



Policy Title	Ambulance Reimbursement Policy
Policy Department	Payment Strategy and Operations
Effective Date	8/1/2019
Revision Date(s)	1/1/2022
Next Review Date	

Disclaimer:

Clover Health applies The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description:

This policy describes the requirements and limitations for joint response ambulance claims when billing services for Clover members.

Definitions:

- **Basic Life Support (BLS)**
 - To qualify as 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)**
 - To qualify as ALS, the 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.

- **Joint Responses**

- Ambulance responses to which both a BLS and ALS ambulance responds

Policy:

Clover Health aligns payment for ambulance services with the CMS payment rules and regulations.

If both ALS and BLS claims are billed by the same provider, Clover will pay the ALS claim and deny the BLS claim. Only one ambulance transportation claim will be reimbursed per trip.

In situations where a BLS entity provides the transport of the beneficiary and an ALS entity provides a service that meets the fee schedule definition of an ALS intervention (e.g., ALS assessment, Paramedic Intercept services, etc.), the BLS supplier may bill Clover the ALS rate provided that a written agreement between the BLS and ALS entities exists prior to submitting the claim.

If there is no agreement between the BLS ambulance supplier and the ALS entity furnishing the service, then only the BLS level of payment may be made. In this situation, the ALS entity's services are not covered. In this situation, Clover assumes that there is no agreement between the two providers and will deny the ALS claim and pay the BLS claim.

Claim Codes (if applicable)

- A0426 - Ambulance service, advanced life support, non-emergency transport, level 1 (als 1)
- A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)
- A0428 - Ambulance service, basic life support, non-emergency transport, (bls)
- A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)
- A0433 - Advanced life support, level 2 (als 2)
- Modifier 76 - Repeat procedure or service by the same physician



References
Medicare Benefit Policy Manual - Chapter 10 - Ambulance Services
Medicare Claims Processing, Chapter 15
MLN Ambulance ICN903194