

Ambulance Transport

Policy

Harvard Pilgrim reimburses licensed ambulance companies for the provision of ambulance transport services in a medical emergency to the nearest medical provider capable of furnishing covered services. Medically necessary, non-emergent ambulance transport services are reimbursed when authorized.

Policy Definition

Ambulance Transport services are comprised of advanced life-support (ALS), basic life-support (BLS), wheelchair van or air ambulance services.

A *Medical Emergency* is defined as a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of the member or another person in serious jeopardy, serious impairment to body functions or serious dysfunction of any body organ or part. With respect to a pregnant woman who is having contractions, medical emergency also means that there is inadequate time to facilitate a safe transfer to another hospital before delivery or that transfer may pose a threat to the health or safety of the woman or the unborn child.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to *Referral, Notification and Authorization* for more information.

HMO/POS/PPO

An authorization is required for some services. Refer to the *Medical Transportation Medical Review Criteria* for specifics.

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

- Medically necessary emergency transport
- Medically necessary transportation mileage
- Medically necessary, rotary wing air ambulance transports and authorized fixed wing air ambulance transports
- Medically necessary, authorized, non-emergent medical transportation services provided by a participating provider (Refer to *Medical Transportation for Medically Necessary Criteria*.)

Commercial airline charges may be authorized in lieu of ambulance services when Harvard Pilgrim determines the member could be safely and less expensively transported on a public airline accompanied by the appropriate licensed medical personnel. Public airline charges will be covered only for the member and necessary medical personnel.

- Members requiring a wheelchair van, in lieu of ambulance transportation, must use a participating provider and meet the criteria listed on the *Medical Transportation, Medical Review Criteria*.
- Medically necessary non-emergent ambulance transport (wheelchair van). Refer to the *Medical Transportation, Medical Review Criteria* for details.

Harvard Pilgrim Does Not Reimburse

HMO/POS/PPO

- Non-emergent air or ground transportation to/from origins or destinations not listed on the Medical Transportation, Medical Review Criteria list.
- Ambulance waiting time.
- Ancillary transportation fees including parking fees and tolls, or other associated fees for lodging or meals for either the recipient or an escort.
- Extra ambulance attendant, ground (advanced life support (ALS) or basic life support (BLS)) or air (fixed or rotary winged; requires medical review).
- Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility).
- Unlisted ambulance service(s).
- Non-emergency transportation including but not limited to taxi, bus, mini-bus, mountain area transports, or other transportation systems, private or commercial air travel or vehicles provided by a volunteer with no vested interest or a vehicle provided by an individual with vested interest. Please refer to the “Provider Billing Guidelines and Documentation” coding section for the specific non-emergency transportation codes that Harvard Pilgrim does not reimburse. Some non-emergency transportation services, (i.e., wheelchair van), may be reimbursed.
- Air transportation for the sake of patient/family convenience or preference when Harvard Pilgrim determines such transportation is not medically necessary.
- Transportation provided by an ambulance company that is not licensed or by non-licensed personnel.
- Non-emergent ambulance services provided to a member during an inpatient/outpatient admission. Non-emergent ambulance services are included as part of the facility reimbursement rate and should be billed to the facility.
- Items and services which include, but are not limited to: oxygen, supplies, EKG services and drugs. These services are considered included in the reimbursement rate for the transport and, are not reimbursed separately.

Member Cost-Sharing

Services are subject to member out-of-pocket cost share (e.g., copayment, coinsurance, deductible), as applicable.

Provider Billing Guidelines and Documentation

Coding²

Code	Description	Comments
A0021	Ambulance service; outside state per mile, transport (Medicaid only)	Not reimbursed
A0080	Non-emergency transportation, per mile—vehicle provided by volunteer (individual or organization) with no vested interest	Not reimbursed
A0090	Non-emergency transportation, per mile—vehicle provided by individual (family member, self, neighbor) with vested interest	Not reimbursed
A0100	Non-emergency transportation — taxi	Not reimbursed
A0110, A0120	Non-emergency transportation and bus, intra or interstate carrier; mini-bus, mountain area transports, or other transportation systems	Not reimbursed
A0140	Non-emergency transportation and air travel (private or commercial), intra or interstate	Not reimbursed
A0170	Transportation ancillary: parking fees, tolls, other	Not reimbursed
A0180–A0210	Non-emergency transportation; ancillary; lodging or meals for recipient or escort	Not reimbursed
A0420	Ambulance waiting time (ALS or BLS), one half hour increments	Not reimbursed

PAYMENT POLICIES

Code	Description	Comments
A0424	Extra ambulance attendant, ground or air	Not reimbursed
A0888	Non-covered ambulance mileage, per mile	Not reimbursed
A0998 (please see comment)	Ambulance response and treatment, no transport	Ambulance service modifiers are not required. The submission of an ambulance modifier may result in a denial.
A0999	Unlisted ambulance service	Not reimbursed

Modifiers

Harvard Pilgrim requires two-digit HCPCS ambulance service modifiers be submitted in the first modifier field for all ambulance services with the exception of HCPCS code A0998 (please see comment in Provider Billing Guidelines coding grid above). Absence of the two-digit HCPCS ambulance service modifier may cause your claim to deny.

Combine one-digit modifiers to form a two-digit modifier (the first digit identifies the ambulance's place of origin; the second digit identifies the destination) and bill using the appropriate two-digit HCPCS ambulance service modifiers, as follows (but not limited to):

Bill all lines with the appropriate HCPCS origin/destination modifier.

Modifier Descriptor

D	Diagnostic or therapeutic site other than -P or -H when these are used as origin codes
E	Residential, domiciliary, custodial facility (not 1819 facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (e.g., airport or helicopter pad) between types of ambulance
J	Non-hospital-based dialysis facility
N	Skilled Nursing Facility (SNF) — 1819 facility
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office on the way to the hospital — use as a destination code only

The following modifiers are considered secondary modifiers; Do not bill these modifiers in the first position.

GM	Multiple patients on one trip
QM	Ambulance service provided under arrangement by a provider of services
QN	Ambulance service furnished directly by a provider of services

Other Information
CMS-1500 Form or Electronic 837P

- Place HCPCS Level II codes and modifiers in box 24D for paper claims or in loop 2400, segment SV1, populate HCPCS code in data element SV101-2 and modifier(s) in SV101-3 through SV101-6 for 837P.
- Bill round-trip ambulance transport on two separate lines, line one for the initial transportation and line two for the return transportation.
- Bill all lines with the appropriate HCPCS origin/destination modifier in the first modifier field.
- Bill transportation to the initial destination using a count of one in box 24G of the paper CMS1500 or in loop 2400, data element SV104 with UN qualifier in SV103.
- Bill the return on a separate line using a count of one in box 24G of the paper CMS1500 or in loop 2400, data element SV104 with UN qualifier in SV103.

- Exception: When transport is provided between two like facilities, bill on one line with a count of two. For example: From Hospital A to Hospital B (modifier HH) and from Hospital B back to Hospital A (modifier HH).

UB-04 Form or Electronic 837I

- Place HCPCS Level II codes and modifiers in Form Locator 44 for paper claims or in loop 2400 segment SV2, populate revenue code in data element SV201 and HCPCS code in SV202-2 and modifier(s) in SV202-6.
- Bill round trip ambulance transportation on two separate lines, line one for the initial transportation and line two for the return transportation.
- Bill transportation to the destination, using a count of one in Form Locator 46 of the paper claim or in loop 2400, data element SV205 with UN qualifier in SV204.
- Bill return transportation on a separate line using a count of one in Form Locator 46 of the paper claim or in loop 2400, data element SV205 with UN qualifier in SV204.

Related Policies

Payment Policies

- CPT and HCPCS Level II Modifiers

Medical Policies

- Medical Transportation

Authorization Policies

- Prior Authorization

PUBLICATION HISTORY

11/01/01	original documentation
04/30/04	billing details added, HCPCS codes added
01/31/05	annual review; added medical necessity requirements for First Seniority for non-emergency
10/31/05	annual review; clarification of non-emergency transportation
01/31/06	annual coding update
08/01/06	annual review; added additional information of non-covered services related to non-emergency transportation
01/31/07	coding update
07/31/07	annual review; added medical criteria for wheelchair car, removed authorization requirement
07/31/08	annual review; minor updates
07/15/09	annual review; added secondary modifiers
08/15/09	updated billing for A0998
06/15/10	annual review; minor edits to language under "Harvard Pilgrim Reimburses"
06/15/11	annual review; no changes
01/01/12	removed First Seniority Freedom information from header
07/15/12	annual review; minor edits
06/15/13	annual review; no changes
06/15/14	annual review; minor administrative edits; added IRF and LTAC to Harvard Pilgrim Reimburses; added <i>Connecticut Open Access HMO</i> referral information to prerequisites
06/15/15	annual review; no changes
06/15/16	annual review; added EDI billing specifications; administrative edits
02/15/17	updated A0432 reimbursed as of dos 11/1/2016, updated services requiring authorization, added Medical Transportation, Medical Review Criteria as a related policy
06/15/17	annual review; clarified authorization requirements for contracted and non-contracted providers for non-emergent ambulance transportation; added reference to Medical Transportation, Medical Review Criteria for medically necessary non-emergent transportation; clarified reimbursement for rotary wing air and authorized fixed wing air ambulance transports; administrative edits
01/01/18	updated Open Access Product referral information under Prerequisites
06/01/18	annual review; removed comment from A0432
06/03/19	annual review; added non-emergent ambulance services provided during an inpatient/outpatient admission to the Harvard Pilgrim Does Not Reimburse section; updated electronic billing guidelines

PAYMENT POLICIES

07/01/20	annual review; no changes
08/03/20	added items and services not reimbursed separately
06/01/21	annual review; updated billing guidelines

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The table may not include all provider claim codes related to ambulance transport.