
CHAPTER 10: MEDICAL TRANSPORTATION

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EMERGENCY AMBULANCE TRANSPORTATION

Emergency ambulance transportation is provided for ~~an unforeseen combination of circumstances~~ that apparently demand immediate attention at a medical facility after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- Placing the beneficiary's health in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part; or
- Loss of life, limb, or sight.

A beneficiary may also require emergency ambulance transportation if he or she is ~~psychiatrically unmanageable~~ or needs restraint.

Ambulance providers must retain documentation that appropriately supports that at least one of these criteria was met and that ~~the beneficiary would be susceptible to injury using any other method of transportation was contraindicated~~. An ambulance trip that does not meet at least one of these criteria would be considered a nonemergency service and must be coded and billed as such.

Prior review or authorization is not permitted for emergency ambulance transportation.

Separate reimbursement for oxygen and disposable supplies will be made when medically necessary.

Ambulance Treatment in Place

Ambulance providers that are dispatched by an emergent call for service may determine upon the scene that a telehealth visit with a licensed medical professional, who is enrolled in Medicaid, is more appropriate than transportation to an emergency department. In this case, the ~~treatment-in-place~~ service may be rendered.

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NOTE: Treatment in place is classified as an emergency transportation service. All provisions, including criteria and documentation to support the emergency determination, from the preceding section apply.

Both the telehealth claim and the ambulance treatment--in--place claim shall be payable by Medicaid. If the ambulance provider bills on behalf of the telehealth provider, the ambulance provider must bill the telehealth service separately from the treatment--in--place service and in accordance with the requirements below.

Ambulance Telehealth Claims

The ambulance provider’s NPI must be enrolled in Medicaid as a Professional Service (claim type 04) billing provider.

The rendering provider’s NPI must be reported on the claim and enrolled in Medicaid as a licensed physician, physician assistant, or advanced practice registered nurse.

The claim must indicate place of service 02 and modifier 95.

Approved telehealth procedure codes are listed in the following table:

<u>Category</u>	<u>Service</u>	<u>CPT Codes</u>
<u>Evaluation and Management, Office or Other Outpatient Service</u>	<u>New Patient</u>	<u>99201, 99202, 99203, 99204, 99205</u>
	<u>Established Patient</u>	<u>99211, 99212, 99213, 99214, 99215</u>

Ambulance Treatment in Place Claim

The ambulance provider’s NPI must be enrolled in Medicaid as an Ambulance Service (claim type 07) billing provider.

Supply codes A0382 and A0398 are payable, but mileage (A0425) and other ambulance transportation services are not payable. Claims billed with non-payable ambulance treatment in place services shall be denied.

Claims must indicate treatment in place destination code “W” in the destination position of the origin/destination modifier combination.

Valid ambulance claim modifiers for treatment in place are listed in the following table:

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<u>Modifier</u>	<u>Origination Site</u>	<u>Destination</u>
<u>DW</u>	<u>Diagnostic or therapeutic site other than P or H when these are used as origin codes</u>	<u>Tx-in-Place</u>
<u>EW</u>	<u>Residential, domiciliary, custodial facility (other than 1819 facility)</u>	<u>Tx-in-Place</u>
<u>GW</u>	<u>Hospital based ESRD facility</u>	<u>Tx-in-Place</u>
<u>HW</u>	<u>Hospital</u>	<u>Tx-in-Place</u>
<u>IW</u>	<u>Site of transfer (e.g. airport or helicopter pad) between modes of ambulance transport</u>	<u>Tx-in-Place</u>
<u>JW</u>	<u>Freestanding ESRD facility</u>	<u>Tx-in-Place</u>
<u>NW</u>	<u>Skilled nursing facility</u>	<u>Tx-in-Place</u>
<u>PW</u>	<u>Physician's office</u>	<u>Tx-in-Place</u>
<u>RW</u>	<u>Residence</u>	<u>Tx-in-Place</u>
<u>SW</u>	<u>Scene of accident or acute event</u>	<u>Tx-in-Place</u>

Emergency Transportation to Hospital During Treatment in Place

If the beneficiary being treated in place has a real time deterioration in his or her clinical condition which necessitates immediate transport to an emergency department, the ambulance provider shall transport the beneficiary.

In no instance may the ambulance provider be reimbursed for both an emergency transport to a hospital and an ambulance treatment--in--place service for the same incident.

Exclusions

Medicaid does not cover "Ambulance 911-Non-emergency" services (i.e., procedure code A0226). If the beneficiary's medical condition does not present itself as an emergency in accordance with the criteria in this manual, the service may be considered a non-covered service by Medicaid.

Ambulance providers may bill beneficiaries for non-covered services only if the beneficiary was informed prior to transportation, verbally and in writing, that the service was not covered by Medicaid and the beneficiary agreed to accept the responsibility for payment. The transportation provider must obtain a signed statement or form which documents that the beneficiary was verbally informed of the out-of-pocket expense.