COMMUNITY Health Options®

Ambulance Services

Reimbursement Policy

Policy

Community Health Options reimburses licensed transportation companies for covered services to the nearest medical provider capable of furnishing medically necessary services. Effective for medically necessary, non-emergent ambulance transport covered services do not require authorization. Air ambulance 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 is considered part of the payment for the base rate and is not separately reimbursed.

Non-transport services (A0998) are reimbursable in a medical emergency when an ambulance service provides treatment at the scene of an accident, but medical transport is not necessary, or when a Member refuses transport after an emergency service call is placed. 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 an accident or acute event
X = Intermediate stop at physician's office on the way to the 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 7)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)
A0428	Ambulance service, basic life support, non-emergency transport, (bis)

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 (set)
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 authorization (service dates prior to 10/25/2023) Air ambulance services without 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" destination modifiers: D, E, P, R, and S
- 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	Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)
A0100	Ambulance service, basic life support, non-emergency transport, (bis)
A0110	Ambulance service, basic life support, emergency transport (bls-emergency)
A0120	Ambulance service, conventional air services, transport, one-way (fixed wing)
A0130	Ambulance service, conventional air services, transport, one-way (rotary wing)
A0433	Advanced life support, level 2 (als 2)
A0434	Specialty care transport (set)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
A0998	Ambulance response and treatment, no transport

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.

An Act to Implement the Recommendations of the Stakeholder Group Convened by the Emergency Medical Services Board on Financial Health of Ambulance Services, 131st Maine Legislature, Chapter 468, L.D. 1602 (Enacted July 27, 2023). https://legislature.maine.gov/

Maine State Legislature. (2024, January). MRSA Title 24-A, §4303-F, PL 2021. Reimbursement for Ambulance Services and Participation of Ambulance Service Providers in Carrier Networks. https://legislature.maine.gov/

Related Policies

Modifier Reference Guide
Unlisted / Unspecified / Miscellaneous Codes

Document Publication History

- 08/16/2023 Updates to support changes to Maine Legislature effective 10/25/2023 (7) nonemergent transport coverage w/out need for prior authorization, (2) non-transport member refuses transport coverage, (3) and non-facility destination modifiers identified as non-covered services, (4) source added from legislation
- 01/20/2023 Initial publication
