**IHCP COVID-19 Response: IHCP allows EMS providers to receive minimum BLS reimbursement**

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), Emergency Medical Services (EMS) providers will be reimbursed at a minimum basic life support (BLS) rate when transporting members that are COVID-19 positive or symptomatic.

*Note: The Centers for Disease Control and Prevention (CDC) guidelines define symptomatic as a patient presenting with any signs or symptoms associated with COVID-19, such as fever and so on, but a definitive diagnosis has not been established.*

Policy changes in this bulletin apply to both fee-for-service (FFS) Traditional Medicaid and managed care benefit programs. These changes apply to transportation provider specialty 260 – Ambulance.

EMS claim reimbursement under this policy for nonemergency medical transportation (NEMT) will be performed by the NEMT broker, Southeastrans (SET) or the respective managed care entity’s (MCE’s) transportation broker. Other claim reimbursement scenarios for EMS under this policy, such as hospital-to-hospital transfers, 9-1-1 responses, and claims for dually eligible members, will be performed by the State’s fiscal agent, DXC Technology, or the member’s MCE.

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 must be resubmitted within 180 days of this bulletin’s publication.

**Reimbursement requirements**

EMS providers should continue to bill the appropriate transportation code. When billing procedure code A0130 – Nonemergency transportation, wheelchair van or procedure code T2003 – Nonemergency transportation; encounter/trip, providers must include the CR modifier to have the BLS nonemergency transportation rate applied. Providers must also include one of the diagnosis codes listed in Table 1 on the claim, along with the CR modifier, to receive the enhanced rate. See Table 1 to identify the most appropriate diagnosis.

**Table 1 – Diagnosis codes to use for BLS nonemergency transportation rate**

<table>
<thead>
<tr>
<th>ICD-10 CM</th>
<th>Code description</th>
<th>A0130 and T2003 pay at BLS rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z20.828</td>
<td>Contact with and (suspected) exposure to other viral communicable diseases</td>
<td>Bill for all suspected, probable, possible, or symptomatic members that have not yet received a positive test</td>
</tr>
<tr>
<td>B97.29</td>
<td>Other coronavirus as the cause of disease classified elsewhere</td>
<td>Use as principal (primary) diagnosis for confirmed/positive cases with DOS on March 1, 2020, through March 31, 2020</td>
</tr>
<tr>
<td>U07.1</td>
<td>2019-nCoV acute respiratory</td>
<td>Use as principal (primary) diagnosis for confirmed/positive cases with DOS on or after April 1, 2020</td>
</tr>
</tbody>
</table>
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 along with any necessary supplemental information before the public health emergency.

QUESTIONS?

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