# CLAIMS AND ENCOUNTERS

## Claims Filing

Ambulance providers shall submit claims using the CMS 1500 Health Insurance Claim Form (paper) or the 837P (electronic).

Ambulance providers shall submit claims for emergency ground ambulance and all air ambulance transportation to the Louisiana Department of Health (LDH) fiscal intermediary and non-emergency ground ambulance transportation to the transportation broker.

Claims shall be submitted within 365 days of the date of service.

### Medicaid and Medicare Part B

Services for Medicare Part B beneficiaries should be billed to the Medicare carrier on the Medicare claim form. Medicare will make payment and cross the claim over to the fiscal intermediary for Title XIX payment.

Medicaid will not make payment on any claim denied by Medicare as not being medically necessary. Qualified Medicare Beneficiary (QMB) claims are included in this policy.

For trips that are not covered by Medicare but are covered by Medicaid, payment will not be made unless the claim is filed with the Medicare explanation of benefits (EOB) attached stating the reason for denial by Medicare.

For claims that fail to cross over electronically, a hard-copy claim may be filed up to six months after the date of the Medicare EOB, provided that the claim was filed with Medicare within a year of the date of service.

Medicaid does a cost comparison of cross-over claims to determine if Medicare paid more than Medicaid for the claim. If this occurs and Medicare has paid more than Medicaid reimburses for the service, the claim will be “zero” paid and the ambulance provider will be considered paid in full. No balance may be collected from the beneficiary.

## Ambulance Transportation Modifiers

When billing for procedure codes A0425-A0429, A0433-A0434, and A0436 for ambulance transportation services, the provider must also enter a valid 2-digit modifier at the end of the associated 5-digit procedure code. Different modifiers may be used for the same procedure code. **Spaces will not be recognized as a valid modifier for those procedures requiring a modifier.**

The following table identifies the valid modifiers:

| Modifier | Description |
|---|---|
| DD | Trip from DX/Therapeutic Site to another DX/Therapeutic Site |
| DE | Trip from DX/Therapeutic Site to Residential, Domiciliary, Custodial Facility |
| DH | Trip from DX/Therapeutic Site to Hospital |
| DI | Diagnostic-Therapeutic Site/Transfer Airport Heli Pad |
| DJ | Diagnostic/Therapeutic site other than P/H to a Non-Hospital-based Dialysis facility |
| DN | Trip from DX/Therapeutic Site to Skilled Nursing Facility (SNF) |
| DP | Trip from DX/Therapeutic Site to Physician's Office |
| DR | Trip from DX/Therapeutic Site to Home |
| DX | Trip from DX/Therapeutic Site to MD to Hospital |
| ED | Trip from an RDC or Nursing home to DX/Therapeutic Site |
| EH | Trip from an RDC or Nursing home to Hospital |
| EG | Trip from an RDC or Nursing home to Dialysis Facility (Hospital based) |
| EI | Residential Domicile Custody Facility/Transfer Airport Heli Pad |
| EJ | Trip from an RDC or Nursing home to Dialysis Facility (non-Hospital based) |
| EN | Trip from an RDC or Nursing home to SNF |
| EP | Trip from an RDC or Nursing home to Physician's Office |
| ER | Trip from an RDC or Nursing home to Physician's Office |
| EX | Trip from RDC to MD to Hospital |
| GE | Trip from HB Dialysis Facility to an RDC or Nursing Home |

| Modifier | Description |
|---|---|
| GG | Trip from HB Dialysis Facility to Dialysis Facility (Hospital Based) |
| GH | Trip from HB Dialysis Facility to Hospital |
| GI | HB Dialysis Facility/Transfer Airport Heli Pad |
| GJ | Trip from HB Dialysis Facility to Dialysis Facility (non-Hospital Based) |
| GN | Trip from HB Dialysis Facility to SNF |
| GP | Trip from HB Dialysis Facility to Physician's Office |
| GR | Trip from HB Dialysis Facility to Patient's Residence |
| GX | Trip from HB Dialysis Facility to MD to Hospital |
| HD | Trip from Hospital to DX/Therapeutic Site |
| HE | Trip from Hospital to an RDC or Nursing Home |
| HG | Trip from Hospital to Dialysis Facility (Hospital Based) |
| HH | Trip from One Hospital to Another Hospital |
| HI | Hospital/Transfer Airport Heli Pad |
| HJ | Trip from Hospital to Dialysis Facility |
| HN | Trip from Hospital SNF |
| HP | Trip from Hospital to Physician's Office |
| HR | Trip from Hospital to Patient's Residence |
| IH | Transfer Airport Heli Pad/Hospital |
| II | Site of Ambulance transport modes transfer to another Site of Ambulance transport modes transfer |
| JD | Non-Hospital-based Dialysis facility to a Diagnostic/Therapeutic site other than P/H |
| JE | Trip from NHB Dialysis Facility to RDC or Nursing Home |
| JG | Trip from NHB Dialysis Facility to Dialysis Facility (Hospital Based) |
| JH | Trip from NHB Dialysis Facility to Hospital |
| JI | NHB Dialysis Facility/Transfer Airport Heli Pad |

| Modifier | Description |
|---|---|
| JN | Trip from NHB Dialysis Facility to SNF |
| JP | Trip from NHB Dialysis Facility to Physician's Office |
| JR | Trip from NHB Dialysis Facility to Patient's Residence |
| JX | Trip from NHB Dialysis Facility to MD to Hospital |
| ND | Trip from SNF to DX/Therapeutic Site |
| NE | Trip from SNF to an RDC or Nursing Home |
| NG | Trip from SNF to Dialysis Facility (Hospital based) |
| NH | Trip from SNF to Hospital |
| NI | Skilled Nursing Facility/Transfer Airport Heli Pad |
| NJ | Trip from SNF to Dialysis Facility (non-Hospital based) |
| NN | Trip from SNF to SNF |
| NP | Trip from SNF to Physician's Office |
| NR | Trip from SNF to Patient's Residence |
| NX | Trip from SNF to MD to Hospital |
| PD | Trip from a Physician's Office to DX/Therapeutic Site |
| PE | Trip from a Physician's Office to an RDC or Nursing Home |
| PG | Trip from a Physician's Office to Dialysis Facility (Hospital based) |
| PH | Trip from a Physician's Office to a Hospital |
| PI | Physician's Office/Transfer Airport Heli Pad |
| PJ | Trip from a Physician's Office to Dialysis Facility (non-Hospital based) |
| PN | Ambulance trip from the Physician's Office to Skilled Nursing Facility |
| PP | Ambulance trip from Physician to Physician's Office |
| PR | Trip from Physician's Office to Patient's Residence |
| RD | Trip from the Patient's Residence to DX/Therapeutic Site |
| RE | Trip from the Patient's Residence to an RDC or Nursing Home |

| Modifier | Description |
|---|---|
| RG | Trip from the Patient's Residence to Dialysis Facility (Hospital based) |
| RH | Trip from the Patient's Residence to a Hospital |
| RI | Residence/Transfer Airport Heli Pad |
| RJ | Trip from the Patient's Residence to Dialysis Facility (non-Hospital based) |
| RN | Trip from the Patient's Residence to Skilled Nursing Facility |
| RP | Trip from the Patient's Residence to a Physician's Office |
| RX | Trip from Patient's Residence to MD to Hospital |
| SH | Trip from the Scene of an Accident to a Hospital |
| SI | Accident Scene, Acute Event/Transfer Airport, Heli Pad |
| TN | Rural Area |

Emergency ambulance claims, that are not treatment-in-place, are only payable with a destination modifier of H, I, or X. Valid treatment-in-place ambulance claim modifiers are identified in the Treatment-in-Place section.

## Medicaid Non-Covered Ambulance Modifiers

Edits shall be in place to deny ambulance claims as non-covered services when any of the following modifiers are billed on the claim, in any modifier field.

| Modifier | *Description* |
|---|---|
| GY | An item or service is that statutorily excluded |
| QL | The patient is pronounced dead after the ambulance is called but before transport. |
| TQ | Basic life support by a volunteer ambulance provider |

## Medicare Non-Covered Transportation Modifiers

The following modifiers should be used when billing for transports that are non-covered services by Medicare. These modifiers **may be used ONLY with procedure codes A0425-A0429 and A0433-A0434** to allow the claim to bypass the Medicare edit and process as a Medicaid claim.

These modifiers will bypass the Medicare edit for non-emergency transports ONLY and should be billed as non-emergency.

| Modifier | Description |
|---|---|
| DD | Clinic/Free-standing Facility to Clinic/Free-standing Facility |
| DE | Clinic/Free-standing Facility to Nursing Home |
| DP | Clinic/Free-standing Facility to Physician |
| DR | Clinic/Free-standing Facility to Residence |
| ED | Nursing Home to Clinic/Free-standing Facility |
| EP | Nursing Home to Physician |
| ER | Nursing Home to Residence |
| HP | Hospital to Physician |
| NP | Skilled Nursing Facility to Physician |
| PD | Physician to Clinic/Free-standing Facility |
| PE | Physician to Nursing Home |
| PN | Physician to Skilled Nursing Facility |
| PP | Physician to Physician |
| PR | Physician to Residence |
| RD | Residence to Clinic/Free-standing Facility |
| RE | Residence to Nursing Home |
| RP | Residence to Physician |

## Encounter Submissions

The transportation broker shall submit encounters in compliance with the contract and the **LDH System Companion Guide**.