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Ambulance Services

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DESCRIPTION:

Ambulance and medical transport services involve the use of specially designed and equipped vehicles used for transporting ill or injured patients and may involve ground, air, or sea transportation in both emergency and non-emergency situations. These services are identified by seven categories for ground ambulance services and two categories for air ambulance services.

Ground ambulance services include the following categories:

1. Basic Life Support (BLS)
2. Basic Life Support (BLS) – Emergency
3. Advanced Life Support, Level 1 (ALS1)
4. Advanced Life Support, Level 1 (ALS1 – Emergency)
5. Advanced Life Support, Level 2 (ALS2)
6. Specialty Care Transport (SCT)
7. Paramedic Intercept (PI)

NOTE: Ground ambulance services refer to both land and water transportation.

Air ambulance services include the following categories:

1. Fixed Wing Air Ambulance (FW)
2. Rotary Wing Air Ambulance (RW)

REIMBURSEMENT INFORMATION:

Proper payment of an ambulance service requires the appropriate transportation code and the appropriate two-digit modifier. The modifier indicates the origin and the destination, created by combining two alpha characters. Each alpha character, with the exception of "X", represents an origin code or a destination code. The pair of alpha codes creates one modifier. The first position alpha code is the origin; the second position alpha code is the destination.

Each ambulance service requires both transportation and mileage. Reimbursement for ambulance mileage is based on loaded transport (i.e., total miles from the point where the patient was picked up to the patient's destination). Air ambulance mileage is reimbursed according to the actual miles flown with patient onboard and is expressed in statute miles.

For trips totaling up to 100 covered miles suppliers must round the total miles up to the nearest tenth of a mile and report the resulting number with the appropriate Healthcare Common Procedure Coding System (HCPCS) code for ambulance mileage. The decimal must be used in the appropriate place (e.g., 99.9).

For trips totaling 100 covered miles and greater, suppliers must report mileage rounded up to the next whole number mile without the use of a decimal (e.g., 998.5 miles should be reported as 999).

Reimbursement for round trip ambulance service for a hospital inpatient is included in the facility fee paid to the admitting hospital and is not reimbursed separately.

To report ambulance transport with more than one patient onboard use the modifier GM (Multiple patients on one ambulance trip) for each service line item. In addition to the origin/destination modifier, the claim must include the total number of patients transported in the vehicle at the same time. Modifier GM may be used for both ground and air transports.

Ambulance transportation of a deceased member should not be reported if the member is legally pronounced dead before the ambulance was dispatched. The ambulance transportation should be reported if the member is legally pronounced dead after the ambulance was dispatched. Modifier QL (Patient pronounced dead after ambulance called) would be reported in this circumstance.

Reimbursement for waiting time is considered incidental to other ambulance services provided on the same date of service and is not eligible for a separate reimbursement.

Reimbursement for disposable and non-disposable supplies (including, but not limited to oxygen, inflatable leg and arm splints, backboards, and neck boards/collars) and other services (including, but not limited to EKGs, drugs, extra attendants) is included in the allowance for the ambulance transportation.

Please refer to the Medical Coverage Guideline for **Ambulance Services 09-A0000-01**, for guidance on covered and non-covered services.

BILLING/CODING INFORMATION:

The following origin and destination modifiers must be used for proper claim processing. The first digit indicates the place of origin, and the destination is indicated by the second digit. **Failure to include these codes may result in claim being returned for proper modifier reporting.**

Modifier	Description
D	Diagnosis 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 helipad) between modes of ambulance transport
J	Freestanding ESRD facility
N	Skilled Nursing Facility (SNF)
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at a physician's office on the way to hospital- use as a destination only

Additional Modifiers:

Modifier	Description
GM	Multiple patients on one ambulance trip
QL	Patient pronounced dead after ambulance called
QM	Ambulance service provided under arrangement by a provider of services
QN	Ambulance service furnished directly by a provider of services

HCPCS Coding:

Ambulance codes **A0425-A0436** must be reported with modifiers that indicate pick-up origins and destinations for each ambulance trip provided.

Code	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

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

Medical Coverage Guideline: Ambulance Services 09-A0000-01

REFERENCES:

1. Centers for Medicare and Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 15 Ambulance. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c15.pdf>
2. Centers for Medicare and Medicaid Services (CMS), Medicare Benefit Policy Manual, Chapter 10, Ambulance Services. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c10.pdf>
3. First Coast Service Options, Inc (First Coast), Emergency and Non-Emergency Ground AMBULANCE Services (L37697), 06/28/2018.
4. Centers for Medicare and Medicaid Services, HCPCS Release and Code Sets, <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

GUIDELINE UPDATE INFORMATION:

07/19/2018	New Policy Approved
07/18/2019	Annual Review, no changes
07/09/2020	Annual Review, language added to the “Reimbursement Information” section for reporting trips up to 100 miles and trips greater than 100 miles.
07/15/2021	Annual Review, language added for round trip ambulance services for hospital inpatients
07/14/2022	Annual Review, no changes
07/13/2023	Annual Review – References reviewed and updated.
07/11/2024	Annual Review – References reviewed and updated.

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