

SECTION 5

BENEFITS AND LIMITATIONS

Missouri Statute 208.152 authorizes MO HealthNet coverage of emergency ambulance services. Only those transports considered an emergency and made to the nearest appropriate hospital are covered and should be submitted to MO HealthNet for payment. This policy can be found in section 13.3.A of the MO HealthNet Ambulance manual located at <http://manuals.momed.com/manuals/>. Exceptions to this policy can be found in sections 13.3.P, Healthy Children and Youth (HCY) services; 13.3.O, transfer of participants to another hospital; and 13.3.L, transports for specialized testing.

Emergency services are services required when there is a sudden or unforeseen situation or occurrence or a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:

- placing the participant's health in serious jeopardy; or
- serious impairment to bodily functions; or
- serious dysfunction of any bodily organ or part.

"Nearest appropriate hospital" is the hospital equipped and staffed to provide the needed care for the illness or injury involved. It is the institution, its equipment, its personnel and its capability to provide the service necessary to support the required medical care that determines whether it has appropriate facilities. The fact a more distant institution is better equipped, either qualitatively or quantitatively, to care for the participant does not in itself support a conclusion a closer institution does not have appropriate facilities. MO HealthNet does not allow transportation to a more distant facility solely to avail a participant of the services of a specific physician or family or personal preferences when considering the "nearest appropriate facility".

Services not considered emergent or within the exempted categories should not be submitted to MO HealthNet for processing. Non-emergent trips, as well as services provided to a participant not eligible for MO HealthNet benefits on the date of the transport, may be billed to the participant. MO HealthNet participants who dispute a bill from an ambulance provider may contact the MO HealthNet Participant Services Unit (PSU) at 1-800-392-2161. It is not the responsibility of the ambulance provider to submit a claim to MO HealthNet in order to receive a denial before billing the participant.

If the participant contacts PSU regarding a bill, the ambulance provider may be contacted by PSU staff requesting a copy of the trip ticket. This documentation must be sent to PSU by the requested date in their letter. A medical consultant reviews the trip ticket to determine if the trip was emergent in nature. After review both the ambulance provider and the participant will receive written notification. If the review determines the transport meets the emergency criteria, the provider will be instructed to submit the claim to MO HealthNet and the participant is not financially responsible. If the review determines the transport does not meet policy, the participant is notified they are responsible for payment of the bill. **If the ambulance provider does not comply with**

PSU's request for documentation, the participant is notified they are not responsible for payment of the bill.

A list of non-covered ground and air ambulance services can be found in section 13.3.U of the MO HealthNet Ambulance manual.

MILEAGE

When mileage charges are made they are considered as one way charges unless the ambulance service provides some documentation on the trip ticket. Charges for mileage must be based on loaded mileage, from the point of pickup of the participant to his or her arrival at destination. Loaded mileage, i.e., miles traveled while the participant is present in the ambulance, is covered; unloaded mileage is included in the reimbursement of the base rate.

HEALTHY CHILDREN AND YOUTH (HCY) SERVICES

MO HealthNet covers medically necessary ambulance services for participants under the age of 21 through the HCY program. Transport by ambulance is only covered if it is medically necessary and any other method of transportation would endanger the child's health. Examples include a child in a full body cast or having a tracheotomy requiring ventilatory assistance. A trip ticket documenting the ambulance trip was medically necessary must be attached to the claim form. HCY services are identified by the "EP" modifier. Any ambulance trip not meeting the emergency services definition according to MO HealthNet policy but is medically necessary for a participant under 21 must use the "EP" modifier with the appropriate ambulance procedure code. Transports for the under 21 population meeting the definition of emergency services must not use the "EP" modifier.

If a participant under 21 needs to be transported from one hospital to another for treatment or specialized testing and the transfer meets MO HealthNet policy (reference sections 13.3.L through 13.3.O of the MO HealthNet Ambulance provider manual), the trip is a covered service. In these cases, the "EP" modifier is not used.

TRIP TICKET REQUIREMENTS

A paper claim with the trip ticket attached is required under the following circumstances:

- providers on prepayment review; and
- transports for HCY services.

Providers are required to maintain all trip documentation, including the trip ticket, in the participant's file even when the trip ticket isn't a required attachment.

TRANSPORTS TO TWO DIFFERENT HOSPITALS

MO HealthNet covers transportation from the point of pickup to two different hospitals made on the same day by the same ambulance provider when it is medically necessary. This situation can occur when the ambulance transports the participant to the nearest hospital, but before the participant leaves the emergency room it is decided the first hospital is not appropriate and the participant is transported to a second hospital. When

it is medically necessary to transport a participant from one hospital to another on the same date of service, providers must bill the base rate procedure code with a quantity of "2". Mileage and any ancillary charges for both trips are to be combined.

TWO TRIPS ON THE SAME DATE OF SERVICE

Two emergency ambulance trips to a hospital in one day for the same participant may be covered when medically necessary. Proper trip documentation must be maintained in the participant's record. To bill for two trips on the same day, the same provider must show a quantity of "2" units for the base rate procedure code when appropriate. Mileage and any ancillary charges for both trips are to be combined. If the base rate procedure codes aren't the same for each trip, both trips must be billed on the same claim form as separate line items with the appropriate base rate procedure codes.

If two different ambulance services transport the same participant on the same date of service, both providers must maintain proper trip documentation in the participant's record to substantiate medical necessity.

HOSPITAL TO HOSPITAL TRANSFERS

Ground ambulance transfers of MO HealthNet participants from one hospital to another hospital to receive medically necessary inpatient services not available at the first facility are covered services. Hospital transfers shall be covered when the participant has been stabilized at the first hospital but needs a higher level of care available only at a second hospital. Examples of medically necessary transfers for services not available at the first facility include, but are not limited to:

- rehabilitation
- burn unit
- ventilator assistance
- other specialized care

The hospital to hospital transfer may not be considered emergent; however, hospital to hospital transfers that meet the transfer criteria listed in section 13.13.O(1) of the MO HealthNet Ambulance provider manual qualify for coverage under the ambulance program.

The documentation in the participant's record must support the procedure code billed. For accurate reporting purposes, the appropriate base code from the following list should be billed with the "HH" modifier.

- A0428HH – Ambulance service, BLS, non-emergency transport, hospital to hospital transfer
- A0426HH – Ambulance service, ALS 1, non-emergency transport, hospital to hospital transfer
- A0429HH – Ambulance service, BLS, emergency transport, hospital to hospital transfer
- A0427HH – Ambulance service, ALS 1, emergency transport, hospital to hospital transfer

- A0433HH – Ambulance service, ALS 2, emergency transport, hospital to hospital transfer

Transport from a hospital capable of treating the participant because the participant and/or the participant's family or the participant's physician prefer a specific hospital is not a covered service.

TRANSPORT FOR SPECIALIZED TESTING

Transporting from one hospital to another hospital and return for specialized testing and/or treatment is covered for ground ambulance. One base charge is payable even though two separate trips or waiting time may be involved. The appropriate place of service when billing for specialized testing and/or treatment is 21 (inpatient hospital) since the hospital is both the point of pickup and final destination after receiving services at the diagnostic or therapeutic site. Mileage may be billed if participant transport from point of pickup to the destination and back is more than five miles. Use procedure code A0428HD to bill for transportation for specialized testing and/or treatment.

Transport from one medical facility to another for specialized testing and/or treatment is non-covered for emergency air ambulance services.

DECEASED PARTICIPANTS

An individual is considered to have expired as of the time the individual is pronounced dead by a person who is legally authorized to make such a pronouncement, usually a physician.

- If the participant was pronounced dead before the ambulance was called, no payment is made by MO HealthNet.
- If the participant was pronounced dead after the ambulance was called but prior to arrival at the scene, payment may only be made for mileage from the base to the point of pickup. Transport from point of pickup to destination is not payable; the base rate is not reimbursable.
- If the participant was pronounced after the ambulance arrived on the scene but prior to transport and life saving measures were performed at the scene, the base rate and mileage from base to point of pickup may be covered. ALS level 1 or 2 must be documented in the participant's trip documentation (reference section 13.3.D of the MO HealthNet Ambulance provider manual for ALS level 1 and 2 service definitions).
- If the participant was pronounced dead while enroute to or upon arrival at the destination, the base rate and mileage from point of pickup to the destination may be covered. ALS level 1 or 2 must be documented in the participant's trip documentation.

EMERGENCY AMBULANCE vs. NEMT TRANSPORTS

When participants are transported by ambulance to an emergency room for treatment and then released without admission to the hospital, the return trip is not covered under the MO HealthNet Emergency Ambulance program. Return trips to the nursing home when the participant has been discharged from a hospital stay are also not covered under the Emergency Ambulance program, 13 CSR 70-6.010(6).

Additional transports not covered in the Emergency Ambulance program include:

- transportation to a physician or dentist's office or a participant's home;
- ambulance services to a hospital for the first stage of labor; or,
- transport of a participant pronounced dead before the ambulance is called.

Transport by ambulance may be covered under the Non-Emergency Medical Transportation (NEMT) program for eligible participants if it is the most appropriate mode of transportation based on the participant's medical needs. Hospital staff, nursing home staff, social workers, case managers, family members and other related parties may call the NEMT broker for MO HealthNet toll free at 1-866-269-5927 to arrange non-emergency medical transportation to and from medical providers for eligible participants. NEMT services are available 24 hours per day, 7 days per week. To provide adequate time for NEMT services to be arranged, a participant or someone calling on their behalf should call at least five (5) calendar days in advance. For hospital discharges it may require up to three (3) hours to arrange the appropriate mode of transportation.

Neither the participant nor MO HealthNet is responsible for payment if physicians, hospital staff, or others arrange ambulance transports for non-emergency trips that are covered under the NEMT program without authorization from the NEMT broker. Missouri Code of State Regulations 13 CSR 70-4.030 (2) states a "service will not be the liability of the participant if the service would have been otherwise payable by the MO HealthNet agency at the MO HealthNet allowable amount had the provider followed all of the policies, procedures and rules applicable to the service as of the date provided."

The NEMT broker provides the most appropriate mode of transportation based on the patient's medical needs. If a patient is confined to a bed but does not require any medical equipment or medical attention en route, a stretcher van may be authorized. If the patient required medical attention or equipment en route, an ambulance will be authorized. When arranging non-emergency medical transportation, notify the NEMT broker if the patient is bed confined and whether or not medical attention or equipment is needed. For more information on the NEMT program and all modes of transportation under NEMT, please refer to section 22 of any MO HealthNet provider manual located on the MHD web site.

PLACE OF SERVICE (POS) CODES

The POS code must be one of the following:

21 – Inpatient hospital

23 – Emergency room – hospital

- 26 – Military treatment facility
- 51 – Inpatient psychiatric facility
- 55 – Residential substance abuse treatment facility
- 56 – Psychiatric residential treatment center
- 61 – Comprehensive inpatient rehabilitation hospital

Please keep the following in mind when submitting claims:

- HCY services are not limited to the above places of service
- POS codes 55, 56, and 61 are not valid for air transport
- POS codes 41 (land) and 42 (air/water) are Medicare codes and not valid MO HealthNet POS codes

VALID AMBULANCE MODIFIERS

EP – HCY services for participants under 21 years of age

GM – Ground transport for multiple participants

HH – Hospital to hospital transfer

HD – Specialized testing and treatment

SC – Medically necessary service or supply

A complete list of covered procedure codes can be found in section 19 of the MO HealthNet Ambulance provider manual.