Reimbursement Policy	
Subject: **Transportation Services: Ambulance and Non-Emergent Transport**	
Policy Number: **G-07036**	Policy Section: **Transportation**
Last Approval Date: **12/19/2023**	Effective Date: **12/19/2023**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **provider.simplyhealthcareplans.com**. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Simply Healthcare Plans, Inc. (Simply) Medicare Advantage covered the service for the member's 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. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

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

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Simply Medicare Advantage strives 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. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Simply Medicare Advantage allows reimbursement for transport to and from covered services or other services mandated by contract, unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on the guidelines in this policy.

Simply Medicare Advantage allows reimbursement for ambulance transport, and the services and supplies associated with the transportation, to the nearest facility equipped to treat the member.

Reimbursable

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

Providers should refer to their provider manual and state and federal guidelines for details on transportation submission requirements.

Services included in the ambulance base rate:

- Ambulance equipment and supplies:
  - Disposable/first aid supplies
  - Reusable devices/equipment
  - Oxygen
  - Intravenous (IV) drugs
- Ambulance personnel services

Services separately reimbursed from the ambulance base:

- Mileage

Nonreimbursable

Simply Medicare Advantage does not allow reimbursement of the following for ambulance or medical transport services:

- Non-Emergency Medical Transport (NEMT)
- Mileage when the transport service has been denied or is not covered
- A member who is not available (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
- Transport for a member's or caregiver's convenience
- Transport available free of charge
- Transportation vendor/supplier lodging or meals
- Vehicle maintenance or gas

Simply Medicare Advantage does not allow reimbursement of the following for ambulance-only services:

- Ambulance transports other than medical care
- Ambulance base rate when no transportation is provided (treatment without transport)

- Where 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 both basic and advanced life support (ALS) when ALS services are provided
- For services provided by the emergency medical technician (EMT) in addition to ALS or basic life support (BLS) base rates
- For services provided on the ambulance by hospital staff
- Additional ground and/or air ambulance providers who 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 prior to the ground and/or air ambulance being contacted
- Mileage beyond the nearest appropriate facility (excessive mileage)
- Wait time fees and outreach fees

Related Coding		
Modifier	**Description**	**Comments:**
D	Diagnostic or therapeutic site/free standing facility other than P or H	Origin and destination modifier
E	Residential, domiciliary, custodial facility	Origin and destination modifier
G	Hospital-based dialysis facility (hospital or hospital associated)	Origin and destination modifier
H	Hospital (inpatient or outpatient)	Origin and destination modifier
I	Site of transfer between two types of ambulance	Origin and destination modifier
J	Nonhospital based dialysis	Origin and destination modifier
N	Skilled Nursing Facility (SNF), including swing bed	Origin and destination modifier
P	Physician's office, including HMO nonhospital facility, clinic, etc.	Origin and destination modifier
R	Private residence	Origin and destination modifier
S	Scene of accident or acute event	Origin and destination modifier
X	Intermediate stop at the physician's office en route to hospital (included HMO nonhospital facility, clinic, etc.)	Destination modifier
GM	Multiple members on one trip	Additional to origin and destination modifiers
QL	The member died after the ambulance was called	Origin and destination modifiers not required with this modifier

QM	The provider arranged for transportation services	Additional to origin and destination modifiers
QN	The provider furnished the transportation services	Additional to origin and destination modifiers
TK	Multiple carry trips	Additional to origin and destination modifiers
TQ	Life support transport by a volunteer ambulance provider	Additional to origin and destination modifiers

Policy History	
12/19/2023	Review approved and effective: added wait time fees and outreach fees to the Nonreimbursable section.
10/13/2021	Review approved: no policy language changes, policy template updated, updated Reference Materials section
01/01/2021	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- National Association of State EMS Officials (NASEMSO)
- Optum EncoderPro 2023
- State contract
- State Medicaid

Definitions	
Advanced Life Support (ALS)	Invasive services provided by personnel trained as EMTs (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)	Noninvasive services provided by personnel trained as Emergency Medical Technicians (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

Nonemergency ambulance transportation	A scheduled or unscheduled service in which the member requires attention by EMT-trained personnel while in transit
Non-Emergency Medical Transport Services (NEMT)	The transport of a member by non-medically skilled personnel (i.e., laypersons) 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 Medical Transport Services
General Reimbursement Policy Definitions	

Related Policies and Materials
Portable/Mobile/Handheld Radiology Services

©2021-2024 Simply Healthcare Plans, Inc. All Rights Reserved.