

# Transportation Services Payment Policy

## Policy

The Plan reimburses ambulance services when they are medically necessary and reasonable, based on the below requirements.

### **Update related to coronavirus disease 2019 (COVID-19):**

Medically necessary visits to MassHealth ACO, NaviCare and Summit ElderCare plan members to obtain and transport specimens for COVID-19 diagnostic testing -

In response to the State of Emergency in Massachusetts due to COVID-19 and in accordance with MassHealth All-Provider Bulletin 291, effective for dates of service on or after March 20, 2020, Fallon Health will reimburse transportation providers for medically necessary visits to MassHealth ACO, NaviCare and Summit ElderCare members to obtain and transport specimens for COVID-19 diagnostic testing using HCPCS code A0998 (Ambulance response and treatment; no transport). Claims must be submitted with modifier SS. Transportation providers may not bill for mileage in connection with services billed through this code. Prior authorization is required.

- COVID-19 diagnostic testing is covered when ordered by a physician or other qualified health care professional who has made an individualized clinical assessment to determine that testing is medically necessary for the plan member.
- COVID-19 diagnostic testing administered at the request of an employer is not covered.
- Specimen collection and transportation of specimens is not covered when COVID-19 diagnostic testing is not covered.
- A physician or other qualified health care professional must document that it is medically necessary for a transportation provider to go to the member's home to obtain and transport the specimen for COVID-19 diagnostic testing, for example, because the member requires non-emergency medical transportation to get to and from medical appointments.
- Upon expiration of the State of Emergency, Fallon Health will evaluate the continued need for flexibilities related to COVID-19.

Fallon Health recognizes that patient transports require following infectious disease protocols, including the use of personal protective equipment (PPE). However, transportation services must be billed according to the level of service furnished. PPE is not a covered service and is not separately reimbursed.

## Definitions

Additional training: The specific additional training that the state requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during Specialty Care Transport.

Bed confined: Individuals who are unable to tolerate any activity out of bed. This term is not synonymous with "bed rest or non-ambulatory." All of the below criteria must be met in order for the member to meet the definition of bed-confined:

- The member is unable to get up from bed without assistance.
- The member is unable to ambulate.
- The member is unable to sit in a chair or wheelchair.

Critically injured or ill: An injury or illness of such a serious nature that the patient's life is in jeopardy and the patient has an immediate need for any form of organ support- e.g., intubation, ventilation - or is likely to suffer acute cardiac, respiratory, or neurological deterioration requiring such support.

Emergency Medical Condition: A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate

medical attention to result in: (1) serious jeopardy to the health of the member or another person, or, in the case of a pregnant woman, the health of the woman or her unborn child; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.

Interfacility: Transportation from one acute hospital, acute rehabilitation hospital, long-term acute care hospital, or skilled nursing facility to another facility with a different provider number.

Intracampus: Transportation between facilities sharing the same provider number.

Medically trained personnel: Refers to individuals who have fulfilled state training and educational requirements and are certified or licensed by their respective state to provide the level of services of a Basic Life Support (BLS) Emergency Medical Technician, Advanced Life Support (ALS) Emergency Medical Technician (EMT), or Paramedic Emergency Medical Technician.

Residence: The member's home or place where the member receives custodial care, e.g., home, rest home, assisted living facility, or long term care facility.

Specialty care transport (SCT): The interfacility transportation of a critically injured or ill patient by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, e.g., emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.

## Reimbursement

The Plan will reimburse for emergency and prior authorized non-emergency transportation when:

- The member's clinical condition at the time of transport requires the presence of medically trained personnel to accompany the member to assure safety during transport.
- The use of any other method of transportation would be contraindicated, endangering the member's health.
- Transportation to the nearest appropriate facility is reimbursed at the level of medical services provided. The type of ambulance used must be appropriate to the medical necessity and geographic conditions, e.g., if an ALS ambulance responds to a call and provides BLS level services, the BLS level will be reimbursed.

Payment is made according to the level of medically necessary services actually furnished rather than simply on the vehicle used.

To meet medical necessity, the trip sheet record must reflect that a member required the attendance of medically trained personnel during the transport or to assess the patient on-scene. This must be evident and documented in the EMT trip report and be consistent with other supporting documentation.

The trip sheet and the Physician Certification Statement (PCS) must be legible, complete, signed, include the evidence to support medical necessity, and be available to the Plan upon request.

The Plan requires that ambulance services be provided in accordance with state and federal requirements.

### Non-emergent transportation:

- The Plan must prior authorize non-emergent transportation:
- Non-emergency, medically necessary transportation may be for scheduled or unscheduled medical treatment. Such transportation requires prior authorization by an approved Plan representative and must be noted in an approved authorization, except in the circumstance of transporting a member between facilities (such as acute hospital to SNF).

- For non-emergency transportation, one or more of the following criteria must be met to ensure that transportation is covered:
  - Medical condition of the member contraindicates any other form of transportation.
  - Be bed-confined, as defined above.
  - Require medical assistance to administer or adjust oxygen en route and member remains on oxygen therapy when EMT services are discontinued.
  - Require isolation due to communicable disease or hazardous material exposure.
  - Major orthopedic device must significantly hamper transport by wheelchair, van or other vehicle.
  - Position requires special handling. Includes members who require frequent position changes to avoid further injury; will not apply in shorter transports, e.g., less than one hour. Includes members who cannot physically be positioned in a chair or wheelchair or standard vehicle because of contractures, recent or post-op hip fracture, member's size, severe pain, or more than one person for physical assistance in the transfer.
  - Is a danger to self or to others.
  - If the facility to which the member is initially taken is found to have inadequate or unavailable means to provide the required care and the member is then transported to a second facility having appropriate facilities.
  - Round-trip for specialized services when not included in the inpatient reimbursement.
  - Intracampus or interfacility transportation for outpatient services.

**MassHealth:** Non-emergency transportation is not covered for Plan members enrolled through MassHealth. Providers must **bill MassHealth directly** for non-emergency transportation services.

**NaviCare:** The Plan will provide non-emergent and supplemental transportation for members enrolled in our NaviCare plan as outlined below. Prior authorization is required.

**Non-emergent medical:** The Plan will reimburse for necessary taxi and chaircar transportation for medical reasons, within the Commonwealth of Massachusetts. Transportation must be coordinated and arranged during Fallon's business hours by calling the Plan's transportation vendor at least four business day in advance.

**Social transportation:** The Plan will reimburse for up to a total of 140 one-way trips per year by ambulance when authorized as medically necessary, van/chairvan, rideshare services or taxi. Transports are limited to up to a 30-mile radius from the member's residence, and must be coordinated and arranged during Fallon's business hours by calling the plan's transportation vendor at least 4 business days in advance.

Code	Description
<b>Non-Emergent Medical</b>	
A0100	Taxi
S0215	Mileage for taxi
A0170	Tolls
A0130	Chairvan/Wheelchair van
T2001	Chairvan attendant
S0209	Chairvan/Wheelchair van mileage
A0426/A0428 (Fallon Only)	Ambulance non-emergent
A0380 and A0425 (Fallon Only)	Mileage for ambulance
<b>Social Transportation</b>	
T2003	Per trip - taxi
T2005	Per trip – wheelchair
S0215	Mileage for taxi/wheelchair
<b>Other services</b>	
T1013	Interpreter services

T2001	Companion services
T2007	Wait time

\*Please note code A0425 is not valid when billed with code A0130 and will be denied.

Transportation during a covered Skilled Nursing Facility (SNF), Long Term Acute Care (LTAC), or Inpatient Rehabilitation stay:

The Plan will reimburse medically necessary transportation to and from any of the following settings when the member is in the midst of an approved stay. Prior authorization for the transportation is not required.

- Ambulatory surgery involving the use of an operating room, including the insertion, removal or replacement of a PEG tube in the hospital's GI or endoscopy suite
- Angiography
- Cardiac catheterizations
- Chemotherapy/Radiation therapy
- CT scans
- Dialysis
- Emergency services
- Lymphatic and venous procedures
- Magnetic resonance imaging

With the exception of the above list, the Plan does not reimburse separately for transportation when the member is in the midst of an approved stay. Transportation will be rejected by the Plan with a message that the SNF, LTAC, or Inpatient Rehabilitation provider is responsible for the transportation costs. Reimbursement for this transportation and related services provided for Plan members in a covered stay is included in the per diem rate paid to the SNF, LTAC, or Inpatient Rehabilitation provider. The provider furnishing transportation services must seek payment from the SNF, LTAC, or Inpatient Rehabilitation provider responsible for the member's care.

Reimbursement for ground or air ambulance services furnished to a deceased member:

If the member was pronounced dead by a legally authorized individual before the ambulance was called, no payment is made. Where the member was pronounced dead after the ambulance was called but before pickup, the provider's BLS fee (no mileage adjustment) is reimbursed. If a member was pronounced dead while en route to or upon arrival at the destination, the medically necessary level of service and mileage adjustment is reimbursed. Modifier QL (patient pronounced dead after ambulance called) must be submitted on the claim.

Transportation of multiple patients:

If two patients are transported to the same destination simultaneously: For each Plan member, the Plan will reimburse 75 percent of the allowed fee for the medically necessary level of care plus and the total mileage fee allowance for the trip. The UN or GM modifier is appropriate to use.

If three or more patients are transported to the same destination simultaneously: For each Plan member, the Plan will reimburse 60 percent of the allowed fee for the base rate for the medically necessary level of care plus a pro-rated mileage payment based on total number of patients transported. The UP modifier can be used.

Air ambulance transportation:

Non-emergency air transport requires preauthorization. Air ambulance transportation is covered if it meets the following criteria:

- Ambulance company documents that a member's medical condition required "immediate and rapid ambulance transportation that could not have been provided by land ambulance."
- The point of pickup was inaccessible by land ambulance.

- Great distance or other obstacles were involved in getting the member to the nearest hospital with appropriate facilities.

**Behavioral health:**

The Plan will reimburse ambulance transportation for behavioral health emergency evaluations and inpatient admissions.

The Plan will reimburse for medically necessary ambulance transportation during an inpatient behavioral health stay.

**Specialty Care Transport:**

When medically necessary for a critically injured or ill member, SCT level services will be reimbursed when all of the following criteria are met:

- Interfacility between acute hospital, acute rehabilitation hospital, long term acute care hospital, or skilled nursing facility.
- Ground ambulance is used.
- The level of service is of higher intensity than found in the Statewide Treatment Protocols for ALS as published by the Commonwealth of Massachusetts at [www.mass.gov](http://www.mass.gov).
- The patient's condition requires one or more health professionals trained in specialty areas to be on board during transport. The level of service must be beyond the scope of the EMT-Paramedic.

Ambulance transportation services that do not meet SCT criteria should be billed with a code that accurately reflects the services provided.

**Fallon Medicare Plus Wheelchair Van:**

Original Medicare does not cover Wheelchair Van transportation. The Plan will cover Wheelchair Van Transportation for Fallon Medicare Plus plan members beginning on January 1, 2018 only as an alternative to standard ambulance transportation when the member is transferring from an Acute In-patient facility to a skilled nursing facility. In order for the claim to pay the provider must indicate this transportation is between these facilities by using the HN modifier with the listed codes below. All other transportation via a wheelchair van is still not covered and will deny. There must be an approved acute in-patient facility admission and approved skilled nursing facility admission on file in order for payment to be processed.

<b>Code</b>	<b>Description</b>
A0130	Nonemergency transportation: wheelchair van
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
A0425	Ground mileage, per statute mile
S0209	Wheelchair van, mileage, per mile
S0215	Nonemergency transportation; mileage, per mile

**Update related to coronavirus disease 2019 (COVID-19):**

Medically necessary visits to a MassHealth ACO, NaviCare and Summit ElderCare plan member to obtain and transport specimens for COVID-19 diagnostic testing - Fallon Health will reimburse transportation providers for medically necessary visits to patients to obtain and transport specimens for COVID-19 diagnostic testing for MassHealth ACO, NaviCare and Summit ElderCare members using HCPCS code A0998 with modifier SS. Prior authorization is required. All other usage of this code remains non-covered.

- Use diagnosis code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, to identify services for members under investigation for COVID-19.
- Use diagnosis code U07.01, 2019-nCoV acute respiratory disease, to identify services for members diagnosed with COVID-19.

Transportation providers may not bill for mileage in connection with services billed through this code.

Code	Modifier	Description
A0998	SS seen at scene)	Ambulance response and treatment; no transport (Used for medically necessary visits to patients to obtain and transport specimens for COVID-19 diagnostic testing).

The Plan will not reimburse for the following services:

- Ambulance services that do not meet Plan medical necessity criteria.
- Wheelchair van, medivan, or chair car transportation for members of Fallon Medicare Plus members other than the above circumstance.
- For other members, wheelchair van or medivan transportation unless preauthorized by the Plan.
- Ambulance transportation when the documentation on the trip sheet does not support medical necessity.
- Ambulance transportation when the documentation on the trip sheet contradicts documentation on the Physician Certification Statement (PCS).
- The member's condition does not warrant ambulance transport, either because the member could have been safely transported by another means of transportation, regardless of whether or not ambulance transport was available, or if the member's condition did not require the skills of specially trained staff or equipment.
- Ambulance response and treatment, no transport (A0998).
- Non-emergency transportation that was not authorized by the Plan.
- Non-emergency transportation for Plan members enrolled through MassHealth.
- Returning physician or staff to the transferring hospital.
- Transfer for convenience of doctor, facility, staff, member, family, or authorized representative.
- Transportation between one facility to another due to equipment failure or scheduling conflicts.
- Transportation to/from routine outpatient visits for members of Fallon Medicare Plus Plan's.
- For other members, transportation to/from routine outpatient visits unless specifically authorized by the plan.
- Commercial air transportation to return to the Plan service area for a member who becomes ill or injured while outside the Plan service area.
- Ambulance transportation provided during an inpatient stay. Payment is included in the inpatient reimbursement. As described above, behavioral health admissions are an exception.
- Intracampus transportation from an outpatient to inpatient setting if the inpatient admission occurs on the same day as the transport. The hospital accepts responsibility for all medical costs incurred on the day of an admission. As described above, behavioral health admissions are an exception.
- Intracampus transportation when an all-inclusive case rate or global payment applies to the facility's reimbursement. The hospital accepts responsibility for all medical costs for the care.
- The Plan will not reimburse separately for items and services associated with the ambulance transport.

Member liability:

Members can only be held liable for non-covered services if they agreed to pay for the non-covered service by signing a valid waiver or statement of personal responsibility accepting financial responsibility if the services are non-covered. A sample waiver is amended to this policy.

## **Referral/notification/prior authorization requirements**

Non-emergency, medically necessary transportation may be for scheduled or unscheduled medical treatment. Such transportation requires prior authorization by an approved Plan representative and must be noted in an approved authorization, except in the circumstance of transporting a member between facilities (such as acute hospital to SNF).

Non-emergency transportation is not covered for Plan members enrolled through MassHealth . Providers must bill MassHealth directly for non-emergency transportation services.

NaviCare: The Plan will provide non-emergent and supplemental transportation for members enrolled in our NaviCare plan as outlined below. Prior authorization is required.

Non-emergent medical: The Plan will provide transportation for NaviCare members to medical services or appointments via the following methods, Transportation must be arranged during plan business hours four business days in advance.

Social transportation: For NaviCare members, the Plan will cover up to 140 one-way transports per year via van/chairvan, taxi or ambulance (when required). Transports are limited to a 30-mile radius and must be coordinated and arranged during the Plan's business hours, four business days in advance. Services covered under this benefit may include transportation to SilverSneakers or other qualified fitness center locations, or transportation to a pharmacy for prescription pick-up, nutritional and dietary services, and health fairs.

The below coverage criteria must be met for Social Transportation:

1. Transportation must be provided by a Fallon Health or ASAP contracted vendor
2. Distance is limited to a 30-mile radius from where the member resides or up to 60 miles round trip
3. Day of the week and time of the transportation is based upon vendor availability. There is no guarantee of vendor availability
4. All members are eligible for this benefit as long as they are cognitively and physically capable of utilizing the available transportation method
5. Transportation must be arranged four business days in advance and is limited to the availability of the transport vendors
6. The member must be able to maneuver self., There is no guarantee that the transportation driver will assist the member.

Transportation will NOT be approved to the following locations and/or for the following purposes (please note: this list is not all-inclusive):

1. Gambling and institution such as Foxwoods, Mohegan Sun, or other local casinos or gambling establishments
  - Establishments such as restaurants, pubs or bars
  - Transportation to perform activities that are illegal
  - Employment locations or places where the member gets paid
  - Churches or places of worship
  - Grocery stores or any other retail stores with the exception of the retail location having the member's pharmacy within it

- To residences such as friend's or family's homes
2. All transportation must be coordinated and arranged for during business hours, four business days in advance
  3. Transportation method must be the 'least complex' as available, i.e. cab vendors are preferred as opposed to chair vans as long as the member will be safe and the method is available in the service area
  4. If member needs assistance from the vehicle to their destination, this must be approved and coordinated prior to confirming the trip and be a service that is part of the member's plan of care from an authorized vendor
  5. If member requires a companion on their trip, they must have that person designated prior to requesting and the transport vendor must be able to allow the companion to accompany the member without an additional charge. NaviCare Staff may not accompany members for supplemental trips as they are not appointments where the member is seeing a medical provider.
  6. Activities/locations that are eligible for supplemental transportation as long as the member is capable of performing include but are not limited to:
    - Dancing- supervised at an approved fitness center
    - Swimming- supervised at an approved fitness center
    - pharmacies- for the purpose of obtaining prescription medication
    - Senior Centers- for attendance of health fairs or supervised fitness classes
    - Counseling Providers
    - Health fairs

Requests for prior authorization require a valid ICD code. Request for preauthorization forms should be faxed to Utilization Management at (508) 368-9700.

Non-emergency transportation occurring during non-business hours—e.g., nights, weekends—must be reported to the Plan within 15 business days. Request for prior authorization forms with the completed trip sheet and physician certification sheet (PCS) should be faxed to Utilization Management at (508) 368-9700.

Claims for non-emergency services where the request for prior authorization is received more than 3 weeks (15 business days) after the service was rendered will be denied vendor liable. Ambulance providers are responsible for verifying and/or obtaining prior authorization. Services that are not prior authorized will be denied vendor liable.

Prior authorization **is** required in the following situations:

- Discharge to residence, rest home, or assisted living from the ER.

Prior authorization is not required for emergency transport.

Prior authorization of ambulance transportation is **not** required in the following situations:

- Urgent or emergent transportation to an ER.
- Discharge to an approved SNF or rehabilitation facility stay from the ER, observation or inpatient status.
- To or from the Emergency Room (ER) during an approved SNF stay.
- To or from any of the following from an approved SNF stay:
  - Ambulatory surgery involving the use of an operating room, including the insertion, removal, or replacement of a PEG tube in the hospital's GI or endoscopy suite when medically necessary
  - Angiography when medically necessary
  - Cardiac catheterizations when medically necessary



- Chemotherapy/Radiation therapy when medically necessary
- CT scans when medically necessary
- Dialysis when medically necessary
- Emergency Services
- Lymphatic and venous procedures when medically necessary
- MRI when medically necessary
- From an ER, observation, or inpatient status to a psychiatric facility. This service should be submitted with the service code A0428.
- From an ER, observation, or inpatient status at one facility to another facility for ER, observation, or inpatient services.
- From a physician's office/clinic site to an ER.
- From a long-term care facility (LTC) to an ER, including for the purpose of a psychiatric evaluation.

## Billing/coding guidelines

The Plan requests all ambulance services be submitted on a CMS-1500 claims form or HIPAA-standard electronic format per industry standard guidelines.

Services should be billed with place of service 41 or 42:

**41 Ambulance** – A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.

**42 Air or Water** – An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.

Aging Service Access Points (ASAP) refer to ASAP payment policy.

The Plan determines the appropriate level of service to be reimbursed based on CPT/HCPCS, CMS, and state guidelines. Ambulance claims must indicate the correct HCPCS code for the level of service provided.

The trip sheet and the Physician Certification Statement (PCS) must be complete, legible, signed, include the evidence to support medical necessity, and be available to the Plan upon request.

To meet medical necessity, the trip sheet record must reflect that a member required the attendance of medically trained personnel during the transport or to assess the patient on-scene. This must be evident and documented in the EMT trip report and be consistent with other supporting documentation.

Generally, each ambulance transportation will require two lines of coding:

- One line for the service and
- One line for the mileage

Code	Description
A0130	Non-emergency transportation: wheelchair van (not covered for Medicare Plus Plan's)
A0428	Basic Life Support Non-Emergency
A0429	Basic Life Support Emergency
A0426	<p>Advanced Life Support, Level 1 (ALS 1) Non-Emergency</p> <ul style="list-style-type: none"> <li>● Payment is made according to the level of medically necessary services actually furnished rather than simply on the vehicle used.</li> <li>● Presence of ALS assessment does not guarantee reimbursement at this level.</li> </ul> <p>The type of ambulance used must be appropriate to the medical necessity and geographic conditions, e.g., if an ALS ambulance responds to a call and provides BLS level services, the BLS level</p>

	will be reimbursed.
A0427	<p>Advance Life Support, Level 1 (ALS 1) Emergency</p> <ul style="list-style-type: none"> <li>• Payment is made according to the level of medically necessary services actually furnished rather than simply on the vehicle used.</li> <li>• Presence of ALS assessment does not guarantee reimbursement at this level.</li> </ul> <p>The type of ambulance used must be appropriate to the medical necessity and geographic conditions, e.g., if an ALS ambulance responds to a call and provides BLS level services, the BLS level will be reimbursed.</p>
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0433	<p>Advanced Life Support, Level 2 (ALS2): When medically necessary, means:</p> <ol style="list-style-type: none"> <li>1. Three or more separate administrations of medications by IV push/bolus or continuous infusion, except crystalloid fluids, or</li> <li>2. The provision of one or more of the following services (either performed or attempted): <ul style="list-style-type: none"> <li>• performed or attempted manual defibrillation/cardioversion</li> <li>• endotracheal intubation</li> <li>• central venous line</li> <li>• cardiac pacing</li> <li>• manual decompression</li> <li>• surgical airway</li> <li>• intraosseous line</li> </ul> </li> </ol>
A0434	Specialty care transport (effective September 1, 2018 this will be considered a covered services for Masshealth ACO plans)
<b>Mileage</b>	
<b>Code</b>	<b>Description</b>
A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
A0425	Ground mileage, per statute mile
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
S0209	Wheelchair van, mileage, per mile
S0215	Non-emergency transportation; mileage, per mile

Paramedic Intercept:

If a BLS provider transports a member that requires and receives ALS services from another provider, the BLS provider may bill for the upgraded services as an ALS transport. It is the responsibility of the transporting provider to reimburse the other provider.

The Plan requests that the BLS provider submit the corresponding ALS code on the claim.

The Plan requests that the ALS provider who provides Paramedic Intercept Services bill the Plan and the transporting BLS provider with the appropriate HCPCS intercept code from below. While these codes will not be reimbursed by the Plan, the submission of claims with these codes will expedite accurate processing and payment.

Code	Description
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A0432	Paramedic intercept, rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers.
S0207	Paramedic intercept, non-hospital based ALS service (non-voluntary), non-transport.
S0208	Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport

**Modifiers:**

Origin and destination modifiers are required for each ambulance trip provided.

<b>Origin/Destination Modifier Codes</b>	
<b>Modifier</b>	<b>Description</b>
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/dialysis facility (hospital or hospital related)
H	Hospital
I	Site of transfer (for example, airport or helicopter pad) between types of ambulance
J	Freestanding/Non-hospital based ESRD/dialysis facility
N	Skilled nursing facility (1819 facility)
P	Physician's office (includes HMO non-hospital facility, clinic, etc.)
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office on way to hospital (includes HMO non-hospital facility, clinic, etc.) (destination code only)
<b>Other Ambulance Modifier Codes</b>	
<b>Modifier</b>	<b>Description</b>
CR	Catastrophe/disaster related
GA	Non-covered service, waiver of liability on file
GM	Multiple patients on one ambulance trip
GW	Service unrelated to hospice patient's terminal condition
GY	Statutorily excluded service
GZ	Service not reasonable and necessary
QJ	Incarcerated patient responsible to pay
QL	Patient pronounced dead after ambulance called/dispatched
QM	Ambulance service provided under arrangement by a provider of services (institutional-based providers)
QN	Ambulance service furnished directly by a provider of services (institutional-based providers)
TQ	Basic Life Support transport provided by a volunteer ambulance service
UN	Refers to 2 patients
UP	Refers to 3 patients

Hospitals should bill ambulance claims separately from outpatient services.

## Policy history

Origination date:	11/07/01
Previous revision date(s):	02/18/04, 03/16/05, 02/15/06, 12/20/06, 10/10/07 11/01/09 – Renamed to Ambulance and Transportation Service Payment Policy; moved to new template and clarified language throughout the policy. 03/01/2010 – Updated criteria for non-emergency transportation. Added explanation and examples of services requiring prior authorization. Added explanation of transportation services that are/are not reimbursed during a covered SNF stay. Added that FCHP will not reimburse wheelchair van or medivan transportation for members of Fallon Senior Plan™ and Fallon Senior Plan Preferred. 01/01/2012 - Updated discussion of prior authorization for non-emergency transportation and description of service code A0433. 07/01/2012 - Added additional modifiers under the section for “Other Modifier Codes” in the billing/coding guidelines; moved the discussion about Transportation during a SNF stay to immediately follow the discussion that FCHP must preauthorize non-emergent transportation. 11/01/2012 – Added that non-emergency transportation is not covered for members enrolled through MassHealth. Added that covered transportation to and from approved SNF stays must be medically necessary. 09/01/2015 – Renamed to “Transportation Services,” moved to new plan template, and updated language in reimbursement section. 03/01/2016 - Updated language in reimbursement section. 05/01/2016 - Extended the period of time providers have to verify coverage and obtain prior authorization for non-emergency services to 3 weeks (15 business days). 09/01/2016 - Updated the reimbursement and prior authorization requirements sections.
Connection date & details:	May 2017 – Added instructions to bill MassHealth directly for non-emergency transportation. Added guidelines for non-emergent/social transportation for NaviCare members. November 2017 – Clarified all non-emergency transportation is not covered for MassHealth, NaviCare Social Transportation increase to 90 and criteria added. Added limited Wheelchair Van coverage for Fallon Senior Plan. July 2018 – Clarified billing of code A0130 for NaviCare non-emergent transportation. January 2019 – Clarified Senior HMO chairvan billing, Masshealth coverage of code A0434, NaviCare social transportation changed to supplemental transportation and criteria updated. January 2020 – Updated financial waiver of liability, NaviCare Reimbursement and Referral sections. April 2020 – Clarified billing of multiple patients transported. October 2020 – Updated reimbursement for NaviCare non-emergent medical and social transportation, added coverage for

medically necessary specimen collection for COVID-19 diagnostic testing.

*The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.*

**Notice of Financial Liability**

**Please read carefully.**

Date: \_\_\_\_\_

Your signature below indicates that you understand that if you receive a non-covered service from \_\_\_\_\_ **you will be financially**  
Provider name  
**responsible for the costs of the services.**

Estimated charge for service: \$ \_\_\_\_\_

Name of the non-covered service: \_\_\_\_\_

CPT/HCPCS code: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Member ID number:  
\_\_\_\_\_

*This notice is valid only when the member signs and receives a copy*