



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date	Next Annual Review	Effective Date
01-01-2018	06-19-2019	06-19-2018
Policy Name		Policy Number
La Policy-Ambulance Services and Required Modifiers		ABHLA-RP-0036
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.

All ambulance services claims require the presence of origin and destination modifiers. These are single character modifiers that are used in combination to create a two character modifier.

B. Overview

All ambulance services claims require the presence of origin and destination modifiers. These are single character modifiers that are used in combination to create a two character modifier. The first character of the modifier represents the origin of the service and the second character of the modifier represents the destination of the service.

Ambulance Services or Transport Billed to the Fiscal Intermediary Without Modifiers QN or QM
In addition, providers who bill the fiscal intermediary must report one of the following modifiers to describe whether the service was provided under arrangement or directly:
QM - Ambulance service provided under arrangement by a provider of services.
QN - Ambulance service provided directly by a provider of services.

C. Definitions

Ambulance Modifiers: A list of modifiers to report the origin and destination of an ambulance transportation service.

D. Reimbursement Guidelines

It is inappropriate for providers to bill the single character modifier by itself. If a provider does not submit an origin modifier combined with a destination modifier, then the service will be denied as an inappropriately coded service.

It is inappropriate for providers to bill the HCPCS code for ambulance transport or services without modifier QM or QN; therefore the service will be denied if billed without one of the two above modifiers.

E. Codes/Condition of Coverage

Ambulance origin and destination modifier definitions are:



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- D - Diagnostic or therapeutic site, other than P or H
- E - Custodial facility
- G - Hospital based dialysis facility
- H - Hospital
- I - Site of transfer (i.e. helipad) between ambulances
- J - Non-hospital dialysis facility
- N -Skilled nursing facility
- P -Physician's office
- R -Residence
- S -Scene of accident or acute event
- X - Intermediate stop at physician's office on route to hospital

The potential origin and destination modifier combinations are: DD, DE, DG, DH, DI, DJ, DN, DP, DR, DS, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, ES, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GS, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HS, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IS, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JS, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NS, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PS, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RS, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SS, SX, XD, XE, XG, XH, XI, XJ, XN, XP, XR, XS, XX.

HCPCS code for ambulance transport or services: A0021-A0160, A0225, A0380, A0390, A0425-A0436, A0888, S9960, or S9961.

F. Frequently Asked Questions

Q: How should the Ambulance services claims be submitted?

A: Ambulance services claims should be submitted with origin modifier combined with destination modifier along with the QM or QN modifier.

G. Review/Revision Date

Action	Date	Comments
Date Issued	01-01-2018	
Date Revised	05-01-2018	
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>

Individual state Medicaid regulations, manuals & fee schedules



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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/>