

## Ambulance and Transportation Services Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)<sup>1</sup>
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plan)
- Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Unify – OneCare Plan

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The following payment policy applies to 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, and/or Rhode Island (RI) EOHHS 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 Provider Manual](#)

**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 [website](#) 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 appropriate, according to CMS, MassHealth and/or RI EOHHS regulations, and the clinical criteria outlined in the medical necessity guidelines for Nonemergency [Air](#) and [Ground](#) Transportation.

Certain products have supplemental coverage for nonemergency transportation services that do not require that medical necessity criteria are met. Refer to the member's benefit documents for more information.

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<sup>1</sup> Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink<sup>SM</sup> when Tufts Health Plan is the primary administrator.

### **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. 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.

**Tufts Medicare Preferred HMO:** Wheelchair van transportation is not a covered benefit, regardless of circumstance. If a member requests wheelchair van services, the member or treating provider must request an organization determination in advance, following the processes outlined in 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.

### **Acknowledgement of Liability for Noncovered Services**

Providers rendering noncovered ambulance services may hold 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]

## **AUTHORIZATION REQUIREMENTS**

### **Emergency Transportation Services**

Prior authorization is not required for emergency ambulance transportation; however, in certain circumstances, Tufts Health Plan may retrospectively review ambulance claims for medical necessity.

### **Nonemergency Transportation Services**

#### **Commercial Products**

**Ground ambulance:** Prior authorization is required for nonemergency ground ambulance transportation services. Refer to the Medical Necessity Guidelines for [Nonemergency Ambulance Transportation – Ground](#) for more information.

**Air and water ambulance:** Nonemergency air and water transport services rendered inside the service area or from an in-plan provider do not need prior authorization; however, prior authorization is required for services rendered outside the member's service area. In these instances, Tufts Health Plan reviews requests and provides authorization when the service is determined to be medically necessary. Refer to the Medical Necessity Guidelines for [Nonemergency Ambulance Transportation – Air](#) for more information.

#### **Senior Products**

Prior authorization is not required for nonemergency ambulance transportation services.

#### **Tufts Health Public Plans**

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.

## **BILLING INSTRUCTIONS**

Unless otherwise stated, Tufts Health Plan follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. For more information refer to the [Professional Services and Facilities Payment Policy](#).

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.

**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, and Tufts Health RITogether members must be submitted directly to MassHealth and/or RI EOHHS. Refer to the [Benefit Coverage Grids](#) in the Provider Resource Center to determine appropriate coverage and claims submission requirements.

**Claim Submission Information**

	<b>Transportation providers not affiliated with a contracting hospital</b>	<b>Transportation providers affiliated with a contracting hospital</b>
<b>EDI Claims</b>	Submit claim in 837P format	Submit revenue codes (540-549) with the appropriate HCPCS code in 837I format
<b>Paper Claims</b>	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

**Origin and Destination Modifier Table**

<b>Modifier</b>	<b>Description</b>
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. <b>Note:</b> 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.

**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<sup>2</sup> and trip sheets (when necessary) to the Precertification Operations Department on the

<sup>2</sup> Medical necessity forms are not required for Tufts Health Plan SCO members.

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.

**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.

**Emergency and Nonemergency Services HCPCS Codes**

Ancillary providers may bill the HCPCS codes below per the provider agreement. Hospital-owned transportation providers are subject to their respective provider agreements.

**Commercial and Senior Products**

Procedure Codes	Description
A0225	Neonatal emergency transport
A0384	BLS defibrillation supplies (where permitted)
A0392	ALS defibrillation supplies (where not permitted by BLS)
A0394	ALS IV drug therapy supplies
A0396	ALS esophageal intubation supplies
A0422	Oxygen and oxygen supplies
A0425 <sup>3</sup>	Ground mileage – per mile
A0426 <sup>3</sup>	ALS, nonemergency - base rate
A0427	ALS, Level I – base rate
A0428 <sup>3</sup>	BLS, nonemergency – base rate
A0429	BLS, emergency – base rate
A0433	ALS, Level II – base rate
A0434	Specialty care transport
S0208*	Paramedic intercept, hospital-based advanced life support service (nonvoluntary), nontransport

**Note:** HCPCS procedure 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.

**Nonemergency Transportation Codes (Tufts Health Plan SCO only)**

Procedure Code	Description
A0100	Nonemergency transportation – taxi
A0130	Nonemergency transportation – wheelchair van
T2001	Nonemergency transportation – patient attendant/escort
T2002	Nonemergency transportation – per diem
T2003	Nonemergency transportation – encounter/trip
T2005	Nonemergency transportation – stretcher van

<sup>3</sup> Requires prior authorization. Refer to the medical necessity guidelines for [air](#) and [ground](#) transportation for more information.

**Tufts Health Public Plans****Emergency and Nonemergency Services HCPCS Codes**

<b>Code</b>	<b>Description</b>
A0080	Nonemergency transportation, per mile — vehicle provided by volunteer (individual or organization), with no vested interest
A0090	Nonemergency transportation, per mile — vehicle provided by individual (family member, self, neighbor) with vested interest
A0100	Nonemergency transportation, taxi
A0110	Nonemergency transportation and bus, intra- or interstate carrier
A0120	Nonemergency transportation — mini-bus, mountain area transports, or other transportation systems
A0130	Nonemergency transportation, wheelchair van
A0140	Nonemergency transportation and air travel (private or commercial), intra- or interstate
A0160	Nonemergency transportation, per mile — caseworker or social worker
A0170	Transportation, ancillary — parking fees, tolls, other
A0180	Nonemergency transportation, ancillary — lodging, recipient
A0190	Nonemergency transportation, ancillary — meals, recipient
A0200	Nonemergency transportation, ancillary — lodging, escort
A0210	Nonemergency transportation, ancillary — meals, escort
A0225	Ambulance service — neonatal transport, base rate, emergency transport, one way
A0380	BLS mileage (per mile)
A0382	BLS routine disposable supplies
A0384	BLS specialized service disposable supplies, defibrillation (used by advanced life support [ALS] ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)
A0390	ALS mileage (per mile)
A0392	ALS specialized service disposable supplies, defibrillation (to be used only in jurisdictions where defibrillation cannot be performed by BLS ambulances)
A0394	ALS specialized service disposable supplies, IV-drug therapy
A0396	ALS specialized service disposable supplies, esophageal intubation
A0398	ALS routine disposable supplies
A0420	Ambulance waiting time (ALS or BLS), one-half-hour increments
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life-sustaining situation
A0424	Extra ambulance attendant — ground (ALS or BLS) or air (fixed or rotary winged), requires medical review
A0425	Ground mileage, per statute mile
A0426	ALS, nonemergency, level 1
A0427	ALS, emergency, level 1
A0428	BLS, nonemergency
A0429	BLS, emergency
A0430	Conventional air services, transport, one way (fixed wing)
A0431	Conventional air services, transport, one way (rotary wing)
A0432	Paramedic intercept (PI), rural area — transport furnished by a volunteer ambulance company that is prohibited by state law from billing third-party payers
A0433	ALS, level 2
A0434	Specialty care transport (SCT)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile

Code	Description
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance service
S0215	Nonemergency transportation, mileage – per mile
T2001	Nonemergency transportation, patient attendant/escort
T2002	Nonemergency transportation – per diem
T2003	Nonemergency transportation – encounter/trip

### COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and/or the applicable fee schedule(s), in accordance with the following regulations:

- 114.3 CMR 27.00: [Ambulance 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.

Tufts Health Plan does not routinely compensate for the following:

- Ambulance services billed without a qualifying origin and destination modifier combination
- ECG tracing, drugs, intubation and/or pulse oximetry services billed with ground ambulance transport services
- 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
- Ambulance waiting time billed separately from ambulance services

Effective for dates of service on or after January 1, 2018, Tufts Health Plan does not routinely compensate for the following:

- Procedures or services received with a principal or primary diagnosis of external causes
- 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.

### Tufts Health Public Plans products only

Compensation for ambulance transport services are based on the applicable fee schedule(s). Refer to the provider's current fee schedule for details regarding ambulance transport services compensation provisions.

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

### DOCUMENT HISTORY

- 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
- September 2015: Template conversion, template updates
- November 2013: Template updates.
- September 2013: Template conversion
- January 2013: Added information regarding Tufts Health Plan Senior Care Options.
- October 2011: Reviewed policy; added information regarding destination modifier combinations that do not require medical necessity forms and trip sheets for non-emergency ambulance transportation, added information about ambulance waiting time and template updates.
- March 2011: Reviewed document for clarity; no content changes made.
- February 2010: Removed references to the Tufts Medicare Preferred PPO product. Added information on additional services and supplies, ALS and BLS services and modifier QL.
- December 2009: Revised non-emergency ambulance ground transportation information with the following: Effective for dates of service on or after January 1, 2010, the retrospective review process will no longer apply for non-emergency transportation claims billed with the following origin and destination modifiers: HH, HN, HD, DH, HG, GH, HJ, & JH and medical necessity forms and trip sheets will no longer be required for processing and payment of claims billed with these modifier combinations.
- September 2008: Revised non-emergency ambulance and/or scheduled ground transportation services with information on the retrospective review process
- February 2008: Revised general benefit information with self-service channels information
- January 2008: Removed Tufts Medicare Preferred benefit exception transition information

#### **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 CareLink<sup>SM</sup> 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.