


RB.001.B	Ambulance Ground Mileage		 Health Partners Plans
	Title: Ambulance Ground Mileage Policy #: RB.001.B Type: Claim Payment Sub-Type: Reimbursement (RB)	Original Implementation Date: 10/1/2015 Version [B] Effective Date: 6/1/2020 Last Reviewed: 5/26/2020 Notification Published: N/A	

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PRODUCT VARIATIONS

This policy applies to all HealthPartners Plans (HPP) product lines unless noted below.

Medicare Variation* Medicaid Variation**

Medicare Variations

Reimbursement will be made for all reported loaded miles.

NOTE: This policy only applies when a specific HPP medical necessity policy addressing the item/service does not exist. For Medicare products, Medicare guidance documents (Internet-only manuals, National and Local Coverage Determinations) supersede this policy.

POLICY STATEMENT

Coverage for emergent and non-emergent ambulance transport is determined in accordance with the Member’s eligibility and benefit plan on the date the service was rendered. All reported services must be considered medically necessary and must be documented in accordance with Health Partners Plans provider manual. HPP reserves the right to audit claims for Ambulance Services for accurate reporting and medical necessity. The following claim requirements will be implemented using automated claims editing tools.

- Only Ambulance Providers or Suppliers are considered eligible for reimbursement of Ambulance Services.
- HPP has adopted the Centers for Medicare and Medicaid Services (CMS) requirement for reporting origin and destination modifiers on each claim. Eligibility for reimbursement based on origin and destination will be made in accordance with the Member’s benefits.

- All claims for Ambulance Services should be reported with both a transport code and a mileage code. Claims with only one code (transport or mileage) will be denied as incorrect reporting.
- Ambulance providers should report loaded mileage only (e.g. from the pickup of a Member to his/her arrival at a destination).
- Claims for ambulance ground mileage charges will be denied when the ambulance transport is denied and vice versa.
- Separate charges for unloaded mileage will be denied as ineligible for reimbursement.
- Reimbursement will be made per loaded ambulance mile, starting after the first 20 miles round trip.

RELATED POLICIES

N/A

POLICY GUIDELINES

Reimbursement for ambulance services is based on a base rate for transportation, which includes both the transport of the member to the nearest appropriate facility and all items and services associated with the transport. There is a separate reimbursement for loaded mileage.

The company has established the following billing guidelines for appropriate claims reporting.

The claim for each ambulance trip requires two lines.

- One claim line for reporting the transport service.
- A second claim line for reporting the loaded mileage.

SERVICE UNITS

When billing HCPCS codes A0426, A0427, A0428, A0429, A0433, or A0434, the service units field on the claim should always be reported "1".

When billing HCPCS codes A0425, the number of loaded mileage is required in the service unit field on the claim.

- For trips totaling less than 1 mile, enter a "0" before the decimal (e.g., 0.9).
- For trips totaling up to 100 loaded miles, report mileage rounded up to the nearest tenth of a mile. The decimal must be used in the appropriate place (e.g., 99.9).
- For trips totaling 100 covered miles and greater, report mileage rounded up to the whole number mile without use of a decimal (e.g., 998.5 miles should be reported as 999).

In all cases, the appropriate documentation must be kept on file and, upon request, presented to Health Partners Plans.

CODING

The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that *may* be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

The following HCPCS Level II codes may be used to represent ambulance services that are eligible for reimbursement consideration.

HCPCS Code	Description
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)
A0428	Ambulance service, basic life support, non-emergency transport (BLS)
A0429	Ambulance service, basic life support, emergency transport (BLS-emergency)
A0433	Advanced life support, level 2 (ALS2)
A0434	Specialty care transport (SCT)

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

An ambulance is a specially designed vehicle equipped to allow treatment and stabilization of the sick or injured during transport to a facility for definitive treatment. The vehicle must comply with state or local laws governing the licensing and certification of an emergency medical transportation vehicle. Generally all ambulances must have a stretcher, linens, emergency medical supplies, oxygen, emergency warning lights, and telecommunications equipment as defined by the state. There are two types of ambulances, Advanced Life Support (ALS) and Basic Life Support (BLS).

According to CMS, Basic Life Support ambulances must be staffed by at least two people, at least one of whom must be certified as an emergency medical technician (EMT) by the State or local authority where the services are being furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle. Advanced Life Support (ALS) vehicles must be staffed by at least two people, at least one of whom must be certified

DEFINITIONS

An advanced life support (ALS) assessment: An assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service.

Ground BLS (Basic Life Support) Ambulance Service: The transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the state. The ambulance must be staffed by an individual who is qualified in accordance with state and local laws as an EMT-Basic (emergency medical technician-basic). These laws may vary from state to state or within a state. For example, only in some jurisdictions is an EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a peripheral IV (intravenous) line.

Ground ALS1 (Advanced Life Support, Level 1): The transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention.

Ground ALS2 (Advanced Life Support, Level 2): An ALS2 is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

- Cardiac pacing
- Central venous line
- Chest decompression
- Endotracheal intubation
- Intraosseous line
- Manual defibrillation/cardioversion
- Surgical airway

Loaded mileage: Defined as ambulance transport miles from the pickup of a member to his/her arrival at destination. It does not include transport miles before the member pickup or after the member's arrival at the destination.

Specialty Care Transport (SCT): The interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or an EMT-Paramedic with additional training.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Effective Date
Language added to the Policy Statement section for improved clarity. Definitions added.	B	6/1/2020
This is a new policy.	A	10/1/2015

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS). Medicare Claims Processing Manual, Chapter 15, Ambulance. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c15.pdf>
2. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 10: Ambulance services. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>
3. Medical Assistance Bulletin, 26-15-01, Non-Payment of Unloaded Ground or Air Ambulance. http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/c_157444.pdf