Idaho EMS Agency Billing 101

To improve ambulance reimbursement in Idaho, the EMS Sustainability Task Force created this packet to assist EMS agencies with billing reimbursement. This packet is not intended to supersede agency policies, federal or state billing codes, or standard billing practices.

The packet provides billing references including Healthcare Common Procedure Coding System (HCPCS) codes descriptions/details, prior authorization requirements and helpful notes.

As a rule, insurance payors can only pay an allotted amount, which differs between in-network and out-of-network contracts. The fee schedules are regularly updated on their individual websites including the billable HCPCS codes and the maximum allowed amounts. For example, if Medicaid or Medicare is the primary payor, they will only cover up to 80% of billed services, but no more than the allowed amounts. Keep this in mind as you are setting up your agency's fee structure.

Ground Ambulance Billing Step by Step

Step 1 – Verify patient has active insurance coverage. This can be done in several ways including calling the insurance company directly and creating an account to the insurance's provider portal. If your agency utilizes a clearinghouse to submit claims, it is likely they have an eligibility verification tool and can assist verifying coverage.

Step 2 – Check to see if the level of care provided and documented in the Patient Care Report (PCR) matches the Healthcare Common Procedure Coding System (HCPCS) codes being billed. PCRs need to be complete, concise, and as professional as possible. Reimbursement depends on the quality and level of detail in the information provided in the PCR.

Step 3 – For claims that require a Prior Authorization (PA), contact the insurance company to obtain a copy of their personalized Prior Authorization form and process. These forms must be completed and approved before submitting the claim for review and payment.

- Regarding Idaho Medicaid, for Prior Authorization, fax a copy of your Heath Care Finance Administration (HCFA) 1500 form and PCR to 1-877-314-8781. Each claim must be sent individually, if more than one claim is sent at a time it **CANNOT** be reviewed.

Step 4 – Monitor the insurance's provider portal for the Prior Authorization decision or call the insurance company directly. Once approved, a Prior Authorization number will be listed, and the authorization will indicate if it is approved. The authorization number must be listed in box 23 on the HCFA 1500 form.

- Regarding Idaho Medicaid, if you have any questions or concerns around your Authorization Requests, you may reach out to the Medical Reviewer at 208-287-1157 for an update.
- The Prior Authorization status will be listed under Form Entry>View Authorizations on the Idaho Medicaid Provider Portal.

Step 5 -Download a copy of the Prior Authorization approval from the authorization page on the insurance provider website. Attach the Prior Authorization approval after the HCFA 1500 form and the PCR, then submit to the insurance payor. **Be sure to add the Prior Authorization number into box 23 of your HCFA 1500 form (see page 3).**

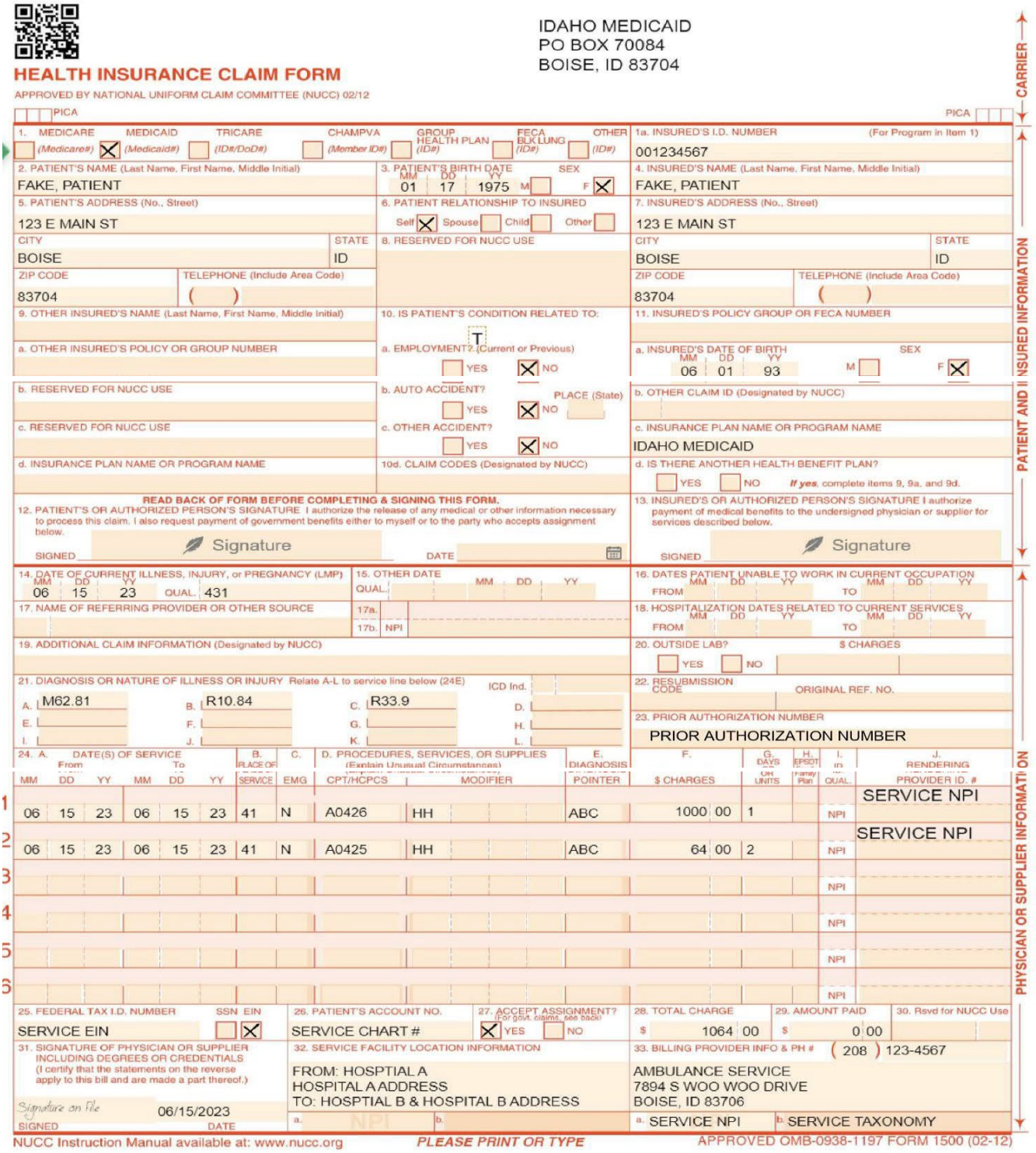
- Regarding Idaho Medicaid, verify the information approved in the Prior Authorization matches your HCFA 1500 form– if the level of service sent in for a Prior Authorization has been changed based on the review, update your HCFA 1500 form to match the Prior Authorization before submitting for payment. **Be sure to add the Prior Authorization number into box 23 of your HCFA 1500 form (see page 3).**
- Once the HCFA 1500 form and Prior Authorization match, then go to the Medicaid Provider Portal at Form Entry>View and Submit Claims. Follow the prompts for submitting the claim and be sure to enter the Prior Authorization number into the claim. Only a copy of the Prior Authorization approval is needed to attach to the claim for payment.

Common Rejection Errors from Insurance Payors

Regarding any questions involving rejection errors, contact the insurance company directly for further clarification

- Incorrect Name Spelling and/or Address
    - Spelling of patient name and/or address must match what the insurance has on file for the patient EXACTLY, or it will be rejected.
    - Verify the patient's demographics match on the PCR and insurance.
- Incorrect Date of Birth (DOB)
- HCPCS codes billed do not match HCPCS codes approved on Prior Authorization
- Incorrect Modifiers
    - Insurance's fiscal payors will typically deny any "R" residential modifiers for destinations for ground ambulance transports home from the hospital (HR for example).
    - Do not use "RR" as a modifier when billing Idaho Medicaid for treat/release or resp/evaluate. This will result in a fiscal payment of only 10% of total billed amount. This modifier is for Durable Medical Equipment (DME) only, as a monthly rental.
    - Reminder- Modifiers are not required.
- Missing/Incorrect information for Primary Insured
- Incorrect International Classification of Diseases (ICD-10) Primary Diagnosis codes
    - Insurances will deny any claims where diagnosis codes listed are actually a secondary diagnosis code. Most secondary diagnosis codes have one or two alpha characters at the ends of the number. M48.40XA - Fatigue fracture of vertebra, site unspecified, initial encounter for fracture is an example.
- PCR pickup and destination locations do not match pickup and destination locations on HCFA 1500 form in box 32.
    - Modifiers for pickup and destination locations do not match types of locations.
    - Reminder: all documentation needs to be uploaded (IE: PCR, HCFA 1500 form, Explanation of Benefits from primary insurance, if applicable). All codes that do not require Prior Authorization, are audited, and may be recouped if documentation is not provided with the claim.

Example HCFA 1500 Form



IDAHO MEDICAID
PO BOX 70084
BOISE, ID 83704

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) / MEDICAID (Medicaid#) [X] / TRICARE (ID#/DoD#) / CHAMPVA (Member ID#) / GROUP HEALTH PLAN (ID#) / FECA BLK LUNG (ID#) / OTHER (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1): 001234567
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): FAKE, PATIENT	3. PATIENT'S BIRTH DATE: 01 17 1975 — SEX: M [ ] F [X]
4. INSURED'S NAME (Last Name, First Name, Middle Initial): FAKE, PATIENT	
5. PATIENT'S ADDRESS (No., Street): 123 E MAIN ST	6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]
7. INSURED'S ADDRESS (No., Street): 123 E MAIN ST	
CITY: BOISE — STATE: ID	8. RESERVED FOR NUCC USE
CITY: BOISE — STATE: ID	
ZIP CODE: 83704 — TELEPHONE (Include Area Code): ( )	
ZIP CODE: 83704 — TELEPHONE (Include Area Code): ( )	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]
a. INSURED'S DATE OF BIRTH: 06 01 93 — SEX: M [ ] F [X]	
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)
b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES [ ] NO [X]
c. INSURANCE PLAN NAME OR PROGRAM NAME: IDAHO MEDICAID	
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] *If yes*, complete items 9, 9a, and 9d.	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED: Signature DATE:	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED: Signature
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): 06 15 23 QUAL. 431	15. OTHER DATE QUAL. MM DD YY
	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: MM DD YY FROM — TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI
	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: MM DD YY FROM — TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.	22. RESUBMISSION CODE — ORIGINAL REF. NO.
A. M62.81 B. R10.84 C. R33.9 D. E. F. G. H. I. J. K. L.	23. PRIOR AUTHORIZATION NUMBER: PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 06 15 23	06 15 23	41	N	A0426	HH	ABC	1000 00	1		NPI	SERVICE NPI
2 06 15 23	06 15 23	41	N	A0425	HH	ABC	64 00	2		NPI	SERVICE NPI
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER: SERVICE EIN — SSN [ ] EIN [X]	26. PATIENT'S ACCOUNT NO.: SERVICE CHART #	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]	28. TOTAL CHARGE: $ 1064 00	29. AMOUNT PAID: $ 0 00	30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Signature on File SIGNED 06/15/2023 DATE	32. SERVICE FACILITY LOCATION INFORMATION: FROM: HOSPTIAL A HOSPITAL A ADDRESS TO: HOSPTIAL B & HOSPITAL B ADDRESS a. NPI b.		33. BILLING PROVIDER INFO & PH #: (208) 123-4567 AMBULANCE SERVICE 7894 S WOO WOO DRIVE BOISE, ID 83706 a. SERVICE NPI b. SERVICE TAXONOMY		

NUCC Instruction Manual available at: www.nucc.org — *PLEASE PRINT OR TYPE* — APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER — PATIENT AND INSURED INFORMATION — PHYSICIAN OR SUPPLIER INFORMATION

Disclaimer: This document is intended for educational purposes only

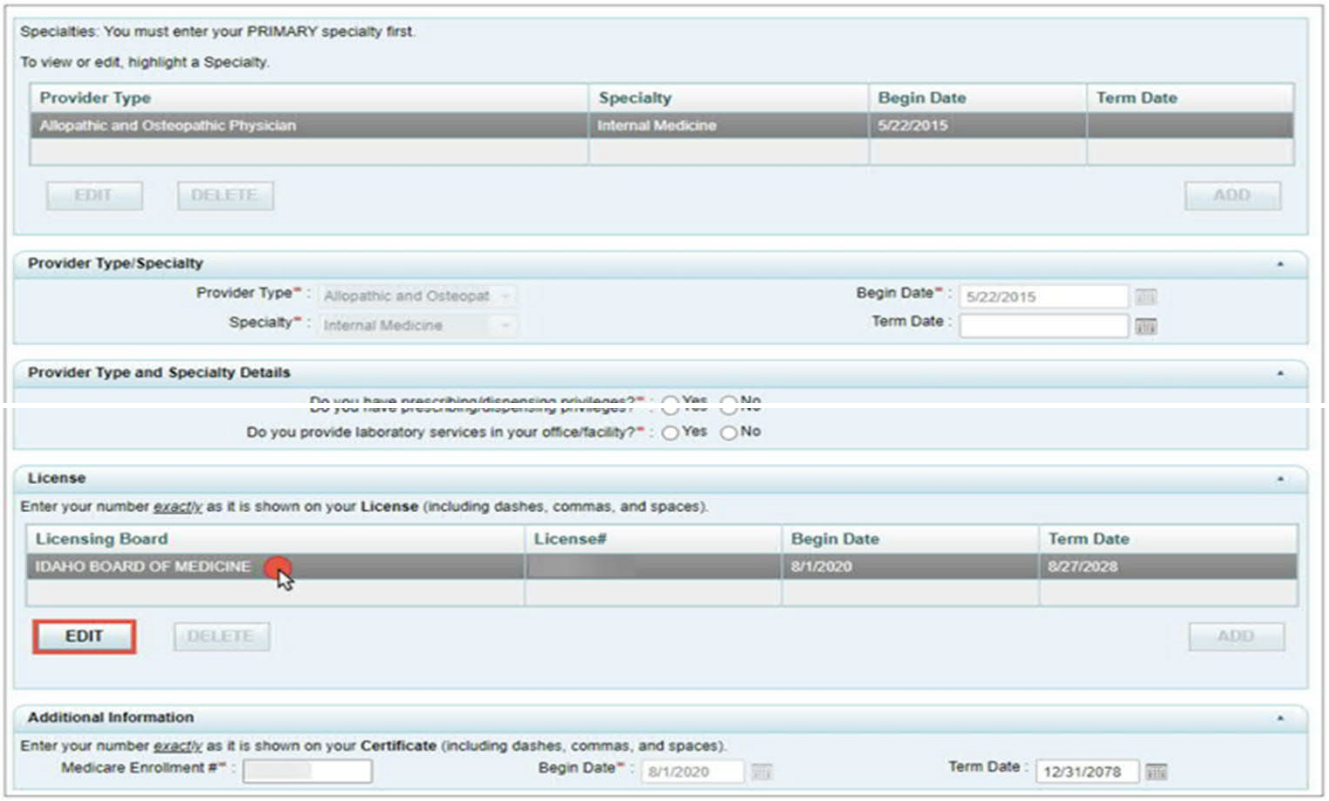
HCPCS Code Breakdown

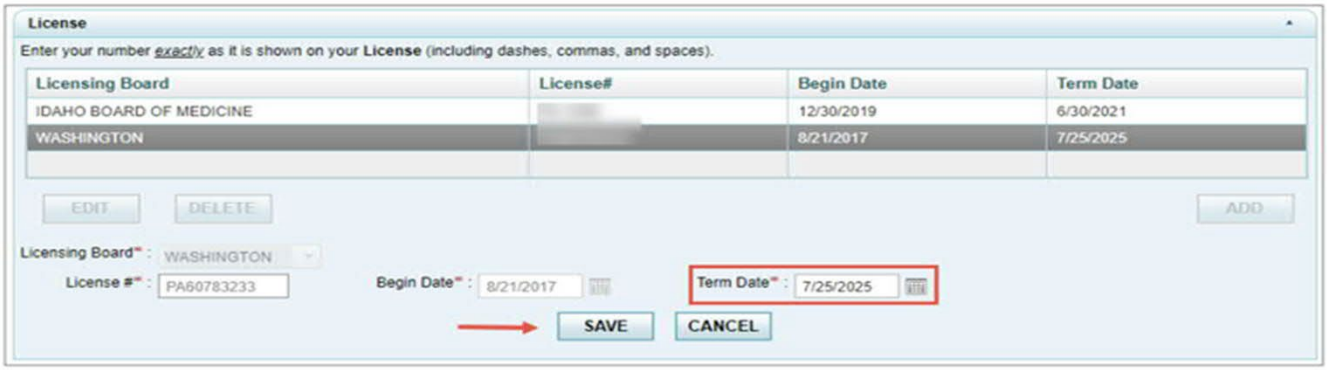
Please note, the level of care provided should align with the EMS provider of care's level of certification asdefined by the Idaho EMS Medical Director's scope of practice.

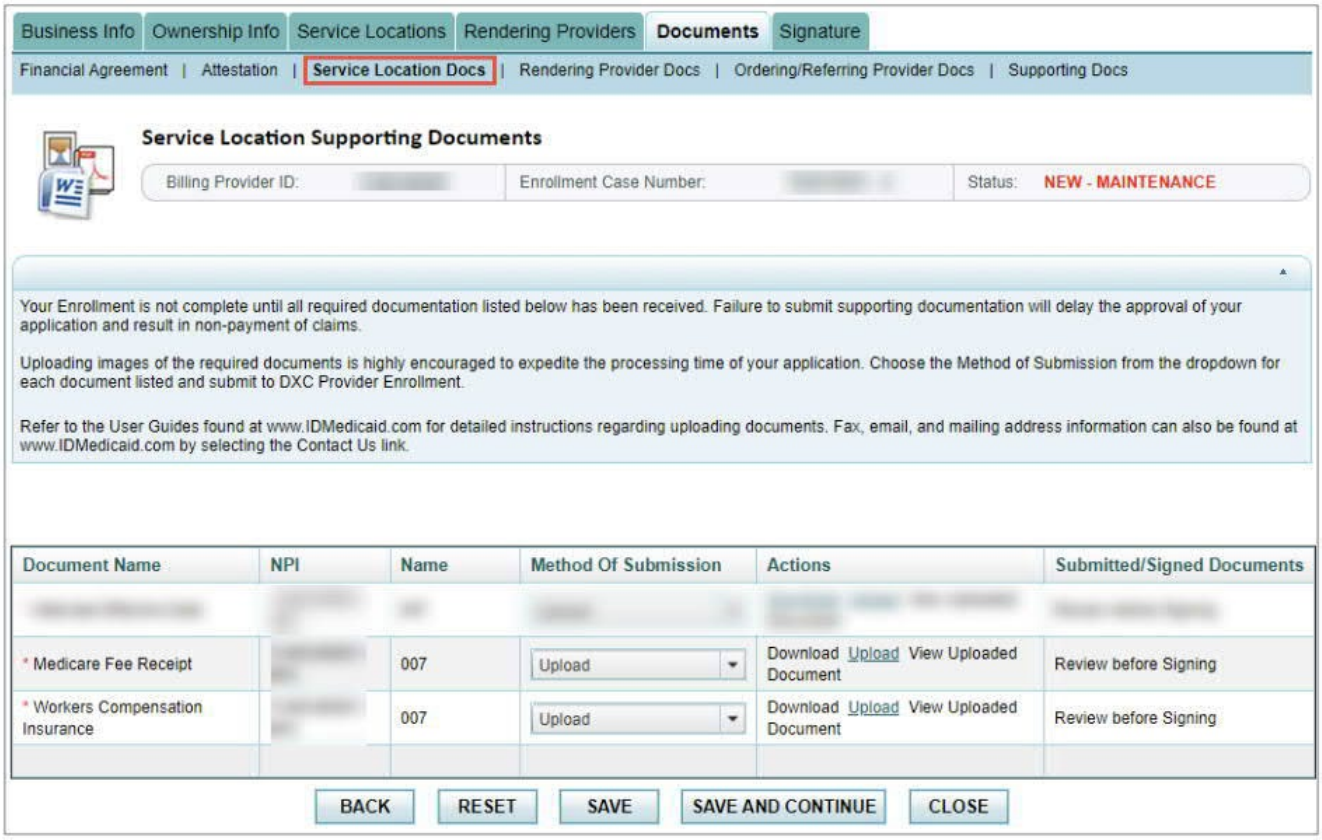
HCPCS Code	Code Description	Details	Medicaid PA Needed	Other Notes
A0434	Specialty Care Transport (SCT) or Critical Care Transport (CCT)	REG= Specialty Team EX: NICU, or EMT-P w/CCT education, infusion pump w/Req medication in transport, blood products, etc.	Yes	Destination modifier must be a location capable of providing adequate care – not typically a "R" residential or "S" scene coded location.
A0433	Advanced Life Support 2 (ALS II)	ALS II = Administration of 3 separate Meds-IV Push/Bolus OR continuous infusion, or manual defib/cardioversion, pacing, E/T, cent IV, Intra Oss IV, needle chest decompresses, Sx airway	No	Destination modifier must be a location capable of providing adequate care – not typically a "R" residential or "S" scene coded location.
A0427	Advanced Life Support Emergent (ALS I)	Emergency ALS Response EX: Cardiac Monitor (EKG), IV's, some medications: Inhaled/IV.	No	Destination modifier must be a location capable of providing adequate care – not typically a "R" residential or "S" scene coded location.
A0426	Advanced Life Support Non-Emergent (ALS)	Pre-scheduled ALS Response. EX: Cardiac Monitor (EKG), IV's, some medications: Inhaled/IV.	Yes	Destination modifier must be a location capable of providing adequate care – not typically a "R" residential or "S" scene coded location.
A0429	Basic Life Support Emergent (BLS)	BLS = Basic Assessment. EX: vitals, blood sugar check, bleeding control, splinting, etc. (no invasive care)	No	Destination modifier must be a location capable of providing adequate care – not typically a "R" residential or "S" scene coded location.
A0428	Basic Life Support Non-Emergent (BLS)	Pre-scheduled BLS = Basic Assessment. EX: Vitals, blood sugar check, bleeding control, splinting, etc. (no invasive care)	Yes	Destination modifier can be a "R" location if patient is on hospice or EMS is transferring care to an assisted living facility.
A0998	Treat and Release OR Respond and Evaluate (T/R) or (R/E)	If an EMS provider responds to an emergency call and provides appropriate treatment at-home or on-site without transporting to the ER, code A0998 can be used.	See Notes	Use modifier "II": No PA required. Bill directly to Fiscal Payer. No modifier: PA Is Required. Fax HCFA 1500 and PCR to Medicaid. Will be reviewed and priced based on level of service provided.
A0425	Ground Ambulance Mileage	Loaded patient miles only.	See Notes	Must bill actual mileage. EX: Under a hundred, leave miles exact. Over 100 Round-Up: 105.3=106.

Ambulance Agency Idaho Medicaid Compliance Tips

1. Be sure you are familiar with Idaho State EMS Agency requirements for renewing agency licenses, as well as IDAPA requirements for agency standards including vehicle and equipment requirements.
2. Be sure you are familiar with the Idaho EMS Medical director's clinical standards, the EMS scope of practice, medical protocols, personnel responsibilities, and duties, medical supervision of licensed EMS personnel, air medical services, ambulance services, and non- transport services that are licensed by the state of Idaho.
3. Complete your renewal of your agency's license with the Idaho Bureau of EMS as promptly as possible to update in your Medicaid provider portal.
    a. To update your license, log into the provider portal and select Account Maintenance tab and then "Provider Enrollment". From the icon to the right of your agency, select "Maintenance."
    b. Select Service Location tab, and then select your location and "Edit"
    c. Once selected, select the subcategory of "Provider Type/Specialty", select your provider type, and then click the "Edit" Button.
    d. There will be a box with your state agency licensure information. Click "Add" and put your new license information in the pop up.







e. Then select “Documents” tab and sub tab of “Service Locations Docs.” Upload a copy of your new License and then select “Save and Continue.”
f. Complete the final attestation at the end and submit your maintenance.
g. Approval can take a few weeks for review, and Medicaid payments are often held until the licensure has been fully processed.

4. Update your insurance information as policies renew. Request a certificate of insurance (COI) from your insurance company with Idaho Medicaid, PO Box 70084, Boise ID 83707 listed in the “Certificate Holder” box.
   a. Follow steps 3a- 3c above.
   b. Just below the licensing information will be a box for insurance updates.
   c. Click the insurance that needs updating, and select “Edit”

d. Enter your new dates/policy numbers/insurance information, then “Save and Continue”
e. Follow step 3e above, and upload copies of your certificate of insurance for each of the policies listed that have been updated, then “Save and Continue”.
f. Complete the final attestation at the end and submit your maintenance.
g. Approval can take a few weeks for review, and Medicaid payments are often held until the insurance update has been fully processed.