

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-054
Subject: Ambulance Services
Effective Date: January 1, 2020 **End Date:**
Issue Date: July 10, 2023 **Revised Date:** July 2023
Date Reviewed: May 2023
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy provides the Plan's reimbursement direction for ground ambulance services provided for a member in which services have been approved as medically necessary. Requirements for meeting medical necessity are provided in the Plan's Medical Policies referenced in the Related Policies section.

DEFINITIONS:

Ground ambulance transportation: Ambulance services provided by a motor vehicle over road surface.

REIMBURSEMENT GUIDELINES:

Ground Ambulance Vehicle and Crew Requirement

Any vehicle used as an ambulance must be designed and equipped to respond to medical emergencies and, in non-emergency situations, be capable of transporting members with acute medical conditions. The vehicle must comply with state or local laws governing the licensing and certification of an emergency medical transportation vehicle. At a minimum, the ambulance must contain a stretcher, linens, emergency medical supplies, oxygen equipment, and other lifesaving emergency medical equipment and be equipped with emergency warning lights, sirens, and telecommunications equipment as required by state or local law. This should include, at a minimum, one two-way voice radio or wireless telephone.

Services that do not meet the ground ambulance vehicle and crew requirement do not qualify for reimbursement by the Plan.

Ground Ambulance Destination Requirements

The patient must be transported to the closest local facility that has appropriate facilities for treatment. The term "appropriate facilities" means the institution is generally equipped to provide the needed hospital or skilled nursing care for the illness or injury involved. In the case of a hospital, it also means a physician is available to provide the necessary care required to treat the patient's condition.

For a trip to qualify for reimbursement, the ground ambulance destination requirements must be met.

Pronouncement of Death

No reimbursement will be made, if the individual was pronounced dead prior to the time the ambulance was called. The following scenarios apply to reimbursement for ambulance services when the individual dies:

1. If the individual is pronounced dead after the ambulance is called (before or after the ambulance arrives at the scene), but before they are loaded onboard the ambulance. Reimbursement in this situation may be made for a BLS base rate. However, no reimbursement for mileage will be made. Use the QL modifier (individual pronounced dead after the ambulance was called), **or**
2. If the individual is pronounced dead after being loaded into the ambulance (regardless of whether the pronouncement is made during or subsequent to the transport). Reimbursement in this situation is made following the usual reimbursement guidelines as if the individual had not died. This scenario includes a determination of "dead on arrival" (DOA) at the facility to which the individual was transported.

Note: Notwithstanding the individual's apparent condition, the death of an individual should be recognized only when the pronouncement of death is made by an individual who is licensed or otherwise authorized under state law to pronounce death in the state where such pronouncement is made.

ALS and BLS Contractual Agreements

In situations where a Basic Life Support (BLS) supplier provides the transport of the member and an Advanced Life Support (ALS) supplier provides a service that meets the definition of ALS intervention (e.g. ALS assessment, Paramedic Intercept services), the BLS supplier may bill the higher ALS rate, only if a written agreement exists between the BLS and ALS suppliers. Suppliers must provide a copy of the agreement or other such evidence (e.g. signed attestation) upon request.

Applicable Codes:

A0225	A0380	A0390	A0425	A0426	A0427	A0428	A0429	A0433
A0434	A0888	A9270	S0215					

No Transport

Pennsylvania and West Virginia

If an emergency, as defined by the respective state legislative act (see reference section), and no transport of a member occurs, the ambulance service is eligible for reimbursement by the Plan, subject to the member's benefits. This applies to situations in which the member refuses to be transported, even if medical services are provided prior to loading the member onto the ambulance (e.g., BLS or ALS assessment).

Applicable Codes: A0998

Delaware

If an emergency or non-emergency, as defined by the DE legislative act (see reference section), and no transport of a member occurs, the ambulance service is eligible for reimbursement by the Plan, subject to the member's benefits. This applies to situations in which the member refuses to be transported, even if medical services are provided prior to loading the member onto the ambulance (e.g., BLS or ALS assessment).

Applicable Codes: A0998

Paramedic Intercept

Paramedic intercept services are ALS services provided by paramedics who are not part of the ambulance entity providing the actual patient transportation. Payment may be made for medically necessary paramedic intercept services.

Applicable Codes: A0432 S0207 S0208

Ambulance Transportation and No Transport Services

Reimbursement for all ambulance suppliers will be based on a base rate for transportation, or no transport (code A0998), which includes all supplies. A separate charge is payable for mileage, with the exception of no transport code A0998.

Ambulance suppliers should report one charge reflecting all services and supplies, with a separate charge for mileage. No mileage will be reimbursed when a member is not transported (A0998).

Applicable codes:

A0425 A0426 A0427 A0428 A0429 A0433 A0434 A0888 A0999 A0998

Note: A0888 - Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)

Note: A0999 - Unlisted ambulance service (complete narrative description required and reimbursement can be made on an individual consideration basis).

Reimbursement for other services billed in addition to the base rate transportation is considered part of the payment for the base rate and are not separately reimbursed.

Applicable codes:

A0382 A0384 A0392 A0394 A0396 A0398 A0420 *A0422 A0424
 A4927 A4928 A4930 93000 93005 93010 93040 93041 93042
 94760 94761

Miscellaneous

- Individual procedure codes for service and mileage, along with the number of miles, must be reflected on the claim.

- Ambulance suppliers are required to retain documentation on file supporting all ambulance services (i.e., trip sheets).
- When multiple units respond to a call for services, reimbursement will be made to the entity that provides the transport for the individual. The transporting entity should bill for all services furnished.
- More than one individual may be transported (e.g., from the scene of a traffic accident). The billed amount should be prorated by the number of individuals in the ambulance.
- When multiple individual transports are reported, the statement "multiple patients" and the number transported must be documented.
- Based upon the state licensure requirements for an ambulance vehicle and crew members, cardiac monitoring is considered an ALS specialized service. Therefore, it is not recognized as a service performed in conjunction with a BLS transport.
- Reimbursement will not be made for ambulance services provided for an individual or family convenience.
- Reimbursement will not be made for ambulance night differential charges for ambulance transport provided between the hours of 7pm and 7am (A0999), as it is considered part of the base rate payment for ambulance transport. Code A0999 will be denied as not covered when submitted for ambulance night differential charges for ambulance transport. A network provider cannot bill the member for the non-covered service.

Treatment in Place

Subject to the member's benefits and applicable state mandates, the Plan will reimburse code G2021 for treatment in place. Also, procedure code G2022 will *only* be considered for reimbursement by the Plan if rendered as an emergency and subject to the terms of the applicable state mandates.

Applicable Codes: G2021 G2022

Note: New York commercial business does not separately reimburse for codes G2021 or G2022.

RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- Q-5: Ambulance Services – Air and Water

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Medicare Claims Processing Manual, Chapter 15, Ambulance
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf>

- Medicare Benefit Policy Manual, Chapter 10, Ambulance Services
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>
- State of Pennsylvania Law:
<https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2018&sessInd=0&act=103>
- State of Delaware Law:
<https://delcode.delaware.gov/title18/c035/sc03/index.shtml#3565A>
<https://delcode.delaware.gov/title18/c033/sc01/index.shtml#3349A>
- State of West Virginia Law:
<http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=1§ion=21#1>
<http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=15§ion=21#15>

POLICY UPDATE HISTORY INFORMATION:

1 / 2020	Implementation
2 / 2020	Added codes G2021 and G2022 and policy applicable to WV and DE regions
5 / 2020	Added note for ground transport destination requirements for pandemic period
3 / 2021	Removed Delaware exception to separately reimburse A0422 (Oxygen)
11 / 2021	Added NY region applicable to policy and NY note for code G2021 or G2022
7 / 2023	Removed note for ground transport destination requirements for pandemic period

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-054
Subject: Ambulance Services
Effective Date: January 1, 2020
Issue Date: November 1, 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

End Date:
Revised Date: July 2021

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

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Ground Ambulance Destination Requirements

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For a trip to qualify for reimbursement, the ground ambulance destination requirements must be met.

Note: As a result of the COVID-19 pandemic, some of the destination requirements for ground transports may be altered or waived for dates of service beginning March 13, 2020, until the Public Health Emergency (PHE) has expired. This applies to Pennsylvania only.

Pronouncement of Death

No reimbursement will be made, if the individual was pronounced dead prior to the time the ambulance was called. The following scenarios apply to reimbursement for ambulance services when the individual dies:

1. If the individual is pronounced dead after the ambulance is called (before or after the ambulance arrives at the scene), but before they are loaded onboard the ambulance. Reimbursement in this situation may be made for a BLS base rate. However, no reimbursement for mileage will be made. Use the QL modifier (individual pronounced dead after the ambulance was called), **or**
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Note: Notwithstanding the individual's apparent condition, the death of an individual should be recognized only when the pronouncement of death is made by an individual who is licensed or otherwise authorized under state law to pronounce death in the state where such pronouncement is made.

ALS and BLS Contractual Agreements

In situations where a Basic Life Support (BLS) supplier provides the transport of the member and an Advanced Life Support (ALS) supplier provides a service that meets the definition of ALS intervention (e.g. ALS assessment, Paramedic Intercept services), the BLS supplier may bill the higher ALS rate, only if a written agreement exists between the BLS and ALS suppliers. Suppliers must provide a copy of the agreement or other such evidence (e.g. signed attestation) upon request.

Applicable Codes:

A0225	A0380	A0390	A0425	A0426	A0427	A0428	A0429	A0433
A0434	A0888	A9270	S0215					

No TransportPennsylvania and West Virginia

If an emergency, as defined by the respective state legislative act (see reference section), and no transport of a member occurs, the ambulance service is eligible for reimbursement by the Plan, subject to the member's benefits. This applies to situations in which the member refuses to be transported, even if medical services are provided prior to loading the member onto the ambulance (e.g., BLS or ALS assessment).

Applicable Codes: A0998

Delaware

If an emergency or non-emergency, as defined by the DE legislative act (see reference section), and no transport of a member occurs, the ambulance service is eligible for reimbursement by the Plan, subject to the member's benefits. This applies to situations in which the member refuses to be transported, even if medical services are provided prior to loading the member onto the ambulance (e.g., BLS or ALS assessment).

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Applicable Codes: A0432 S0207 S0208

Ambulance Transportation and No Transport Services

Reimbursement for all ambulance suppliers will be based on a base rate for transportation, or no transport (code A0998), which includes all supplies. A separate charge is payable for mileage, with the exception of no transport code A0998.

Ambulance suppliers should report one charge reflecting all services and supplies, with a separate charge for mileage. No mileage will be reimbursed when a member is not transported (A0998).

Applicable codes:

A0425 A0426 A0427 A0428 A0429 A0433 A0434 A0888 A0999 A0998

Note: A0888 - Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)

Note: A0999 - Unlisted ambulance service (complete narrative description required and reimbursement can be made on an individual consideration basis).

Reimbursement for other services billed in addition to the base rate transportation is considered part of the payment for the base rate and are not separately reimbursed.

Applicable codes:

A0382 A0384 A0392 A0394 A0396 A0398 A0420 *A0422 A0424

A4927 A4928 A4930 93000 93005 93010 93040 93041 93042
 94760 94761

Miscellaneous

- Individual procedure codes for service and mileage, along with the number of miles, must be reflected on the claim.
- Ambulance suppliers are required to retain documentation on file supporting all ambulance services (i.e., trip sheets).
- When multiple units respond to a call for services, reimbursement will be made to the entity that provides the transport for the individual. The transporting entity should bill for all services furnished.
- More than one individual may be transported (e.g., from the scene of a traffic accident). The billed amount should be prorated by the number of individuals in the ambulance.
- When multiple individual transports are reported, the statement "multiple patients" and the number transported must be documented.
- Based upon the state licensure requirements for an ambulance vehicle and crew members, cardiac monitoring is considered an ALS specialized service. Therefore, it is not recognized as a service performed in conjunction with a BLS transport.
- Reimbursement will not be made for ambulance services provided for an individual or family convenience.
- Reimbursement will not be made for ambulance night differential charges for ambulance transport provided between the hours of 7pm and 7am (A0999), as it is considered part of the base rate payment for ambulance transport. Code A0999 will be denied as not covered when submitted for ambulance night differential charges for ambulance transport. A network provider cannot bill the member for the non-covered service.

Treatment in Place

Subject to the member's benefits and applicable state mandates, the Plan will reimburse code G2021 for treatment in place. Also, procedure code G2022 will only be considered for reimbursement by the Plan if rendered as an emergency and subject to the terms of the applicable state mandates.

Applicable Codes: G2021 G2022

Note: New York commercial business does not separately reimburse for codes G2021 or G2022.

RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- Q-5: Ambulance Services – Air and Water

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Medicare Claims Processing Manual, Chapter 15, Ambulance
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf>
- Medicare Benefit Policy Manual, Chapter 10, Ambulance Services
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>
- State of Pennsylvania Law:
<https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2018&sessInd=0&act=103>
- State of Delaware Law:
<https://delcode.delaware.gov/title18/c035/sc03/index.shtml#3565A>
<https://delcode.delaware.gov/title18/c033/sc01/index.shtml#3349A>
- State of West Virginia Law:
<http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=1§ion=21#1>
<http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=15§ion=21#15>

POLICY UPDATE HISTORY INFORMATION:

1 / 2020	Implementation
2 / 2020	Added codes G2021 and G2022. Added policy applicable to WV and DE regions.
5 / 2020	Added note for ground transport destination requirements for pandemic period.
3 / 2021	Removed Delaware exception to separately reimburse A0422 (Oxygen)
11 / 2021	Added NY region applicable to the policy. Noted NY does not reimburse for code G2021 or G2022.

Highmark Reimbursement Policy Bulletin



HISTORY VERSIONS

Bulletin Number: RP-054
Subject: Ambulance Services
Effective Date: January 1, 2020
Issue Date: March 29, 2021
Date Reviewed: December 2020
Source: Reimbursement Policy

End Date:
Revised Date: March 2021

Applicable Commercial Market

PA WV DE

Applicable Medicare Advantage Market

PA WV

Applicable Claim Type

UB 1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

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DEFINITIONS:

Ground ambulance transportation: Ambulance services provided by a motor vehicle over road surface.

REIMBURSEMENT GUIDELINES:

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Any vehicle used as an ambulance must be designed and equipped to respond to medical emergencies and, in non-emergency situations, be capable of transporting members with acute medical conditions. The vehicle must comply with state or local laws governing the licensing and certification of an emergency medical transportation vehicle. At a minimum, the ambulance must contain a stretcher, linens, emergency medical supplies, oxygen equipment, and other lifesaving emergency medical equipment and be equipped with emergency warning lights, sirens, and telecommunications equipment as required by state or local law. This should include, at a minimum, one two-way voice radio or wireless telephone.

Services that do not meet the ground ambulance vehicle and crew requirement do not qualify for reimbursement by the Plan.

Ground Ambulance Destination Requirements

The patient must be transported to the closest local facility that has appropriate facilities for treatment. The term "appropriate facilities" means the institution is generally equipped to provide the needed hospital or skilled nursing care for the illness or injury involved. In the case of a hospital, it also means a physician is available to provide the necessary care required to treat the patient's condition.

For a trip to qualify for reimbursement, the ground ambulance destination requirements must be met.

Note: As a result of the COVID-19 pandemic, some of the destination requirements for ground transports may be altered or waived for dates of service beginning March 13, 2020, until the Public Health Emergency (PHE) has expired. This applies to Pennsylvania only.

Pronouncement of Death

No reimbursement will be made, if the individual was pronounced dead prior to the time the ambulance was called. The following scenarios apply to reimbursement for ambulance services when the individual dies:

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Delaware

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Applicable codes:

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Note: A0888 - Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)

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Treatment in Place

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Applicable Codes: G2021 G2022

RELATED HIGHMARK POLICIES:

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- State of Pennsylvania Law:
<https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2018&sessInd=0&act=103>
- State of Delaware Law:
<https://delcode.delaware.gov/title18/c035/sc03/index.shtml#3565A>
<https://delcode.delaware.gov/title18/c033/sc01/index.shtml#3349A>
- State of West Virginia Law:
<http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=1§ion=21#1>
<http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=15§ion=21#15>

POLICY UPDATE HISTORY INFORMATION:

01 / 2020	Implementation
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Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-054
Subject: Ambulance Services
Effective Date: January 1, 2020
Issue Date: May 18, 2020
Date Reviewed: May 2020
Source: Reimbursement Policy

End Date:
Revised Date: May 2020

Applicable Commercial Market	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>		
Applicable Claim Type	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>		

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For a trip to qualify for reimbursement, the ground ambulance destination requirements must be met.

Note: As a result of the COVID-19 pandemic, some of the destination requirements for ground transports may be altered or waived for dates of service March 13, 2020 through June 13, 2020. This applies to Pennsylvania only.

Pronouncement of Death

No reimbursement will be made, if the individual was pronounced dead prior to the time the ambulance was called. The following scenarios apply to reimbursement for ambulance services when the individual dies:

1. If the individual is pronounced dead after the ambulance is called (before or after the ambulance arrives at the scene), but before they are loaded onboard the ambulance. Reimbursement in this situation may be made for a BLS base rate. However, no reimbursement for mileage will be made. Use the QL modifier (individual pronounced dead after the ambulance was called), **or**
2. If the individual is pronounced dead after being loaded into the ambulance (regardless of whether the pronouncement is made during or subsequent to the transport). Reimbursement in this situation is made following the usual reimbursement guidelines as if the individual had not died. This scenario includes a determination of "dead on arrival" (DOA) at the facility to which the individual was transported.

Note: Notwithstanding the individual's apparent condition, the death of an individual should be recognized only when the pronouncement of death is made by an individual who is licensed or otherwise authorized under state law to pronounce death in the state where such pronouncement is made.

ALS and BLS Contractual Agreements

In situations where a Basic Life Support (BLS) supplier provides the transport of the member and an Advanced Life Support (ALS) supplier provides a service that meets the definition of ALS intervention (e.g. ALS assessment, Paramedic Intercept services), the BLS supplier may bill the higher ALS rate, only if a written agreement exists between the BLS and ALS suppliers. Suppliers must provide a copy of the agreement or other such evidence (e.g. signed attestation) upon request.

Applicable Codes:

A0225	A0380	A0390	A0425	A0426	A0427	A0428	A0429	A0433
A0434	A0888	A9270	S0215					

No Transport

Pennsylvania and West Virginia

If an emergency, as defined by the respective state legislative act (see reference section), and no transport of a member occurs, the ambulance service is eligible for reimbursement by the Plan, subject to the member's benefits. This applies to situations in which the member refuses to be transported, even if medical services are provided prior to loading the member onto the ambulance (e.g., BLS or ALS assessment).

Delaware

If an emergency or non-emergency, as defined by the DE legislative act (see reference section), and no transport of a member occurs, the ambulance service is eligible for reimbursement by the Plan, subject to the member's benefits. This applies to situations in which the member refuses to be transported, even if medical services are provided prior to loading the member onto the ambulance (e.g., BLS or ALS assessment).

Applicable Codes: A0998

Paramedic Intercept

Paramedic intercept services are ALS services provided by paramedics who are not part of the ambulance entity providing the actual patient transportation. Payment may be made for medically necessary paramedic intercept services.

Applicable Codes: A0432 S0207 S0208

Ambulance Transportation and No Transport Services

Reimbursement for all ambulance suppliers will be based on a base rate for transportation, or no transport (code A0998), which includes all supplies. A separate charge is payable for mileage, with the exception of no transport code A0998.

Ambulance suppliers should report one charge reflecting all services and supplies, with a separate charge for mileage. No mileage will be reimbursed when a member is not transported (A0998).

Applicable codes:

A0425 A0426 A0427 A0428 A0429 A0433 A0434 A0888 A0999 A0998

Note: A0888 - Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)

Note: A0999 - Unlisted ambulance service (complete narrative description required and reimbursement can be made on an individual consideration basis).

Reimbursement for other services billed in addition to the base rate transportation is considered part of the payment for the base rate and are not separately reimbursed.

Applicable codes:

A0382 A0384 A0392 A0394 A0396 A0398 A0420 *A0422 A0424
A4927 A4928 A4930 93000 93005 93010 93040 93041 93042

94760 94761

***Note:** For Delaware providers only, oxygen (A0422) is separately reimbursed from the base rate ambulance code with the exception of the no transport base rate code A0998. When A0998 is billed, all of the supplies listed above are considered not separately reimbursed.

Miscellaneous

- Individual procedure codes for service and mileage, along with the number of miles, must be reflected on the claim.
- Ambulance suppliers are required to retain documentation on file supporting all ambulance services (i.e., trip sheets).
- When multiple units respond to a call for services, reimbursement will be made to the entity that provides the transport for the individual. The transporting entity should bill for all services furnished.
- More than one individual may be transported (e.g., from the scene of a traffic accident). The billed amount should be prorated by the number of individuals in the ambulance.
- When multiple individual transports are reported, the statement "multiple patients" and the number transported must be documented.
- Based upon the state licensure requirements for an ambulance vehicle and crew members, cardiac monitoring is considered an ALS specialized service. Therefore, it is not recognized as a service performed in conjunction with a BLS transport.
- Reimbursement will not be made for ambulance services provided for an individual or family convenience.
- Reimbursement will not be made for ambulance night differential charges for ambulance transport provided between the hours of 7pm and 7am (A0999), as it is considered part of the base rate payment for ambulance transport. Code A0999 will be denied as not covered when submitted for ambulance night differential charges for ambulance transport. A network provider cannot bill the member for the non-covered service.

Treatment in Place

Subject to the member's benefits and applicable state mandates, the Plan will reimburse code G2021 for treatment in place. Also, procedure code G2022 will only be considered for reimbursement by the Plan if rendered as an emergency and subject to the terms of the applicable state mandates.

Applicable Codes: G2021 G2022

RELATED HIGHMARK POLICIES:

Refer to the following Medical Policies for additional information:

- Commercial Medical Policy Q-5: Ambulance Services – Air and Water

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Medicare Claims Processing Manual, Chapter 15, Ambulance
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf>
- Medicare Benefit Policy Manual, Chapter 10, Ambulance Services
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>
- State of Pennsylvania Law:
<https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2018&sessInd=0&act=103>
- State of Delaware Law:
<https://delcode.delaware.gov/title18/c035/sc03/index.shtml#3565A>
<https://delcode.delaware.gov/title18/c033/sc01/index.shtml#3349A>
- State of West Virginia Law:
<http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=1§ion=21#1>
<http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=15§ion=21#15>

POLICY UPDATE HISTORY INFORMATION:

01 / 2020	Implementation
02 / 2020	Added codes G2021 and G2022. Added policy applicable to WV and DE regions.
05 / 2020	Added note for ground transport destination requirements for pandemic period.

Highmark Reimbursement Policy Bulletin



[CLICK FOR HISTORY VERSIONS](#)

Bulletin Number: RP-054
Subject: Ambulance Services
Effective Date: January 1, 2020
Issue Date: February 1, 2020
Date Reviewed: January 2020
Source: Reimbursement Policy

End Date:
Revised Date: February 2020

Applicable Commercial Market

PA WV DE

Applicable Medicare Advantage Market

PA WV

Applicable Claim Type

UB 1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

This policy provides the Plan's reimbursement direction for ground ambulance services provided for a member in which services have been approved as medically necessary. Requirements for meeting medical necessity are provided in the Plan's Medical Policies referenced in the Related Policies section.

DEFINITIONS:

Ground ambulance transportation: Ambulance services provided by a motor vehicle over road surface.

REIMBURSEMENT GUIDELINES:

Ground Ambulance Vehicle and Crew Requirement

Any vehicle used as an ambulance must be designed and equipped to respond to medical emergencies and, in non-emergency situations, be capable of transporting members with acute medical conditions. The vehicle must comply with state or local laws governing the licensing and certification of an emergency medical transportation vehicle. At a minimum, the ambulance must contain a stretcher, linens, emergency medical supplies, oxygen equipment, and other lifesaving emergency medical equipment and be equipped with emergency warning lights, sirens, and telecommunications equipment as required by state or local law. This should include, at a minimum, one two-way voice radio or wireless telephone.

Services that do not meet the ground ambulance vehicle and crew requirement do not qualify for reimbursement by the Plan.

Ground Ambulance Destination Requirements

The patient must be transported to the closest local facility that has appropriate facilities for treatment. The term "appropriate facilities" means the institution is generally equipped to provide the needed hospital or skilled nursing care for the illness or injury involved. In the case of a hospital, it also means a physician is available to provide the necessary care required to treat the patient's condition.

For a trip to qualify for reimbursement, the ground ambulance destination requirements must be met.

Pronouncement of Death

No reimbursement will be made, if the individual was pronounced dead prior to the time the ambulance was called. The following scenarios apply to reimbursement for ambulance services when the individual dies:

1. If the individual is pronounced dead after the ambulance is called (before or after the ambulance arrives at the scene), but before they are loaded onboard the ambulance. Reimbursement in this situation may be made for a BLS base rate. However, no reimbursement for mileage will be made. Use the QL modifier (individual pronounced dead after the ambulance was called), **or**
2. If the individual is pronounced dead after being loaded into the ambulance (regardless of whether the pronouncement is made during or subsequent to the transport). Reimbursement in this situation is made following the usual reimbursement guidelines as if the individual had not died. This scenario includes a determination of "dead on arrival" (DOA) at the facility to which the individual was transported.

Note: Notwithstanding the individual's apparent condition, the death of an individual should be recognized only when the pronouncement of death is made by an individual who is licensed or otherwise authorized under state law to pronounce death in the state where such pronouncement is made.

ALS and BLS Contractual Agreements

In situations where a Basic Life Support (BLS) supplier provides the transport of the member and an Advanced Life Support (ALS) supplier provides a service that meets the definition of ALS intervention (e.g. ALS assessment, Paramedic Intercept services), the BLS supplier may bill the higher ALS rate, only if a written agreement exists between the BLS and ALS suppliers. Suppliers must provide a copy of the agreement or other such evidence (e.g. signed attestation) upon request.

Applicable Codes:

A0225	A0380	A0390	A0425	A0426	A0427	A0428	A0429	A0433
A0434	A0888	A9270	S0215					

No Transport

Pennsylvania and West Virginia

If an emergency, as defined by the respective state legislative act (see reference section), and no transport of a member occurs, the ambulance service is eligible for reimbursement by the Plan, subject to

the member's benefits. This applies to situations in which the member refuses to be transported, even if medical services are provided prior to loading the member onto the ambulance (e.g., BLS or ALS assessment).

Delaware

If an emergency or non-emergency, as defined by the DE legislative act (see reference section), and no transport of a member occurs, the ambulance service is eligible for reimbursement by the Plan, subject to the member's benefits. This applies to situations in which the member refuses to be transported, even if medical services are provided prior to loading the member onto the ambulance (e.g., BLS or ALS assessment).

Applicable Codes: A0998

Paramedic Intercept

Paramedic intercept services are ALS services provided by paramedics who are not part of the ambulance entity providing the actual patient transportation. Payment may be made for medically necessary paramedic intercept services.

Applicable Codes: A0432 S0207 S0208

Ambulance Transportation and No Transport Services

Reimbursement for all ambulance suppliers will be based on a base rate for transportation, or no transport (code A0998), which includes all supplies. A separate charge is payable for mileage, with the exception of no transport code A0998.

Ambulance suppliers should report one charge reflecting all services and supplies, with a separate charge for mileage. No mileage will be reimbursed when a member is not transported (A0998).

Applicable codes:

A0425 A0426 A0427 A0428 A0429 A0433 A0434 A0888 A0999 A0998

Note: A0888 - Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)

Note: A0999 - Unlisted ambulance service (complete narrative description required and reimbursement can be made on an individual consideration basis).

Reimbursement for other services billed in addition to the base rate transportation is considered part of the payment for the base rate and are not separately reimbursed.

Applicable codes:

A0382 A0384 A0392 A0394 A0396 A0398 A0420 *A0422 A0424
A4927 A4928 A4930 93000 93005 93010 93040 93041 93042
94760 94761

***Note:** For Delaware providers only, oxygen (A0422) is separately reimbursed from the base rate ambulance code with the exception of the no transport base rate code A0998. When A0998 is billed, all of the supplies listed above are considered not separately reimbursed.

Miscellaneous

- Individual procedure codes for service and mileage, along with the number of miles, must be reflected on the claim.
- Ambulance suppliers are required to retain documentation on file supporting all ambulance services (i.e., trip sheets).
- When multiple units respond to a call for services, reimbursement will be made to the entity that provides the transport for the individual. The transporting entity should bill for all services furnished.
- More than one individual may be transported (e.g., from the scene of a traffic accident). The billed amount should be prorated by the number of individuals in the ambulance.
- When multiple individual transports are reported, the statement "multiple patients" and the number transported must be documented.
- Based upon the state licensure requirements for an ambulance vehicle and crew members, cardiac monitoring is considered an ALS specialized service. Therefore, it is not recognized as a service performed in conjunction with a BLS transport.
- Reimbursement will not be made for ambulance services provided for an individual or family convenience.
- Reimbursement will not be made for ambulance night differential charges for ambulance transport provided between the hours of 7pm and 7am (A0999), as it is considered part of the base rate payment for ambulance transport. Code A0999 will be denied as not covered when submitted for ambulance night differential charges for ambulance transport. A network provider cannot bill the member for the non-covered service.

Treatment in Place

Subject to the member's benefits and applicable state mandates, the Plan will reimburse code G2021 for treatment in place. Also, procedure code G2022 will only be considered for reimbursement by the Plan if rendered as an emergency and subject to the terms of the applicable state mandates.

Applicable Codes: G2021 G2022

RELATED HIGHMARK POLICIES:

Refer to the following Medical Policies for additional information:

- Commercial Medical Policy Q-5: Ambulance Services – Air and Water

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Medicare Claims Processing Manual, Chapter 15, Ambulance
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf>

- Medicare Benefit Policy Manual, Chapter 10, Ambulance Services
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>
- State of Pennsylvania Law:
<https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2018&sessInd=0&act=103>
- State of Delaware Law:
<https://delcode.delaware.gov/title18/c035/sc03/index.shtml#3565A>
<https://delcode.delaware.gov/title18/c033/sc01/index.shtml#3349A>
- State of West Virginia Law:
<http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=1§ion=21#1>
<http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=15§ion=21#15>

POLICY UPDATE HISTORY INFORMATION:

1 / 2020	Implementation
2 / 2020	Added codes G2021 and G2022. Added policy applicable to WV and DE regions.

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-054
Subject: Ambulance Services
Effective Date: January 1, 2020
Issue Date: November 1, 2019
Date Reviewed: September 2019
Source: Reimbursement Policy

End Date:

Revised Date:

Applicable Commercial Market

PA WV DE

Applicable Medicare Advantage Market

PA WV

Applicable Claim Type

UB 1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

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Services that do not meet the ground ambulance vehicle and crew requirement do not qualify for reimbursement by the Plan.

Ground Ambulance Destination Requirements

The patient must be transported to the closest local facility that has appropriate facilities for treatment. The term "appropriate facilities" means the institution is generally equipped to provide the needed hospital or skilled nursing care for the illness or injury involved. In the case of a hospital, it also means a physician is available to provide the necessary care required to treat the patient's condition.

For a trip to qualify for reimbursement, the ground ambulance destination requirements must be met.

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2. If the individual is pronounced dead after being loaded into the ambulance (regardless of whether the pronouncement is made during or subsequent to the transport). Reimbursement in this situation is made following the usual reimbursement guidelines as if the individual had not died. This scenario includes a determination of "dead on arrival" (DOA) at the facility to which the individual was transported.

Note: Notwithstanding the individual's apparent condition, the death of an individual should be recognized only when the pronouncement of death is made by an individual who is licensed or otherwise authorized under state law to pronounce death in the state where such pronouncement is made.

ALS and BLS Contractual Agreements

In situations where a Basic Life Support (BLS) supplier provides the transport of the member and an Advanced Life Support (ALS) supplier provides a service that meets the definition of ALS intervention (e.g. ALS assessment, Paramedic Intercept services), the BLS supplier may bill the higher ALS rate, only if a written agreement exists between the BLS and ALS suppliers. Suppliers must provide a copy of the agreement or other such evidence (e.g. signed attestation) upon request.

Applicable Codes:

A0225	A0380	A0390	A0425	A0426	A0427	A0428	A0429	A0433
A0434	A0888	A9270	S0215					

No Transport

If an emergency, as defined by the PA legislative act (see reference section), and no transport of a member occurs, the ambulance service is eligible for reimbursement by the Plan, subject to the member's benefits. This applies to situations in which the member refuses to be transported, even if medical services are provided prior to loading the member onto the ambulance (e.g., BLS or ALS assessment).

Applicable Codes: A0998

Note: Refer to applicable state laws for ambulance no transports located in the reference section below.

Paramedic Intercept

Paramedic intercept services are ALS services provided by paramedics who are not part of the ambulance entity providing the actual patient transportation. Payment may be made for medically necessary paramedic intercept services.

Applicable Codes: A0432 S0207 S0208

Ambulance Transportation and No Transport Services

Reimbursement for all ambulance suppliers will be based on a base rate for transportation, or no transport (code A0998), which includes all supplies. A separate charge is payable for mileage, with the exception of no transport code A0998.

Ambulance suppliers should report one charge reflecting all services and supplies, with a separate charge for mileage. No mileage will be reimbursed when a member is not transported (A0998).

Applicable codes:

A0425 A0426 A0427 A0428 A0429 A0433 A0434 A0888 A0999 A0998

Note: A0888 - Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)

Note: A0999 - Unlisted ambulance service (complete narrative description required and reimbursement can be made on an individual consideration basis).

Reimbursement for other services billed in addition to the base rate transportation is considered part of the payment for the base rate and are not separately reimbursed.

Applicable codes:

A0382 A0384 A0392 A0394 A0396 A0398 A0420 A0422 A0424
A4927 A4928 A4930 93000 93005 93010 93040 93041 93042
94760 94761

Miscellaneous

- Individual procedure codes for service and mileage, along with the number of miles, must be reflected on the claim.
- Ambulance suppliers are required to retain documentation on file supporting all ambulance services (i.e., trip sheets).
- When multiple units respond to a call for services, reimbursement will be made to the entity that provides the transport for the individual. The transporting entity should bill for all services furnished.
- More than one individual may be transported (e.g., from the scene of a traffic accident). The billed amount should be prorated by the number of individuals in the ambulance.

- When multiple individual transports are reported, the statement "multiple patients" and the number transported must be documented.
- Based upon the state licensure requirements for an ambulance vehicle and crew members, cardiac monitoring is considered an ALS specialized service. Therefore, it is not recognized as a service performed in conjunction with a BLS transport.
- Reimbursement will not be made for ambulance services provided for an individual or family convenience.
- Reimbursement will not be made for ambulance night differential charges for ambulance transport provided between the hours of 7pm and 7am (A0999), as it is considered part of the base rate payment for ambulance transport. Code A0999 will be denied as not covered when submitted for ambulance night differential charges for ambulance transport. A network provider cannot bill the member for the non-covered service.

Note: See medical policy Q-1 Ambulance Services (Medical Transportation) for additional information.

RELATED HIGHMARK POLICIES:

Refer to the following Medical Policies for additional information:

- Commercial Medical Policy Q-1: Ambulance Services (Medical Transportation)
- Commercial Medical Policy Q-5: Ambulance Services – Air and Water

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Medicare Claims Processing Manual, Chapter 15, Ambulance
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf>
- Medicare Benefit Policy Manual, Chapter 10, Ambulance Services
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>
- State of Pennsylvania Law:
<https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2018&sessInd=0&act=103>

POLICY UPDATE HISTORY INFORMATION:

1 / 2020	Implementation
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