



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date		Next Annual Review		Effective Date	
02/02/2018		06/19/2019		06/19/2018	
Policy Name				Policy Number	
La Policy-Ambulance Services (Ground)				ABHLA-RP-0022	
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 to 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 Aetna's policy, certain emergency and non-emergency ground ambulance services require a diagnosis indicating the medical condition of the patient is such that transportation by any other means is medically contraindicated and that ambulance services are deemed medically necessary.

B. Overview

This ground ambulance policy states that the following diagnoses of the Medicaid recipient must be present for ambulance services to be covered: bed confinement status, need for continuous supervision, physical restraint status and dependence on other enabling machines or devices. These specific diagnoses must be billed accordingly.

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.

Emergency ambulance services: ambulance service provided after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in any of the following: placing the recipient's health in jeopardy, impairment to bodily functions, dysfunction in organs or parts and loss of life, limb or sight.

Non-emergency ambulance services: ambulance service when no other means of transportation is available and/or the recipient is unable to ride in any other type of vehicle (i.e., auto or stretcher van) due to medical reasons. The nature of the trip is not an emergency, but the recipient requires the use of an ambulance. Payment will be made for a maximum of two trips for one recipient on the same date of service.

Medical necessity: The legal definition of medical necessity regarding ambulance transporting, according to LDH, is assimilated by referencing the regulations thereunder, which are those at 42 CFR §410.40 (Coverage of ambulance services) as well as the regulations at 42 CFR §410.41 (Requirements for ambulance suppliers).



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D. Reimbursement Guidelines

- 1) Ground ambulance transportation services are not covered when another means of recipient transportation could be utilized without threatening the individual's health, whether or not such transportation is actually available.
- 2) All claims require a 105 attachment.
- 3) All claims require the appropriate diagnosis code (see in codes).

E. Codes/Condition of Coverage

Transportation Service Codes:

A0425 (Ground mileage); A0426 (ALS non-emergency level 1); A0427 (ALS emergency, level 1); A0428 (BLS non-emergency); A0429 (Ambulance service, basic life support, emergency transport (BLS-Emergency); A0433 (Advanced life support, level 2 ALS 2); A0434 (Specialty care transport SCT)

ICD 10 Diagnosis Codes:

Z74.01 (Bed confinement)

Z74.3 (Need for continuous supervision)

Z78.1 (Physical restraint status)

Z99.89 (Dependence on other enabling machines and devices)

For required modifiers , See Appendix E Chapter 10:

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

F. Frequently Asked Questions

Q: What kind of licensing is required for Ambulance reimbursement by Medicaid?

A: Participation in the Medicaid program is governed for ambulance providers by meeting the requirements of R.S.40.1235.2 (Licensure for Ground Ambulances). Licensing by the Health Standards Section of the Bureau of the Health Services Financing (BHSF) is also required.

Q: What mileage area does the ambulance transport cover?

A: Transportation services will be provided to the recipient within the medical service area. If a recipient does not have a choice of at least two providers within the service area, transportation will be authorized to the nearest provider outside the service area.

G. Review/Revision Date

Action	Date	Comments
Date Issued	02/02/2018	



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Date Revised	04/17/2018	
Effective Date	06/19/2018	

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/>

Aetna Policies:

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