

Transportation Services (for Indiana Only)

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[Instructions for Use](#)

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Related Policies
None

Application

This Coverage Determination Guideline only applies to the state of Indiana.

Coverage Rationale

For emergency and nonemergency transportation services, refer to the Indiana provider reference module titled [Transportation Services](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Modifier	Location
Ambulance Modifier	
Ambulance claims are billed with two of the following modifiers. The first modifier indicates the place of origin, and the second modifier indicates the destination.	
D	Diagnostic or therapeutic site other than P or H when these are used as origin codes
E	Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (i.e., airport or helicopter pad) between types of ambulance
J	Free standing ESRD facility
N	Skilled nursing facility (SNF)
P	Physician's office (includes HMO non-hospital facility, clinic, etc.)
R	Residence

Modifier	Location
Ambulance Modifier	
Ambulance claims are billed with two of the following modifiers. The first modifier indicates the place of origin, and the second modifier indicates the destination.	
S	Scene of accident or acute event
X	Intermediate stop at physician's office on way to the hospital (destination code only (includes HMO non-hospital facility, clinic, etc.) Note: Modifier X can only be used as a destination code in the second position of a modifier.

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HCPCS Code	Description
Air Ambulance (also see Air Ambulance Revenue Code 0545 below)	
A0430	Ambulance service, conventional air service, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments
Ground/Other Ambulance	
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way
A0380	BLS mileage (per mile)
A0382	BLS routine disposable supplies
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)
A0390	ALS miles (per mile)
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed by BLS ambulances)
A0394	ALS specialized service disposable supplies; IV drug
A0396	ALS specialized service disposable supplies; esophageal intubation
A0398	ALS routine disposable supplies
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)
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)
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
A0433	Advanced life support, level 2 (ALS 2)
A0434	Specialty care transport (SCT)

HCPSC Code	Description
Ground/Other Ambulance	
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance service
S0207	Paramedic intercept, non-hospital based ALS service (nonvoluntary), nontransport
S0208	Paramedic intercept, hospital based ALS service (nonvoluntary), nontransport
Other Transportation	
A0110	Nonemergency transportation and bus, intra- or interstate carrier
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate
T2002	Nonemergency transportation; per diem
T2003	Nonemergency transportation; encounter/trip
T2004	Nonemergency transport; commercial carrier, multipass

Revenue Codes	Description
0540	Ambulance; general classification
0541	Ambulance; supplies
0542	Ambulance; medical transport
0543	Ambulance; heart mobile
0544	Ambulance; oxygen
0545	Ambulance; Air ambulance
0546	Ambulance; Neo-natal ambulance
0547	Ambulance; pharmacy
0548	Ambulance; EKG transmission
0549	Ambulance; Other

References

Indiana Transportation Services Provider Reference Manual. <https://www.in.gov/medicaid/files/transportation%20services.pdf>. Accessed 05/20/2021.

Guideline History/Revision Information

Date	Summary of Changes
08/01/2021	<p>Applicable Codes</p> <ul style="list-style-type: none"> Updated description for: <ul style="list-style-type: none"> Modifier codes D, I, J, and X Revenue codes 0545, 0546, 0548, and 0549 <p>Supporting Information</p> <ul style="list-style-type: none"> Added <i>References</i> section Archived previous policy version CS003IN.01

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please

check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.