

		Reimbursement Policy
Subject: Transportation Services: Ambulance and Nonemergent Transport		
Effective Date: 01/01/18	Committee Approval Obtained: 07/13/18	Section: Transportation
<p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providerpublic.mybcbswny.com.*****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) if the service is covered by a member's Highmark BCBSWNY 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 CPT® codes, 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. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Highmark BCBSWNY may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Highmark BCBSWNY reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Highmark BCBSWNY strives to minimize these variations.</p> <p>Highmark BCBSWNY reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
Policy	Highmark BCBSWNY allows reimbursement for transport to and from covered services or other services mandated by contract unless provider, state, federal or CMS contracts or requirements indicate otherwise. Reimbursement is based on the guidelines in this policy.	

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

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Due to the complex nature of transportation services, Highmark BCBSWNY recommends that providers also review state guidelines for coverage requirements.

Nonemergent Transport Services

Nonemergency medical transport (NEMT) entails the transport of a member by nonmedically skilled personnel to receive covered services. There are several types of medical transports: ambulette/medi-van, wheelchair van, invalid coach, taxicab, minibus and public transportation.

Note: NEMT services are provided through a state vendor, not Highmark BCBSWNY.

Reimbursement for medical transport services is based on receipt of a claim or an invoice from contracted transportation vendors or other suppliers detailing:

- The nonemergency medical transport base rate per trip with the trip defined by the origin and destination modifiers.
- Mileage.
- Parking and toll fees.

Ambulance Services

Reimbursement for ambulance services is based on:

- The ambulance base rate per trip in accordance with the medically necessary level of care provided to the member with the trip defined by the origin and destination modifiers.
- The fee schedule or contracted/negotiated rate for services and items separately reimbursable from the ambulance base rate.

If ambulance transport is medically necessary for inpatient-to-inpatient transfer between hospital-based facilities, reimbursement is included in the inpatient stay.

If an ambulance transport for a newborn is from the birth hospital to a regional perinatal care center, reimbursement of ambulance transport is separate from the inpatient stay.

Note: Emergency services are provided through a state vendor, not Highmark BCBSWNY.

Included in the Ambulance Base Rate

Services reimbursed as part of the ambulance base rate:

- Ambulance equipment and supplies:
 - Disposable/first-aid supplies
 - Reusable devices/equipment
 - Oxygen
 - Intravenous drugs

- Ambulance personnel services

Separately Reimbursable from the Ambulance Base Rate

Services that are not part of the ambulance base rate are separately reimbursable expenses:

- Mileage
- Additional, appropriately licensed medical personnel as medically necessary for member's health status
- Unusual waiting time
- Disposable/first-aid supplies in greater than normal use

Transportation Modifiers

Claims for transportation services must be billed with the following origin and destination modifiers. Claims submitted without origin and destination modifiers will be denied.

- **Modifier D:** diagnostic or therapeutic site/free standing facility other than P or H
- **Modifier E:** residential, domiciliary, custodial facility
- **Modifier G:** hospital-based dialysis facility (hospital or hospital-associated)
- **Modifier H:** hospital (inpatient or outpatient)
- **Modifier I:** site of transfer between types of ambulance
- **Modifier J:** nonhospital-based dialysis
- **Modifier N:** skilled nursing facility, including swing bed
- **Modifier P:** physician's office, including HMO nonhospital facility, clinic, etc.
- **Modifier R:** private residence
- **Modifier S:** scene of accident or acute event
- **Modifier X:** intermediate stop at the physician's office en route to hospital (includes HMO nonhospital facility, clinic, etc.)
 - Modifier X can only be used as a destination code in the second position of a modifier.

In addition to the origin and destination modifiers, the following modifiers are to be used when appropriate:

- **Modifier GM:** indicates multiple members on one trip
- **Modifier QL:** indicates the member died after the ambulance was called
- **Modifier QM:** indicates the provider arranged for the transportation services
- **Modifier QN:** indicates the provider furnished the transportation services
- **Modifier TK:** indicates multiple-carry trips
- **Modifier TQ:** indicates life support transport by a volunteer ambulance provider
- Modifiers for transportation of portable/mobile radiology equipment

	<p>Nonreimbursable Highmark BCBSWNY does not allow reimbursement of the following for any ambulance or medical transport service provided:</p> <ul style="list-style-type: none"> • A member who is unavailable (no-show) • Additional rates for night, weekend and/or holiday calls • Mileage in transit to pick up or drop off the member (unloaded mileage) • Mileage for additional passengers • Mileage for extra attendant for additional passengers • Mileage when the transport service has been denied or is not covered • Transport for a member’s or caregiver’s convenience • Transport available at no extra cost • For ambulance services only: <ul style="list-style-type: none"> ○ For reasons other than medical care ○ When another means of transportation could be used without endangering the member’s health ○ For separate reimbursement for services/items included in the base ambulance rate ○ For a higher level of care when a lower level is more appropriate ○ For basic life support (BLS) and advanced life support (ALS) when ALS services are provided ○ For services provided by the emergency medical technician (EMT) in addition to ALS or BLS base rates ○ For services provided on the ambulance by hospital staff ○ Additional ground or air ambulance providers that respond but do not transport the member ○ Transport from the member’s home to a facility other than a hospital, skilled nursing facility, dialysis facility or nursing home ○ Transport from a facility other than a hospital, skilled nursing facility, dialysis facility or nursing home to the member’s home ○ Transport of persons other than the member and a medically required attendant who do not require medical attention ○ Transport for a member pronounced dead before the contact of ground or air ambulance ○ Mileage beyond the nearest appropriate facility (excessive mileage) • For medical transport services only: <ul style="list-style-type: none"> ○ Transportation vendor or supplier lodging or meals ○ Vehicle maintenance or gas
<p>History</p>	<ul style="list-style-type: none"> • Biennial review approved 07/13/18: Policy template update • Biennial review approved 06/05/17 and effective 01/01/18: Policy language updated; Policy template updated • Initial approval 08/18/14 and effective 01/01/17

<p>References and Research Materials</p>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • State contracts • Optum 360, 2018 edition
<p>Definitions</p>	<ul style="list-style-type: none"> • Ambulance Services Ambulance services entail the medically necessary transport of a member by medically skilled personnel to the nearest appropriate facility equipped to provide care for the member’s injury or illness. Services are initially delineated as BLS or ALS levels of care and then further delineated as emergency or nonemergency: <ul style="list-style-type: none"> ○ BLS consists of noninvasive services provided by personnel trained as EMTs (basic) in conjunction with state laws. ○ ALS consists of invasive services provided by personnel trained as EMTs (intermediate or paramedic) in conjunction with state laws. ○ Emergency ambulance transportation is an urgent service in which the member has a sudden, unexpected onset of acute illness or injury requiring immediate medical or surgical care that 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. ○ Nonemergency ambulance transportation is a service in which the member needs attention by EMT-trained personnel while in transit. • Ambulance Types There are two types of ambulance transports: <ul style="list-style-type: none"> ○ Ground ambulance — an equipped and staffed land or water vehicle designed to transport a member in the supine position ○ 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 rotary-wing (helicopter) or fixed-wing (commercial or private aircraft) • Medical Transport Services Medical transport services, also referred to as NEMT, entail the transport of a member by nonmedically skilled personnel to receive covered services; there are several types of medical transports: ambulette/medi-van, wheelchair van, invalid coach, taxicab, minibus and public transportation (for example, bus and subway) • Transportation Modifiers Transportation modifiers are single alpha characters with distinct definitions that are paired together to form a two-character modifier; the first character indicates the origination of the member, and the second character indicates the destination of the member

	<ul style="list-style-type: none">• General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none">• Portable/Mobile/Handheld Radiology Services
Related Materials	<ul style="list-style-type: none">• None