## INDEX

5.00 **INTRODUCTION** ..... i

5.01 **CODING** ..... i

5.02 **DEFINITIONS** ..... i

5.02-1 HCPCS Codes ..... i
5.02-2 Modifiers ..... i

5.03 **MODIFIERS** ..... i

5.03.1 Descriptive Modifiers ..... ii
5.03-2 Pricing Modifiers ..... ii

5.04 **ELEMENTS OF HCPCS CODING** ..... ii

5.05 **MEDICARE PERCENTAGE RATES** ..... iii

Eff. 6/3/15

5.06 **FEE SCHEDULE** ..... 1

5.07 **NOTES** ..... 4

## 5.00 INTRODUCTION

Eff. 6/3/15

This section is a fee table. The table contains both fixed fees and fees based upon 65% of the current published Medicare rates depending upon the type of ambulance service provided and upon approval by the Centers for Medicare and Medicaid Services CMS. Providers should bill in accordance with the criteria cited below. Providers who bill in accordance with electronic information from the MaineCare Services website are still subject to the regulations pertaining to individual MaineCare benefits.

## 5.01 CODING

Eff. 6/3/15

Approximately once a year CMS issues to participating states a Healthcare Common Procedure Coding System (HCPCS) transaction list that includes additions to and deletions from the current schedule of codes.

## 5.02 DEFINITIONS

Following are definitions for several terms which are used frequently throughout this publication:

Eff. 6/3/15

5.02-1 **HCPCS Codes:** Alpha-numeric codes, developed by the United States Department of Health and Human Services. For the most part, HCPCS codes are used to describe health care services rendered by providers other than physicians (ex: ambulance, chiropractic, etc.). There are some HCPCS codes, however, which will be used by physicians.

5.02-2 **Modifiers**: A modifier is a two-character code added as a suffix to the procedure code. A modifier provides the means whereby the reporting provider can indicate that a service that has been performed has been altered by some specific circumstances, but not changed in its definition or code. Modifiers and their use are discussed in greater detail below.

## 5.03 MODIFIERS

MaineCare will accept the two character modifiers listed on the following pages. Although CPT guidelines allow for the use of numeric modifiers up to five characters long (in addition to the procedure code), MaineCare only accepts and processes two character modifiers.

As with the procedure codes, there are two types of modifiers: CPT modifiers, which are numerical; and HCPCS modifiers, which are alphabetical. Modifiers can be used interchangeably with all codes; that is CPT modifiers can be used with HCPCS codes, etc. Some modifiers are meant to affect the fee payable for a particular service. These are called pricing modifiers.

Other modifiers do not affect the pricing of a particular code, but they do describe more accurately the service being provided. These are called descriptive modifiers.

There are several modifiers that define services not covered by MaineCare. These modifiers have not been included in the following list. Modifier(s) listed in this section must be selected to describe the appropriate service.

Single letter modifiers must be combined to indicate the origin and destination of the trip. For example, base transport from the member's home to the hospital would be coded A0428RH, while base transport from the hospital to the member's home would be coded A0428HR.

### 5.03-1 Descriptive Modifiers

| Modifier | Definition |
|---|---|
| D | Diagnostic or therapeutic site other than "P" or "H" when these are used as origin codes. |
| E | Residential, domiciliary, custodial facility. |
| G | Hospital-based dialysis facility (hospital or hospital-related). |
| H | Hospital. |
| I | Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport. |
| J | Non hospital-based dialysis facility. |
| N | Nursing facility. |
| P | Physician's office (includes HMO non-hospital facility, clinic, etc.) |
| R | Residence. |
| S | Scene of accident or acute event. |
| X | (Destination code only) intermediate stop at physician's office enroute to the hospital (includes HMO non-hospital facility; clinic, etc.) |
| QL | Patient pronounced dead after ambulance called. |

### 5.03-2 Pricing Modifiers

| Modifier | Definition |
|---|---|
| H9 | Court-ordered. [This modifier is to be used to designate when reimbursement should be paid at the Emergency Involuntary Admission to a Psychiatric Facility (Blue Paper) ambulance run and mileage rates]. |

## 5.04 ELEMENTS OF HCPCS CODING

HCPCS codes for services are arranged in tabular form. Specific information regarding each code is given under the following headings:

| | | |
|---|---|---|
| 1. | Age: | Some procedures have age limitations. Any limitations based on the age of the member will be noted here. |
| 2. | Procedure Code: | The actual HCPCS procedure code will be listed in this column. |
| 3. | HCPCS Description: | The narrative description of the procedure will appear here. |
| 4. | Maximum Allowance: | This column will show the maximum reimbursement MaineCare will allow for a particular procedure. Please remember that MaineCare pays the lowest of the usual and customary charge, the Medicare maximum rate, or the MaineCare maximum |

5.04 **ELEMENTS OF HCPCS CODING** (cont.)

allowance.

5. Prior Authorization: Some procedures require prior authorization in order for MaineCare to allow payment. If prior authorization is required, it will be indicated by the message "Yes" in this column.

6. Modifier Required: Add two-letter modifier as a suffix to codes (origin/destination). Codes that require modifier will be indicated by the message "yes" in this column.

Eff. 6/3/15 Not all procedures are reimbursable in every setting. If you have a question as to whether or not a particular service can be rendered in a particular setting, please consult Chapter II, Section 5 of the MaineCare Benefits Manual or contact your Provider Relations Specialist.

Eff. 6/3/15 **General** The procedure codes and descriptions for Ambulance Services as listed below are to be used in completing the CMS 1500 Claim Form.

**Please Note**: Where Departmental review indicates charges and payments in excess of the Medicare Part B allowed amount at the time of service delivery, the Department will seek restitution for any payments that exceed the Medicare allowance.

5.05 **MEDICARE PERCENTAGE RATES**

Eff. 6/3/15

Effective March 1, 2015 and upon approval by CMS, MaineCare Ambulance Services codes with Medicare equivalents are reimbursed at 65% of the current published Medicare rates.

| | 5.06 FEE SCHEDULE | PROC. CODE | DESCRIPTION | # MAXIMUM ALLOWANCE | PRIOR AUTH. | REQUIRES MODIFIER |
|---|---|---|---|---|---|---|
| | | A0021 | AMBULANCE SERVICE; OUT OF STATE; PER MILE TRANSPORT [Out-of-state ambulance providers bill this code.] | $2.00 | YES | |
| | | A0225 | AMBULANCE SERVICE; SPECIALIZED NEONATAL TRANSPORT, BASE RATE EMERGENCY ONE WAY [GROUND][Birth to 2 years of age] | $300.00 | | |
| | | A0420 | AMBULANCE WAITING TIME (ALS OR BLS), ONE HALF (1/2) HOUR INCREMENTS **[starting with the second completed half hour at one half hour per unit]** | $95.00 | | |
| | | A0424 | EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICAL REVIEW) | $32.00 | YES | |
| Eff. 6/3/15 | | A0425 | GROUND MILEAGE, PER STATUTE MILE | 65% of current published Medicare rate* | | |
| | | A0425 | GROUND MILEAGE, PER STATUTE MILE-INVOLUNTARY ADMISSION TO A PSYCHIATRIC FACILITY | $8.00 | | YES SEE NOTE D |
| Eff. 6/3/15 | | A0426 | AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 [ALS 1] | 65% of current published Medicare rate* | | |
| Eff. 6/3/15 | | A0427 | AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 [ALS 1-EMERGENCY] | 65% of current published Medicare rate* | | |
| Eff. 6/3/15 | | A0428 | AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, [BLS] | 65% of current published Medicare rate* | | |

| 5.06 FEE SCHEDULE (Continued) | | PROC. CODE | DESCRIPTION | # MAXIMUM ALLOWANCE | PRIOR AUTH. | REQUIRES MODIFIER |
|---|---|---|---|---|---|---|
| | | A0428 | AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, [BLS]-INVOLUNTARY ADMISSION TO A PSYCHIATRIC FACILITY | $285.00 | | YES SEE NOTE D |
| Eff. 6/3/15 | | A0429 | AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT [BLS-EMERGENCY] | 65% of current published Medicare rate* | | |
| Eff. 6/3/15 | | A0430 | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE-WAY [FIXED WING] (SEE NOTE B) | 65% of current published Medicare rate* | ** | |
| Eff. 6/3/15 | | A0431 | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE-WAY [ROTARY WING] (SEE NOTE C) | 65% of current published Medicare rate* | ** | |
| Eff. 6/3/15 | | A0433 | ADVANCED LIFE SUPPORT, LEVEL 2 [ALS 2] | 65% of current published Medicare rate* | | |
| Eff. 6/3/15 | | A0434 | SPECIALTY CARE TRANSPORT [SCT] | 65% of current published Medicare rate* | | |
| Eff. 6/3/15 | | A0435 | FIXED WING AIR MILEAGE, PER STATUTE MILE | 65% of current published Medicare rate* | ** | |
| Eff. 6/3/15 | | A0436 | ROTARY WING AIR MILEAGE, PER STATUTE MILE | 65% of current published Medicare rate* | ** | |

| | 5.06 FEE SCHEDULE (Continued) | | PROC. CODE | DESCRIPTION | # MAXIMUM ALLOWANCE | PRIOR AUTH. | REQUIRES MODIFIER |
|---|---|---|---|---|---|---|---|
| Eff. 6/3/15 | | | A0998 | AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT | $95.00 | | |
| | | | A0999 | UNLISTED AMBULANCE SERVICE (SEE NOTE A) | See Note A | YES | |

Eff. 6/3/15

***Maximum allowance set at 65% of the current published Medicare rate is effective March 1, 2015, and upon approval by CMS.**
****All out of state services require prior authorization.**

## 5.07 NOTES

A. This code is to be used for air ambulance layover charges, for air ambulance landing fees, and for any other air or ground ambulance service which is not otherwise classified. Claims for such services shall be evaluated individually as the claim is processed and only actual cost will be reimbursed.

The air ambulance layover charge is limited to $65.00 per hour, plus reasonable expenses incurred by employees covered under Chapter II, Section 5 of the MaineCare Benefits Manual either when the return flight is delayed due to poor weather conditions or while waiting for the member when it has been determined that the charges while waiting would be less than making two separate trips.

Reimbursement for air ambulance landing fees is limited to $48.00.

Ambulance services not otherwise classified shall cover all medically necessary services not identified in any of the codes.

B. The fixed-wing per transport rate shall cover all costs associated with financing the fixed wing aircraft and providing equipment, supplies, routine personnel and all necessary medical services administered to the member. The fixed wing per transport rate shall also cover all administrative costs associated with providing the air ambulance services and arranging for the land ambulance services as specified in Chapter II, Section 5 of the MaineCare Benefits Manual.

C. Air Helicopter Base Rate may be billed in conjunction with Rotary Wing Air Mileage. This reimbursement shall cover all costs associated with providing equipment, supplies, personnel, and all necessary medical services provided to the member which are not already reimbursed through the air helicopter service reimbursement. The air helicopter base rate shall also cover all administrative costs associated with providing the air helicopter services and arranging for the land ambulance services as specified Chapter II, Section 5 of the MaineCare Benefits Manual.

D. Use modifier H9 to designate Basic Life Support Non-Emergency Transports (Procedure Code A0428) and ground mileage (Procedure Code A0425) performed under the auspices of an Emergency Involuntary Admission to a Psychiatric Facility (Blue Paper) commitment proceeding.