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 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 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.

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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Policy

Overview

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.

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” 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, neck boards 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

Ambulance Transportation During an Inpatient Stay

In alignment with CMS, Ambulance Services to and from an originating facility to another facility for services such as diagnostic tests or specialty treatment (reported with modifiers HH, DH or HD) will not be reimbursed if the date(s) of service overlap with an inpatient stay. The date span criteria will exclude the date of admission and discharge.

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.

End Stage Renal Disease (ESRD)

In alignment with CMS, UnitedHealthcare Community Plan applies a 23 percent reimbursement reduction on non-emergency BLS code A0428 (Ambulance service, basic life support, non-emergency transport) and associated mileage code A0425 (Ground mileage, per statute mile) to and from renal dialysis treatment facilities when the BLS transport is billed with a G (hospital based ESRD) or J (freestanding ESRD facility), in either the origin or destination position of an ambulance modifier.

State Exceptions	
Arizona	Per State Regulations, this policy only applies to participating providers for Arizona Medicaid. Arizona is exempt from the ESRD reduction.
California	California Medicaid does not require modifiers on Ambulance Claims
Colorado	Per state regulations: • A0432 is separately payable for Colorado Medicaid. • A0380 and A0390 are not covered services for the state of Colorado. Colorado is exempt from the Ambulance Transportation during Inpatient Stay requirements.
Florida	Florida is exempt from the ESRD reduction.
Hawaii	Hawaii Medicaid has a state specific list of origin and destination modifiers that are included in this policy. See list in Attachments Section.

Indiana	Per State Regulations, codes A0422, A0424, A0998, J2310, J2311 and J3490 are separately payable for Indiana Medicaid when paid in conjunction with a transportation code. Indiana is exempt from the ESRD reduction.
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 Kansas is exempt from the ESRD reduction.
Kentucky	Per State Regulations: • Codes A0382, A0398 and A0422 are separately payable for Kentucky Medicaid when paid in conjunction with a transportation code. • Codes A0435 and A0436 are not separately reimbursable and are considered inclusive to codes A0430 and A0431
Maryland	Maryland is exempt from the ESRD reduction.
Massachusetts	Massachusetts is exempt from the ESRD reduction.
Michigan	Michigan is exempt from the ESRD reduction.
Minnesota	Minnesota is exempt from the ESRD reduction. Minnesota is exempt from the Ambulance Transportation during Inpatient Stay requirements.
Mississippi	Per State Regulations, Ambulance Mileage codes are not reimbursable if the Ambulance Transportation code is denied. Mississippi is exempt from the ESRD reduction. Mississippi (MS) Medicaid (Plan IDs MSCAN and MSCHIP) to deny reimbursement on mileage codes A0380, A0390, A0425, A0435 and A0436 if a corresponding reimbursable transportation code is not reported for the same date of service (transportation codes: A0225, A0426, A0427, A0428, A0429, A0430, A0431, A0433, and A0434).
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 Missouri is exempt from the ESRD reduction. Missouri is exempt from the Ambulance Transportation during Inpatient Stay requirements.
Nebraska	Per State Regulations, code A0424 is separately payable for Nebraska Medicaid. Nebraska is exempt from the ESRD reduction.
New Jersey	Per State Regulations, all ambulance services must be billed with an appropriate origin/destination modifier. HCPCs codes A0420, A0422 and A0998 are separately payable when billed with an appropriate origin/destination modifier for New Jersey Medicaid. New Jersey is exempt from the ESRD reduction.
New Mexico	Per State Regulations, Air Ambulance Mileage codes are not reimbursable if the Ambulance Transportation code is denied, Use modifiers U2 (2 patients) and U3 (3 patients) as needed. Per state regulations, U1, U2, U3 – modifiers identify 1st, 2nd, and 3rd family members, one of which can be attendant/escort to be used with HCPC code A0140. Modifier U1 to be used as needed with HCPC code A0210 and modifiers UK (Attendant/Escort for in-patient recipient) and U1 Attendant/Escort in Separate Room are to be used with HCPC code A0200.
New York	Per State Regulations, codes A0422 and A0424 are separately payable for NYEPP and NYCHP. New York is exempt from the ESRD reduction.
North Carolina	Per State regulations, code A0432 is not a covered service for North Carolina Medicaid. Modifier SS is not covered and will deny if billed except for A0998 is only allowed with origin/destination ambulance modifier combination SS (Scene to Scene) or RR (Residence to Residence).

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 Ohio is exempt from the ESRD reduction.
Pennsylvania	Pennsylvania is exempt from the ESRD reduction.
Rhode Island	Per State Regulations: • Codes A0380, A0390 A0430, A0431, A0432, A0434, A0435 and A0436 are not covered services for Rhode Island Medicaid. • Codes A0170, A0420, A0998 and A0999 are separately payable for Rhode Island Medicaid. Rhode Island is exempt from the ESRD reduction.
Tennessee	Tennessee is exempt from the ESRD reduction.
Texas	Per State Regulations, codes A0382, A0398, A0422, and A0424 are separately payable for Texas Medicaid.
Virginia	Virginia is exempt from the Ambulance Transportation during Inpatient Stay requirements.
Washington	Per State Regulations, Washington Ambulance Billing Guide & Ambulance FS: Effective for dates of service on and after January 1, 2018, ambulance services provided to clients who are enrolled in an agency-contracted managed care organization (MCO) are paid by the agency through fee-for-service (FFS). Coverage and billing guidelines found in this billing guides apply to MCO clients and FFS clients. Ambulance providers must bill the agency directly.
Wisconsin	Per State Regulations, codes A0382, A0384, A0392, A0394, A0396, A0398, A0422, and A0424 are separately payable for Wisconsin Medicaid. Wisconsin is exempt from the ESRD reduction. Per State Regulations, Wisconsin requires claims for ambulance services to include origin and destinations modifiers, as well as trip modifiers (U1-U6).

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 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.
Ambulance Supplier	An 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	**Q:** If a physician rides in the ambulance and provides cardiopulmonary resuscitation (CPR) while enroute to the destination, is it appropriate for the physician to report an ambulance service code? **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.
2	**Q:** Will Ambulance Service from one originating site/facility to another facility for diagnostic tests or specialty treatment and back to the originating facility be reimbursed? **A:** No, such services will not be reimbursed if the date(s) of service overlap with an inpatient stay, excluding admit and discharge dates.

Attachment(s)	
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.
Hawaii 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.
New Jersey Medicaid Ambulance origin/destination Modifiers	A list of modifiers to report the origin and destination of an ambulance transportation service for New Jersey 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.
Texas Ambulance Modifiers	A list of modifiers to report the origin and destination of an ambulance transportation service for Texas.

Resources

Individual state Medicaid regulations, manuals & fee schedules
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History

10/1/2024	Policy Version Change Ambulance Transportation During an Inpatient Stay section added State Exception Section: Colorado, Minnesota, Missouri updated, and Virginia added Q&A section: #2 added
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