

Commercial Reimbursement Policy	
Subject: Ambulance Transportation - Professional	
Policy Number: C-19001	Policy Section: Transportation
Last Approval Date: 06/16/2021	Effective Date: 06/16/2021

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem Blue Cross (Anthem) benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and non-participating professionals and facilities as indicated.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. Anthem reserves the right to review and revise its policies periodically when necessary. When there is an update we will publish the most current policy to the website.

Policy

The Health Plan allows reimbursement for ambulance transport, and the services and supplies associated with the transportation, to the nearest facility equipped to treat the member. Reimbursement is based on the guidelines in this policy, unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Ambulance Services reimbursement is based on the ambulance base rate per trip in accordance with the medically necessary level of care provided to the member. Claims for transportation services must be billed with origin and destination modifiers, or the claim will be denied.

- Services included in Ambulance Base Rate:
 - Equipment and supplies
 - Disposable/First Aid Supplies
 - Reusable devices/equipment
 - Oxygen
 - Intravenous (IV) drugs
 - Ambulance Personnel service
- Services separately reimbursed from the Ambulance Base Rate:
 - Mileage

Ambulance Response and Treatment with no Transport is reimbursable when ambulance providers respond to a call and treat the member, but transport is not necessary. All the following criteria must be met:

- EMT must be licensed

- Member consents to evaluation and treatment
- After evaluation, medic and member agree there is not a medical emergency
- Member does not desire transport to an emergency department for evaluation
- Member is stable for referral to the member's physician or other community resource
- Member has the ability (mental capacity, transportation resources) to obtain assistance and medically indicated follow-up

The Health Plan does not reimburse the following services:

- Services performed by an EMT that are not within the scope of his/her license
- Non-ambulance medical transport service
- Transport reasons other than medical care
- Mileage when the transport service has been denied or is not covered
- Where other means of transportation could be used without endangering the member's health
- Separate reimbursement for services/items included in the base ambulance rate
- The higher level of care when the lower level is more appropriate
- Both basic and advanced life support when ALS services are provided
- Services provided by the Emergency Medical Technician (EMT) in addition to ALS or BLS base rates
- Services provided on the ambulance by hospital staff
- Additional ground and/or air ambulance providers that respond but do not treat or transport the member
- Transport from a facility to a member's residence
- Transport of persons other than the member and a medically required attendant who do not require medical attention
- Member who is not available (no-show)
- Additional rates for night, weekend, and/or holiday call
- Mileage in transit to pick up or drop off the member (unloaded mileage)
- Mileage for additional passengers
- Mileage for extra attendants for additional passengers
- Transport for a member's or caregiver's convenience
- Transport available free of charge
- Transport for a member pronounced dead prior to ground and/or air ambulance being contacted
- Mileage beyond the nearest appropriate facility (excessive mileage)
- Lodging or meals for the medical transport service vendor/supplier
- Maintenance or gas for the medical transport service vehicle

Related Coding

Code	Description	Comments
Modifier D	Diagnostic or therapeutic site/free standing facility other than P or H	Origin and Destination modifier
Modifier E	Residential, domiciliary, custodial facility	Origin and Destination modifier
Modifier G	Hospital-based dialysis facility (hospital or hospital associated)	Origin and Destination modifier
Modifier H	Hospital (inpatient or outpatient)	Origin and Destination modifier
Modifier I	Site of transfer between types of ambulances	Origin and Destination modifier

Modifier J	Nonhospital- based dialysis	Origin and Destination modifier
Modifier N	Skilled Nursing Facility (SNF), including swing bed	Origin and Destination modifier
Modifier P	Physician's office, including HMO nonhospital facility, clinic, etc.	Origin and Destination modifier
Modifier R	Private Residence	Origin and Destination modifier
Modifier S	Scene of accident or acute event	Origin and Destination modifier
Modifier X	Intermediate stop at the physician's office en-route to hospital (can only be used as a destination code in the second position of the modifier)	Origin and Destination modifier
Modifier GM	Multiple members on one trip	Additional to Origin and Destination modifiers
Modifier QL	The member died after the ambulance was called	Origin and Destination modifiers not required with this modifier
Modifier QM	The provider arranged for the transportation services	Additional to Origin and Destination modifiers
Modifier QN	The provider furnished the transportation services	Additional to Origin and Destination modifiers
Modifier TK	Multiple carry trips	Additional to Origin and Destination modifiers
Modifier TQ	Life support transport by a volunteer ambulance provider	Additional to Origin and Destination modifiers

Policy History

06/16/2021	Biennial Review approved and effective. Updated policy statement to include "unless provider, state, federal, or CMS contracts and/or requirements", and updated Reference section.
03/15/2019	Initial policy approval. Effective 01/01/2021.

References and Research Materials

This policy has been developed through consideration of the following:

- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)
- National Association of State EMS Officials (NASEMSO)

Definitions

Advanced Life Support (ALS)	Invasive services provided by personnel trained as Emergency Medical Technicians (EMT) (intermediate or paramedic) in conjunction with applicable state laws
Air Ambulance	An equipped and staffed aircraft necessary to rapidly transport a member to the nearest appropriate facility that could not otherwise be accomplished or be accessed by a ground ambulance without endangering the member's health. Air ambulances are either rotary-wing (helicopter) or fixed-wing (commercial or private aircraft)

Ambulance Services	The medically necessary transport of a member by a medically skilled personnel to the nearest appropriate facility equipped to provide care for the member's injury and/or illness. Services are delineated as Basic Life Support (BLS) or Advanced Life Support (ALS) levels of care, and further delineated as emergency or non-emergency.
Basic Life Support (BLS)	Non-invasive services provided by personnel trained as EMTs (basic) in conjunction with applicable state laws
Emergency Ambulance Transportation	An urgent service in which the member experiences a sudden, unexpected onset of acute illness or injury requiring immediate medical or surgical care which the member secures immediately after the onset (or as soon thereafter as practical) and, if not immediately treated, could result in death or permanent impairment to the member's health
Ground Ambulance	An equipped and staffed land or water vehicle designed to transport a member in the supine position
Medical Transport Service	The transport of a member by non-medically skilled personnel to receive covered services. There are several types of medical transports: ambulette/medi-van, wheelchair van, invalid coach, taxicab, mini-bus, and public transportation (i.e. bus and/or subway). Also called Non-Emergency Medical Transport (NEMT)
Non-Emergency Ambulance Transportation	A scheduled or unscheduled service in which the member requires attention by EMT-trained personnel while in transit

Related Policies and Materials

None

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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