

Ambulance Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

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This policy addresses reimbursement related to services included as part of an ambulance transportation service, ambulance modifier usage, provider specialty reporting ambulance services and the requirements for reporting Advanced Life Support, Level 2 (ALS2) ambulance transportation.

For purposes of this policy, Same Ambulance Supplier is defined as Ambulance Suppliers of the same specialty reporting the same Federal Tax Identification number (TIN).

Reimbursement Guidelines**Ambulance Suppliers**

UnitedHealthcare Community Plan considers only an Ambulance Supplier as eligible for reimbursement of ambulance services reported with Healthcare Common Procedure Coding System (HCPCS) codes A0021 and A0225-A0999.

Other provider specialties, e.g., emergency room physicians, should report the Current Procedural Terminology (CPT®) and/or HCPCS codes that specifically and accurately describe the services and procedures outside of HCPCS code A0021 and A0225-A0999 range.

UnitedHealthcare Community Plan will not reimburse non-Ambulance Suppliers for rendering ambulance services.

Origin and Destination Modifiers

For ambulance transportation claims, UnitedHealthcare Community Plan has adopted the Centers for Medicare and Medicaid Services (CMS) guidelines that require an Ambulance Supplier to report an origin and destination modifier for each trip provided.

Each ambulance modifier is comprised of a single digit alpha character identifying the origin of the transport in the first position, and a single digit alpha character identifying the destination of the transport in the second position. Example: RH (residence to hospital). Single digit alpha characters used to designate an origin and destination are listed below:

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 alignment with CMS, UnitedHealthcare Community Plan will reimburse a code on the Ambulance Transportation Codes list only when reported with a two-digit ambulance modifier on the Ambulance Modifiers list. Ambulance transportation services reported without a valid two-digit ambulance modifier will be denied.

When “X” (Intermediate stop at physician’s office en route to the hospital) is present within the 2 digit modifier combination, “X” must be in the second digit position preceded by a valid origin digit in the first position. If “X” is the first digit of the two digit modifier combination, the ambulance transportation code will be denied.

[Ambulance Transportation Codes](#)
[Ambulance Modifiers](#)

Services Included in Ambulance Transportation

Per CMS, services including, but not limited to oxygen, drugs, extra attendants, supplies, EKG, and night differential are not paid separately when reported as part of an ambulance transportation service. In addition, the ambulance must have customary patient care equipment and first aid supplies, including reusable devices and equipment such as backboards, neckboards and inflatable leg and arm splints. These are all considered part of the general ambulance service and payment for them is included in the payment rate for the transport.

In alignment with CMS, UnitedHealthcare Community Plan will not reimburse codes on the Ambulance Bundled Codes list when provided by the Same Ambulance Supplier for the same patient on the same date of service as a code on the Ambulance Transportation Codes list.

[Ambulance Transportation Codes](#)
[Ambulance Bundled Codes](#)

Advanced Life Support, Level 2 (ALS2) Ambulance Transportation

There are marked differences in resources necessary to furnish the various levels of ground ambulance services. According to CMS, Basic Life Support (BLS) ambulances must be staffed by at least two people, at least one of whom must be certified as an emergency medical technician (EMT) by the State or local authority where the services are being furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle. All Advanced Life Support (ALS) vehicles must be staffed by at least two people, at least one of whom must be certified by the State or local authority as an EMT-Intermediate or an EMT-Paramedic. In addition, Advanced Life Support, level 1 (ALS1) must include the provision of an ALS Assessment or at least one ALS Intervention.

CMS defines Advanced Life Support, level 2 (ALS2) as transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) **or** (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

- a. Manual defibrillation/cardioversion;
- b. Endotracheal intubation;
- c. Central venous line;
- d. Cardiac pacing;
- e. Chest decompression;
- f. Surgical airway; or
- g. Intraosseous line.

In alignment with CMS, reimbursement is based on the level of service provided, not on the vehicle used.

Refer to the Definitions section for more information on ambulance transport.

State Exceptions

Arizona	This policy only applies to participating providers for Arizona Medicaid.
California	California Medicaid does not require modifiers on Ambulance Claims
Iowa	Per State Regulations, codes A0382, A0398 and A0422 are separately payable for Iowa Medicaid.

Kansas	Per State Regulations, the Ambulance Modifier list does not apply for Kansas Medicaid. Per State Regulations, codes A0422 and A0424 are separately payable for Kansas Medicaid
Mississippi	Per State Regulations, Ambulance Mileage codes are not reimbursable if the Ambulance Transportation code is denied.
Missouri	Per State Regulations, codes A0394, A0398, A0422 and 93040 are separately payable when billed with HCPCS codes A0430, A0431, A0435 or A0436 for Missouri Medicaid. Missouri Medicaid has a state specific list of origin and destination modifiers that are included in this policy. See list in Attachments Section: Missouri Medicaid Ambulance Modifiers .
Nebraska	Per State Regulations, code A0424 is separately payable for Nebraska Medicaid
New Jersey	Per State Regulations, codes A0420 and A0422 are separately payable for New Jersey Medicaid
New York	Per State Regulations, codes A0422 and A0424 are separately payable for New York Medicaid
Ohio	Ohio Medicaid has a state specific list of origin and destination modifiers that are included in this policy. See list in Attachments Section: Ohio Ambulance Modifiers .
Texas	Per State Regulations, codes A0382, A0398, A0422, and A0424 are separately payable for Texas Medicaid
Washington	Per State Regulations, code A0424 is separately payable for Washington Medicaid
Wisconsin	Per State Regulations, codes A0382, A0384, A0392, A0394, A0396, A0398, A0422, and A0424 are separately payable for Wisconsin Medicaid.

Definitions







Advanced Life Support Assessment	An advanced life support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service.
Advanced Life Support Intervention	An advanced life support (ALS) intervention is a procedure that is in accordance with State and local laws, required to be done by an emergency medical technician-intermediate (EMT-Intermediate) or EMT-Paramedic.
Advanced Life Support, Level 1 (ALS1)	Advanced life support, level 1 (ALS1) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS Assessment or at least one ALS Intervention.
Advanced Life Support, Level 2 (ALS2)	Advanced life support, level 2 (ALS2) is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least <u>three</u> separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least <u>one</u> of the ALS2 procedures listed below: a. Manual defibrillation/cardioversion; b. Endotracheal intubation;

	<p>c. Central venous line; d. Cardiac pacing; e. Chest decompression; f. Surgical airway; or g. Intraosseous line.</p>
Ambulance Supplier	A hospital-based or independently owned and/or operated ambulance transportation service.
Basic Life Support (BLS)	Basic life support (BLS) is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State. The ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an emergency medical technician-basic (EMT-Basic).
Same Ambulance Supplier	Ambulance Suppliers of the same specialty reporting the same Federal Tax Identification number.

Questions and Answers

1	<p>Q: If a physician rides in the ambulance and provides cardiopulmonary resuscitation (CPR) while en route to the destination, is it appropriate for the physician to report an ambulance service code?</p> <p>A: No, the physician would report a non-ambulance service code(s) based on the type of service rendered. For example, CPT code 92950 for CPR.</p>
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Attachments

 Ambulance Transportation Codes	A list of codes for emergency and non-emergency ambulance transportation.
 Ambulance Bundled Codes	A list of codes that are not separately reimbursed when reported with an ambulance transportation code.
 Ambulance Modifiers	A list of modifiers to report the origin and destination of an ambulance transportation service.
 Missouri Medicaid Ambulance Modifiers	A list of modifiers to report the origin and destination of an ambulance transportation service for Missouri Medicaid.
 Ohio Ambulance Modifiers	A list of modifiers to report the origin and destination of an ambulance transportation service for Ohio.
 Tennessee Ambulance Modifiers	A list of modifiers to report the origin and destination of an ambulance transportation service for Tennessee.

Resources

Individual state Medicaid regulations, manuals & fee schedules

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

History

3/22/2020	Policy Version Change State exceptions section: Removed reference to Louisiana Attachments section: Removed excel file and verbiage related to Louisiana Removed all files and references to Louisiana contained in the body of the policy, information has been moved to the "Louisiana Only" policy History Section: Entries prior to 3/22/2018 archived
1/1/2020	Policy Version Change State Exceptions section: Removed Delaware and New Mexico Policy List Change: Updated Ambulance Bundled Codes List History Section: Entries prior to 1/1/2018 archived
11/17/2019	Policy Version Change Policy List Change: Updated Ambulance Bundled Codes List
9/29/2019	Policy Version Change Policy List Change: Updated Ambulance Bundled Codes List
8/19/2019	State Exceptions section: Added Mississippi
6/30/2019	Policy Version Change Policy List Change: Updated Ambulance Bundled Codes List
5/19/2019	State Exceptions section: Updated Wisconsin
4/5/2019	Annual Anniversary Date and Version Change
2/11/2019	Policy Version Change Title section: Removed Annual Approval information & moved policy # to the header Policy Verbiage Change: Reference to Ambulance Provider or Supplier changed to Ambulance Supplier throughout the policy, including 'Definitions'
1/1/2019	Policy Version Change Policy List Change: Updated Ambulance Bundled Codes List Attachments section: The Louisiana, Missouri, Ohio and Tennessee Ambulance Modifiers lists were updated to version 2019A History Section: Entries prior to 1/1/2017 archived
11/11/2018	State Exceptions section: Added Iowa
9/30/2018	Policy Version Change Added 'Professional' to the policy title Policy List Change: Updated Ambulance Bundled Codes List
7/11/2018	Annual Approval Date only (no new version)
7/1/2018	Policy List Change: Updated Ambulance Bundled Codes List
4/1/2018	Policy List Change: Updated Ambulance Bundled Codes List Attachments section: Updated the Missouri Medicaid Ambulance Modifiers list
9/1/2014	Policy implemented by UnitedHealthcare Community & State
4/9/2014	Policy approved by Payment Policy Oversight Committee

