

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202370    JUNE 22, 2023

## IHCP releases frequently asked questions regarding NEMT carve-out changes

The Indiana Health Coverage Programs (IHCP) recently announced multiple changes to nonemergency medical transportation (NEMT) brokerage services (see *IHCP Bulletins* [BT202352](#) and [BT202353](#) for more information). Based upon questions received during recent IHCP Live webinars about these topics, the IHCP is issuing responses to frequently asked questions.



### Billing

1. ***A modifier is still required to separate advanced life support (ALS) and basic life support (BLS) ground mileage (U1 or U2, respectively). This causes issues with Medicare crossover claims. How will the IHCP address this issue?***

This is currently under review by the state team. At this time, the modifiers are still required. Any changes will be communicated via a provider bulletin.

2. ***How does an ambulance provider bill for transportation when a nursing facility calls for a trip originally thought to require BLS but only requires stretcher transportation?***

Ambulance providers will bill the nursing facility for the transportation if it is not BLS or ALS transportation. The nursing facility is responsible for arranging, coordinating and reimbursing nonemergency transportation trips (except for ALS and BLS transportation).

3. ***If an ambulance provider receives a trip request for BLS transportation and provides the service when the individual did not require BLS (and may have only required wheelchair or ambulatory transportation), who does the ambulance provider bill?***

It is important for ambulance providers to screen for medical necessity to ensure a trip requires nonemergency BLS transportation. *Indiana Code* specifies what constitutes billing ALS and BLS transports. Claims that do not meet the criteria are subject to recoupment and program integrity investigation. All ambulatory and wheelchair transportation is arranged through the broker, Verida, unless the Traditional Medicaid member resides in a nursing facility.

### ALS and BLS definitions:

- **ALS** – The IHCP provides reimbursement for medically necessary emergency and nonemergency ALS ambulance services when the level of service rendered meets the Indiana Emergency Medical Services Commission (EMSC) definition of ALS in *Indiana Code IC 16-18-2-7* and in *Indiana Administrative Code 836 IAC 1-1-1*, which defines ALS as care that is:
  - Given in one of the following settings:
    - ◆ At the scene of an accident, act of terrorism or illness
    - ◆ During transport
    - ◆ At a hospital
  - Provided by a paramedic or an advanced emergency medical technician (AEMT)
  - More advanced than the care usually provided by a basic emergency technician (EMT), including the following acts of care:
    - ◆ Defibrillation
    - ◆ Endotracheal intubation
    - ◆ Parenteral injection of appropriate medications
    - ◆ Electrocardiogram (ECG) interpretation
    - ◆ Emergency management of trauma and illness

- **BLS** – The IHCP provides reimbursement for medically necessary emergency and nonemergency BLS ambulance services when the level of service rendered meets the Indiana EMSC definition of BLS in *IC 16-18-2-33.5*, which defines BLS as follows:

- Assessment of emergency patients
- Administration of oxygen
- Use of mechanical breathing devices
- Application of antishock trousers
- Performance of cardiopulmonary resuscitation (CPR)
- Application of dressings and bandage materials
- Application of splinting and immobilization devices
- Use of lifting and moving devices to ensure safe transport
- Administration of epinephrine through an auto-injector
- Blood glucose monitoring that is not more invasive than a capillary sampling using a lancet
- Other procedures authorized by the Indiana EMSC, including procedures contained in the revised national EMT-basic training curriculum guide



BLS services do not include invasive medical care techniques or advanced life support.

**4. If an emergency trip is later downcoded to nonemergency, who does the ambulance provider bill?**

If the ambulance provider provided ALS or BLS transportation, the trip will be billed to the IHCP (through Gainwell Technologies).

If the ambulance trip does not meet medical necessity requirements for ALS/BLS, and the member does not reside in a nursing facility, the trip will be billed to Verida. Ambulance providers should submit these claims to Verida on the *CMS-1500* claim form following current billing guidelines with the addition of “non-ALS/BLS Trip” entered in field 23.

If the ambulance trip does not meet medical necessity requirements for ALS/BLS and the member is a nursing facility resident, the nursing facility will reimburse the ambulance provider.

**5. Does this change impact 911 transportation?**

No.

**6. Do ambulance providers continue to bill through the IHCP Provider Healthcare Portal (IHCP Portal)?**

Yes, providers will bill all emergency and nonemergency ALS and BLS transportation services through the IHCP Portal. For other non-ALS/BLS services, ambulance providers are to continue billing Verida.

Nonemergency transportation (*other than ALS/BLS services*) for individuals within nursing facilities should be billed to the nursing facility.

**7. How are wheelchair trips billed for individuals in hospitals?**

Hospitals will continue to contact Verida to request the trip, and Verida will schedule the trip with a transportation provider. The transportation provider will bill Verida for the trip. For wheelchair hospital-to-hospital transports, providers bill Gainwell Technologies using the HH modifier.

If a member is a nursing facility resident, the nursing facility in which the member resides is responsible for the trip.

**8. For hospital discharge, how are ambulance transportation trips handled?**

If the member meets medical necessity for ALS or BLS transport, the hospital will coordinate directly with the ambulance provider, and the ambulance provider will bill the IHCP (through Gainwell Technologies). If the member does not meet ALS/BLS medical necessity, the trip should be coordinated with Verida.

**9. If an ambulance is providing emergency transportation for a nursing facility resident, does the ambulance bill the nursing facility or the IHCP?**

There are no changes for emergency transportation.

**10. How are wheelchair trips billed for individuals residing in a nursing facility?**

Ambulance providers will bill the nursing facility for the wheelchair trip. The nursing facility is responsible for arranging, coordinating and reimbursing nonemergency transportation trips (except for ALS and BLS transportation).

**Medical Necessity****11. Are physician certification statements/medical necessity statements required for nonemergency trips?**

All nonemergency ALS or BLS transportation must be supported by the appropriate level of documentation supporting the level of service performed.

**12. If prior authorization is required for a nonemergency transportation trip, how long does an ambulance provider have to request the authorization?**

Authorization may be granted up to one year following the date of service. To request the authorization, providers will contact the IHCP prior authorization and utilization management (PA-UM) contractor, which is Kepro as of July 1, 2023. The IHCP PA-UM contractor must adjudicate nonurgent PA requests within seven days.

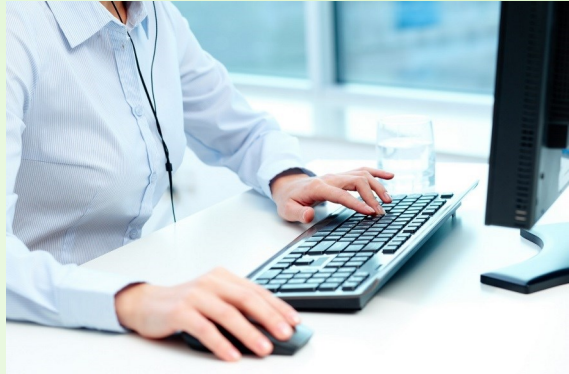
**13. For trips requiring prior authorization, will an ambulance be required to continue to request PA if the trip is recurring?**

Providers should contact Kepro to establish prior authorization for recurring trips.

**14. How do ambulance providers know if a provider that is located outside Indiana is considered in-state for prior authorization purpose?**

When reviewing the [IHCP Provider Locator](#), providers should review the **County** label:

- Any provider listed as "IFSSA" is considered in-state for PA purposes.
- Any provider listed as "Out of State" is considered out of state for PA purposes.

**15. What documentation must a nursing facility maintain if it is providing transportation itself to its residents?**

Nursing facilities will include the transportation costs as part of their standard financial reporting submitted to the state and should maintain appropriate records for monitoring and auditing.

**Reimbursement****16. Where can transportation providers find the IHCP fee schedule?**

The Professional Fee Schedule is located on the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers). Also, see *IHCP Bulletin BT202322* for new transportation rates effective July 1, 2023.

**17. Will ambulance providers be reimbursed for mileage for an empty vehicle traveling somewhere else to pick up a member (dead head miles)?**

No.

**18. Will the NEMT policy changes affect the 2022 transportation grants awarded?**

No. If you received a grant, you will receive direct communication on this matter.

**19. How is the reimbursement rate determined for nursing facility resident trips?**

Nursing facilities and transportation providers may use the IHCP Professional Fee Schedule as necessary in determining the appropriate reimbursement amount, recognizing the many factors that determine an individual trip cost.

**20. Will a nursing facility receive additional payment in its per diem for transportation if a certified nursing assistant (CNA) accompanies a resident to an appointment?**

The nursing facility will continue to receive the standard transportation add-on payment until their transportation costs are incorporated into their per diem rate in the future.

**21. Are nursing facilities limited on the number of vehicles that can be included in cost reporting for transportation?**

Only vehicles used for nonemergency transportation of the nursing facility's residents should be included, but there is no cap on the number of vehicles.

**22. How do nursing facilities report their paid transportation trips to the state?**

Nursing facilities will include the transportation costs as part of their standard financial reporting submitted to the state.

### Member Coordination

**23. How can members locate enrolled ambulance providers?**

Members can use the [IHCP Provider Locator](#) to locate transportation providers within their area. Under provider, select "Other" and then "Transportation provider" from the drop-down list. For the specialty, select "Ambulance." Members can further refine their search by ZIP Code or county. They can also call Member Customer Assistance at 800-457-4584.

**24. If a member is a dialysis patient and is in a nursing facility, which facility is responsible for establishing a standing order?**

The nursing facility is responsible for coordinating the trip, but they may delegate some responsibility to the dialysis center based on the relationship.

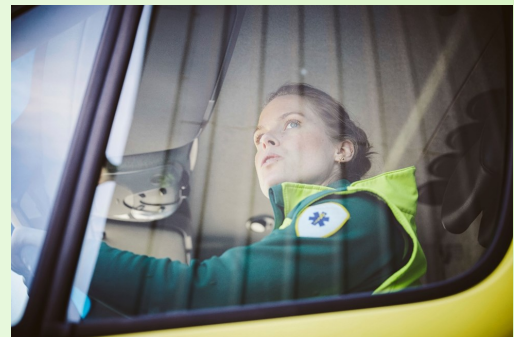
**25. Who can providers contact if members are not making it to treatment due to transportation concerns?**

Providers can contact [nemt1@fssa.in.gov](mailto:nemt1@fssa.in.gov) with any issues around members not receiving treatment due to transportation.

### General Policy

**26. Is there a mileage minimum in order to bill for wait times?**

The IHCP reimburses for waiting time in excess of 30 minutes only when the provider parks the vehicle outside the medical service provider, awaiting the return of the member to the vehicle, and if the member is transported 50 miles or more one way. The IHCP does not cover the first 30 minutes of waiting time; however, the provider must include the total waiting time or the IHCP cannot pay the claim appropriately.



**27. Where can ambulance providers find all the details around IHCP transportation policy?**

Providers can refer to the following provider references at [in.gov/medicaid/providers](http://in.gov/medicaid/providers):

- [Transportation Services](#) provider reference module (This module will be updated in the future with this new policy information.)
- *IHCP Bulletins* [BT202352](#) and [BT202353](#)

**28. Are HCBS waiver providers included in this policy change?**

Home- and community-based services (HCBS) waiver providers provide nonmedical transportation, which does not include ALS or BLS transportation. HCBS waiver providers are outside the scope of this policy change as well as the fee-for-service (FFS) brokerage model.

**29. Can nursing facilities decide not to manage transportation services for its residents and use the FFS brokerage model?**

No. Nursing facilities will be responsible for scheduling, coordinating and reimbursing for transportation for its residents. This change was a nursing facility association request.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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