DATE: May 29, 2015

TO: Interested Parties

FROM: Stefanie Nadeau, Director, MaineCare Services

SUBJECT: Adopted Rule: Chapters II and III, Section 5, Ambulance Services

This letter gives notice of an adopted rule: Chapter 101, MaineCare Benefits Manual, Chapters II and III, Section 5, Ambulance Services.

This rule is being adopted in order to:

1. Comply with P.L. 2013, ch. 441, § 1, An Act To Sustain Emergency Medical Services throughout the State, codified at 22 M.R.S.A. §3174-JJ, which requires that MaineCare change reimbursement rates for Medicare reimbursable ambulance codes to 65% of Medicare rates beginning March 1, 2015;

2. Remove two references to a telephone number provided for out-of-state providers to request prior authorization. This number is no longer in service. Instead of calling the number, providers are instructed to obtain Prior Authorization (PA) through the MaineCare portal; and

3. In Chapter III, remove a clarifying sentence from HCPCS code A0998 “Ambulance Response and Treatment, No Transport.” The sentence states, “Patient is treated but refuses transport or is deceased and therefore requires no transport.” This clarifier does not appear in the HCPCS manual and should be removed.

A public hearing was held on January 21, 2015. The Department made no additional changes as a result of the comments received. However, upon further review, the Department made some non-substantive changes to the rule, including:

1. Replacement of the terms “Intermediate Care Facility for People with Mental Retardation” and “ICF-MR” with the terms “Intermediate Care Facility for Individuals with Intellectual Disabilities” and “ICF-IID” as a result of the Department’s ongoing efforts to replace outdated language in its rules as has been done in federal and State law;

2. For rule clarity, reorganization of Section 5.05-1(A) to better outline the requirements of air ambulance services for out-of-state and in-state providers, as well as the deletion of the unnecessary sentence in: “[Prior authorization is no longer required for air ambulance services if the location where services are received is considered within Maine and in accordance with Section 1.14.2 of the MaineCare Benefits Manual.]”;

3. Updating Chapter II, Section 5.08-2 to remove outdated prior authorization requirements and to conform with changes made in the rule proposal instructing providers to use the MaineCare Portal;
4. In Chapter III, insertion of a sentence in Section 5.00 to differentiate between the reimbursement rates on the fee table: “The table contains both fixed fees and fees based upon current published Medicare rates depending upon the type of ambulance service provided.”;

5. Removal of the rule proposal provisions in Chapter III, Section 5.05 which address MaineCare’s billing system, as the reimbursement changes set forth in P.L. 2013, ch. 441, § 1 and 22 M.R.S.A. § 3174-JJ are not contingent upon updates to MaineCare’s billing system; and

6. Correction of a clerical error in the fee schedule in Chapter III, Section 5.06 to properly reflect that the fixed fee of $285.00 for HCPCS code A0428 is associated with ambulance services associated with an involuntary admission to a psychiatric facility. Ambulance services, basic life support, non-emergency transports not associated with involuntary admission to a psychiatric facility will be reimbursed at 65% of the current published Medicare rate.

If the Centers for Medicare and Medicaid Services (CMS) approves the Department’s State Plan Amendment, and pursuant to 22 M.R.S.A. § 42(8), these changes to the reimbursement rates will be effective retroactive to March 1, 2015.

Rules and related rulemaking documents may be reviewed at, or printed from, the MaineCare Services website at http://www.maine.gov/dhhs/oms/rules/index.shtml or for a fee, interested parties may request a paper copy of rules by calling (207) 624-4050. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 711.
Notice of Agency Rule-making Adoption

AGENCY: Department of Health and Human Services, Office of MaineCare Services

CHAPTER NUMBER AND TITLE: 10-144 Chapter 101, MaineCare Benefits Manual, Chapters II and III, Section 5, Ambulance Services

ADOPTED RULE NUMBER: 2014-271

CONCISE SUMMARY:

This rule is being adopted in order to comply with P.L. 2013, ch. 441, § 1, *An Act to Sustain Emergency Medical Services throughout the State*, codified at 22 M.R.S.A. §3174-JJ, which requires that MaineCare change reimbursement rates for Medicare reimbursable ambulance codes to 65% of Medicare rates beginning March 1, 2015. Additionally, the rule is being adopted to remove references to outdated telephone numbers and to provide updated instructions for out-of-state providers to request prior authorization through the MaineCare portal. Finally, Chapter III of the rule adoption deletes a clarifying sentence contained in the fee schedule that does not appear in the HCPCS manual.

Following public hearing and further review by the Department, the Department made additional non-substantive changes to the rule proposal, including: (1) replacement of the outdated terms “Intermediate Care Facility for People with Mental Retardation” and “ICF-MR” with the terms “Intermediate Care Facility for Individuals with Intellectual Disabilities” and “ICF-IID”; (2) clarification of the prior authorization requirements in Chapter II, Sections 5.05-1 and 5.08-2 to be consistent with changes in the rule proposal about the MaineCare portal; (3) removal of the provisions in Chapter III, Section 5.05 which address MaineCare’s billing system to align with the reimbursement changes set forth in P.L. 2013, ch. 441, § 1 and 22 M.R.S.A. § 3174-JJ; and (4) correction of a clerical error in the fee schedule in Chapter III, Section 5.06 to properly reflect that the fixed fee of $285.00 for HCPCS code A0428 is associated with ambulance services associated with an involuntary admission to a psychiatric facility. A detailed list of all changes made between the rule proposal and the rule adoption can be found in the Summary of Comments.

If the Centers for Medicare and Medicaid Services (CMS) approves the Department’s State Plan Amendment, and pursuant to 22 M.R.S.A. § 42(8), changes to the reimbursement rates under Section 5 will be effective retroactive to March 1, 2015.


EFFECTIVE DATE: June 3, 2015

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5.01 DEFINITIONS

5.01-1 Advanced Life Support (ALS) ambulance service is one that provides complex specialized life-sustaining equipment. Such ambulance vehicles shall be appropriately licensed and equipped, and be staffed by appropriately licensed personnel who are trained and authorized to provide advanced life support. Such training includes administering IVs, establishing and maintaining a member's airway, defibrillation of the heart, and performing other ALS procedures or providing services including, but not limited to, cardiac monitoring.

5.01-2 Air Ambulance Service provides rapid transportation by air when the member’s condition is such that the time needed to transport, or the necessity of transportation by land poses a threat to life or seriously endangers the health of the member. Examples are as follows: (1) hemodynamic, pulmonary, and/or neurological instability with potential for rapid deterioration requiring critical care life support (monitoring, personnel, medications, and/or specific equipment) during transport that is not available from the local ground ambulance service, (2) the member's clinical condition requires that the time spent out of the hospital environment (in transport mode) be as short as possible, and/or (3) the member is located in an area which is inaccessible to regular ground traffic.

5.01-3 Ambulance Services are those services, which are conditionally, temporarily, or fully licensed, in the state or province where services are provided as documented by written evidence from the appropriate governing board, and that provide emergency care and/or transportation for the ill or injured person, as ordered or approved by a physician, when it is medically necessary.

5.01-4 Ambulance Service for Emergency Involuntary Admission to a Psychiatric Facility is a one way trip from a place of origin to an inpatient psychiatric facility performed under the auspices of an “Application for Emergency Involuntary Admission to a Psychiatric Facility,” sometimes referred to as a “Blue Paper,” which is endorsed by a judge of a Maine court of competent jurisdiction.

5.01-5 Base Rate for Ambulance Service is the rate allowable for reimbursement for a one way trip from a place of origin to an authorized destination. A Base Rate excludes mileage charges which are billed for loaded miles only, but includes designated supplies, equipment, and ancillary services.

5.01-6 Basic Life Support (BLS) ambulance service is one that provides transportation plus the equipment and staff required for basic medical services. These services include, but are not limited to, the following within the scope of the staff's licensure: control of bleeding; splinting fractures; treatment of shock; delivery of babies; cardiopulmonary resuscitation (CPR); and automatic interpretation defibrillation.

5.01-7 Ground Mileage Per Statute Mile ("Loaded Miles") are the miles a MaineCare member is transported from the point of pick-up to the point of destination by the ambulance.
5.01 DEFINITIONS (cont.)

5.01-8 **In-state ambulance providers** are those ambulance providers based within Maine borders. Providers which are based within fifteen (15) miles of the Maine/New Hampshire border are treated the same as Maine-based ambulance providers in all aspects of policy requirements, enrollment, rates of reimbursement, and payment methodologies.

5.01-9 **Out-of-state ambulance providers** are those ambulance providers based outside state of Maine borders, with the exception of providers which are based within fifteen (15) miles of the Maine/New Hampshire border. (All transports provided by out-of-state ambulance providers to MaineCare members require prior authorization.)

5.01-10 **Out-of-state ambulance services** are defined as those ambulance transports provided to MaineCare member(s) to a location outside of state of Maine borders. Maine-based providers who are providing services to a location out-of-state act as out-of-state providers, are bound by the same requirements as out-of-state providers, and must obtain prior authorization or retroactive prior authorization.

5.01-11 **Medical Necessity** is established when any other method of transportation is contraindicated for that member's medical condition. Examples of medical necessity include, but are not limited to: (1) the necessity to transport the member immediately as a result of an accident, injury, or acute illness; (2) the necessity to restrain the member; (3) the member being unconscious or in shock; (4) the member requiring oxygen or other emergency treatment during transportation; (5) the requirement to keep the member immobile due to a fracture or a suspected fracture not yet set; (6) the member having sustained an acute stroke or myocardial infarction; (7) the member suffering severe hemorrhage; (8) confinement of the member to bed before and after the ambulance trip; (9) the necessity to move the member by stretcher only. If the condition is one of the last two (8, 9) cited above, the reason why the member was bed confined or could only be moved by stretcher must be documented in the member’s record.

5.01-12 **Reasonableness** in regard to the use of ambulance service is determined by the treatment of the illness or injury involved. Reimbursement may be denied on the grounds that the use of the ambulance service was unreasonable with respect to the treatment of the illness or injury involved.

5.01-13 **Specialty Care Transport (SCT)** is the interfacility transportation of a critically injured or ill member 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.
5.02 ELIGIBILITY FOR CARE

Individuals must meet the financial eligibility criteria as set forth in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive. It is the responsibility of the provider to verify a member's eligibility for Ambulance Services. When a newborn, for which MaineCare eligibility has not yet been determined, requires Ambulance Services the provider shall ascertain whether the mother is currently MaineCare eligible. If the mother is eligible, the provider shall assume that the child is eligible.

5.03 DURATION OF CARE

Each Title XIX and XXI member is eligible for as many covered services as are medically necessary, as long as the member meets the eligibility for care requirements set forth under paragraph 5.02. The Department reserves the right to request additional information to evaluate medical necessity.

5.04 COVERED SERVICES

A covered service is a service for which payment to a provider is permitted under this Section of the MaineCare Benefits Manual (MBM). The types of ambulance services that are covered for eligible individuals are subject to medical necessity and those which meet the following criteria:

5.04-1 Transportation to the hospital or medical care facility which:

1. Has an available bed or outpatient service and;
2. Has the equipment and personnel to provide the required services.

5.04-2 Transportation from and to the points listed below:

<table>
<thead>
<tr>
<th>ORIGIN</th>
<th>DESTINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member's Residence</td>
<td>Nursing Facility (including Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID))</td>
</tr>
<tr>
<td>Scene of Accident or Illness</td>
<td>Hospital</td>
</tr>
<tr>
<td>Scene of Accident or Illness</td>
<td>Nursing Facility (inc. ICF-IID)</td>
</tr>
<tr>
<td>Nursing Facility (inc. ICF-IID)</td>
<td>Hospital</td>
</tr>
<tr>
<td>Nursing Facility (inc. ICF-IID)</td>
<td>Nursing Facility (inc. ICF-IID)</td>
</tr>
<tr>
<td>Nursing Facility (inc. ICF-IID)</td>
<td>Member's Residence</td>
</tr>
</tbody>
</table>

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5.04 COVERED SERVICES (cont.)

Eff. 6/3/15

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Nursing Facility (inc. ICF-IID)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Hospital</td>
</tr>
<tr>
<td>Hospital</td>
<td>Member's Residence</td>
</tr>
</tbody>
</table>

When moving between two facilities having the same level of care, social/familial and medical factors must justify the move, and the move must be in accordance with the relevant provisions of the MaineCare Benefits Manual (MBM).

5.04-3 Emergency medical services may be provided at the scene of an illness, injury or accident when transporting the member is not medically necessary. Examples include, but are not limited to:

1. A member is pronounced dead after the ambulance was dispatched to the scene;

2. An ambulance service that provides treatment at the scene of an accident but does not transport the MaineCare member. Each emergency service that responds to the scene to provide medical treatment may be reimbursed for one A0998 Base Rate only. No mileage is billable as no loaded miles occur.

5.04-4 Waiting Time is the period of time when a physician deems it medically necessary for the ambulance provider to wait at a hospital while the member is being stabilized, with the intent of continuing transport to a more appropriate hospital for care or back to the point of origin. The maximum number of hours allowed for waiting time is four hours and is billable in 30-minute increments beginning with completion of the second half-hour of waiting time.

5.04-5 Out-of-State Ambulance Services

Out of state ambulance providers and any provider transporting to a location out-of-state must submit a prior authorization request through the MaineCare Portal at [https://mainecare.maine.gov](https://mainecare.maine.gov). Non-emergency transports must be prior authorized before the service is performed. In emergency transport cases, prior authorization may be granted retroactively. All guidelines set forth in Chapter I, Section 1.14-2 of the MaineCare Benefits Manual must be followed.

5.05 RESTRICTED SERVICES

5.05-1 Air Ambulance Services

A. Air ambulance services are covered services when the provider demonstrates that each of the following conditions is met:
5.05 Restricted Services (cont.)

1. For in-state air ambulance providers:
   a. The attending physician certifies it is medically inadvisable for the member to travel any other way; and
   b. In the case where the member is airlifted from the scene of an injury or emergency illness, aero medical transport has been determined to be necessary by EMS personnel at the scene. The medical condition must require immediate and rapid ambulance service that could not be provided by ground transportation because: (1) the point of pick up is inaccessible by land, obstacles (i.e.: heavy traffic) or (2) great distances are involved in getting the member to the nearest hospital with appropriate facilities.

2. For out-of-state air ambulance providers:
   a. The attending physician certifies it is medically inadvisable for the member to travel any other way; and
   b. Prior authorization has been obtained from MaineCare Services, Prior Authorization Unit (see Section 5.08-2). Before requesting prior authorization for air ambulance services, the provider must determine which type of transportation (i.e. fixed wing or helicopter) would be the most medically-appropriate, quickest and least expensive and provide the amount of time required for both types of transport in order for Prior Authorization Unit staff to determine the most medically appropriate type of service for the MaineCare member. In the case of emergency air transport, prior authorization may be granted retroactively. All guidelines set forth in Chapter I, Section 1.14-2 of the MaineCare Benefits Manual must be followed.

B. The provider shall provide the most medically appropriate and cost efficient aircraft for each case, and the aircraft must comply with all regulations for air ambulance of Maine Emergency Medical Services (MEMS), or comparable other jurisdiction. The air ambulance provider shall arrange for ambulance transfer service between airport and hospital at the end of each trip.

C. The provider shall utilize air ambulance personnel trained and licensed at the paramedic level, and any additional personnel required by the physician in charge. Air ambulance personnel must meet all requirements of Maine Emergency Medical Services regulations, or those of a comparable jurisdiction.
5.05 **RESTRICTED SERVICES** (cont.)

juristic, including having completed a course in altitude physiology and air operation safety. Copies of licensure of employees and air ambulances shall be on file with the air ambulance provider, as well as insurance certificates for each aircraft used.

D. Air ambulance equipment must comply with all regulations for air ambulance of Maine Emergency Medical Services, or comparable jurisdiction. Air ambulance equipment shall be made available for inspection from time to time, as deemed necessary by MaineCare Services and/or Maine Emergency Medical Services or comparable other jurisdiction.

E. In order to provide the medical equipment required for use in meeting the conditions of air ambulance transport, the provider shall not compromise any portion of the minimum equipment complement of any Maine licensed land ambulance required for emergency response.

5.05-2 **Services for Continuous Treatment in a Hospital Outpatient Department**

Providers must receive prior authorization from MaineCare Services, Prior Authorization Unit in order to transport members to and from a hospital outpatient department for treatment on a continuing basis from his or her home, nursing home, or ICF-IID. Round trips must be medically necessary and the vehicle and personnel requirements must be met. This benefit is limited to those cases in which transportation of the member is less costly than bringing the service to the member.

5.05-3 **Round Trips for Specialized Services**

A. Round trip ambulance services are covered for inpatients of hospitals and medical care facilities (including nursing facilities and ICF-IIDs) to the nearest hospital or non-hospital treatment facility, i.e. a clinic, therapy center or a physician’s office, to obtain medically necessary diagnostic or therapeutic services that are not available at the institution where the member is an inpatient.

Round trip ambulance services must meet the criteria for medical necessity as set forth in Section 5.01-6.

B. Round trip services to and from a nursing facility (NF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) that do not meet the definition of medical necessity and reasonableness as defined in Sections 5.01-5 and 5.01-6, are the responsibility of the NF or ICF-IID as defined in the MaineCare Benefits Manual, Chapter II, Section 67, Nursing Facility Services, and Chapter II, Section 50, Intermediate Care Facility for People with Mental Retardation.
5.05 RESTRICTED SERVICES (cont.)

5.05-4 Physician's Office

Ambulance Service to a physician's office may be covered under the following situations:

A. The trip is a round trip from a medical care facility or residence where it is less expensive to bring the member to the service than the service to the member. No payment is allowed if the trip is made only because the physician does not make calls to the member's place of residence. Round trip ambulance service to a physician's office from a nursing facility (NF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) that does not meet the definition of medical necessity and reasonableness defined in Section 5.01-5 and 5.01-6 of this policy, is the responsibility of the NF or ICF-IID as defined in the MaineCare Benefits Manual, Chapter II, Section 67, Nursing Facility Services, or Chapter II, Section 50, Intermediate Care Facility for People With Mental Retardation, respectively.

B. When transporting a member to a hospital, if the ambulance must stop at a physician's office because of the member's need for immediate attention, the ambulance will then complete the trip to the hospital when the member is ready to leave the physician’s office.

5.05-5 Medical Supplies and Services Provided by Ground Ambulances

Separate billing is not allowed for ancillary services which include: oxygen, oxygen administration supplies such as disposable oxygen masks, intravenous therapy, EKG, endotracheal intubation, pulse oximetry, telemetry and defibrillation. RN services are not billed separately.

5.05-6 Emergency Involuntary Admission to a Psychiatric Facility Ambulance Services

Ambulance services transporting members for emergency involuntary admission to a psychiatric facility (“Blue Paper”) will be reimbursed at a rate consistent with Chapter III of this Section. In order to qualify for the Involuntary Admission to a Psychiatric Facility “Blue Paper” rate, the ambulance service must have a copy in the member’s record of the judge-endorsed “Application for Emergency Involuntary Admission to a Psychiatric Facility.”

5.05-7 Specialized Neonate Transport Services

Payment is allowed for an isolette and specialized support equipment needed to transport critically ill neonates. Services must be billed and documented as medically necessary by the attending physician.
5.05 **RESTRICTED SERVICES** (cont.)

Payment is allowed for services delivered to a neonate, between the age of birth and one (1) month. Services delivered to children older than one (1) month, but younger than two (2) years will be approved for payment if the attending physician documents the medical necessity in the member's file and forwards a copy with the bill for services.

5.05-8 **Waiting Time**

An ambulance service’s reimbursement for Waiting Time may not exceed the cost of that ambulance’s return trip to that hospital to transport that patient to a more appropriate hospital for care or back to the point of origin.

5.05-9 **Air Ambulance Layover Charges**

The Air Ambulance Layover Charge shall cover reasonable expenses incurred by employees of ambulance service providers who are covered under this Section 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. An air ambulance service may not be reimbursed for both layover charges and a second Basic Rate for the same member’s round trip to and from a medical facility.

5.05-10 **Services for Non-Ambulatory Individuals**

Non-ambulatory individuals who do not require the life support emergency medical services available aboard an ambulance, but cannot, due to their disability, be transported by means of conventional transportation services shall be referred to the transportation broker that serves that particular region for a determination of the availability and suitability of wheelchair van services. For additional information please refer to Chapter II, Section 113, "Non-Emergency Transportation (NET) Services," of this Manual.

5.06 **REIMBURSEMENT**

The amount of payment for services rendered shall be the lowest of the following:

A. The amount listed in Chapter III, Section 5, "Allowances for Ambulance Services."

B. The amount allowed by the Medicare Part B carrier. Ambulance services are exempt from the coinsurance and deductible limitations otherwise set forth under Chapter I, Section 1, General Administrative Policies and Procedures in the MaineCare Benefits Manual.

C. The provider’s usual and customary charge.
5.06 **REIMBURSEMENT** (cont.)

In accordance with Chapter I, Section 1 of the MaineCare Benefits Manual it is the responsibility of the provider to seek payment from any other source that is available for payment of the rendered service prior to billing MaineCare.

5.07 **COPAYMENT**

A. A copayment will be charged to each MaineCare member receiving services. The amount of the copayment shall not exceed $3.00 per day for services provided, according to the following schedule:

<table>
<thead>
<tr>
<th>MaineCare Payment for Service</th>
<th>Member Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10.00 or less</td>
<td>$0.50</td>
</tr>
<tr>
<td>$10.01 - 25.00</td>
<td>$1.00</td>
</tr>
<tr>
<td>$25.01 - 50.00</td>
<td>$2.00</td>
</tr>
<tr>
<td>$50.01 - or more</td>
<td>$3.00</td>
</tr>
</tbody>
</table>

B. The member shall be responsible for copayments up to $30.00 per month whether the copayment has been paid or not. After the $30.00 cap has been reached, the member shall not be required to make additional copayments and the provider shall receive full MaineCare reimbursement for covered services.

5.08 **POLICIES AND PROCEDURES**

5.08-1 **Records**

Records must include, but need not be limited to:

A. Name, address and MaineCare ID number of the member;

B. Completed Patient/Run Reporting Form; and

C. Signed “Application for Emergency Involuntary Admission to a Psychiatric Facility” (“Blue Paper”) form, if applicable.

5.08-2 **Procedure to Request Prior Authorization (PA)**

The procedure to request Prior Authorization is as follows:

A. The provider shall verify eligibility of the member in the manner described in Chapter I, Section 1 of the MaineCare Benefits Manual.
5.08 **POLICIES AND PROCEDURES** (cont.)

B. The request for Prior Authorization shall be made by the provider in writing to MaineCare Services, Prior Authorization Unit by submitting a request through the MaineCare Portal at https://mainecare.maine.gov.

C. The provider shall report the following information to MaineCare Services, Prior Authorization Unit when requesting PA:

1. Name of member and MaineCare ID number;
2. Diagnosis;
3. Physician's approval;
4. Medical necessity for transport;
5. Base departure (for air ambulance);
6. Estimated amount of time required for air travel;
7. Land ambulance involved for out of state transport of member by air ambulance; and
8. Other pertinent information.

D. Emergency cases where the provider is unable to reach the Prior Authorization Unit shall be given special consideration and may be granted retroactive authorization when all other requirements for approval listed above have been met.

5.08-3 **Program Integrity**

See Chapter I, Section 1 of the MaineCare Benefits Manual.

5.09 **BILLING INSTRUCTIONS**

A. Billing must be accomplished in accordance with the Department's billing requirements; "Billing Instructions for CMS 1500 Claim Form."

B. In order to receive full MaineCare reimbursement for claims submitted for a service that is defined as a copayment exemption in Chapter I, Section 1 of the MaineCare Benefits Manual, the provider must follow billing instructions.

C. Some specialized services may require additional documentation to be submitted with the claim. Please refer to “Billing Instructions” for details.
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5.00 **INTRODUCTION**

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**

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:

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**

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

5.03-2 **Pricing Modifiers**

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>H9</td>
<td>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].</td>
</tr>
</tbody>
</table>

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.

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.

**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**

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

<table>
<thead>
<tr>
<th>PROC. CODE</th>
<th>DESCRIPTION</th>
<th># MAXIMUM ALLOWANCE</th>
<th>PRIOR AUTH</th>
<th>REQUIRES MODIFIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0021</td>
<td>AMBULANCE SERVICE; OUT OF STATE; PER MILE TRANSPORT [Out-of-state ambulance providers bill this code.]</td>
<td>$2.00</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>A0225</td>
<td>AMBULANCE SERVICE; SPECIALIZED NEONATAL TRANSPORT, BASE RATE EMERGENCY ONE WAY [GROUND][Birth to 2 years of age]</td>
<td>$300.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A0420</td>
<td>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]</td>
<td>$95.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A0424</td>
<td>EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICAL REVIEW)</td>
<td>$32.00</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>A0425</td>
<td>GROUND MILEAGE, PER STATUTE MILE</td>
<td>65% of current published Medicare rate*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A0425</td>
<td>GROUND MILEAGE, PER STATUTE MILE-INVOLUNTARY ADMISSION TO A PSYCHIATRIC FACILITY</td>
<td>$8.00</td>
<td>YES</td>
<td>SEE NOTE D</td>
</tr>
<tr>
<td>A0426</td>
<td>AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 [ALS 1]</td>
<td>65% of current published Medicare rate*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A0427</td>
<td>AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 [ALS 1-EMERGENCY]</td>
<td>65% of current published Medicare rate*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A0428</td>
<td>AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, [BLS]</td>
<td>65% of current published Medicare rate*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## AMBULANCE SERVICES

**Established:** 9/1/68  
**Last Updated:** 6/3/15

### FEE SCHEDULE

(Continued)

<table>
<thead>
<tr>
<th>PROC. CODE</th>
<th>DESCRIPTION</th>
<th># MAXIMUM ALLOWANCE</th>
<th>PRIOR AUTH.</th>
<th>REQUIRES MODIFIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0428</td>
<td>AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, [BLS]-INVOLUNTARY ADMISSION TO A PSYCHIATRIC FACILITY</td>
<td>$285.00</td>
<td>YES</td>
<td>SEE NOTE D</td>
</tr>
<tr>
<td>A0429</td>
<td>AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT [BLS-EMERGENCY]</td>
<td>65% of current published Medicare rate*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A0430</td>
<td>AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE-WAY [FIXED WING] (SEE NOTE B)</td>
<td>65% of current published Medicare rate*</td>
<td>**</td>
<td></td>
</tr>
<tr>
<td>A0431</td>
<td>AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE-WAY [ROTARY WING] (SEE NOTE C)</td>
<td>65% of current published Medicare rate*</td>
<td>**</td>
<td></td>
</tr>
<tr>
<td>A0433</td>
<td>ADVANCED LIFE SUPPORT, LEVEL 2 [ALS 2]</td>
<td>65% of current published Medicare rate*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A0434</td>
<td>SPECIALTY CARE TRANSPORT [SCT]</td>
<td>65% of current published Medicare rate*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A0435</td>
<td>FIXED WING AIR MILEAGE, PER STATUTE MILE</td>
<td>65% of current published Medicare rate*</td>
<td>**</td>
<td></td>
</tr>
<tr>
<td>A0436</td>
<td>ROTARY WING AIR MILEAGE, PER STATUTE MILE</td>
<td>65% of current published Medicare rate*</td>
<td>**</td>
<td></td>
</tr>
</tbody>
</table>
5.06 FEE SCHEDULE (Continued)  | PROC. CODE | DESCRIPTION                                      | # MAXIMUM ALLOWANCE | PRIOR AUTH. | REQUIRES MODIFIER |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A0998</td>
<td>AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT</td>
<td>$95.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A0999</td>
<td>UNLISTED AMBULANCE SERVICE (SEE NOTE A)</td>
<td>See Note A</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.
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.