

February 11, 2019

AETNA BETTER HEALTH OF PENNSYLVANIA

Fee Increase – Certain Ambulance Transportation

Dear Provider,

Effective January 1, 2019, the Department of Human Services (DHS) increased fees for certain ambulance transportation services on the Medical Assistance (MA) Program Fee Schedule, effective with dates of service on or after January 1, 2019.

This change applies to ambulance providers enrolled in the MA Program who render services to Aetna Better Health of Pennsylvania members.

Details of the change include payment of not less than \$180 for basic life support ambulance transportation services; not less than \$300 for advanced life support ambulance transportation services; and not less than \$3,325.53 for air ambulance transportation services. In addition, Aetna Better Health authorizes a fee of not less than \$2 per loaded mile for each loaded mile beyond 20 loaded miles for ground ambulance transportation and a fee of not less than \$22.45 per loaded mile for each loaded mile beyond 20 loaded miles for air ambulance transportation.

Included on the following pages are a list of the impacted procedure codes and the MA Program Fee Schedule.

If you have questions about this change or payment related questions, just contact Aetna Better Health of Pennsylvania Provider Relations by calling **1-866-638-1232**.

Provider Relations

Aetna Better Health of Pennsylvania

The following codes will have an increased fee beginning January 1, 2019:

Procedure Code	Procedure Code Definition	Pricing Modifier	Current MA Fee	MA Fee Effective January 1, 2019
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)		\$200	\$300
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)		\$200	\$300
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)		\$120	\$180
A0429	Ambulance service, basic life support, emergency transport, (BLS, emergency)		\$120	\$180
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	U8	\$200	\$3,325.53
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)		\$200	\$3,325.53
A0433	Advanced life support, level 2 (ALS 2)		\$200	\$300
A0434	Specialty care transport (SCT)		\$200	\$300
A0435	Fixed wing air mileage, per statute mile		\$2 per mile beyond the first 20 loaded miles of a trip.	\$22.45 per mile for each loaded mile beyond 20 loaded miles of a trip.
A0436	Rotary wing air mileage, per statute mile		\$2 per mile beyond the first 20 loaded miles of a trip.	\$22.45 per mile for each loaded mile beyond 20 loaded miles of a trip.

Ground mileage fees of not less than \$2 per mile for each loaded mile beyond 20 loaded miles of a trip, which is the current fee on the MA Program Fee Schedule. Accordingly, we are not changing the fee for the ground mileage procedure code A0425.

Please see the updated Ambulance Services MA Program Fee Schedule on the following pages which reflects the fee increases.

Ambulance Services
Medical Assistance Program Fee Schedule

Procedure Code	Description	Provider Type	Provider Speciality	Place of Service	Informational Modifier	Pricing Modifier	Limits	MA Fee
A0425	Ground mileage, per statute mile	26	260, 261	12, 21, 23, 24, 32, 49, 50, 54, 55, 65, 72, 99		U8	Unlimited	\$2.00 per mile for each loaded mile beyond 20 loaded miles of a trip
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)	26	261	12	HR		2 trips per day per beneficiary*	\$300.00
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)	26	261	21, 23	RH, HH, JH, NH, RE, HE, RN, HN, HE, RE		2 trips per day per beneficiary*	\$300.00
A0428	Ambulance service, basic life support, non-emergency transport (BLS)	26	260, 261	12	HR, GR, JR		2 trips per day per beneficiary*	\$180.00
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)	26	260, 261	21, 23	JH, PH, RH, HH, RE, HE, RN, HN, HE, RE, R.G. RJ		2 trips per day per beneficiary*	\$180.00
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	26	262	99	II	U8	2 trips per day per beneficiary*	\$3,325.53
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	26	262	21, 23	HH, IH, SH, II, SI, HI		2 trips per day per beneficiary*	\$3,325.53
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers	26	261	21, 23	SH, IH, RH, NH, PH, EH, SD, RD		2 trips per day per beneficiary*	\$80.00
A0433	Advanced life support, level 2 (ALS 2)	26	261	21, 23	SH, IH, HH, JH, RH, NH, PH, EH, SD, RD		2 trips per day per beneficiary*	\$300.00
A0434	Specialty care transport (SCT)	26	261	21, 23	HH, IH, HI		2 trips per day per beneficiary*	\$300.00

* A trip is from point of beneficiary pick up to point of beneficiary destination

Ambulance Services
Medical Assistance Program Fee Schedule

Attachment
January 1, 2019

Procedure Code	Description	Provider Type	Provider Speciality	Place of Service	Informational Modifier	Pricing Modifier	Limits	MA Fee
A0435	Fixed wing air mileage, per statute mile	26	262	99			Unlimited	\$22.45 per mile for each loaded mile beyond 20 loaded miles of a trip
A0436	Rotary wing air mileage, per statute mile	26	262	21, 23, 99			Unlimited	\$22.45 per mile for each loaded mile beyond 20 loaded miles of a trip

