

Hospital Based Ambulance Policy, Facility

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 reimbursement policies may use 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’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, 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 due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare 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.

*CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Application
<p>This reimbursement policy applies to services reported using the UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient facility claims, Ambulatory Surgical Centers (ASC), Outpatient Surgical Centers (OSC), including, but not limited to, non-network authorized, and percent of charge contract facilities.</p> <p>United Healthcare Commercial This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.</p> <p>UnitedHealthcare Individual Exchange This Reimbursement Policy applies to all Individual Exchange benefit plans.</p>

Policy
<p>Overview</p> <p>This policy addresses reimbursement related to services included as part of an ambulance transportation service and ambulance modifier usage.</p> <p>For purposes of this policy, “provider” is used to reference a hospital-based ambulance provider. A “supplier” is defined as any ambulance service that is not institutionally based.</p> <p>Reimbursement Guidelines</p> <p><u>Ambulance Services</u></p>

For ambulance transportation claims, UnitedHealthcare has adopted the Centers for Medicare and Medicaid Services (CMS) guidelines that require institutional-based providers and suppliers 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)

Hospital Based Ambulance Modifiers

DD	DE	DG	DH	DI	DJ	DN	DP	DR	DS
DX	ED	EE	EG	EH	EI	EJ	EN	EP	ER
ES	EX	GD	GE	GG	GH	GI	GJ	GN	GP
GR	GS	GX	HD	HE	HG	HH	HI	HJ	HN
HP	HR	HS	HX	ID	IE	IG	IH	II	IJ
IN	IP	IR	IS	IX	JD	JE	JG	JH	JI
JJ	JN	JP	JR	JS	JX	ND	NE	NG	NH
NI	NJ	NN	NP	NR	NS	NX	PD	PE	PG
PH	PI	PJ	PN	PP	PR	PS	PX	QL	RD
RE	RG	RH	RI	RJ	RN	RP	RR	RS	RX
SD	SE	SG	SH	SI	SJ	SN	SP	SR	SS
SX									

In alignment with CMS, UnitedHealthcare 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.

Institutional-based providers must report modifier QM with the HCPCS code to describe ambulances services provided under arrangement by the provider of services or QN to describe ambulance services provided directly.

The ambulance service and mileage must be reported with the appropriate HCPCS code, modifier, and revenue code 0540 or 0545 when appropriate. The ambulance service and mileage are reported on separate lines with the same date of service and on the same claim. The ambulance service should be reported with one unit. The number of units reported for mileage should reflect the loaded number of miles being billed.

Ambulance HCPCS Codes

A0425	A0426	A0427	A0428	A0429	A0430	A0431	A0432	A0433	A0434
A0435	A0436								

Supplies are considered included in the ambulance service base rate and should not be submitted separately in addition to the ambulance service HCPCS code.

Non-Emergency Basic Life Support (BLS) Renal Dialysis Facilities Ambulance Services

Non-emergency BLS ground transports are identified by HCPCS code A0428. Ambulance transports to and from renal dialysis treatment are identified by modifier codes “G” (hospital-based ESRD) and “J” (freestanding ESRD facility) in either the first position (origin code) or second position (destination code) within the two-digit ambulance modifier.

Questions and Answers

1	<p>Q: Will a claim submitted with only the origin and destination modifiers be considered for reimbursement?</p> <p>A: No. Institutional-based providers must also report modifier QM or QN as appropriate.</p>
2	<p>Q: Which position in the two-digit modifier should we submit the “G” or “J” modifier?</p> <p>A: The modifier should be placed in the appropriate position depending on if it is the modifier representing the origin or destination.</p>

Resources

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

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

History

4/14/2024	Policy Version Change Updated application section
4/1/2024	<p>Template Update</p> <ul style="list-style-type: none"> • Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans. • Updated Application section to indicate this Reimbursement Policy applies to: <ul style="list-style-type: none"> ○ All UnitedHealthcare Commercial benefit plans ○ All Individual Exchange benefit plans
3/31/2024	History Section: Entries prior to 3/31/2022 archived
4/16/2023	Policy Version Change History Section: archived prior to 4/16/2022. Logo updated
1/1/2021	Policy implemented by UnitedHealthcare Employer & Individual
8/27/2020	Policy approved by Payment Policy Oversight Committee



**UnitedHealthcare® Commercial and Individual Exchange
Reimbursement Policy
UB04
Policy Number 2024R5018B**