



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date	Next Annual Review	Effective Date	
02/02/2018	06/09/2019	06/09/2018	
Policy Name		Policy Number	
La Policy-Ambulance Policy-Supplies, Services and Transport		ABHLA-RP-0027	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

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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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, certain ground, air and water ambulance supplies and/or ambulance services are not separately payable without certain transport codes. These specific service and supply codes must be accompanied by certain transport codes and on the same date of service.

B. Overview

Specifications:

The specific ground, air or water ambulance supplies and/or additional ambulance services include the following: Oxygen and oxygen supplies, extra attendants, disposable supplies and waiting time. The transport codes that are required to be billed with the supplies and services are the following: outside state per mile, advanced Level 1 life support, basic life support (non-emergency), neonatal transport, specialty care support, ambulance response and treatment (no transport), unlisted services and both rotary and fixed wing conventional air services (non-emergency) one way.

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.

Ambulance services: Ambulance services must be medically necessary. Medical necessity is established when the recipient's condition is such that use of any other method of transportation is contraindicated. Ambulance services are not covered when another means of transportation could be utilized without endangering the individual's health, whether or not such transportation is actually available. Determination of medical necessity of the means of transport is made by the physician or nurse at the treating facility.

Medical necessity: is established when the patient's condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the individual's health, whether or not such other transportation is actually available, no payment may be made for ambulance services.



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D. Reimbursement Guidelines

1. All claims require a 105 attachment;
2. Additional ambulance supplies and services must be billed with specific transport codes.

E. Codes/Condition of Coverage

CPT/HCPCS Ambulance supplies and service codes: A0422, A0424, A0382, A0384, A0392, A0394 and A0396.

CPT/HCPCS Transport codes: A0221, A0225, A0426-A0434, A0998, A0999 and S9960-S9961.

https://aetna.flashcode.com/search/?t=expanded&lastq=ambulance&sx.ui_search_type=2&ui_search_type=2&q=ambulance

F. Frequently Asked Questions

Q: What is Specialty care transport?

A: It is a transport that requires care and monitoring that is within the scope of practice of a physician or RN and beyond the scope of a paramedic credentialed to provide SCT. The paramedic gives ongoing care not beyond his credentials.

Q: What is an air ambulance?

A: Air ambulance is a specially configured aircraft that has been medically equipped with Critical care and Advanced life support equipment to treat and transport a wide variety of patients from adults to neonates.

G. Review/Revision Date

Action	Date	Comments
Date Issued	02/02/2018	
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H. Resources

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

http://www.lamedicaid.com/provweb1/Providermanuals/manuals/MED_TRANS/MED_TRANS.pdf

Individual state Medicaid regulations, manuals & fee schedules

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm



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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/>