

# **PROTOCOLS FOR EMERGENCY MEDICAL TRANSPORTATION PROVIDERS**

CenCal Health members may access Emergency Medical Transportation services when the member's medical or physical condition requires immediate medical care and precludes the usage of public transportation or driving.

The Emergency Medical Transportation Provider will be responsible for determining the eligibility of the recipient, meeting the elements of and documenting services as indicated below, and in order to receive payment, for submitting claim forms to CenCal Health.

## **Types of Services Provided**

**SBHI and SLOHI Members** – The following Emergency Medical Transportation Services are Covered Benefits for Santa Barbara Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) members:

- Medical Transportation to the nearest hospital capable of meeting a member's medical needs independent of the hospital's contract status
- Transportation to a second facility, when the nearest facility served as the closest source of care, but the member requires a facility with a higher level of care
- Ground Medical Transportation services must be rendered by a provider whose ground transport vehicles are licensed, operated, and equipped in accordance with applicable state and local statutes, ordinances, and regulations
- Air Medical Transportation services must be rendered by a provider whose air transport vehicles are certified by the Department of Health Care Services (DHCS) and Federal Aviation Agency (FAA), have an air medical transportation provider number, and the transport meets one of the following conditions:
  - The medical condition of the member precludes the use of other forms of medical transportation
  - The member's location or the nearest hospital capable of meeting the member's medical needs is inaccessible by ground medical transportation
  - Other considerations make ground medical transportation not feasible

**HF, HK, PP2, and IHSS Members** – The following Emergency Medical Transportation Services are Covered Benefits for Healthy Families (HF), Healthy Kids (HK), Prenatal Plus 2 (PP2), and In-Home Supportive Services (IHSS) Healthcare members:

- Medical Transportation to the nearest hospital capable of meeting a member's medical needs independent of the hospital's contract status

- Transportation to a second facility, when the nearest facility served as the closest source of care, but the member requires a facility with a higher level of care
- Ground Medical Transportation services must be rendered by a provider whose ground transport vehicles are licensed, operated, and equipped in accordance with applicable state and local statutes, ordinances, and regulations
- Air Medical Transportation services when the transport meets one of the following conditions:
  - The medical condition of the member precludes the use of other forms of medical transportation
  - The member's location or the nearest hospital capable of meeting the member's medical needs is inaccessible by ground medical transportation
  - Other considerations make ground medical transportation not feasible

**Non-Covered Services**

**SBHI and SLOHI Members** – The following Emergency Medical Transportation Services are Non-Covered Benefits for SBHI and SLOHI members:

- Transportation services other than those specifically provided for in the provider's agreement and in the member's Evidence of Coverage, including but not limited to passenger car, taxi, or other form of public or private conveyance.
- Services rendered by a provider who is not eligible with Medi-Cal, except in cases of out-of-state emergencies
- Services outside the scope of an Emergency Medical Transportation Provider as set forth in the EDS Medi-Cal Provider Manual.

**HF, HK, PP2, and IHSS Members** – The following Emergency Medical Transportation Services are Non-Covered Benefits for HF, HK, PP2, and IHSS members:

- Transportation services other than those specifically provided for in the provider's agreement and in the member's Evidence of Coverage, including but not limited to passenger car, taxi, or other form of public or private conveyance
- Transportation services for other than emergency medical conditions or reasonably believed to be an emergency medical condition

**Eligibility**

The Emergency Medical Transportation Provider will be responsible for verifying the recipient is eligible with CenCal Health for the date of service. Eligibility can be verified by calling CenCal Health's eligibility line at (805) 562-1001 or through CenCal Health's website, [www.cencalhealth.org](http://www.cencalhealth.org). Information regarding eligibility is in the Member Services Section of the Provider Manual.

In the event the recipient is not eligible under any program administered by CenCal Health, payment for services provided to the recipient will not be the responsibility of CenCal Health.

### **Co-payment**

Provider should reference the Provider Manual to obtain information on applicable copayments for programs administered by CenCal Health.

### **Documentation of Services**

**SBHI, SLOHI, HF, HK, PP2, and IHSS Members** – The Emergency Medical Transportation Provider shall document services by completing a claim form and submitting the form to CenCal Health.

**SLOHI Members under the age of 21, HF, HK Members, and Hospital to Hospital transports** – Provider must submit an attachment to the claim that supports that an emergency existed. The statement must include the following:

- The name of the person or agency that requested the service
- The nature of the emergency
- The name of the hospital the member was transported to
- Clinical information on the member's condition
- The reason emergency transportation was considered medically necessary
- The name of the physician that accepted responsibility for the member

### **Authorizations**

Referrals and prior authorizations are not required for a member to access Emergency Medical Transportation, except for out-of-state emergency air medical transportation services. In these cases, a Treatment Authorization Request (TAR) or Medical Authorization Request (AR) must be obtained prior to reimbursement.

### **Billing for Covered Services**

**SBHI and SLOHI Members** – Provider shall bill CenCal Health for medical transportation services provided to an eligible member. Claims shall be submitted according to established protocols set forth in the EDS Medi-Cal Provider Manual. Claims must be submitted within one (1) year from the date of service, in accordance with the provisions of their Agreement. Claims submitted after six (6) months will be reduced to 75% of the allowable, and those submitted after nine (9) months from the date of service will be reduced to 50% of the allowable. To follow-up to a denied claim, Provider must submit corrections to CenCal Health following the established protocols as set forth in the Claims section in the Provider Manual.

If a member is not transported, the Emergency Medical Transportation Provider may still be reimbursed for responding to the call. Providers must document "dry run" in the *Reserved for Local Use* field of the claim or on an attachment, and explain why the member was not transported.

In the event the member has other coverage, or third-party liability is involved, the Provider shall follow the terms and conditions of their Agreement with CenCal Health, or as indicated in “Other Health Coverage” found in the Claims Section of this Provider Manual. The SBHI and SLOHI programs are the payors of last resort.

**HF, HK, PP2, and IHSS Members** – Provider shall bill CenCal Health for medical transportation services provided to an eligible member. Claims must be submitted within one hundred and eighty (180) Days of the date of service.

In the event the member has other coverage, or third-party liability is involved, the provider shall follow the terms and conditions of their Agreement with CenCal Health, or as indicated in “Other Health Coverage” found in the Claims Section of this Provider Manual.

### **Reimbursement**

Provider shall be reimbursed by CenCal Health for Covered Services rendered to members as indicated in Exhibit A of the provider’s Allied Amendment Agreement. Reimbursement from CenCal Health will constitute payment in full, excluding the collection of applicable co-payments.

### **Procedure Codes**

**SBHI and SLOHI Members** – Provider shall bill according to the guidelines set forth in the EDS Medi-Cal Provider Manual.

**HF, HK, PP2, and IHSS Members** – Provider shall use the most recently published Healthcare Common Procedure Coding System (HCPCS) book as compiled and published by the Department of Health and Human Services when billing for services.

### **Origin and Destination Modifiers**

**SBHI, SLOHI, HF, HK, PP2, and IHSS Members** – Provider must use a two digit-combination of the following HCPCS modifiers when submitting Transportation Claims. The first digit must be used to indicate the transport’s place of *origin*, and the second digit must be used to indicate the *destination*, i.e. RH must be used for a transport from a residence to the hospital. Modifiers must be entered into field 24-D (“Modifier”) of the CMS-1500 form. For procedure codes that require two modifiers, the modifier that affects the reimbursement of the service must be indicated in the first place, and the modifier indicating the destination and origin must be indicated in the second place.

### **HCPCS MODIFIER**

### **DEFINITION**

D

Diagnostic or therapeutic site other than “P” or “H”

E	Residential, domiciliary, custodial facility (Nursing Home, not Skilled Nursing Facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (for example, airport or helicopter pad) between types of ambulance
J	Non-hospital-based dialysis facility
M	Psychiatric Inpatient Hospital
N	Skilled Nursing Facility (SNF)
P	Physician's office (includes HMO non-hospital facility, clinic, etc.)
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office en route to the hospital (includes HMO non-hospital facility, clinic, etc.) NOTE: Modifier X can only be used in the second position of the modifiers