

# Ambulance Services (for Louisiana Only)

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[Instructions for Use](#)

Content mandated by Louisiana Department of Health

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## Application

This Coverage Determination Guideline only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

## Coverage Rationale

### Indications for Coverage

Ambulance transportation is emergency or non-emergency medical transportation provided to Medicaid beneficiaries to and/or from a Medicaid provider for a medically necessary Medicaid covered service when the beneficiary’s condition is such that use of any other method of transportation is contraindicated or would make the beneficiary susceptible to injury. Ambulance services are not covered when another means of transportation could be utilized without endangering the individual’s health.

To participate in the Medicaid program, ambulance providers must meet the requirements of La. R.S. 40:1135.3. Licensing by the Louisiana Department of Health (LDH) Bureau of Emergency Medical Services is also required. Services must be provided in accordance with state law and regulations governing the administration of these services. Additionally, licensure is required for the medical technicians and other ambulance personnel by the LDH Bureau of Emergency Medical Services.

Coverage information by enrollment type is provided in the following matrix:

Enrollment	Non-Emergency Ambulance	Emergency Ambulance
Managed care for physical and behavioral health	MCO	MCO
Managed care for physical health only (CSoc children)	MCO	MCO
Managed care for behavioral health only	MCO	FFS Medicaid
Nursing home residents	MCO	MCO for month of admission*; FFS Medicaid for subsequent months
Children in ICF-IIDs†	MCO	FFS Medicaid
Adults in ICF-IIDs†	FFS Medicaid	FFS Medicaid

Enrollment	Non-Emergency Ambulance	Emergency Ambulance
Excluded populations	FFS Medicaid	FFS Medicaid

† Intermediate Care Facility for Individuals with Intellectual Disabilities

^ Southeasterns is currently authorizing and reimbursing for these transportation services covered by FFS Medicaid.

\* During the single transitional month where an enrollee is both in a P-linkage and certified in LTC, the MCO will remain responsible for all transportation services that are not the responsibility of the nursing facility.

Reimbursement to ambulance providers shall be no less than the published Medicaid FFS rate in effect on the date of service, unless mutually agreed upon by the transportation broker and the transportation provider in the provider agreement.

Terms utilized in the published Medicaid fee schedule are defined as follows:

- Basic Life Support (BLS): Emergency medical care administered to the EMT-basic scope of practice.
- Advanced Life Support (ALS): Emergency medical care administered to at least the level of an emergency medical technician-paramedic's scope of practice.
- Specialty Care Transport: Interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic.

Ambulance providers may bill for mileage to the nearest appropriate facility. Reimbursement for mileage will vary depending on whether the transport is for an emergency or non-emergency event.

Reimbursement for mileage will be limited to actual mileage from point of pick up to point of delivery. Mileage can only be billed for miles traveled with the beneficiary in the ambulance.

### ***Hospital-Based Ambulance Services***

If a recipient is transported to a hospital by a hospital-based ambulance (ground or air) and is admitted, the ambulance charges may be covered and are to be billed as part of inpatient services. Air ambulance services are not covered unless the recipient is transported to the facility which owns the ambulance.

Hospital-based ambulances must meet equipment and personnel standards set by the Bureau of Emergency Services (EMS). Hospitals must submit a copy of the EMS certification to Provider Enrollment for recognition to bill ambulance services.

### ***Emergency Ambulance Transportation***

Emergency ambulance transportation is provided for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of the beneficiary (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part

A beneficiary may also require emergency ambulance transportation if he or she is psychiatrically unmanageable or needs restraint.

Ambulance providers must retain documentation that appropriately supports that at least one of these criteria was met and that the beneficiary would be susceptible to injury using any other method of transportation. An ambulance trip that does not meet at least one of these criteria would be considered a nonemergency service and must be coded and billed as such.

Prior review or authorization is not permitted for emergency ambulance transportation.

Separate reimbursement for oxygen and disposable supplies will be made when medically necessary.

## Ambulance Treatment in Place

Ambulance providers that are dispatched by an emergent call for service may determine upon the scene that a telehealth visit with a licensed medical professional, who is enrolled in Medicaid, is more appropriate than transportation to an emergency department. In this case, the treatment-in place service may be rendered.

Note: Treatment in place is classified as an emergency transportation service. All provisions, including criteria and documentation to support the emergency determination, from the preceding section apply.

Both the telehealth claim and the ambulance treatment-in-place claim shall be payable by Medicaid. If the ambulance provider bills on behalf of the telehealth provider, the ambulance provider must bill the telehealth service separately from the treatment-in-place service and in accordance with the requirements below.

### *Ambulance Telemedicine/Telehealth Claims*

The ambulance provider's NPI must be enrolled in Medicaid as a Professional Service (claim type 04) billing provider.

The rendering provider's NPI must be reported on the claim and enrolled in Medicaid as a licensed physician, physician assistant, or advanced practice registered nurse.

The claim must indicate place of service 02 and modifier 95.

Approved telemedicine/telehealth procedure codes for ambulance telemedicine/telehealth claims are listed in the following table:

Category	Service	CPT Codes
Evaluation and Management, Office or Other Outpatient Service	New Patient	99201, 99202, 99203, 99204, 99205
	Established Patient	99211, 99212, 99213, 99214, 99215

### *Ambulance Treatment in Place Claim*

The ambulance provider's NPI must be enrolled in Medicaid as an Ambulance Service (claim type 07) billing provider.

Supply codes A0382 and A0398 are payable, but mileage (A0425) and other ambulance transportation services are not payable. Claims billed with non-payable ambulance treatment in place services shall be denied.

Claims must indicate treatment in place destination code "W" in the destination position of the origin/destination modifier combination.

Valid ambulance claim modifiers for treatment in place are listed in the following table:

Modifier	Origination Site	Destination
DW	Diagnostic or therapeutic site other than P or H when these are used as origin codes	Tx-in-Place
EW	Residential, domiciliary, custodial facility (other than 1819 facility)	Tx-in-Place
GW	Hospital based ESRD facility	Tx-in-Place
HW	Hospital	Tx-in-Place
IW	Site of transfer (e.g. airport or helicopter pad) between modes of ambulance transport	Tx-in-Place
JW	Freestanding ESRD facility	Tx-in-Place
NW	Skilled nursing facility	Tx-in-Place
PW	Physician's office	Tx-in-Place
RW	Residence	Tx-in-Place
SW	Scene of accident or acute event	Tx-in-Place

## Emergency Transportation to Hospital During Treatment in Place

If the beneficiary being treated in place has a real time deterioration in his or her clinical condition which necessitates immediate transport to an emergency department, the ambulance provider shall transport the beneficiary if appropriate. In no instance may the ambulance provider be reimbursed for both an emergency transport to a hospital and an ambulance treatment-in-place service for the same incident.

### *Exclusions*

Medicaid does not cover “Ambulance 911-Non-emergency” services (i.e., procedure code A0226). If the beneficiary’s medical condition does not present itself as an emergency in accordance with the criteria in this manual, the service may be considered a non-covered service by Medicaid.

Ambulance providers may bill beneficiaries for non-covered services only if the beneficiary was informed prior to transportation, verbally and in writing, that the service was not covered by Medicaid and the beneficiary agreed to accept the responsibility for payment. The transportation provider must obtain a signed statement or form which documents that the beneficiary was verbally informed of the out-of-pocket expense.

### *Non-Emergency Ambulance Transportation*

Non-emergency ambulance transportation (NEAT) is provided to a Medicaid beneficiary to and/or from a provider of medical services for a covered medical service when no other means of transportation is available and the beneficiary is unable to ride in any other type of vehicle due to medical reasons. The nature of the trip is not an emergency, but the beneficiary requires the use of an ambulance.

The beneficiary’s treating physician, a registered nurse, the director of nursing at a nursing facility, a nurse practitioner, a physician’s assistant, or a clinical nurse specialist must certify on the Certification of Ambulance Transportation that the transport is medically necessary and describe the medical condition which necessitates ambulance services.

NEAT must be scheduled by the beneficiary or a medical facility through the transportation broker or the ambulance provider.

- If transportation is scheduled through the transportation broker, the transportation broker shall verify, prior to scheduling, beneficiary eligibility, that the originating or destination address belongs to a medical facility, and that a completed Certification of Ambulance Transportation form is received for the date of service. Once the trip has been dispatched to an ambulance provider and completed, the ambulance provider shall be reimbursed upon submission of the clean claim for the transport.
- If transportation is scheduled through the ambulance provider, the ambulance provider must verify beneficiary eligibility, that the originating or destination address belongs to a medical facility, and that a completed Certification of Ambulance Transportation form is received for the date of service. The transportation broker shall reimburse the ambulance provider only if a completed Certification of Ambulance Transportation form is submitted with the clean claim or is on file with the transportation broker prior to reimbursement.

Mileage must be reimbursed in accordance with the type of service indicated by the licensed medical professional on the Certification of Ambulance Transportation.

The Certification of Ambulance Transportation form is located at [www.lamedicaid.com](http://www.lamedicaid.com) under the “Forms/Files/Surveys/User Manuals” link.

### *Nursing Facility Ambulance Transportation*

Nursing facilities are required to provide medically necessary transportation services for Medicaid beneficiaries residing in their facilities. Any nursing facility beneficiary needing non-emergency, non-ambulance transportation services are the financial responsibility of the nursing facility. NEAT services provided to a nursing facility beneficiary must include the Certification of Ambulance Transportation to be reimbursable by Louisiana Medicaid; otherwise, the nursing facility shall be responsible for reimbursement for such services.

## Air Ambulance

Air ambulances may be used for emergency and non-emergency ambulance transportation when medically necessary. Licensure by the LDH Bureau of Emergency Medical Services is required. Licensure for air ambulance services is governed by La. R.S. 40:1135.8. Rotor winged (helicopters) and fixed winged emergency aircraft must be certified by the Bureau of Health Services Financing in order to receive Medicaid reimbursement.

All air ambulance services must comply with state laws and regulations governing the personnel certifications of the emergency medical technicians, registered nurses, respiratory care technicians, physicians, and pilots as administered by the appropriate agency of competent jurisdiction.

Air ambulance services are covered only if:

- Speedy admission of the beneficiary is essential and the point of pick-up of the beneficiary is inaccessible by a land vehicle; or
- Great distances or other obstacles are involved in getting the beneficiary to the nearest hospital with appropriate services

If both land and air ambulance transport are necessary during the same trip, each type of provider will be reimbursed separately according to regulations for that type of provider.

## Return Trips and Transfers

### Return Trips

When a beneficiary is transported to a hospital by ambulance on an emergency basis and is not admitted, the hospital shall request an NEMT return trip with the transportation broker unless the beneficiary meets the medical necessity requirements for NEAT.

### Transfers

An ambulance transfer is the transport of a beneficiary by ambulance from one hospital to another. It must be medically necessary for the beneficiary to be transported by ambulance. The beneficiary must be transported to the most appropriate hospital that can meet his/her needs.

If the physician makes the decision that the level of care required by the beneficiary cannot be provided by the hospital, and the beneficiary has to be transported by the provider to another hospital, the transportation provider shall be reimbursed for both transfers once clean claims are submitted for the transfers.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Modifier	Location
<b>Ambulance Modifiers</b>	
Ambulance claims are billed with two of the following modifiers. The first modifier indicates the place of origin, and the second modifier indicates the destination.	
D	Diagnostic or therapeutic site other than 'P' or 'H'
E	Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (for example, airport or helicopter pad) between types of ambulance
J	Non-hospital-based dialysis facility

Modifier	Location
<b>Ambulance Modifiers</b>	
Ambulance claims are billed with two of the following modifiers. The first modifier indicates the place of origin, and the second modifier indicates the destination.	
N	Skilled nursing facility (SNF)
P	Physician's office (includes HMO non-hospital facility, clinic, etc.)
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office en route to the hospital (includes HMO non-hospital facility, clinic, etc.) Note: Modifier X can only be used as a destination code in the second position of a modifier.

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HCPCS Code	Description
<b>Air Ambulance (Also see <a href="#">Air Ambulance Revenue Code 0545</a> below)</b>	
A0430	Ambulance service, conventional air service, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments
<b>Ground/Other Ambulance</b>	
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way
A0380	BLS mileage (per mile)
A0382	BLS routine disposable supplies
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)
A0390	ALS miles (per mile)
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed by BLS ambulances)
A0394	ALS specialized service disposable supplies; IV drug
A0396	ALS specialized service disposable supplies; esophageal intubation
A0398	ALS routine disposable supplies
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 emergency)
A0428	Ambulance service, basic life support, non-emergency transport (BLS)
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)

HCPSC Code	Description
Ground/Other Ambulance	
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
A0433	Advanced life support, level 2 (ALS 2)
A0434	Specialty care transport (SCT)
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance service
S0207	Paramedic intercept, non-hospital based ALS service (nonvoluntary), nontransport
S0208	Paramedic intercept, hospital based ALS service (nonvoluntary), nontransport

Revenue Code	Description
0540	Ambulance; general classification
0541	Ambulance; supplies
0542	Ambulance; medical transport
0543	Ambulance; heart mobile
0544	Ambulance; oxygen
0545	Air ambulance
0546	Neo-natal ambulance
0547	Ambulance; pharmacy
0548	Ambulance; telephone transmission EKG
0549	Other ambulance

## References

Louisiana Department of Health, Hospital Services, Provider Manual Chapter Twenty-five of the Medicaid Services Manual, Issued July 1, 2011. <https://www.lamedicaid.com/provweb1/providermanuals/manuals/Hosp/Hosp.pdf>. Accessed April 5, 2021.

Louisiana Department of Health, Medical Transportation, Provider Manual Revision-B, Chapter Ten of the Medicaid Services Manual, Issued January 11, 2021. [https://www.lamedicaid.com/provweb1/providermanuals/manuals/MED\\_TRANS/MED\\_TRANS.pdf](https://www.lamedicaid.com/provweb1/providermanuals/manuals/MED_TRANS/MED_TRANS.pdf). Accessed March 23, 2021.

## Guideline History/Revision Information

Date	Summary of Changes
04/01/2021	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>Updated <i>Instructions for Use</i>; replaced reference to “MCG™ Care Guidelines” with “InterQual® criteria”</li> <li>Added language to indicate content is mandated by the Louisiana Department of Health</li> </ul> <p><b>Application</b></p> <ul style="list-style-type: none"> <li>Added language to indicate the coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth in accordance with State requirements</li> </ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Revised coverage rationale to reflect guidelines set forth in the <i>Louisiana Department of Health Provider Manual (Medical Transportation)</i></li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Removed <i>Related Policies</i> and <i>Definitions</i> sections</li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>• Updated <i>References</i> section to reflect the most current information</li> <li>• Archived previous policy version CS003LA.I</li> </ul>

## Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.