

Ambulance and Transportation Services Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan ambulance and transportation providers.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers emergency and nonemergency ambulance and transportation services when specific conditions are met, in accordance with the member's benefits, CMS, MassHealth, Rhode Island (RI) EOHHS guidelines, and/or state guidelines, as applicable, and the information contained in this payment policy. For more information, refer to the following, as applicable:

- Medical necessity guidelines for Nonemergency [Air](#) and [Ground](#) Transportation
- [CMS Benefit Policy Manual](#)
- [MassHealth Transportation Manual](#)
- [Rhode Island EOHHS Ambulance Coverage Guidelines](#)

Note: All ambulance transport providers must participate in the Medicare (Title XVIII) program to be eligible to render services to Tufts Health Plan members.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting [Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

Nonemergency Transportation

Nonemergency transportation by ambulance is covered when appropriate, according to CMS, MassHealth, RI EOHHS regulations, and/or state guidelines and the clinical criteria outlined in the medical necessity guidelines for Nonemergency [Air](#) and [Ground](#) Transportation.

Wheelchair Van Transports

Wheelchair van transportation is not considered the same as ambulance transportation, even if provided by an ambulance company, and may not be used interchangeably for all Tufts Health Plan members.

¹ Commercial products include HMO, POS, PPO, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

Wheelchair van transportation may be appropriate in certain circumstances for specific products, as described below.

Commercial and Tufts Health Direct: Wheelchair van transportation is not a covered benefit, regardless of circumstance. Members may be held liable for noncovered services only if the conditions outlined in the acknowledgement of liability section below are met.

Acknowledgement of Liability for Noncovered Services

Providers rendering noncovered ambulance services may hold Commercial and Tufts Health Direct members liable only if the provider informs the member in writing that the ambulance service is not covered under the plan; and after being so informed, the member agrees in writing to pay for the noncovered services prior to rendering services.

A general statement agreeing to pay for services not paid for by Tufts Health Plan is insufficient. Below is an example of acceptable acknowledgement language. Tufts Health Plan strongly recommends incorporating this acknowledgement language into your forms.

"I have been advised by _____ that this nonemergency ambulance transport service may not be a covered service. If, as a result, my insurance company does not pay for this service, I agree to be personally and fully responsible for payment." [Member signature]

Tufts Medicare Preferred HMO: Wheelchair van transportation is a supplemental benefit for hospital to nursing home transportation. In all other circumstances, wheelchair van transport is not a covered benefit. If a member requests wheelchair van services, the member or treating provider must request an organization determination in advance, following the processes outlined in Referrals, Prior Authorizations, and Notifications chapter of the Senior Products [Provider Manual](#).

Tufts Health Plan SCO, Tufts Health Together, Tufts Health RITogether, and Tufts Health Unify: Wheelchair van transportation is a covered benefit, in accordance with MassHealth and/or RI EOHHS guidelines and the member's benefits.

Note: If a provider arranges noncovered wheelchair van transportation services, the ordering party will be held financially responsible.

REFERRAL/PRIOR AUTHORIZATION/NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

Emergency Transportation Services

Referrals and prior authorizations are not required for emergency ambulance transportation; however, in certain circumstances, Tufts Health Plan may retrospectively review ambulance claims for medical necessity.

Nonemergency Transportation Services

Referrals are not required for nonemergency transportation services.

Commercial Products, Tufts Health Direct, Tufts Health Together and Tufts Health Unify

Prior authorization for all qualifying nonemergency ambulance transport services is required. Refer to the Medical Necessity Guidelines for Nonemergency [Air](#) and [Ground](#) Transportation for more information.

Note: All non-emergency transportation services are covered as a wrap benefit by Rhode Island Medicaid. Providers may contact Tufts Health Plan at 844-301-4093 for more information.

Tufts Health Unify

Prior authorization is required for the following non-emergency scenarios:

- Ambulance providers that are outside the Tufts Health Unify network. Refer to the [Medical Necessity Guidelines for Out-of-Network Coverage at the In-Network Level of Benefits for more information](#).
- Transportation by in-network ambulance providers to non-emergency medical services greater than 50 miles from the member's home or pick-up location.

To request non-emergency transportation, providers should call Coordinated Transportation Solutions (CTS) Inc. at 833-242-3331. CTS has a large pool of contracted ambulance providers available to provide non-emergency transportation. Prior authorization is not required when organizing service through CTS.

Senior Products

Prior authorization is not required for nonemergency ambulance transportation services.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Origins and Destinations

Submit the appropriate origin and destination modifier combination when billing for ambulance transport services using the modifiers listed in the table below. The first digit should indicate the transport’s place of origin and the second digit should indicate the destination. Claims submitted without the appropriate origin and destination modifiers may deny.

Origin and Destination Modifier Table

Modifier	Description
D	Diagnostic or therapeutic site other than ‘P’ or ‘H’
E	Residential, domiciliary, custodial facility (nursing home, not SNF)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (e.g., airport or helicopter pad) between types of ambulance
J	Nonhospital based dialysis facility
N	Skilled nursing facility (SNF)
P	Physician’s office (includes HMO non-hospital based facility, clinic, etc.)
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician’s office en route to the hospital. Note: Modifier X can only be used as a designation code in the second position of a modifier. A physician’s office is not a Medicare-covered destination for ambulance services except as a temporary stop when the transport is en route to a Medicare-covered destination and the member is in dire need of professional attention.

Claim Submission Information

	Transportation providers not affiliated with a contracting hospital	Transportation providers affiliated with a contracting hospital
EDI Claims	Submit claim in 837P format	Submit revenue codes (540-549) with the appropriate HCPCS code in 837I format
Paper Claims	Submit CMS-1500 form with appropriate origin and destination modifiers in box 24D	Submit revenue codes (540-549) with the appropriate HCPCS code on a UB-04 in box 80 in the remarks section

Commercial and Senior Products

- If submitting a claim for noncovered services, ambulance providers should submit a medical necessity form indicating the service is noncovered along with a valid acknowledgement of liability. Claims submitted without a medical necessity form will deny as provider responsibility.

- Claims billed with **HD** or **DH** for an inpatient member in an acute care facility (excluding rehabilitation hospitals and SNFs) should be billed directly to the ordering facility rather than Tufts Health Plan. Claims billed to Tufts Health Plan will be denied.

Tufts Health Together, Tufts Health RITogether and Tufts Health Unify

Certain claims for nonemergency transportation services for Tufts Health Together, Tufts Health RITogether and Tufts Health Unify members must be submitted directly to MassHealth and/or RI EOHHS. Refer to the following resources for [Massachusetts](#) and [Rhode Island](#) to determine appropriate coverage and claims submission requirements.

Nonemergency Medical Necessity Documentation Submission

Commercial and Tufts Medicare Preferred HMO

If submitting a claim for nonemergency ambulance transportation services, fax a completed medical necessity form and trip sheets (when necessary) to the Precertification Operations Department on the same day that the electronic claim is submitted **or** mail the completed form along with the claim to Tufts Health Plan if submitting on paper. Tufts Health Plan accepts medical necessity forms that are used by the ambulance provider. For more information on medical necessity criteria, refer to the medical necessity guidelines for Nonemergency [Air](#) and [Ground](#) Transportation for Commercial Products and the [CMS Benefit Policy Manual](#) for Tufts Medicare Preferred HMO.

Note: Medical necessity forms should only be faxed to Tufts Health Plan in instances where financial responsibility resides with Tufts Health Plan, rather than the facility.

The submission of medical necessity forms and trip sheets are not required for nonemergency ground ambulance transportation claims billed with the following origin and destination modifier combinations: **DH, EH, GH, HD, HG, HH, HJ, JH, NR, PH, RH, or RN**. In accordance with CMS guidelines, all other origin and destination modifier combinations billed for nonemergency ambulance and/or scheduled ground transportation services are subject to retrospective review prior to claims adjudication.

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, in accordance with the following regulations:

- 101 CMR 327.00: [Rates of Payment for Ambulance and Wheelchair Van Services](#)
- RI Executive Office of Health and Human Services (EOHHS) Medicaid regulations
- Medicare Ambulance Schedule-Urban Rates & Suburban Rates

Medical Necessity Requirements for Nonemergency Services

If medical necessity is not established, Tufts Health Plan will not pay for services rendered; **or** if payment has been made and a post-payment audit confirms lack of medical necessity, Tufts Health Plan will hold the ordering party financially responsible.

All Products

Tufts Health Plan does not routinely compensate for the following:

- Services received with a manifestation code billed as the only diagnosis on the claim
- Procedures or services received with a secondary diagnosis code as the only diagnosis on the claim. Refer to [CMS](#) for additional information.
- Ambulance waiting time billed separately from ambulance services

Commercial Products

- HCPCS code A0998 (ambulance response/treatment; no transport), if billed, will deny as not covered and the member may be held responsible for payment.
- Tufts Health Plan does not separately compensate for facility transportation services codes A0021-A0999 if billed with procedure code S0208. S0208 applies to hospital-based ambulance services only.
- Tufts Health Plan does not routinely compensate for non-ambulance transportation services, if the billing provider's specialty is ambulance.

Senior Products

- HCPCS code A0998 (ambulance response/treatment; no transport), if billed, will deny as not covered and the member may be held responsible for payment.

Tufts Health Plan does not routinely compensate for the following:

- Ambulance services and transportation billed with modifier QL (patient pronounced dead after ambulance called), as this is not a covered procedure
- Nonambulance transportation services billed with revenue code 0540 (ambulance general classification)
- Ambulance mileage (or ambulance mileage when reported with response and treatment only) if an ambulance transport code has not been billed for the same date of service or has been denied by another policy
- Procedures or services received with a principal or primary diagnosis of external causes

Tufts Health Public Plans

Tufts Health Plan does not routinely compensate for the following:

- A0427, A0429 or A0433 (emergency ambulance services) if billed with a destination modifier other than H, I or X
- A0021-A0424 (transportation services), or A0998 (ambulance response and treatment, no transport) when billed with revenue codes 0541, 0542, 0544, 0547, or 0549
- Ambulance mileage (or ambulance mileage when reported with response and treatment only) if an ambulance transport code has not been billed for the same date of service or has been denied by another policy

ADDITIONAL RESOURCES

- Medical Necessity Guidelines: Nonemergency [Air](#) and [Ground](#) Transportation - Commercial and Tufts Health Public Plans

DOCUMENT HISTORY

- April 2022: Clarified non-emergency transportation prior authorization requirements for Tufts Health Unify members
- April 2021: Policy reviewed by committee; removed codes and referred to provider agreements; formatting updates
- September 2019: Policy reviewed by committee; consolidated Commercial, Senior Products and Tufts Health Public Plans policies
- June 2018: Template updates
- April 2018: Policy reviewed by committee; removed nonemergency procedure codes and condensed claim submission instructions
- November 2017: Add edits effective for dates of service on or after January 1, 2018
- November 2016: Separated emergency and nonemergency policies. Added edits effective for dates of service on or after January 1, 2017

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.