



Ambulance Services

Payment Policy ID: MPR.0028

Recent review date: 05/2021

Next review date: 05/2022

AmeriHealth Caritas Louisiana's claim payment policies and the resulting edits are based on guidelines from established industry sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), State regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS) manual, the Current Procedural Terminology (CPT) codebook, the International Statistical Classification of Diseases and Related Health Problems (ICD) manual, and the National Uniform Billing Code (NUBC).

Other factors affecting reimbursement may supplement, modify, or in some cases supersede medical/claim payment policy. These factors may include but are not limited to: legislative or regulatory mandates, a provider's contract, and/or a member's eligibility to receive covered health care services.

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Policy Overview

This policy applies to all AmeriHealth Caritas Louisiana Medicaid Plan network and non-network providers, including but not limited to non-network authorized and percent-of-charge contract providers.

AmeriHealth Caritas Louisiana will follow *Healthcare Common Procedure Coding System (HCPCS®)*, *International Statistical Classification of Diseases and Related Health Problems (ICD®)*, and associated publications for reimbursement of Ambulance services.

Reimbursement Guidelines

AmeriHealth Caritas Louisiana will reimburse according to the provider's contract and applicable section(s) of the AmeriHealth Caritas Louisiana Provider Handbook (see Edit Sources below).

AmeriHealth Caritas Louisiana will only reimburse Ambulance services reported by Ambulance providers.

Ambulance services reported to AmeriHealth Caritas Louisiana are only reimbursable when the following requirements are met:

- Ambulance services are reported using the appropriate HCPCS© code(s).
- Ambulance transportation services must be appended with the appropriate Modifier(s) describing the origin and destination.
- Ground mileage must be billed in conjunction with appropriate transportation and Modifier(s).
- Rotary wing air ambulance services must be billed with an appropriate Modifier(s).
- Air Ambulance providers should not bill separately for supplies.
- Diagnosis codes reported by Ambulance providers may only report diagnosis codes for observed signs and symptoms found in ICD-10-CM© Chapter 18.

If services are billed/coded inappropriately, AmeriHealth Caritas Louisiana may:

- Deny the claim.
- Request medical records.
- Recoup claim payment.

Exceptions

None

Definitions

Modifiers

Current Procedure Terminology (CPT©) defines a procedure code modifier as “a two-position alpha or numeric code that is appended to a CPT© or HCPCS© code to clarify the services being billed.

Modifiers provide a means by which a service can be altered without changing the procedure code. They add more information, such as anatomical site, to the code. In addition, they may help eliminate the appearance of duplicate billing and unbundling. Modifiers are used to increase the accuracy in reimbursement and coding consistency, ease editing, and capture payment data.”

CPT© Appendix A and HCPCS© Appendix 2 provide comprehensive lists of procedure code modifiers.

Edit Sources

- I. Current Procedural Terminology (CPT©), Healthcare Common Procedure Coding System (HCPCS©), International Statistical Classification of Diseases and Related Health Problems (ICD©), and associated publications and services.
- II. Centers for Medicare and Medicaid Services (CMS).
- III. The National Correct Coding Initiative (NCCI) in Medicaid.

- IV. Coding guidelines from Specialty Societies (e.g. American Society for Radiation Oncology (ASTRO), American Academy of Pediatrics (AAP), American Congress of Obstetricians and Gynecologists (ACOG), American Academy of Family Practitioners (AAFP), etc.).
- V. Corresponding AmeriHealth Caritas Louisiana Clinical Policies.
- VI. Applicable Louisiana Medicaid Fee Schedule(s).
- VII. AmeriHealth Caritas Louisiana Provider Handbook, Section VI: Claims Filing Guidelines-Claims Editing Policy.

Affected Claim Types

Edits related to this policy apply to claims for Professional and Facility services.

Policy History Abstract

Original Effective Date: TBD