

## Connecticut Department of Social Services Medical Assistance Program

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Provider Bulletin 2015-88 November 2015

TO: Ambulance Providers

RE: Clarification of Ambulance Mileage Procedure Codes

The purpose of this provider bulletin is to clarify billing procedures for all Emergency and Nonemergency ambulance providers.

## **Emergency Ambulance Services:**

Effective for dates of service January 1, 2016 and forward, the following ambulance mileage procedure codes will be removed from the transportation fee schedule:

- A0380 BLS mileage (per mile)
- A0390 ALS mileage (per mile)

Emergency ambulance providers will need to bill with **A0425** – Ground mileage per statute mile.

Effective for dates of service January 1, 2016 and forward, A0425 is the only mileage code that will be paid with emergency ambulance procedure codes:

- A0427 Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 – emergency), and
- A0429 Ambulance service, basic life support, emergency transport (BLS – emergency)

## **Non-Emergency Ambulance Services:**

Effective for dates of service January 1, 2016 and forward, S0215 - Non-Emergency Transportation, Mileage, per mile is the only mileage code that will be paid with the following non-emergency ambulance procedure codes:

- A0426 Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1) and
- A0428 Ambulance service, basic life support, non-emergency transport (BLS)

Please note: Procedure code S0215 requires prior authorization from LogistiCare.

## Medicare Ambulance Services Crossover Claims:

There are no changes to Medicare crossover claims submission. The Department of Social Services will continue to reimburse coinsurance and deductible by paying the lower of 1) the coinsurance and / or deductible amount submitted or 2) the Medicaid allowed amount minus any Medicare payment. Non-emergency ambulance claims that are denied by Medicare require prior authorization from LogistiCare. Once prior authorization is obtained, the provider will need to rebill following Connecticut Medicaid Assistance Program policies.

For questions or if further assistance is needed regarding prior authorization, please contact LogistiCare, Monday through Friday from 7:00 a.m. to 6:00 p.m. at 1-866-684-0409 x2383.

If you have any questions regarding this bulletin or claims submission, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.