

## 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 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.

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**Application**

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 Ambulance Suppliers, including, but not limited to, non-network authorized and percent of charge contract Ambulance Suppliers.

**United Healthcare Commercial**

This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

**UnitedHealthcare Individual Exchange**

This Reimbursement Policy applies to all Individual Exchange benefit plans.

**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 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 will not reimburse non-Ambulance Suppliers for rendering ambulance services.

**Origin and Destination Modifiers**

For ambulance transportation claims, UnitedHealthcare 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. 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)

**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

**Ambulance Modifiers**

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 two-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**

A0021	A0225	A0380	A0390	A0425	A0426	A0427	A0428	A0429	A0430
A0431	A0432	A0433	A0434	A0435	A0436				

**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, neckboards 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 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 Bundled Codes](#)

**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.

**Definitions**

<b>Advanced Life Support Assessment</b>	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.
<b>Advanced Life Support Intervention</b>	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.

<b>Advanced Life Support, Level 1 (ALS1)</b>	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.
<b>Advanced Life Support, Level 2 (ALS2)</b>	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 <u>three</u> separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) <b>or</b> (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least <u>one</u> 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.
<b>Ambulance Supplier</b>	An independently owned and/or operated ambulance transportation service.
<b>Basic Life Support (BLS)</b>	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).
<b>Same Ambulance Supplier</b>	Ambulance Suppliers of the same specialty reporting the same Federal Tax Identification number.

**Questions and Answers**

<b>1</b>	<p>Q: If a physician rides in the ambulance and provides cardiopulmonary resuscitation (CPR) while en route to the destination, is it appropriate for the physician to report an ambulance service code?</p> <p>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.</p>
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**Attachments**

<a href="#"><u>Ambulance-Bundled-Codes</u></a>	A list of codes that are not separately reimbursed when reported with an ambulance transportation code.
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**Resources**

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

**History**

<b>4/1/2024</b>	<b>Template Update</b>
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	<ul style="list-style-type: none"><li>• Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans.</li><li>• Updated Application section to indicate this Reimbursement Policy applies to:<ul style="list-style-type: none"><li>○ All UnitedHealthcare Commercial benefit plans</li><li>○ All Individual Exchange benefit plans</li></ul></li></ul>
<b>3/31/2024</b>	History Section: Entries prior to 3/31/2022 archived
<b>1/1/2024</b>	Policy Version Change Policy Logo Updated Policy List Change: Updated Ambulance Bundled Codes list History Section: Entries prior to 1/1/2022 archived
<b>3/24/2023</b>	Policy Version Change Policy List Change: Updated Ambulance Bundled Codes list History Section: Entries prior to 3/26/2021 archived
<b>6/26/2022</b>	Policy Version Change Policy List Change: Updated Ambulance Bundled Codes list
<b>9/1/2014</b>	Policy implemented by UnitedHealthcare Employer & Individual
<b>4/9/2014</b>	Policy approved by Payment Policy Oversight Committee