# Ambulance

**Includes Air and Ground Transportation**

## Policy

Mass General Brigham Health Plan reimburses licensed ambulance providers for the provision of medically necessary ground and air transportation in a medical emergency for Mass General Brigham Health Plan members. Mass General Brigham Health Plan reimburses licensed ambulance providers for medically necessary interfacility transportation. In limited circumstances, Mass General Brigham Health Plan reimburses non-emergency ambulance transportation when prior authorized.

## Policy Definitions

Ambulance services are composed of ground transportation including advanced life-support (ALS), basic life-support (BLS), wheelchair van, or air ambulance services.

Please reference the Non-Emergency Medically Necessary Transportation for criteria and medical necessity requirements on all non-emergency transportation services.

Interfacility transportation is defined as transportation from one acute hospital, acute rehabilitation hospital, long-term acute care hospital, or skilled nursing facility to another facility with a different provider number.

Intracampus transportation is defined as transportation between facilities that share the same provider number.

## Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the Mass General Brigham Health Plan Payment Policy and by the provider's agreement with Mass General Brigham's Health Plan. Member liability amounts may include, but are not limited to, copayments, deductible, and/or co-insurance, and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or authorization. Referral and authorization requirements can be locate here. Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to Coding Provider Payment Guidelines for more information.

All claims are subject to audit services and medical records may be requested from the provider.

Mass General Brigham Health Plan reimburses ambulance mileage according to applicable benefits and the Mass General Brigham Health Plan/provider contract in effect at the time services are rendered. Coverage for ambulance transportation is dictated by the member's benefit plan; geographical restrictions may apply.

### Mass General Brigham Health Plan Reimburses

- Medically necessary emergency ambulance ground transport, including an ambulance attendant; extra attendants are not reimbursed
- Medically necessary non-emergency ambulance ground transport, when prior authorized, based on member's plan coverage
- Medically necessary transport mileage
- Medically necessary, prior authorized, non-emergency air ambulance transport (fixed wing aircraft); please reference the Non-Emergency Medically Necessary Transportation for medical necessity criteria

### Mass General Brigham Health Plan Does *Not* Reimburse

*Note: This list may not be all-inclusive and is subject to change*

- Ambulance waiting time
- Ambulance transport to non-covered services
- Ambulance services for the sake of the member/family convenience or preference
- Electrocardiogram; inclusive to ALS ambulance services
- Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged)
- Non-covered ambulance mileage, per mile (e.g. for miles traveled beyond the closest appropriate facility) in the case of an emergent transport
- Repatriation
- Transportation to a medical service that is within 0.75 miles of the member's home or other approved point of origin, when the member is able to ambulate with or without escort
- Transportation to child daycare centers and nurseries
- Transportation to pharmacies to obtain medications
- Transportation provided to members during the SNF, LTAC, or Inpatient Rehabilitation stay when included in the per diem rate per the provider's contract

### Procedure Codes

*Note: This list of codes may not be all-inclusive*

| Code | Descriptor | Comments |
|---|---|---|
| A0380 | BLS mileage (per mile) | Not Reimbursable |
| A0382 | BLS routine disposable supplies | Not Reimbursable |
| A0384 | BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances) | Not Reimbursable |

| | | |
|---|---|---|
| A0392 | ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances) | Not Reimbursable |
| A0394 | ALS specialized service disposable supplies; IV drug therapy | Not Reimbursable |
| A0396 | ALS specialized service disposable supplies; esophageal intubation | Not Reimbursable |
| A0398 | ALS routine disposable supplies | Not Reimbursable |
| A0420 | Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments | Not Reimbursable |
| A0422 | Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation | Not Reimbursable |
| 93000 | Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report | Not Reimbursable when reported with POS 41 or 42 |
| 93005 | Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report | Not Reimbursable when reported with POS 41 or 42 |
| 93010 | Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only | Not Reimbursable when reported with POS 41 or 42 |

### Modifiers

Mass General Brigham Health Plan requires the use of two-digit HCPCS ambulance service modifiers to be submitted in the first modifier field for all ambulance services.

Combine two one-digit modifiers to form a two-digit modifier. The first digit identifies the ambulance's place of origin as the second digit identifies the ambulance's destination.

Bill using the appropriate combination of two-digit HCPCS ambulance modifiers, as follows:

| **Modifier** | **Descriptor** |
|---|---|
| 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 dialysis facility |
| H | Hospital |
| I | Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport |
| J | Free standing ESRD facility |
| N | Skilled nursing facility (SNF) |

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|---|---|
| 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) |

The following modifiers are considered secondary modifiers. Please bill in the second modifier position on the claim form.

| Modifier | Descriptor |
|---|---|
| CR | Catastrophe/disaster related |
| GM | Multiple patients on one ambulance trip |
| QL | Patient pronounced dead after ambulance called/dispatched |
| QM | Ambulance service provided under arrangement by a provider or services (institutional-based providers) |
| QN | Ambulance service furnished directly by a provider of services (institutional-based providers) |

## Provider Payment Guidelines and Documentation

- Submit ambulance services on a CMS 1500 form with the appropriate HCPCS code included in your provider contract
- Bill with the appropriate origin/destination modifier in the first modifier field
- Bill round trip ambulance transport on two separate lines:
  - Line one for the initial transportation
  - Line two for the return transportation
- Enter the Mass General Brigham Health Plan authorization number in Box 23, when applicable
- Hospital-owned ambulance providers may bill services on a UB-04 with:
  - HCPCS for trip provided
  - HCPCS for mileage
  - Revenue code 0540
  - Type of bill 13X, 22X, 23X, 83X, or 85X

## References

CMS Medicare, Medicare Claims Processing Manual, Chapter 15- Ambulance
MassHealth Physician Manual
Medical Policy Non-Emergency Medically Necessary Transportation

## Publication History

| Topic: Ambulance Services | Owner: Network Management |
|---|---|

***February 25, 2010*** *Original documentation*

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| ***March 15, 2011*** | *Updated authorization grid, references, disclaimer* |
| ***May 6, 2011*** | *Authorization grid, reimbursement bullets, procedure code and modifier grids updated, grammatical corrections* |
| ***October 1, 2016*** | *Document restructure; added air ambulance; updated policy definition, reimburses/does not reimburse headers, procedure codes, modifiers, references and disclaimer* |
| ***January 1, 2019*** | *Document restructure; codes, code descriptor and references updated* |
| ***January 2, 2023*** | *Document rebrand; updated references* |
| ***January 1, 2024*** | *Annual review, no policy change* |
| ***January 1, 2025*** | *Annual review, no policy change* |

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers 'contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Health Partners Insurance Company.