



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

<b>Original Issue Date</b>	<b>Next Annual Review</b>	<b>Effective Date</b>
02/02/2018	06/19/2019	06/19/2018
<b>Policy Name</b>		<b>Policy Number</b>
La Policy-Ambulance Policy-Ambulance Mileage		ABHLA-RP-0021
<b>Policy Type</b>		
<b>Medical</b>	<b>Administrative</b>	<b>Pharmacy</b>
		<b>Reimbursement</b>

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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## Aetna Better Health® of Louisiana

### 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.

Numerous ambulance services must meet several criteria to be compensated accordingly. Ambulance carriers must provide service, transport and mileage codes and date of service, respectively, in order to be considered for reimbursement compensation. More specifically, the actual transport of the recipient must take place and the claim must be combined as emphasized with collective codes. Ambulance mileage will be denied if transport code is not provided for same date of service.

### B. Overview

#### Payments:

Payments for emergency ambulance services are based on "loaded mileage" with applicable rates for all natures of mileage. Additionally, when mileage is reported with response and treatment only and there is no transport code billed, then the mileage will be denied respectively. If transport and service codes are billed without mileage, mirroring the same italicized criteria stated, then service and transport codes are denied. Transport and mileage codes must be the same date of service irrespectively.

#### Specifications:

Aetna reimbursement include the following criteria: actual transport of the Medicaid recipient must occur; when ambulance mileage is billed AND there is no transport code, or billed for the same date of service, the mileage code will not be paid; hence, denied.

### 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 service: 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.



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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.

Loaded mileage: mileage recorded when the patient is in the ambulance vehicle.

### D. Reimbursement Guidelines

1. Ambulance providers may bill for covered medically necessary mileage for ambulance transport to the nearest appropriate facility;
2. Mileage can only be billed when the patient is in the vehicle (loaded miles);
3. Mileage must be billed in accordance with the type of service indicated by the licensed medical professional on the Certification of Ambulance Transportation Form (Molina 105 Attachment);
4. Emergency ambulance-Medicaid pays base rate plus mileage in accordance with the LDH fee schedule. Separate reimbursement for oxygen and supplies will be made; Reimbursement will be made at one trip per day or two trips same day with approval
5. Non-Emergency ambulance will pay base rate plus mileage;
6. All claims require a 105 attachment.

### E. Codes/Condition of Coverage

Ambulance mileage CPT/HCPCS Codes:

A0380, A0390, A0425, A0435, or A0436

Ambulance Transport CPT/HCPCS codes:

A0225, A0426-A0434, S9960 or S9961

Ambulance Place of Service Code: 41

[http://www.lamedicaid.com/provweb1/fee\\_schedules/Ambulance\\_Fee\\_Schedule\\_2014.pdf](http://www.lamedicaid.com/provweb1/fee_schedules/Ambulance_Fee_Schedule_2014.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.

### G. Review/Revision Date



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Action	Date	Comments
Date Issued	02/02/2018	
Date Revised	04/19/2018	
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/MED\\_TRANS/MED\\_TRANS.pdf](http://www.lamedicaid.com/provweb1/Providermanuals/manuals/MED_TRANS/MED_TRANS.pdf)

Individual state Medicaid regulations, manuals & fee schedules

[http://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)

American Medical Association, *Current Procedural Terminology (CPT<sup>®</sup>) 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/>