



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

<b>Original Issue Date</b>	<b>Next Annual Review</b>	<b>Effective Date</b>	
01-01-2018	06-19-2019	06-19-2018	
<b>Policy Name</b>		<b>Policy Number</b>	
La Policy-Ambulance Policy ALS and BLS Approved Diagnosis		ABHLA-RP-0034	
<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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### 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.

This policy addresses reimbursement related to services included as part of an ambulance transportation service, ambulance modifier usage, provider specialty reporting ambulance services and the requirements for reporting Advanced Life Support, Level 2 (ALS2) ambulance transportation. For purposes of this policy, Same Ambulance Provider or Supplier is defined as Ambulance Providers or Suppliers of the same specialty reporting the same Federal Tax Identification number (TIN).

### B. Overview

All ground and air ambulance transportation services must meet all requirements regarding medical reasonableness and necessity as outlined in the applicable statute, regulations, and manual provisions. 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. In all cases, the appropriate documentation must be kept on file and, upon request, presented to the carrier/intermediary. It is important to note that the presence (or absence) of a physician's order for a transport by ambulance does not necessarily prove (or disprove) whether the transport was medically necessary. The ambulance service must meet all program coverage criteria in order for payment to be made.

### C. Definitions

Basic Life Support (BLS) ambulances must be staffed by at least two people, who meet the requirements of state and local laws where the services are being furnished and where, at least one of whom must (1) be certified at a minimum as an Emergency Medical Technician-basic (EMT-basic) by the state or local authority where the services are being furnished and (2) 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, who meet the requirements of state and local laws where the services are being furnished and where at least one of whom must (1) meet the vehicle staff requirements above for BLS vehicles and (2) be certified as an EMT-Intermediate or an EMT-Paramedic by the state or local authority where the services are being furnished to perform one or more ALS services.



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### D. Reimbursement Guidelines

Aetna Better Health of Louisiana considers only an Ambulance Provider or Supplier as eligible for reimbursement of ambulance services reported with Healthcare Common Procedure Coding System (HCPCS) codes A0021 and A0225 -A0999. Other provider specialties, e.g., emergency room physicians, should report the Current Procedural Terminology (CPT®) and/or HCPCS codes that specifically and accurately describe the services and procedures outside of HCPCS code A0021 and A0225-A0999 range. Aetna Better Health Of Louisiana will not reimburse non-Ambulance Providers or Suppliers for rendering ambulance services.

All the ALS and BLS non-emergency services when billed without a diagnosis that support ALS/BLS non-emergency services are approved with modification to allow additional diagnosis codes based on Louisiana Medicaid.

### E. Codes/Condition of Coverage

HCPCS codes A0021 and A0225- A0999. These codes are not all inclusive and please refer to Louisiana Department of Health Fee schedule for more reference.

Each ambulance modifier is comprised of a single digit alpha character identifying the origin of the transport in the first position, and a single digit alpha character identifying the destination of the transport in the second position. Example: RH (residence to hospital). Single digit alpha characters used to designate an origin and destination are listed below:

- D = Diagnostic or therapeutic site other than P or H when these are used as origin codes;
  - E = Residential, domiciliary, custodial facility (other than 1819 facility);
  - G = Hospital based ESRD facility;
  - H = Hospital;
  - I = Site of transfer (e.g. airport or helicopter pad) between modes of ambulance transport;
  - J = Freestanding ESRD facility;
  - N = Skilled nursing facility;
  - P = Physician's office;
  - R = Residence;
  - S = Scene of accident or acute event;
  - X = Intermediate stop at physician's office on way to hospital (destination code only)
- The Ambulance Transportation Codes list only when reported with a two-digit ambulance modifier on the Ambulance Modifiers list.



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### F. Frequently Asked Questions

**Q:** What is the difference between a BLS and ALS emergency transport?

**A:** Basic Life Support (BLS) is an emergency transport provided by certified Emergency Medical Technicians (EMTs). Advanced Life Support (ALS) is provided when a patient is in more critical condition and a paramedic is required to assist in the treatment of the patient before and/or during transport to the emergency facility.

### 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](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/>