RI Medicaid

Provider Reference Manual

Ambulance

Version 1.2
April, 2024

Revision History

Version	Date	Sections Revised	Reason for Revision
1.0	July, 2016	All Sections	New format
1.1	May, 2021	All Sections	Gainwell Technologies conversion
1.2	April, 2024	Procedure Codes	Procedure code update

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INTRODUCTION

The Rhode Island Executive Office of Health and Human Services (EOHHS), in conjunction with Gainwell Technologies, developed provider manuals for all RI Medicaid Providers The purpose of this guide is to assist Medicaid providers with Medicaid policy, coverage information and claim reimbursement for this program. General information is found in the General Guidelines Reference Manual. The Gainwell Technologies Customer Service Help Desk is also available to answer questions not covered in these manuals.

Gainwell Technologies can be reached by calling:

- 1-401-784-8100 for local and long-distance calls

- 1-800-964-6211 for in-state toll calls or border community calls

Provider Participation Guidelines

To participate in the Medicaid Program, providers must be located and performing services in Rhode Island or in a border community. Consideration will be given to out-of-state providers if the covered service is not available in Rhode Island, the recipient is currently residing in another state or if the covered service was performed as an emergency service while the recipient was traveling through another state. Ambulance providers must attach a copy of each of their vehicles' licenses with their application when enrolling in the Medicaid Program.

Provider Enrollment

HP Enterprise Services is the fiscal agent for EOHHS and the Medicaid Program, and as the fiscal agent is responsible for the enrollment, assignment of provider numbers, claims processing and reconciliation.

Providers who wish to enroll with RI Medicaid, should view the instructions in the General Guidelines Reference Manual

Recertification

Ambulance providers are annually recertified by the Rhode Island Department of Health (DOH). The license expiration date for ambulance providers is December 31. Providers obtain license renewal through DOH. Out of state providers must forward a copy of the renewal documentation to Gainwell Technologies. Gainwell Technologies should receive this information as soon as possible to avoid suspension from the program.

Reimbursement of Claims

Claims Billing Guidelines
Claims should be submitted electronically. If a paper claim must be submitted, the claim should be billed on the CMS 1500 claim form. Instructions for completing the CMS 1500 claim form are located on the Executive Office of Health and Human Services (EOHHS) website.

Reimbursement Guidelines
The reimbursement rates for Ambulance providers are listed on the Fee Schedule. Providers must bill the Medicaid Program for their usual and customary rate (UCR) as charged to the general public and not for the published fee schedule amount. Rates discounted to specific groups (such as Senior Citizens) must be billed at the same discounted rate to the Medicaid Program. Payments to providers will not exceed the maximum reimbursement rate of the Medicaid Program.

Patient Liability
The Medicaid Program reimbursement is considered payment in full. The provider is not permitted to seek further payment from the recipient in excess of the Medicaid Program rate.

Origin/Destination Modifiers
The claim must include a two-letter origin-destination modifier indicating where a trip begins and ends.
Town codes indicating the origin and destination of a trip must be included on the claim form.

Covered and Non-Covered Services

Covered Services
The Medicaid Program covers emergency and non-emergency emergency transportation of patients who cannot sit, stand or walk. Only ground transportation is covered. Wheelchair or air transportation is not a covered service. The type of trip (emergency/non-emergency) must be consistent with the diagnosis of the patient transported (e.g., a trip billed as emergency transport would not be covered if the patient had a non-emergency diagnosis).

Ambulatory Transportation
Ambulatory transportation will be reimbursed when the recipient has no other means of free transportation, no community resource exists and transportation by any other means would endanger the individual's health. Must include a two-letter origin-destination modifier indicating were a trip begins and ends.

SNF or ICF Resident

An individual residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) whose condition precludes transportation by the facility automobile to and from physician's office, medical laboratory, hospitals, etc., may be transported by ambulance subject to the following restrictions.

Ambulance services should only be utilized when the patient cannot be transported by any other means and when the required medical service cannot be provided within the facility.
Ambulance services should not be utilized to transport patients to receive services that can be provided within the facility; e.g., portable x-ray services can be provided in a facility setting.

Ambulance services should only be provided when a patient is severely ill or injured and transportation by any other means would endanger the individual's health. If a patient can be transported by a vehicle other than an ambulance, it is the responsibility of the facility to ensure that the patient is transported by alternative means whenever possible.

Out of State

Out-of-state ambulance trips can be considered for payment on the basis of medical necessity. Medical necessity is determined by the patient's signs and symptoms at point of pick-up. Such services will require prior authorization. EOHHS may give oral prior authorization. However, this must be followed up by submitting a written request for authorization. Refer to prior authorization for guidelines and procedures.

Round Trips

Emergency transportation will not be reimbursed for transport back to the point of origin. Emergency round trips are reimbursed only if the patient is transported out of state and back. Non-emergency round trips can be reimbursed if the recipient cannot sit, stand or walk.

Repeat Trips/Extra Attendants

Repeat trips for a patient on the same day will be denied as a duplicate service. Extra attendants or physician/hospital staff accompanying a patient enroute is not a covered benefit.

Prior Authorization

When requesting authorization, medical justification must be documented.

Physician's Statement

Non-emergency transport by ambulance requires a written statement by the recommending physician. This statement must include the recipient's medical condition and why ambulance transportation is required. This statement must be kept on file by the Ambulance provider and must be readily available to EOHHS for utilization review. If the non-emergency transportation is on-going (such as for kidney dialysis), one statement can be used for a period of one year.

Retroactive Authorization

Procedures normally requiring prior authorization that were performed on an emergency basis may receive retroactive authorization if the procedure was medically necessary and meets all the other requirements that would have been required for normal authorization. Procedures billed retrospectively for recipients who have retroactive eligibility are valid if all other conditions for billing are met.

Reimbursable Ambulance Procedure Codes

The following table lists all ambulance services reimbursable through the Medicaid Program. The table shows the procedure code, service description and if the service requires prior authorization (Y-yes or N-no). The table also lists the minimum and maximum units billable. Immediately following the table are descriptions of the services covered under each procedure and any service limitations.

Procedure Code	Description	Min Units	Max Units	PA
A0021	Ambulance service, outside state per mile, transport (Medicaid only)	1	500	Y
A0420	Ambulance waiting time (ALS or BLS) ½ hour increments	0	4	N
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	0	1	N
A0424	Extra ambulance attendant (ALS or BLS) (requires medical review)	1	2	Y
A0425	Ground mileage, per statute mile	1	60	N
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	1	1	N
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 emergency)	1	1	N
A0429	Ambulance service, basic life support, emergency transport (BLS emergency)	1	1	N
A0368	Mileage and Disposable Supplies	1	1	N

ALS and BLS

ALS (Advanced Life Support) includes oxygen and heart monitoring devices and is indicated if a condition is life-threatening. BLS (Basic Life Support) does not include oxygen. The level of support is determined by the services that are provided enroute. Additional life support services are not separately payable.

Mileage

Mileage is reimbursed from mile one.

Out of State Mileage

The first ten miles are included in the base rate. Each additional mile will be reimbursed up to 250 miles. There is no additional reimbursement for more than 250 miles one way.

Waiting Time

Waiting time is reimbursed for out-of-state trips up to a maximum of two hours. In-state waiting time is included in the base rate.

Oxygen

The need for oxygen must bear a reasonable relationship to the medical diagnosis and requirements of the patient. Oxygen will not be allowed on a routine basis.

Multiple Patients

More than one recipient may be transported by the same ambulance on the same trip. The second recipient will be reimbursed at a minimum rate for the first ten miles, or a maximum if the trip exceeds 10 miles.

Origin/Destination Modifiers

Claims must include a two-letter origin-destination modifier indicating where the trip begins and ends if billing for mileage, (emergency or non-emergency) non-emergency stretcher and/or emergency (BLS/ALS) transportation services. The following are accepted modifiers:

Modifier	Description
D	Diagnostic or therapeutic site other than P or H
E	Residential, domiciliary, custodial facility, (nursing home, not skilled facility)
G	Hospital-based dialysis facility (hospital or hospital related)
H	Hospital **
I	Site of transfer (for example, airport or helicopter pad) between two type of ambulance
J	Non-hospital based dialysis facility
N	Skilled nursing facility
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. Note: Modifier X can only be used as a designation code in the second position of a modifier.

* "E" Modifier should be used for adult day care.

** When billing for transports to and/or from a physician or physician group located within a hospital, use the "P" modifier in the appropriate combination. The "H" modifier should be reserved for actual hospital services.

Appendix

Claims Preparation Instructions
Ambulance Services – CMS 1500 Claim Form

CMS1500 Claim Form Instructions

Error Status Codes
ESC Code List (English)

Explanation of Benefits (EOB) Codes

EOB Codes and Messages List (English)

EOB Codes and Messages List (Spanish)

Third Party Liability Carrier and Coverage Codes

Third Party Liability (TPL) Carrier Codes

Third Party Liability (TPL) Coverage Codes