



Aetna Better Health® of Louisiana

Reimbursement Policy Statement Louisiana Medicaid

| | | | | | |
|----------------------------|-----------------------|---------------------------|----------------------|-----------------------|--|
| Original Issue Date | | Next Annual Review | | Effective Date | |
| 02/01/2018 | | 06/19/2019 | | 06/19/2018 | |
| Policy Name | | | | Policy Number | |
| La Policy-Modifier QL | | | | ABHLA-RP-0035 | |
| Policy Type | | | | | |
| Medical | Administrative | Pharmacy | Reimbursement | | |

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by The Louisiana Department of Health (LDH) and The Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

CONTENTS OF POLICY

| | |
|---------------------------------|---|
| Reimbursement Policy Statement | 1 |
| Table of Contents | 1 |
| A. Policy | 2 |
| B. Overview | 2 |
| C. Definitions | 2 |
| D. Reimbursement Guidelines | 2 |
| E. Codes/Conditions of Coverage | 2 |
| F. Frequently Asked Questions | 3 |
| G. Review/Revision History | 3 |
| H. Resources | 3 |



Aetna Better Health[®] of Louisiana

A. Policy

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met. The effective date of implementation for this reimbursement policy is contingent upon the Louisiana Department of Health's endorsement.

When a patient is pronounced dead after the ambulance is called, but prior to transport, Aetna Better Health of Louisiana pays the ambulance provider at the ground BLS (Basic Life Support) rate only.

B. Overview

The case where the beneficiary was pronounced dead after the ambulance is called but before the ambulance arrives at the scene: Payment may be made for a BLS service if a ground vehicle is dispatched or at the fixed wing or rotary wing base rate, as applicable, if an air ambulance is dispatched. Neither mileage nor a rural adjustment would be paid. The blended rate amount will otherwise apply. Providers report the A0428 (BLS) HCPCS code. Providers report modifier QL (Patient pronounced dead after ambulance called).

C. Definitions

Modifier-QL: Used when patient pronounced dead after ambulance called.

Basic Life Support (BLS) ambulances must be staffed by at least two people, who meet the requirements of state and local laws where the services are being furnished and where, at least one of whom must (1) be certified at a minimum as an Emergency Medical Technician-basic (EMT-basic) by the state or local authority where the services are being furnished and (2) be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle.

Advanced Life Support (ALS) vehicles must be staffed by at least two people, who meet the requirements of state and local laws where the services are being furnished and where at least one of whom must (1) meet the vehicle staff requirements above for BLS vehicles and (2) be certified as an EMT-Intermediate or an EMT-Paramedic by the state or local authority where the services are being furnished to perform one or more ALS services.

D. Reimbursement Guidelines

Any additional ambulance services and supplies billed with modifier QL will be denied. Ambulance services for deceased patients to Basic Life Support are to be recoded.

E. Codes/Condition of Coverage

Advanced Life Support Services – A0225,A0426,A0247,A0434



Aetna Better Health[®] of Louisiana

Emergency Basic Life Support Service-A0429
Basic Life Support Services non-emergent -A0428

F. Frequently Asked Questions

Q: What are the bill types to be used?

A: TOBs:12x,13x,22x,23x,83x,85x.

G. Review/Revision Date

| Action | Date | Comments |
|----------------|------------|----------|
| Date Issued | 01-01-2018 | |
| Date Revised | 04-23-2018 | |
| Effective Date | 06-19-2018 | |

H. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>

Individual state Medicaid regulations, manuals & fee schedules

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

<https://www.ama-assn.org/>

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

<https://www.cms.gov/>