



ADMINISTRATIVE POLICY STATEMENT INDIANA MARKETPLACE

Policy Name	Policy Number	Date Effective
Emergency Ambulatory Response Without Transport	AD-0867	01/01/2021-05/31/2022
Policy Type		
Medical	ADMINISTRATIVE	Pharmacy Reimbursement

Administrative Policy Statements prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Emergency Ambulatory Response Without Transport

B. Background

The policy is based on the Indiana General Assembly 2020 Session. Health Maintenance Organizations. Requirements for Group Contracts, Individual Contracts and Evidence of Coverage. This policy is in alignment with IC 27-13-7-27 and guidance published in the IHCP bulletin BT202052.

C. Definitions

- **Emergency Medical Services –**
 - Emergency ambulance services or other services, including extrication and rescue services, utilized in serving an individual's need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.
 - Transportation services, acute care, chronic condition services, or disease management services provided as part of a mobile integrated healthcare program.
- **Emergency Medical Services Provider Organization –** means a provider of emergency medical services that is certified by the Indiana emergency medical services commission as an advanced life support provider organization under rules adopted under IC 16-31-3.

D. Policy

- I. Effective for dates of service (DOS) on or after March 1, 2020 and through the duration of the public health emergency for coronavirus disease 2019 (COVID-19), the Indiana Health Coverage Programs (IHCP) will reimburse Emergency Medical Services (EMS) providers for appropriate and medically necessary care billed under Healthcare Common Procedure Coding System (HCPCS) code A0998: *Ambulance response and treatment, no transport*.
 - A. Code A0998 is billed when care is provided in response to an emergency call to a member's home when an ambulance is dispatched, and treatment is provided to the patient without the patient being transported to another site.
 - B. Submission of a claim for reimbursement under code A0998 requires that the response originate through a 9-1-1 call.
 - C. Providers should submit code A0998 only when all of the following requirements are met (documentation of the following is required):
 1. The member consents to evaluation and treatment;
 2. After the evaluation, the paramedic or emergency medical technician (EMT) and the patient agree there is not a medical emergency;
 3. The member does not desire transport to an emergency department for evaluation;
 4. The member is stable for referral to the patient's physician or other community resource; and



5. The member has the ability (mental capacity, transportation resources) to obtain assistance and medically indicated follow-up.

Note: A0998 can only be billed if the member is not transported. Claims are subject to post payment review.

E. Conditions of Coverage

F. Related Policies/Rules

G. Review/Revision History

DATES		ACTION
Date Issued	09/30/2020	
Date Revised		
Date Effective	01/01/2021	
Date Archived	05/31/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Indiana General Assembly 2020 Session. Health Maintenance Organizations. Requirements for Group Contracts, Individual Contracts and Evidence of Coverage. IC 27-13-7-27
2. IHCP Bulletin. Indiana Health Coverage Programs. BT202052. April 23, 2020.

The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement Policy and is approved.