



## Ambulance Services

### Reimbursement Policy

#### Policy

Health Options reimburses licensed transportation companies for the provision of transport services in a medical emergency to the nearest medical provider capable of furnishing covered services. Medically necessary, non-emergent ambulance transport covered services are reimbursed when authorization is obtained.

Ambulance reimbursement is based on transportation or no transport, inclusive of supplies and services, and a separate charge for mileage. Ambulance suppliers should report one charge reflecting transport type, with a separate charge for loaded mileage. Reimbursement for other services billed in addition to the base rate transportation are considered part of the payment for the base rate and are not separately reimbursed.

No transport service (A0998) is reimbursable in a medical emergency when an ambulance service provides treatment at the scene of an accident, but medical transport is not necessary. Ambulance service modifiers are not required. No mileage is billable/reimbursable as no loaded miles occur.

#### Billing Guidelines

Claims are required to be submitted with appropriate origin and destination modifier codes for appropriate reimbursement. Claims submitted without appropriate codes will be denied.

##### Origin & Destination Modifiers

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 = Freestanding ESRD facility

N = Skilled nursing facility

P = Physician's office

R = Residence

S = Scene of accident or acute event

X = Intermediate stop at physician's office on way to hospital (destination code only)

In addition, institutional-based providers must report one of the following modifiers with every HCPCS code to describe whether the service was provided under arrangement or directly:

QM - Ambulance service provided under arrangement by a provider of services; or

QN - Ambulance service furnished directly by a provider of services.

## Ambulance HCPCS Codes & Definitions

HCPCS	Description
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (als 1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)
A0428	Ambulance service, basic life support, non-emergency transport, (bls)
A0429	Ambulance service, basic life support, emergency transport (bls-emergency)
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0433	Advanced life support, level 2 (als 2)
A0434	Specialty care transport (sct)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
A0998	Ambulance response and treatment, no transport

### Non-Covered Services

- Ancillary charges/fees including but not limited to parking, tolls, meals, lodging, and waiting time
- Mileage when the transport service is denied or not covered
- Mileage beyond the nearest medical facility capable of furnishing covered services
- Non-emergent ambulance services without an authorization
- Non-licensed transportation organization or personnel services
- Services provided by the Emergency Medical Technician (EMT) separate from the base rate
- Supplies/services do not get separate reimbursement as they are included in the base rate
- Transport to a Member's residence
- Unlisted ambulance service(s)
- Unloaded mileage

HCPCS	Description
A0021	Ambulance service, outside state per mile, transport (medicaid only)
A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
A0090	Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest
A0100	Non-emergency transportation; taxi
A0110	Non-emergency transportation and bus, intra or inter state carrier
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
A0130	Non-emergency transportation: wheelchair van
A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state
A0160	Non-emergency transportation: per mile - case worker or social worker
A0170	Transportation ancillary: parking fees, tolls, other

A0180	Non-emergency transportation: ancillary: lodging-recipient
A0190	Non-emergency transportation: ancillary: meals-recipient
A0200	Non-emergency transportation: ancillary: lodging escort
A0210	Non-emergency transportation: ancillary: meals-escort
A0382	Bls routine disposable supplies
A0384	Bls specialized service disposable supplies; defibrillation (used by als ambulances and bls ambulances in jurisdictions where defibrillation is permitted in bls ambulances)
A0392	Als specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in bls ambulances)
A0394	Als specialized service disposable supplies; iv drug therapy
A0396	Als specialized service disposable supplies; esophageal intubation
A0398	Als routine disposable supplies
A0420	Ambulance waiting time (als or bls), one half (1/2) hour increments
A0422	Ambulance (als or bls) oxygen and oxygen supplies, life sustaining situation
A0424	Extra ambulance attendant, ground (als or bls) or air (fixed or rotary winged); (requires medical review)
A0432	Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
A0999	Unlisted ambulance service

Healthcare providers shall not bill members for non-covered services.

### References / Resources

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.

### Document Publication History

01/20/2023 Initial publication

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This policy provides information on Community Health Options' claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction 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 guidelines when applicable, adherence to plan policies and procedures, and claims editing logic. Community Health Options reserves the right to amend a payment policy at its discretion. Policies are enforced unless underpinning direction stated otherwise.