



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

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|---|---------------------------|-----------------------|----------------------|
| Original Issue Date | Next Annual Review | Effective Date | |
| 01-01-2018 | 06-19-2019 | 06-19-2018 | |
| Policy Name | | Policy Number | |
| LA Policy-Ambulance Policy-Non covered Ambulance Transportation and Transportation Related Services | | ABHLA-RP-0020 | |
| 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.

According to Louisiana Medicaid, certain ambulance transportation and transportation related services are statutorily excluded or otherwise not payable by Louisiana Medicaid. Additionally, there are numerous services that are considered within the scope of practice for an ambulance provider. The services that are not considered to be within this domain are denied and are not considered to be billable services.

B. Overview

Certain ambulance transportation (A0021-A0424) and transportation-related services (A0998) are statutorily excluded or otherwise not payable by Medicaid. Therefore, when A0021-A0424 (Ambulance transportation), or A0998 (Transport-related services) codes are billed with one of the non-covered ambulance revenue codes listed below, then the transportation service will be denied.

Non- covered Ambulance Revenue Codes

Supplies (0541)

Medical transport (0542)

Oxygen (0544)

Pharmacy (0547)

Other ambulance (0549)

Covered Transportation Services

Additionally our policy, there are numerous services that are considered within the scope of practice for an ambulance provider. The services that are not considered to be within this domain are denied and are not considered to be billable services.

C. Definitions

Explanation: Because HCPCS codes are valid codes under the Health Insurance Portability and Accountability Act (HIPAA), claims for ambulance transportation and transportation related services (HCPCS codes A0021 through A0424 and A0998) which are statutorily excluded or otherwise not payable by Medicaid should be allowed into the Medicaid claims processing system for adjudication and, since these services are statutorily excluded from, or otherwise not payable by, Medicaid, then rejected or denied as such. Doing so affords providers and suppliers submitting the claims on behalf of Medicaid beneficiaries the opportunity to submit "no-pay claims" to Medicaid for statutorily excluded or otherwise not payable by Medicaid services with



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the HCPCS code that accurately identifies the service that was furnished to the Medicaid beneficiary. Doing so will allow providers/suppliers to obtain a Medicaid denial to submit to a beneficiary's secondary insurance for coordination of benefits purposes.

D. Reimbursement Guidelines

According to Louisiana Medicaid, Medicaid no longer covers "Ambulance 911-Non-emergency" services, previously covered by procedure code A0226. If a nurse or physician refuses to sign the 105 Attachment form stating that ambulance transportation was necessary, the service may be considered a non-covered service by Medicaid. Providers are allowed to bill recipients for services not covered by Medicaid.

AMBULANCE TRANSPORTATION MODIFIERS

When billing for Procedure Codes A0425 – A0429 and A0433 - A0434 for Ambulance Transportation services in field 17C of the Unisys 105 Form, the provider must also enter a valid 2-digit modifier at the end of the associated 5-digit Procedure Code. Different modifiers may be used for the same Procedure Code. Effective with the date of service October 1, 2003, spaces will not be recognized as a valid modifier for those procedures requiring a modifier. The following table identifies the valid modifiers.

The non-ambulance transportation services when billed and the provider's specialty is given as Ambulance are denied.

E. Codes/Condition of Coverage

The codes related to Ambulance Transportation Claims Valid Modifiers are listed in the table http://www.lamedicaid.com/provweb1/Providermanuals/manuals/MED_TRANS/MED_TRANS.pdf

Covered Transportation Service Codes

A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0225, A0380, A0390, A0888, A0998, A0999, S0207, S0208, S9960 or S9961

F. Frequently Asked Questions

Q: What is the language used when denying these claims?

A: When denying these claims for statutorily excluded services, your Carrier, FI, or A/B MAC will use the following remittance advice language:

- Claim Adjustment Reason Code - 96 – "Non-covered charge(s);"
- Remittance Advice Remark Code - N425 – "Statutorily excluded service(s);" and
- Group Code - PR – "Patient Responsibility."

Note: Make sure that you include the HCPCS code and, if necessary, the revenue code(s) that



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accurately identify the excluded ambulance transportation service and transportation-related services that the beneficiary was furnished.

G. Review/Revision Date

| Action | Date | Comments |
|----------------|------------|----------|
| Date Issued | 01-01-2018 | |
| Date Revised | 04-18-2018 | |
| 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/>