which the treating physician or nurse at the receiving facility certifies that the recipient was in need of emergency care and an ambulance was the only means by which the recipient could have safely been transported for such care (see [Louisiana Medicaid Medical Transportation Policy Manual Section 10.10](#)). Where an ambulance provider does not receive such certification from the physician or nurse, this transportation is considered a non-covered service by Medicaid. In such case, the ambulance provider may still bill Medicaid with the intention of receiving a denial that it may use to seek other avenues of reimbursement.

For claims such as these where the ambulance provider does not expect payment from Medicaid, there are a set of modifiers – GY, QL, and TQ – that are used to indicate that the services are non-covered. Managed care organizations (MCO) shall have edits in place to deny ambulance claims as a non-covered service when the claim modifiers are GY, QL or TQ. MCOs shall also identify all claims previously paid with any of these modifiers and recoup any payments made to providers.