Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-054		
Subject:	Ambulance Services		
Effective Date:	January 1, 2020	**End Date:**	
Issue Date:	October 28, 2024	**Revised Date:**	October 2024
Date Reviewed:	June 2024		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☒	**1500**	☒				

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.

COMMERICAL 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

<u>Pennsylvania and West Virginia</u>

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 can 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.

MEDICARE ADVANTAGE 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 services furnished are reimbursed if the following fundamental conditions are met:

- Actual transportation of the member occurs; **and**
- The member is transported to an appropriate destination; **and**

- The transportation by ambulance must be medically necessary, i.e., the member's medical condition is such that other forms of transportation are medically contraindicated (e.g. without endanger the member medical condition); **and**
- The ambulance provider/supplier meets all applicable vehicles, staffing, billing and reporting requirements

Payment for ground ambulance services may be made for expenses incurred by a member when the following conditions are met:

- Member needs to be transported in an emergency situation, e.g. as a result of an accident, injury, or acute illness
- Member needs to be restrained to prevent injury to the member
- Member is unconscious or in shock
- Member requires oxygen or other emergency treatment during transport to the nearest appropriate facility
- Member exhibits signs and symptoms that indicate the possibility of acute stroke
- Member must remain immobile due to an un-set fracture or the possibility of a fracture
- Member is experiencing severe hemorrhage
- Member could be moved only by stretcher
- Member is *bed- confined before and after the ambulance trip

***Note:** A member is considered bed confined when ALL of the following three conditions are met:

- Unable to get up from bed without assistance
- Unable to ambulate
- Unable to sit in a chair or wheelchair

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 who must:

- Meet the vehicle staff requirements above for Basic Life Support (BLS) and ambulance vehicles
- Be certified as an Emergency Medical Technician (EMT)-Intermediate or an EMT Paramedic by the state of local authority where the services are being furnished to perform the ALS services

Site to Site Ambulance Transportation

Site to site ground ambulance transport is covered to the nearest appropriate facility to obtain necessary diagnostic and/or therapeutic services, as well as the return transport. In addition, transport is covered only to the extent of the payment that would be made for bringing the service to the member.

Site to site ground ambulance transports may be considered reimbursable when all program requirements are met for the following destinations:

- Hospitals and Critical Access Hospitals
- Skilled Nursing Facility (SNF)
- From SNF to the nearest supplier of medically necessary services not available at the SNF where the member is a resident and not in a covered Part A stay, including the return trip
- Member's home
- Dialysis facility for end-stage renal disease (ESRD) member who requires dialysis

- A physician's office is not a covered destination. However, under special circumstances an ambulance transport may temporarily stop at a physician's office without affecting the coverage status of the transport

Note: An institution is not considered an appropriate facility if there is no bed available at the time the ambulance service was provided.

No Transport

No reimbursement will be made if ground ambulance transport of a member does not occur. 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).

Payment is not provided for non-covered ambulance mileage, per mile {e.g., miles traveled beyond closest appropriate facility). Modifier GY must be added for the non-covered ambulance mileage.

Applicable Codes: A0888 A0998 A0999

Paramedic Intercept (PI) (Only applicable to services provided in rural New York)

PI services are payable separate from the ground ambulance transport when the following three conditions are met:

1. The intercept service(s) must be:
    - Furnished in a rural area
    - Furnished under a contract with one or more volunteer ambulance services
    - Medically necessary based on condition of the member receiving the ambulance service
2. In addition, the volunteer ambulance service must:
    - Meet Medicare Advantage's certification requirements for furnishing ambulance services
    - Furnish services only at the BLS level at the time of intercept
    - Be prohibited by state law from billing for anyone for any service
3. The entity furnishing the ALS PI service must:
    - Meet Medicare Advantage's certification requirements for furnishing ALS services
    - Bill all recipients who receive ALS PI services from the entity regardless of whether or not those recipients are Medicare Advantage members.

A rural area is an area that is designated as rural by states law or regulation, or that is located in a rural census tract of a metropolitan statistical area (MSA). The Goldsmith Modification is a methodology to identify small towns and rural areas within large metropolitan counties that are isolated from central areas by distance or other features. The current list of these areas is periodically published in the federal register.

For PI, an area is a rural area if:

- It is designated as a rural area by any law or regulation of a state
- It is located outside of an MSA or New England County Metropolitan Area (NECMA)
- It is located in a rural census tract of the MSA determined by most recent Goldsmith Modification

Applicable Codes: A0432

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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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: 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 services are rendered.

Transportation from Institution to Member's Home

Ground ambulance service from an institution to the member's residence may be considered medically necessary when the home is within the locality of such institution, or where the member's home is outside of the locality of such institution but the institution, in relation to the home, is the nearest one (1) with appropriate facilities. A member's residence is the place where he/she makes his/her home and dwells permanently, or for an extended period.

Transportation from Institution to Institution

When a member is transported to an institution initially found to have inadequate or unavailable facilities to provide the required care, the member can be transported to a second institution having appropriate facilities. Transportation by ambulance to both institutions would be covered to the extent of the mileage to be the nearest institution with appropriate facilities.

Ground ambulance transports to and from a covered destination (i.e., two_(2) one_(1)-way trips) furnished to a member who is not an inpatient of a provider for the purpose of obtaining covered medical services are covered, if all program requirements for coverage are met.

Note: Ambulance service to a physician's office or a physician-directed clinic is not reimbursable.

Multiple Member Ground Ambulance Transport

If two (2) members are transported to the same destination simultaneously, for each member, reimbursement will allow 75 percent of the payment allowance for the base rate applicable to the level of care furnished to that member, plus 50 percent of the total mileage payment allowance for the entire trip.

If three (3) or more members are transported to the same destination simultaneously, then the reimbursement allowance for the member (or each of them) is equal to 60 percent of the base rate

applicable to the level of care furnished to the member. However, a single payment allowance for mileage will be prorated by the number of members onboard.

Supplies and Miscellaneous Services

Payment for items and services is included in the base rate payment. These items and services include but are not limited to oxygen, drugs, extra attendants, electrocardiogram (EKG) testing, etc.

Applicable Codes:

A0380 A0390 A0425 A0426 A0427 A0428 A0429 A0432 A0433 A0434
A0888 A0998 A0999

RELATED POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- Q-5: Ambulance Services – Air and Water

Refer to the following Medicare Advantage Medical Policies for additional information:

- N-84: Air Ambulance Services

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

REFERENCES:

- Centers for Medicare and Medicaid Services; Claims Processing Manual, Chapter 15, Ambulance
  https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf

- Centers for Medicare and Medicaid Services; Benefit Policy Manual, Chapter 10, Ambulance
  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&section=21#1
  http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=15&section=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
10 / 2024	Added Medicare Advantage direction transferred from MA Medical Policy T-2

Highmark Reimbursement Policy Bulletin

HIGHMARK.

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**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐	**DE**	☐	**NY**	☐
Applicable Claim Type	**UB**	☒	**1500**	☒				

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PURPOSE:

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REIMBURSEMENT GUIDELINES:

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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.

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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:

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Pennsylvania and West Virginia

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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

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Applicable Codes: A0432 S0207 S0208

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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:

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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.
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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&section=21#1
  http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=15&section=21#15

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Date Reviewed:	July 2021		
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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**
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

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&section=21#1
  http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=15&section=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	**End Date:**	
Issue Date:	March 29, 2021	**Revised Date:**	March 2021
Date Reviewed:	December 2020		
Source:	Reimbursement Policy		

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.

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**
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

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&section=21#1
  http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=15&section=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.
03 / 2021	Removed Delaware exception to separately reimburse A0422 (Oxygen)

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

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

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.

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.
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- 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:

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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&section=21#1
  http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=15&section=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

HIGHMARK.

CLICK FOR HISTORY VERSIONS

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

Applicable Commercial Market	**PA**	☒	**WV** ☒	**DE**	☒
Applicable Medicare Advantage Market	**PA**	☐	**WV** ☐		
Applicable Claim Type	**UB**	☒	**1500** ☒		

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PURPOSE:

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DEFINITIONS:

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REIMBURSEMENT GUIDELINES:

Ground Ambulance Vehicle and Crew Requirement

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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.

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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ALS and BLS Contractual Agreements

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Applicable Codes:

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

No Transport

<u>Pennsylvania and West Virginia</u>

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&section=21#1
  http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=33&art=15&section=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	**End Date:**	
Issue Date:	November 1, 2019	**Revised Date:**	
Date Reviewed:	September 2019		
Source:	Reimbursement Policy		

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

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.
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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