Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Ambulance and Transportation Services

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses licensed ambulance companies for the provision of emergency and non-emergency ambulance transport services. These services are comprised of advanced life-support (ALS), basic life-support (BLS), wheelchair van or air ambulance services.

All ambulance transport providers must participate in the Medicare (Title XVIII) program to be eligible to render services.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained.

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

If a provider arranges non-covered transportation services, the ordering party may be held financially responsible.

Use of non-contracted providers may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating provider that has been selected.

Point32Health Reimburses

- Medically necessary emergency transport
- Medically necessary transportation mileage
- Medically necessary authorized rotary wing air ambulance transports and authorized fixed wing air ambulance transports
- Medically necessary authorized non-emergent medical transportation services when provided by a participating provider

Point32Health Does *Not* Reimburse

- Ambulance waiting time
- Ancillary transportation fees including parking fees and tolls, or other associated fees for lodging or meals for either the recipient or an escort, unless otherwise indicated in plan documents
- Extra ambulance attendant
- Items and services which include, but are not limited to oxygen, supplies, EKG services, and/or drugs. These services are considered included in the reimbursement rate for the transport and are not reimbursed separately
- Ambulance mileage if an ambulance transport code has not been billed for the same date of service or has been denied by another policy
- Non-emergent air or ground transportation to/from origins or destinations not listed in the applicable medical policy
- Non-emergent ambulance services provided to a member during an inpatient/outpatient admission. Non-emergent ambulance services are included as part of the facility reimbursement rate and should be billed to the facility
- Non-emergency transportation including but not limited to taxi, bus, mini-bus, mountain area transports, or other transportation systems, private or commercial air travel or vehicles provided by a volunteer with no vested interest or a vehicle provided by an individual with vested interest. (**Note:** Some non-emergency transportation services may be reimbursed according to applicable authorization requirements and benefit plan documents)
- Transportation for the purpose of receiving an excluded or non-covered service
- Transportation provided by an ambulance company that is not licensed or by non-licensed personnel
- Unlisted ambulance service(s)

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Coding
These code tables may not be all-inclusive.

Code	Description
A0998	Ambulance response and treatment, no transport- Reimbursed for Harvard Pilgrim Health Care Commercial Plans and Tufts Health Public Plans only
A0999	Unlisted ambulance service- Not reimbursed

Modifiers
Point32Health requires two-digit HCPCS ambulance service modifiers be submitted in the first modifier field for all ambulance services. The first digit identifies the ambulance's place of origin, the second digit identifies the destination.

Code	Description
D	Diagnostic or therapeutic site other than "P" or "H" when these are used as origin codes
E	Residential, domiciliary, custodial facility (other than 1819 facility)
G	Hospital-based ESRD facility
H	Hospital
I	Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
J	Free standing ESRD facility (non-hospital based)
N	Skilled nursing facility (SNF)
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office on the way to hospital (destination code only) **Note:** Modifier X can only be used as a destination code in the second position of a modifier

The following modifiers are considered secondary modifiers. Do not bill these modifiers in the first position.

Code	Description
GM	Multiple patients on one trip
QL	Patient pronounced dead after ambulance called (non-covered for Senior Products)
QM	Ambulance service provided under arrangement by a provider of services

Code	Description
QN	Ambulance service furnished directly by a provider of services

Non-Emergency Medical Necessity Documentation Submission

Tufts Health Plan Commercial Products
Medical necessity forms and trip notes are not required for nonemergency ground ambulance transportation claims billed with origin and destination modifier combinations **DH, EH, GH, HD, HG, HH, HJ, JH, NR, PH, RH, or RN**.

All other origin and destination modifier combinations billed for nonemergency ambulance and/or scheduled ground transportation services are subject to retrospective review prior to claims adjudication. In these instances, the provider should submit the claim with the following:

- Completed medical necessity form
- Trip notes (when applicable)

Point32Health will accept medical necessity forms used by the ambulance provider. Providers are responsible for ensuring that all documentation accurately reflects the member's condition and the clinical need for transportation services.

Note: Medical necessity forms should only be faxed to Tufts Health Plan in instances where financial responsibility for transportation resides with the THP Commercial Plan, rather than the facility.

Tufts Health Together and Tufts Health RITogether
Certain claims for non-emergency transportation services for Tufts Health Together and Tufts Health RITogether members must be submitted directly to MassHealth and/or RI EOHHS. Refer to the applicable resources for Massachusetts and Rhode Island to determine appropriate coverage and claims submission requirements.

Other Information

- Bill round-trip ambulance transport on two separate lines, line one for the initial transportation and line two for the return transportation
  - Exception: When transport is provided between two like facilities, bill on one line with a count of two (e.g., example, from Hospital A to Hospital B [modifier HH] and from Hospital B back to Hospital A [modifier HH])
- If submitting a claim for non-covered services, ambulance providers should submit a medical necessity form indicating the service is non-covered along with a valid acknowledgement of liability signed by the member. Claims submitted without a medical necessity form will deny as provider responsible

Related Policies and Resources

Payment Policies

- Modifiers
- General Coding and Claims Editing

Clinical Policies

- Non-Emergency Medical Transportation (Ground/Air)
- Non-Emergent Ambulance Transportation for Tufts Medicare Preferred (HMO and PPO)
- Out-of-Network Coverage at the In-Network Level of Benefits

Publication History

06/01/2026: Annual review; updated Related Policies and Resources; updated Non-Emergency Medical Necessity Documentation Submission
05/30/2025: Annual review; administrative edits
07/01/2024: Annual review; administrative edits; updated related clinical policies
02/01/2024: Policy moved to new template; includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment,

nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.