

March 28, 2007

TRANS-AMB

07-04

MEDICAID BULLETIN

TO: Medicaid Ambulance Providers

SUBJECT: Emergency Ambulance Services Outside the Brokerage Model

The Department of Health and Human Services (DHHS) is providing guidance concerning the recently announced brokerage for non-emergency Medicaid transportation (NET). This bulletin explains and clarifies ambulance fee-for-service and non-emergency Medicaid transportation services provided by a Broker. The State of South Carolina has procured regional Brokers to provide NET services effective **May 1, 2007**.

The Broker will have **no impact** on:

- Emergency ambulance transports (Advanced Life Support [ALS] or Basic Life Support [BLS]).
- Non-emergency transports requiring ALS.
- Non-emergency transports that require BLS and the use of a Department of Health and Environmental Control (DHEC) licensed ambulance provider and that are prior authorized through DHHS Form 216. (i.e. residence to hospital or nursing home to hospital)
- When the beneficiary is non-ambulatory and a health care professional certifies through DHHS Form 216 that the beneficiary's health condition requires the use of a DHEC licensed ambulance transport.
***All ALS and BLS ambulance transports require a DHEC Run Report.**

The NET Broker will cover:

- Routine non-emergency transportation to medical appointments for eligible beneficiaries.
- Non-emergency transports requiring BLS, which are planned/scheduled trips (i.e. transport from nursing home to physician's office, nursing home to dialysis center or hospital to residence.)
- Non-emergency wheelchair transports that require use of a lift vehicle and do not require the assistance of medical personnel on board at the time of transport to medical appointments for eligible beneficiaries. These type transports do not require the use of a DHEC licensed ambulance vehicle.

The chart of Ambulance procedure codes that will remain fee-for-service and billable to Medicaid is provided below:

AMBULANCE PROCEDURE CODES

Basic Life Support (BLS) Transport

Code	Description <i>(DHHS Guidelines are in Italics)</i>	Fee
A0425	Ground Mileage, Per Statute Mile <ul style="list-style-type: none"> • <i>BLS Transport</i> • <i>Give total mileage to and from location, if applicable</i> 	\$2.25 per mile
A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport (BLS) <ul style="list-style-type: none"> • <i>All supplies inclusive</i> • <i>Transporting the patient by any other means would be detrimental to the patient's health. Documentation in the patient's records must show need for ambulance transport. Completed original DHHS Form 216 must be attached to the claim for each transport.</i> • <i>BLS non-emergency transports (i.e. transport from a nursing home to hospital, residence to hospital or scene of an accident to hospital).</i> • <i>Please refer to listing of origination and destination modifiers.</i> 	\$117.71
A0429	Ambulance Service, Basic Life Support, Emergency Transport (BLS-Emergency) <ul style="list-style-type: none"> • <i>All supplies inclusive</i> • <i>This type of transport is used when equipment is required for transporting and treatment of basic life support situations. Completed original DHHS Form 216, if applicable, and DHEC Ambulance Run Report must be attached to claim to support each transport.</i> 	\$117.71
A0999	Unlisted Ambulance Service <ul style="list-style-type: none"> • <i>All supplies inclusive</i> • <i>BLS, Return Trip (if applicable)</i> • <i>This type of transport is used to return the patient to the original place of pick-up.</i> 	\$79.65

Advanced Life Support (ALS) Transport

Code	Description <i>(DHHS Guidelines are in Italics)</i>	Fee
A0425	Ground Mileage, Per Statute Mile <ul style="list-style-type: none"> • <i>ALS, Mileage (Give total number of miles to and from location, if applicable)</i> 	\$2.25 per mile
A0426	Ambulance Service, Advanced Life Support, Non-Emergency Transport <ul style="list-style-type: none"> • <i>ALS, Non-Emergency Transport, One Way</i> • <i>Documentation of specialization is required in run report when filing this procedure</i> • <i>All supplies inclusive in basic rate.</i> • <i>A DHEC Ambulance Run Report must support each transport.</i> 	\$147.54
A0427	Ambulance Service, Advanced Life Support, Emergency Transport <ul style="list-style-type: none"> • <i>ALS, Emergency Transport</i> • <i>Documentation of specialization is required in the run report when filing this procedure</i> • <i>All supplies inclusive in basic rate</i> • <i>A DHEC Ambulance Run Report must support each transport.</i> 	\$147.54

Specialized Transport

Fixed-Wing or Rotary Aircraft Transport

Code	Description <i>(DHHS Guidelines are in Italics)</i>	Fee
A0430	Ambulance Service, Conventional Air Services, Transport, One Way (Fixed Wing) <ul style="list-style-type: none"> • <i>All supplies inclusive in basic rate</i> 	\$400.00
A0431	Ambulance Service, Conventional Air Services, Transport, One Way (Rotary Wing) <ul style="list-style-type: none"> • <i>Mileage and supplies inclusive in basic rate</i> 	\$2150.00
A0435	Fixed Wing Air Mileage, Per Statute Mile	\$10.00 per statute mile

Other Specialized Transports

Code	Description <i>(DHHS Guidelines are in Italics)</i>	Fee
A0225	Ambulance Transport, Neonatal Transport, Base Rate, Emergency Transport, One Way <ul style="list-style-type: none"> • <i>All supplies inclusive in the transport</i> <p><i>An ALS transport that provides the staff and equipment necessary to transport and treat a neonate.</i></p>	\$138.46
A0420	Ambulance Waiting Time (ALS or BLS), One Half (½) Hour Increments <ul style="list-style-type: none"> • <i>First ½ hour is not reimbursable</i> <p><i>The DHEC Ambulance Run Report must support any waiting time billed.</i></p>	\$8.50 per ½ hour increment
A0424	Extra Ambulance Attendant, Ground (ALS or BLS) Or Air (Fixed or Rotary Wing); Requires Medical Review <ul style="list-style-type: none"> • <i>Allowed when specialization is needed</i> • <i>An additional certified ambulance attendant is authorized, if required.</i> <p><i>The DHEC Ambulance Run Report must explain the need for using the extra attendant.</i></p>	\$35.00
A0998	Ambulance Response And Treatment. No Transport <ul style="list-style-type: none"> • <i>This procedure code is used in all cases where an ambulance is called and the patient refused transport or the ambulance staff decided medical condition of the patient did not warrant transport to a medical facility and the patient is treated at the scene.</i> 	\$35.00
X0401	Ambulance ICU Specialized Neonatal Transport <ul style="list-style-type: none"> • <i>All supplies inclusive in the basic rate</i> • <i>This transport is used as a special purpose transport when highly specialized equipment, a nurse, a doctor, or a specially trained paramedic is needed for transporting and treatment.</i> 	\$300.00
X0402	Ambulance ICU Specialized Neonatal Mileage	\$3.00 per mile

Regional policy and billing workshops for ambulance providers will be scheduled during April. The exact dates and locations will be announced in a future Medicaid Bulletin.

Your continued support of the South Carolina Medicaid Program is appreciated. DHHS has also attached, for your convenience, a quick reference sheet of Frequently Asked Questions (FAQ's). Please contact your Medicaid Program Coordinator at (803) 898-2655, if you have questions about the information in this bulletin.

/s/

Robert M. Kerr
Director

RMK/bhw

Attachment

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>

Attachment

Listing of Origination and Destination Modifiers Applicable To:

Procedure Codes A0425: BLS or ALS Mileage

Origination Modifier	Destination Modifier
E	E
H	H
H	I
I	H
I	N
N	H
N	I
NT	None
R	H
R	I
S	H
S	I
S	N
S	P

Procedure Codes A0428: BLS, Non-Emergency Transport

Origination Modifier	Destination Modifier
E	E
H	H
H	I
I	H
I	N
N	H
NT	None
R	H
S	H
S	I
S	N
S	P

Code Key:

- D - Diagnostic or Therapeutic site other than a physician's office or hospital when these are used as origin codes.

- E - Residential, Domiciliary, custodial facility (other than an 1819 facility)
- G - Hospital-based dialysis facility (hospital or hospital related).
- H - Hospital.
- I - Site or transfer (e.g., airport or helicopter pad) between modes of ambulance transport.
- J - Non-hospital-based dialysis facility.
- N - Skilled nursing facility to doctor's appointment (Complete DHHS Form 216 and keep in patient's record.)
- P - Physician's office (includes HMO non-hospital facility, clinic, etc.)
- R - Residence.
- S - Scene of an accident or acute event
- AS - Ambulance trip to an out-of-state hospital.
- 076- Duplicate procedure, on same day of service (for second transport)
- NT - No Transport

Frequently Asked Questions

Question 1. What are the Broker's responsibilities?

Answer: To establish a network of non-emergency transportation (NET) providers to deliver transportation to eligible beneficiaries, to verify recipient eligibility, to assess the beneficiaries' need for non-emergency transportation services, to determine the most appropriate and cost effective method of transportation to meet the beneficiaries need, and to provide education to beneficiaries and providers on the use of non-emergency transportation services.

Question 2. When will the beneficiary or medical provider call an ambulance provider directly for transportation?

Answer: Beneficiaries or medical facilities would call the provider directly for the following services:

- Emergency ambulance transports, Advanced Life Support (ALS) or Basic Life Support (BLS).
- Non-emergency transports requiring ALS.
- Non-emergency transports requiring BLS and the use of a Department of Health and Environmental Control (DHEC) licensed ambulance provider that is prior authorized through DHHS Form 216. (i.e. residence to hospital and nursing home to hospital)
- When the beneficiary is non-ambulatory and a health care professional certifies through DHHS Form 216 that the beneficiary's health condition requires the use of an ambulance transport

Question 3. When will the beneficiary or medical provider call the Broker for transportation?

Answer: Beneficiaries or medical providers would call the Broker for the following non-emergency transportation services:

- Routine non-emergency transportation to medical appointments for eligible beneficiaries.
- Non-emergency transports requiring BLS that are planned/scheduled transports to a scheduled medical appointment (i.e. transport from nursing home to physician's office, nursing home to dialysis center or hospital to residence).
- Non-emergency wheelchair transports that require use of a lift vehicle and do not require the assistance of medical personnel on board at the time of transport to medical appointments for eligible beneficiaries. These transports do not require the use of an ambulance vehicle.

Question 4. Will the NET Broker network providers be required to enroll in Medicaid?

Answer: No, but the Broker network providers must still meet all applicable state licensure requirements.

Question 5. Will the NET Broker be responsible for transporting beneficiaries outside their region?

Answer: The state has been divided into six (6) regions. The Broker will schedule non-emergency transportation to medical appointments statewide for beneficiaries residing in their assigned regions.

Question 6. What other modes of transportation can be accessed through the Broker?

Answer: Transport services can also be rendered by van, automobile, bus or other appropriate method of transportation.