



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

<b>Original Issue Date</b>		<b>Next Annual Review</b>		<b>Effective Date</b>	
02/02/2018		06/19/2019		06/19/2018	
<b>Policy Name</b>				<b>Policy Number</b>	
La Policy-Ambulance Policy Ground Emergency Services				ABHLA-RP-0023	
<b>Policy Type</b>					
<b>Medical</b>	<b>Administrative</b>	<b>Pharmacy</b>	<b>Reimbursement</b>		

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana Department of Health (LDH) and the Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

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## Aetna Better Health® of Louisiana

### A. Policy

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met. The effective date of implementation for this reimbursement policy is contingent upon the Louisiana Department of Health's endorsement.

According to Aetna's policy, certain destination modifiers must be billed in order for Emergency ground ambulance services to be reimbursed.

### B. Overview

#### Specifications:

Destination modifiers (H) Hospital, (I) Site of transfer, and (X) intermediate stop at physician's office, must be billed with the Emergency ground ambulance CPT codes A0427, A0429 and A04233 for appropriate payment.

### C. Definitions

Ambulance: A professional ambulance is a vehicle medically staffed and equipped to transport ill or injured persons that has attendants who are fully trained in emergency care, such as Emergency Medical Technicians (EMT) or paramedics and are licensed based on local, county or state laws or regulations.

Emergency ambulance transportation: ambulance service provided after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in any of the following: placing the recipient's health in jeopardy, impairment to bodily functions, dysfunction in organs or parts and loss of life, limb or sight.

Medical necessity: The legal definition of medical necessity regarding ambulance transporting, according to LDH, is assimilated by referencing the regulations thereunder, which are those at 42 CFR §410.40 (Coverage of ambulance services) as well as the regulations at 42 CFR §410.41 (Requirements for ambulance suppliers).

### D. Reimbursement Guidelines

- 1) Ground emergency ambulance transportation services are not covered when another means of recipient transportation could be utilized without threatening the individual's health, whether or not such transportation is actually available.
- 2) All claims require a 105 attachment.
- 3) All emergency ambulance CPT codes must have a modifier of H, I or X for reimbursement.



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### E. Codes/Condition of Coverage

CPT Codes:

A0427, A0429, and A04233

Modifiers:

H, I, and X

[http://www.lamedicaid.com/provweb1/Providermanuals/manuals/MED\\_TRANS/MED\\_TRANS.pdf](http://www.lamedicaid.com/provweb1/Providermanuals/manuals/MED_TRANS/MED_TRANS.pdf)

### F. Frequently Asked Questions

**Q:** What are some examples of emergency transport criteria for the recipient?

**A:** A recipient who has a medical condition such as a possible heart attack; stroke or altered mental status, a recipient who presents with a hemorrhage, altered mental status, or a possible spinal injury, a recipient requiring the administration of IV fluids and/or medications when the recipient would be susceptible to injury if other methods of transportation were utilized, a recipient who is unmanageable or needs restraint, a recipient who appears to be in a psychiatric crisis as indicated by unmanageable or threatening behavior.

**Q:** What if the emergency ground ambulance arrives at the hospital destination and the recipient was not admitted to the hospital?

**A:** When a recipient is transported to a hospital by ambulance on an emergency basis and is not admitted, and the hospital can find no other means of returning the recipient home or the recipient is not ambulatory, the ambulance provider may be paid for a non-emergency return trip.

### G. Review/Revision Date

Action	Date	Comments
Date Issued	02/14/2018	
Date Revised	04/24/2018	
Effective Date	06/19/2018	

### H. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>



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Individual state Medicaid regulations, manuals & fee schedules

[http://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

<https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

<https://www.cms.gov/>

Aetna Policies

[https://www20.aetna.com/nco/claim\\_call/ePolicies/index.html](https://www20.aetna.com/nco/claim_call/ePolicies/index.html)