

# Billing and Reimbursement

## Ambulance services



GHP has partners with Alliance Logistic Solutions, LLC (Alliance) for the management of all non-emergent transportation services.

Alliance will coordinate ambulance dispatch with participating ambulance providers. Ambulance providers may contact Alliance at 844-558-2356 or 570-558-2356.

GHP, in conjunction with Alliance, will coordinate prior authorization for all non-emergent transport requests for GHP members and reimburse ambulance providers for all approved ambulance claims.

### Claim submission

Supporting documentation for non-emergent transports should be reported to Alliance upon completion of the trip via fax to 570- 558-2357. Supporting documentation may include:

- Patient Care Report (PCR)/run report/trip ticket (required for each trip)
- Signed advance beneficiary notice (ABN)
- Copy of signed PHI (privacy rights document)
- Any other documentation that supports the claim

Participating ambulance providers are required to use the applicable two-character ambulance services modifiers.

- The first character indicates the origin of the member (e.g., member's home, physician office, etc.).
- The second character indicates the destination of the member (e.g., hospital, skilled nursing facility, etc.).

The name of the hospital or facility may be included in field 32 of the CMS 1500 claim form.

If reporting the scene of an accident or acute event as the origin of the member, a written description of the actual location of the scene or the event may be included in field 32 of the CMS 1500 claim form.

When the origin or destination is a rehabilitation facility, hospital based nursing facility or swing bed, modifier "N" should be utilized. The zip code of the point of pick up should be reported in field 23 of CMS 1500 claim form.

The applicable place of service code (e.g., 41 - land, or 42 - air) must be included on the CMS1500 claim form in field 24B.

Ambulance service modifiers:

- D: Diagnostic or therapeutic site/free standing facility (i.e., dialysis center, radiation therapy center) other than "P" or "H"
- E: Nursing home

- G: Hospital-based dialysis facility (hospital or hospital-associated)
- H: Hospital-inpatient/outpatient
- I: Site of transfer (e.g., airport or hospital pad) between modes of transfer
- J: Non-hospital based dialysis facility
- N: Skilled nursing facility
- P: Physician office
- R: Private residence
- S: Scene of accident or acute event
- X: Intermediate stop at physician's office on the way to the hospital (destination code only)

## Paramedic intercept services

In the event a participating ambulance provider employs or subcontracts for paramedic services under their agreement with GHP, claims for Emergency Services should be submitted using the appropriate following HCPCS codes (or their current equivalents):

- A0432 – Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers.
- S0207 - Paramedic intercept, non-hospital based ALS service (non-voluntary), non-transport
- S0208 - Paramedic intercept, hospital based ALS service (non-voluntary), non-transport

Additional resources and information regarding participating ambulance provider expectations, claims, reimbursement and appeals is available on [NaviNet.net](https://navinet.net) under Forms/Medical prior authorization forms & information/Ambulance.

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*Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.*

*All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.*

*Publication history:*