



IHCP COVID-19 Response: Ambulance providers to be reimbursed for response and treatment, no transport

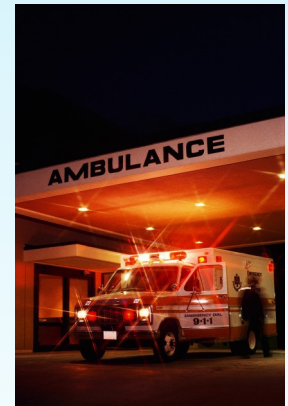
Effective for dates of service (DOS) on or after March 1, 2020, through the duration of the public health emergency for coronavirus disease 2019 (COVID-19), the Indiana Health Coverage Programs (IHCP) will reimburse Emergency Medical Services (EMS) providers for appropriate and medically necessary care billed under Healthcare Common Procedure Coding System (HCPCS) code A0998 – *Ambulance response and treatment, no transport*.

Policy changes in this bulletin apply to both fee-for-service (FFS) Traditional Medicaid and managed care benefit programs.

The A0998 HCPCS code is billed when care is provided in response to an emergency call to a member's home or on a scene, when an ambulance is dispatched, and treatment is provided to the patient without the patient being transported to another site. Submission of claim for reimbursement under code A0998 requires that the response originate through a 9-1-1 call. Until now, the IHCP reimbursed EMS providers for treatment rendered only when the patient was transported to the hospital emergency department.

Providers should submit A0998 only when **all** the following requirements are met:

- The member consents to evaluation and treatment.
- After the evaluation, the paramedic or emergency medical technician (EMT) and the patient agree there is not a medical emergency.
- The member does not desire transport to an emergency department for evaluation.
- The member is stable for referral to the patient's physician or other community resource.
- The member has the ability (mental capacity, transportation resources) to obtain assistance and medically indicated follow-up.



These changes apply retroactively to claims with DOS on or after March 1, 2020. Claims resubmitted beyond the original filing limit must include a copy of this bulletin as an attachment and be resubmitted within 180 days of this bulletin's publication.

Reimbursement requirements

For DOS on or after March 1, 2020, ambulance providers (provider specialty 260) can bill A0998 when the criteria above are met. For FFS members, claims may be submitted to DXC Technology. Managed care claims shall be submitted to the appropriate managed care provider's medical payer address. A0998 can only be billed if the member is not transported. Claims are subject to postpayment review.

The rate for A0998 is \$76.71 and is effective from March 1, 2020, through the duration of the public health emergency.

Billing requirements

Providers will continue to submit claims on the professional claim (CMS-1500 claim form, Provider Healthcare Portal professional claim, or 837P electronic transaction) as required before the public health emergency.

QUESTIONS?

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