Hospital Based Ambulance Policy (CES)

Policy Number: ADMINISTRATIVE 284.1 T0
Effective Date: January 1, 2021

➲ Instructions for Use

Table of Contents | Page

Applicable Lines of Business/Products 1
Application 1
Overview 1
Reimbursement Guidelines 1
Applicable Codes 2
Questions and Answers 3
References 3
Policy History/Revision Information 3
Instructions for Use 3

Related Policies
None

Applicable Lines of Business/Products

This policy applies to Oxford Commercial plan membership.

Application

This reimbursement policy applies to services reported using the UB-04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient hospital claims, including, but not limited to, non-network authorized, and percent of charge contract facilities.

Overview

This policy addresses reimbursement related to services included as part of an ambulance transportation service and ambulance modifier usage.

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.

Reimbursement Guidelines

Ambulance Services

For ambulance transportation claims, Oxford 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

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- 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, Oxford 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. 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.

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.

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 the member specific benefit plan document 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 may apply.

HCPCS Codes										
Ambulance Transportation Codes Codes for emergency and non-emergency ambulance transportation										
A0425	A0426	A0427	A0428	A0429	A0430	A0431	A0432	A0433	A0434	A0435
A0436										

Modifier Codes										
Ambulance Modifiers Modifiers used to report the origin and destination of an ambulance transportation service										
DD	DE	DG	DH	DI	DJ	DN	DP	DR	DS	DX
ED	EE	EG	EH	EI	EJ	EN	EP	ER	ES	EX

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Modifier Codes										
Ambulance Modifiers Modifiers used to report the origin and destination of an ambulance transportation service										
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										

Questions and Answers

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

References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed, and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [*2020R5018A*]

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

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

Policy History/Revision Information

Date	Summary of Changes
05/01/2021	**Template Update** • Reformatted and reorganized policy; transferred content to new template
01/01/2021	• New Reimbursement Policy

Instructions for Use

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

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