Ambulance Services Benefits to Change Effective February 1, 2014

Information posted December 13, 2013

Effective for dates of service on or after February 1, 2014, benefit criteria for ambulance services will change for Texas Medicaid.

Reimbursement Changes for Ambulance Transports

Claims for ground ambulance transports (procedure codes A0426, A0427, A0428, A0429, A0433, A0434, and A0999) must be submitted with mileage procedure code A0425.

Claims for air ambulance transports procedure codes A0430 and A0431 must be submitted with the corresponding air mileage procedure code A0435 or A0436.

Texas Medicaid will not reimburse for the return trip of an empty ambulance.

Texas Medicaid will not reimburse air or ground mileage when the client is not on board the ambulance.

Emergency Ambulance Transports

Texas Medicaid will no longer have a separate emergency medical condition code list. All emergency transport claims must be submitted with the ET modifier for each procedure code and one or more emergency medical condition codes defined by the Centers for Medicare & Medicaid Services (CMS) Ambulance Fee Schedule-Emergency Medical Conditions list, which is available on the CMS website at www.cms.gov/manuals/downloads/clm104c15.pdf.

Claims for emergency ambulance transports that are submitted without an emergency medical condition code may be appealed with documentation of medical necessity that meets the definition of an emergency medical condition.

Nonemergency Ambulance Transports

All nonemergency ambulance transports require prior authorization.

A provider that is denied payment for rendered services because of failure to obtain prior authorization or because a request for prior authorization was denied is entitled to appeal the denial.

A provider that is denied payment for rendered ambulance transport services because the requesting provider did not obtain prior authorization is entitled to payment from the nursing facility, health-care provider, or other responsible party that requested the services. The performing provider must submit a copy of the claim for which payment was denied to the health-care provider or other responsible party for payment.

“Responsible party” refers to the entity that is responsible for providing care to the client at the time the nonemergency ambulance transport is requested.

Note: If a nursing home client is transported as an emergency to a hospital emergency room and is discharged back to the nursing home by nonemergency ambulance, the
hospital is the responsible party for obtaining prior authorization for the nonemergency return trip. The nursing facility is responsible for providing routine nonemergency transportation for services not provided in the nursing facility. A return trip to a nursing facility following an emergency transport is not considered routine, so transport back to the facility must be requested by the discharging hospital.

**Level of Service**

The level of service definitions for basic life support (BLS) and advanced life support (ALS) will be revised as defined by the Texas Health and Safety Code and specialty care transport (SCT) as defined by CMS.

- BLS is emergency pre-hospital care that uses noninvasive medical acts.
- ALS is emergency pre-hospital care that uses invasive medical acts.
- SCT is the interfacility transportation of a critically injured or ill client by a ground ambulance vehicle, including the provision of medically necessary supplies and services at a level of service beyond the scope of the emergency medical technician (EMT) paramedic. SCT is necessary when a client’s condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.

**Multiple Client Transport**

Multiple client transports are those in which more than one client is transported in the same vehicle at the same time. A claim for each Texas Medicaid client must be billed with the transport procedure code and the mileage procedure code with the GM modifier that indicates multiple client transport. Claims must include the names and Medicaid numbers of other Texas Medicaid clients who shared the transfer or indicate “Not a Medicaid client.”

**Ambulance Reimbursement**

Ambulance fee-for-service reimbursement is based on the lesser of a provider’s billed charges or the maximum fee established by the Texas Health and Human Services Commission (HHSC) in accordance with the Texas Administrative Code, Title 1, §355.8600.

For more information, call the TMHP Contact Center at 1-800-925-9126.