



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

| | | | |
|---|---------------------------|-----------------------|----------------------|
| Original Issue Date | Next Annual Review | Effective Date | |
| 04/27/2018 | 06/19/2019 | 06/19/2018 | |
| Policy Name | | | Policy Number |
| La Policy-Ambulance Policy-Place of Service | | | ABHLA-RP-0025 |
| 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.

CONTENTS OF POLICY

| | |
|---------------------------------|-----|
| Reimbursement Policy Statement | 1 |
| Table of Contents | 1 |
| A. Policy | 2 |
| B. Overview | 2 |
| C. Definitions | 2-3 |
| D. Reimbursement Guidelines | 3 |
| E. Codes/Conditions of Coverage | 3 |
| F. Frequently Asked Questions | 3 |
| G. Review/Revision History | 3 |
| H. Resources | 3-4 |



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.

Place of service (POS) codes 41 or 42 must be on all ambulance service polices in order to be reimbursed.

B. Overview

Rationale:

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.

Specifications:

POS 41 (land ambulance services) and POS 42 (air or water ambulance services) are required codes to be billed for reimbursement on all ambulance claims.

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.

Ambulance services: Ambulance services must be medically necessary. Medical necessity is established when the recipient's condition is such that use of any other method of transportation is contraindicated. Ambulance services are not covered when another means of transportation could be utilized without endangering the individual's health, whether or not such transportation is actually available. Determination of medical necessity of the means of transport is made by the physician or nurse at the treating facility.

Medical necessity: is established when the patient's condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the individual's health, whether or not such other transportation is actually available, no payment may be made for ambulance services.

Air ambulance: An ambulance (fixed wing or aircraft) that is utilized when ground ambulance transportation is not deemed medically appropriate due to the distance involved and the



Aetna Better Health® of Louisiana

recipient has an unstable condition requiring medical supervision and rapid transport. It is also utilized when members need transport to a hospital or from one hospital to another because the initial hospital does not have the required services to treat the recipient (POS 42).

Ground ambulance: 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.

D. Reimbursement Guidelines

1. Providers may bill for covered medically necessary mileage for ambulance transport to the nearest appropriate facility;
2. All claims require a 105 attachment;
3. POS code 41 or 42 is required;
4. To be covered, ambulance services must be medically necessary and reasonable.

E. Codes/Condition of Coverage

POS 41 and POS 42

http://www.lamedicaid.com/provweb1/fee_schedules/Ambulance_Fee_Schedule_2014.pdf

F. Frequently Asked Questions

Q: When would there be an occasion when both POS 41 and POS 42 are billed on the same date of service? Additionally, are POS 41 and POS 42 billed separately?

A: If a land ambulance must be used as part of the transport, the land ambulance provider will be reimbursed separately according to rules and regulations for ground ambulance.

G. Review/Revision Date

| Action | Date | Comments |
|----------------|------------|----------|
| Date Issued | 04/27/2018 | |
| Date Revised | | |
| 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

Individual state Medicaid regulations, manuals & fee schedules

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm



Aetna Better Health[®] of Louisiana

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/index.html