



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

Original Issue Date	Next Annual Review	Effective Date	
02/01/2018	06-19-2019	06-19-2018	
Policy Name			Policy Number
La Policy-Air Ambulance Origin and Destination Modifiers			ABHLA-RP-0018
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana Department of Health (LDH) and the Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

CONTENTS OF POLICY

Reimbursement Policy Statement	1
Table of Contents	1
A. Policy	2
B. Overview	2
C. Definitions	2-3
D. Reimbursement Guidelines	3
E. Codes/Conditions of Coverage	3
F. Frequently Asked Questions	3
G. Review/Revision History	3
H. Resources	4



Aetna Better Health[®] of Louisiana

A. Policy

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met. The effective date of implementation for this reimbursement policy is contingent upon the Louisiana Department of Health's endorsement.

Aetna has designated specific origin and destination modifiers that are reimbursable for air ambulance transport services. Aetna will not reimburse inappropriate origin and destination modifiers for air ambulance services. Participation in the Medicaid program "is governed by the licensing law La. R.S 40:1236.2" (Licensure for helicopters and fixed winged aircraft).

B. Overview

This policy addresses reimbursement in regards to certain air ambulance supplier service origins and destinations and the utilization of specific air ambulance modifier codes, primarily consisting of a hospital destination. An air ambulance supplier must bill for air ambulance services using fee schedule designated procedure codes to describe origin and destination. Please refer to Codes/Conditions of Coverage for specifics.

C. Definitions

Ambulance: A professional ambulance is a vehicle medically staffed and equipped to transport ill or injured persons that has attendants who are fully trained in emergency care, such as Emergency Medical Technicians (EMT) or paramedics and are licensed based on local, county or state laws or regulations.

Air ambulance: An ambulance (fixed wing or aircraft) that is utilized when ground ambulance transportation is not deemed medically appropriate due to the distance involved and the recipient has an unstable condition requiring medical supervision and rapid transport. It is also utilized when members need transport to a hospital or from one hospital to another because the initial hospital does not have the required services to treat the recipient.

Ambulance services: Ambulance services must be medically necessary. Medical necessity is established when the recipient's condition is such that use of any other method of transportation is contraindicated. Ambulance services are not covered when another means of transportation could be utilized without endangering the individual's health, whether or not such transportation is actually available. Determination of medical necessity of the means of transport is made by the physician or nurse at the treating facility.

Origin: the point or place where something begins, arises, or is derived.



Aetna Better Health® of Louisiana

Destination: the point or place to which someone or something is going.

Abbreviations:

D = Diagnostic or therapeutic site other than P or H when these are used as origin codes; E = Residential, domiciliary, custodial facility (other than 1819 facility); G = Hospital based ESRD facility; H = Hospital; I = Site of transfer (e.g. airport or helicopter pad) between modes of ground ambulance transport; J = Freestanding ESRD facility; N = Skilled nursing facility; N = Skilled nursing facility; P = Physician’s office; R = Residence; S = Scene of accident or acute event; X = Intermediate stop at physician’s office on way to hospital (destination code only).

D. Reimbursement Guidelines

1. 105 Form required;
2. When billing for procedure codes, air ambulance Transportation services, the provider must enter a valid 5-digit CPT procedure Code: A0430, A0431, A0435, A0436.
3. Prior authorization is required by the prior authorization unit of the fiscal intermediary;
4. Emergency air transportation is covered only if speedy admission is essential or the point of pick up is inaccessible by land vehicle or great distances or other obstacles are involved in transporting the recipient to the appropriate facility (usually a hospital);

E. Codes/Condition of Coverage

The covered origin and destination modifiers referenced are the following combinations: DH, EH, GH, HH, HI, IH, JH, NH, PH, RH, SH, SI

F. Frequently Asked Questions

Q: Are air ambulance services reimbursed with mileage. If so, what constitutes air mileage?

A: Payment for air mileage will be limited to actual air mileage from point of pick up to point of delivery. Payment for round trip transportation on the same day between two hospitals is the base rate plus the round trip mileage.

Q: What if a ground ambulance is utilized as part of the transport?

A: If a land ambulance must be used as part of the transport, the land ambulance provider will be reimbursed separately according to rules and regulations for ground ambulance.

G. Review/Revision Date

Action	Date	Comments
Date Issued	01/01/2018	
Date Revised	04/24/2018	
Effective Date	06/19/2018	



Aetna Better Health[®] of Louisiana

H. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices:

http://www.lamedicaid.com/provweb1/Providermanuals/manuals/MED_TRANS/MED_TRANS.pdf

Individual state Medicaid regulations, manuals & fee schedules:

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

American Medical Association, *Current Procedural Terminology (CPT[®]) Professional Edition* and associated publications and services:

<https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services:

<https://www.cms.gov/>

Aetna Policies:

https://www20.aetna.com/nco/claim_call/ePolicies/content/Ambulance/Ambulance_POL.html