healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Transportation Services		
Policy Number:	PO-RE-108v1		
Effective Date:	11/1/2024	**Last Approval Date:**	9/16/2024

I. Policy Description

The purpose of this policy is to define the reimbursement guidelines for transportation coverage provided by Healthfirst, including ancillary services and out-of-state emergency transportation services negotiation. The information below applies to the following lines of business.

- Child Health Plus
- Small/Individual Group (Commercial Plan)
- Essential Plan
- Medicaid Managed Care
- Integrated Benefits Dual Connection Plan
- Health & Recovery Plan (HARP)
- Medicare Advantage
- Medicaid Advantage Plus/MAP (Complete Care)
- Qualified Health Plan (QHP)
- Managed Long Term Care Partial Capitation Plan (MLTCP – Senior Health Partners)

An ambulance is a specially equipped vehicle designed and supplied with materials and devices to provide life-saving and supportive treatments or interventions during the transportation of ill or injured patients. The patient's clinical condition is such that the use of any other method of transportation would be contraindicated.

The vehicle must be designed and equipped to respond to medical emergencies and, in non-emergency situations, be capable of transporting individuals with acute medical conditions.

Ambulance and medical transport services may involve ground, air or sea transport in both emergency and non-emergency situations.

Policy Guidelines

Coverage and Payment for treatment of services of Ground and Air Ambulance Services:

1. All line business (LOB) excluding Managed Long Term Care Partial Capitation Plan (MLTC) and Senior Health Partners (SHP):
   a. Services must be provided by an ambulance service issued with a certificate to operate pursuant to Section 3005 of the Public Health Law:

b. Payment will not be denied for due to lack of prior authorization (PA) for the following ambulance emergency transports:
   i. From an ambulance to ER.
   ii. From an ER to a Psychiatric Center.
   iii. From an ER to Trauma/Cardiac Care/Burn Center.
   iv. From an ER to another ER.
   v. From an ER to another facility; and
   vi. Transportation between hospitals.

1. Coverage and Payment for Ground and Air Ambulance Services by Line of Business (LOB):

LOB	Ground Ambulance Services	Air Ambulance Services	Is this benefit carved in or out?	Who pays for this benefit?
MLTC-SHP	Not Covered	Not Covered	Out	Members have coverage either though Medicaid Fee for Service (FFS) or their Medicare Advantage Plan.
MAP-CC	Covered	Covered	In	HF
MMC	Covered	Covered	Out	FFS
CNX-MMC	Covered	Covered (MCR Primary)	In	HF (any cost share also paid by HF)
CHP	Covered	Covered	In	HF
HARP	Covered	Covered	Out	FFS
CNX-HARP	Covered	Covered (MCR Primary)	In	HF (any cost share also paid by HF)
EP	Covered	Covered	In	HF
QHP	Covered	Covered	In	HF
MCR	Covered	Covered	In	HF
Non-D-SHP	Covered	Covered	In	HF
LIP-D-SHP	Covered	Covered	In	HF
CNX-MCR	Covered	Covered	In	HF
PPO-MCR	Covered	Covered	In	HF

2. Specific Criteria for Air Ambulance Services byline of Business (LOB)
   a. Managed Long Term Care Partial Capitation Plan (MLTC) only:
      i. Air ambulance services are not covered by Healthfirst for MLTC and SHP members.
         1. Members have coverage either though Medicaid Fee for Service (FFS) or their Medicare Advantage Plan.

b. Medicaid Managed Care (MMC), Health & Recovery Plan (HARP) and Child Health Plus (CHP) only:
    i. Air ambulance transportation must meet the following criteria for payment:
        1. The member has a catastrophic, life-threatening illness or condition; or
        2. The member is at a hospital that is unable to properly manage the medical condition; or
        3. The member needs to be transported to a uniquely qualified hospital facility and ground transport is not appropriate for the member; or
        4. Rapid transport is necessary to minimize risk of death or deterioration of the member's condition; or
        5. Life-support equipment and advanced medical care is necessary during transport.

    ii. Members have coverage though Medicaid Fee for Service (FFS).

c. Medicare Advantage (MCR) and Medicaid Advantage Plus (MAP) only:
    i. Medically appropriate air ambulance transpiration by Fixed Wing Air Ambulance (FW) or Rotary Wing Air Ambulance (RW) is a covered service regardless of location.
        1. Coverage for when member's medical condition is such that transportation by ground ambulance, in whole or part, is not appropriate.
        2. Air ambulance transportation may be determined to be covered only if:
        3. The vehicle and crew/staff comply with State or local laws governing the licensing and certification of an emergency medical transportation vehicle; and
        4. The member's medical condition requires immediate and rapid ambulance transportation that could not have been provided by ground ambulance; and either:
            a. The point of pickup is inaccessible by ground vehicle (this condition could be met in Hawaii, Alaska, and in other remote or sparsely populated areas of the continental United States), or
            b. Great distances or other obstacles are involved in getting the member to the nearest hospital with appropriate facilities.

d. Qualified Health Plan (QHP) and Essential Plan (EP) only:
    i. Coverage for air ambulance related to an emergency condition or related to a nonemergency transportation request is provided when the member's medical condition is such that transportation by land ambulance is not appropriate; requires immediate and rapid ambulance transportation that cannot be provided by land ambulance; and one (1) of the following criteria is met:
        1. The point of pick-up is inaccessible by land vehicle; or
        2. Great distances or other obstacles (e.g., heavy traffic) prevent the member's timely transfer to the nearest hospital with the appropriate treatment facilities.

Reimbursement Guidelines

1. Ambulance transport, services and supplies submitted on a professional claim form (CMS 1500) are only eligible when filed with place of service (POS) 41 or 42.

2. Ambulance transport, services and supplies submitted on a facility claim form (CMS UB04) are only eligible when filed with bill types 013x, 022x, 023x, 083x, or 085x.

3. Ambulance transport, services and supplies are ineligible for reimbursement.

4. Reimbursement of revenue code 540 is limited to ambulance related services.

5. Ambulance transport services are not eligible for reimbursement when the destination and origination modifiers are not present.

6. Ambulance transport or ambulance services are not eligible for reimbursement when modifiers QN or QM are not present on a facility claim form.

7. Air ambulance services and transport are only eligible for reimbursement when filed with one of the following modifiers: DH, EH, GH, HH, HI, IH, II, JH, NH, PH, RH, SH, SI.

8. Ambulance mileage is only eligible for reimbursement when an ambulance transport code has been reimbursed for the same date of service.

9. Ambulance transport is only eligible for reimbursement when ambulance mileage has been submitted for the same date of service, unless transport is filed with modifier QL.

10. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

Please be advised that all services provided are subject to the member's individual benefit coverage

II. Applicable Codes

Code	Description	Comment
A0021	Ambulance service, outside state per mile, transport (Medicaid only)	
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 mileage (per mile)	
A0392	ALS specialized service disposable supplies: defibrillation (to	

	be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)	
A0394	ALS specialized service disposable supplies; IV drug therapy	
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, nonemergency transport, level 1 (ALS 1)	
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)	
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	
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)	
A0435	Fixed wing air mileage, per statute mile	
A0436	Rotary wing air mileage, per statute mile	
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	
A0998	Ambulance response and treatment, no transport	
A0999	Unlisted ambulance service	

III. Definitions

Term	Meaning

N/A	N/A

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy

guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.