



# Ambulance HCPCS Codes and Modifiers

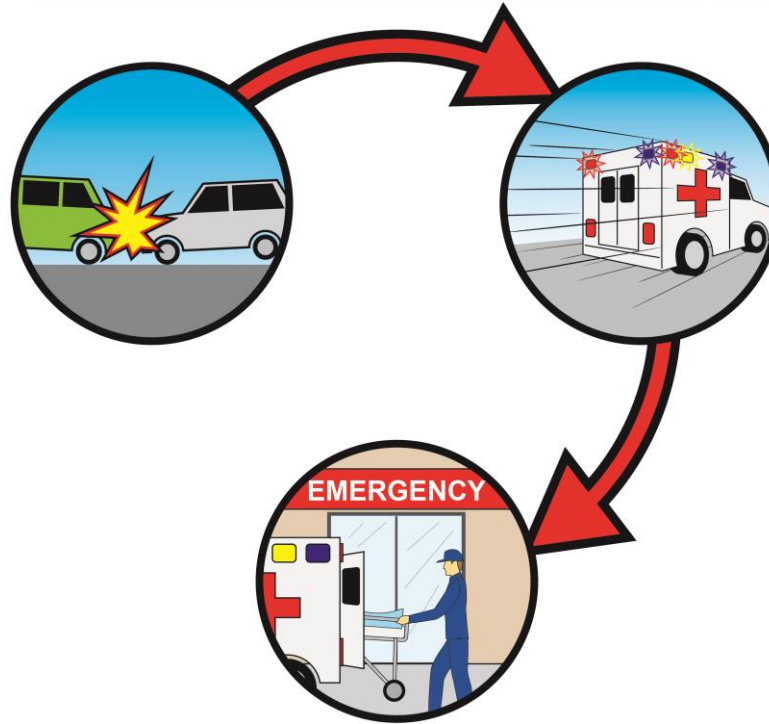
Chief Business Office Purchased Care  
Department of Program Integrity (DPI)

October 2013

# Objectives

- **Recognize Typical Ambulance Flow of Events**
- **Identify Appropriate Billing Practices**
- **Define Ambulance HCPCS Codes**
- **Describe Ambulance Modifiers**

# Typical Flow of Events



**The patient has been involved in an auto accident, the ambulance transports the patient to the hospital, and the patient arrives at the hospital for treatment.**

# Ambulance & Hospital Claim

## Ambulance Claim

|  |    |                     |    |        |    |  |  |       |    |                                |  |               |     |                  |                                |                      |  |              |           |                             |  |
|--|----|---------------------|----|--------|----|--|--|-------|----|--------------------------------|--|---------------|-----|------------------|--------------------------------|----------------------|--|--------------|-----------|-----------------------------|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) |    |                     |    |        |    |  |  |       |    | 22. MEDICAID RESUBMISSION CODE |  |               |     |                  | ORIGINAL REF. NO.              |                      |  |              |           |                             |  |
| 1. 959 01  |    |                     |    |        |    |  |  |       |    | 3. [ ] [ ] [ ] [ ]             |  |               |     |                  |                                |                      |  |              |           |                             |  |
| 2. 959 8   |    |                     |    |        |    |  |  |       |    | 4. [ ] [ ] [ ] [ ]             |  |               |     |                  | 23. PRIOR AUTHORIZATION NUMBER |                      |  |              |           |                             |  |
| 24. A. DATE(S) OF SERVICE  |    | B. PLACE OF SERVICE |    | C. EMG |    | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) |  |       |    | E. DIAGNOSIS POINTER           |  | F. \$ CHARGES |     | G. DAYS OF UNITS |                                | H. EPSDT Family Plan |  | I. ID. QUAL. |           | J. RENDERING PROVIDER ID. # |  |
| MM   | DD | YY                  | MM | DD     | YY |  |  |       |    |                                |  |               |     |                  |                                |                      |  |              |           |                             |  |
| 09   | 10 | 13                  | 09 | 10     | 13 | 41   |  | A0429 | RH |                                |  | 1,2           | 550 | 00               | 1                              |                      |  | NPI          | 123456789 | 9876543210                  |  |
| 09   | 10 | 13                  | 09 | 10     | 13 | 41   |  | A0425 | RH |                                |  | 1,2           | 253 | 20               | 21                             |                      |  | NPI          | 123456789 | 9876543210                  |  |

## Hospital Claim

| Institutional  |    |                     |    |        |    |  |  |       |  |                                |  |                    |     |                  |                                |                        |  |              |           |                             |  |
|--|----|---------------------|----|--------|----|--|--|-------|--|--------------------------------|--|--------------------|-----|------------------|--------------------------------|------------------------|--|--------------|-----------|-----------------------------|--|
| 38 VETERAN ADM - SKYLINE OFFICE<br>1234 WE CARE BLVD<br>VA MEDICAL CENTER<br>SKYLINE, PA 123454321 |    |                     |    |        |    |  |  |       |  | 39 CODE                        |  | VALUE CODES AMOUNT |     | 40 CODE          |                                | VALUE CODES AMOUNT     |  | 41 CODE      |           | VALUE CODES AMOUNT          |  |
| 42 REV. CD.  |    | 43 DESCRIPTION      |    |        |    | 44 HCPCS / RATE / HIPPS CODE   |  |       |  | 45 SERV. DATE                  |  | 46 SERV. UNITS     |     | 47 TOTAL CHRGES  |                                | 48 NON-COVERED CHARGES |  | 49           |           |                             |  |
| 0450   |    | EMERGENCY ROOM      |    |        |    | 99284  |  |       |  | 091013                         |  | 1                  |     | 449.50           |                                |                        |  |              |           |                             |  |
| Professional   |    |                     |    |        |    |  |  |       |  |                                |  |                    |     |                  |                                |                        |  |              |           |                             |  |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)       |    |                     |    |        |    |  |  |       |  | 22. MEDICAID RESUBMISSION CODE |  |                    |     |                  | ORIGINAL REF. NO.              |                        |  |              |           |                             |  |
| 1. 812 03  |    |                     |    |        |    |  |  |       |  | 3. [ ] [ ] [ ] [ ]             |  |                    |     |                  |                                |                        |  |              |           |                             |  |
| 2. [ ] [ ] [ ] [ ]   |    |                     |    |        |    |  |  |       |  | 4. [ ] [ ] [ ] [ ]             |  |                    |     |                  | 23. PRIOR AUTHORIZATION NUMBER |                        |  |              |           |                             |  |
| 24. A. DATE(S) OF SERVICE  |    | B. PLACE OF SERVICE |    | C. EMG |    | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) |  |       |  | E. DIAGNOSIS POINTER           |  | F. \$ CHARGES      |     | G. DAYS OF UNITS |                                | H. EPSDT Family Plan   |  | I. ID. QUAL. |           | J. RENDERING PROVIDER ID. # |  |
| MM   | DD | YY                  | MM | DD     | YY |  |  |       |  |                                |  |                    |     |                  |                                |                        |  |              |           |                             |  |
| 09   | 10 | 13                  | 09 | 10     | 13 | 23   |  | 99284 |  |                                |  | 1                  | 232 | 00               | 1                              |                        |  | NPI          | 987654321 | 0123456789                  |  |

Ambulance claim using a CMS 1500 and a hospital claim that includes both an institutional claim using a UB 04 and a professional claim using a CMS 1500.

# Ambulance HCPCS Codes

| HCPCS Code | Description   |
|------------|---|
| 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, nonemergency transport, level 1 (ALS 1)   |
| A0427      | Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)  |
| A0428      | Ambulance service, basic life support, nonemergency transport, (BLS)  |
| A0429      | Ambulance service, basic life support, emergency transport (BLS, emergency)   |
| A0430      | Ambulance service, conventional air services, transport, one way (fixed wing)   |
| A0431      | Ambulance service, conventional air services, transport, one way (rotary wing)  |
| 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)  |

**Table of ambulance HCPCS codes and their descriptions.**



# Ambulance Modifiers

| Alpha Code | Description   |
|------------|---|
| D          | Diagnostic or therapeutic site other than P or H  |
| E          | Residential, domiciliary, custodial facility (nursing home, not SNF)                    |
| 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 in route to hospital                            |

**Table of ambulance modifiers and their descriptions.**

# Ambulance & Hospital Claim

## Ambulance Claim

|  |    |                     |    |        |    |  |  |       |    |                                |  |               |     |                  |                                |                      |  |              |           |                             |  |
|--|----|---------------------|----|--------|----|--|--|-------|----|--------------------------------|--|---------------|-----|------------------|--------------------------------|----------------------|--|--------------|-----------|-----------------------------|--|
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) |    |                     |    |        |    |  |  |       |    | 22. MEDICAID RESUBMISSION CODE |  |               |     |                  | ORIGINAL REF. NO.              |                      |  |              |           |                             |  |
| 1. 959 01  |    |                     |    |        |    |  |  |       |    | 3. [ ] [ ] [ ] [ ]             |  |               |     |                  |                                |                      |  |              |           |                             |  |
| 2. 959 8   |    |                     |    |        |    |  |  |       |    | 4. [ ] [ ] [ ] [ ]             |  |               |     |                  | 23. PRIOR AUTHORIZATION NUMBER |                      |  |              |           |                             |  |
| 24. A. DATE(S) OF SERVICE  |    | B. PLACE OF SERVICE |    | C. EMG |    | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) |  |       |    | E. DIAGNOSIS POINTER           |  | F. \$ CHARGES |     | G. DAYS OF UNITS |                                | H. EPSDT Family Plan |  | I. ID. QUAL. |           | J. RENDERING PROVIDER ID. # |  |
| MM   | DD | YY                  | MM | DD     | YY |  |  |       |    |                                |  |               |     |                  |                                |                      |  |              |           |                             |  |
| 09   | 10 | 13                  | 09 | 10     | 13 | 41   |  | A0429 | RH |                                |  | 1,2           | 550 | 00               | 1                              |                      |  | NPI          | 123456789 | 9876543210                  |  |
| 09   | 10 | 13                  | 09 | 10     | 13 | 41   |  | A0425 | RH |                                |  | 1,2           | 253 | 20               | 21                             |                      |  | NPI          | 123456789 | 9876543210                  |  |

## Hospital Claim

| Institutional  |    |                     |    |        |    |  |  |       |  |                                |  |                    |     |                  |                                |                        |  |              |           |                             |  |
|--|----|---------------------|----|--------|----|--|--|-------|--|--------------------------------|--|--------------------|-----|------------------|--------------------------------|------------------------|--|--------------|-----------|-----------------------------|--|
| 38 VETERAN ADM - SKYLINE OFFICE<br>1234 WE CARE BLVD<br>VA MEDICAL CENTER<br>SKYLINE, PA 123454321 |    |                     |    |        |    |  |  |       |  | 39 CODE                        |  | VALUE CODES AMOUNT |     | 40 CODE          |                                | VALUE CODES AMOUNT     |  | 41 CODE      |           | VALUE CODES AMOUNT          |  |
| 42 REV. CD.  |    | 43 DESCRIPTION      |    |        |    | 44 HCPCS / RATE / HIPPS CODE   |  |       |  | 45 SERV. DATE                  |  | 46 SERV. UNITS     |     | 47 TOTAL CHRGES  |                                | 48 NON-COVERED CHARGES |  | 49           |           |                             |  |
| 0450   |    | EMERGENCY ROOM      |    |        |    | 99284  |  |       |  | 091013                         |  | 1                  |     | 449.50           |                                |                        |  |              |           |                             |  |
| Professional   |    |                     |    |        |    |  |  |       |  |                                |  |                    |     |                  |                                |                        |  |              |           |                             |  |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)       |    |                     |    |        |    |  |  |       |  | 22. MEDICAID RESUBMISSION CODE |  |                    |     |                  | ORIGINAL REF. NO.              |                        |  |              |           |                             |  |
| 1. 812 03  |    |                     |    |        |    |  |  |       |  | 3. [ ] [ ] [ ] [ ]             |  |                    |     |                  |                                |                        |  |              |           |                             |  |
| 2. [ ] [ ] [ ] [ ]   |    |                     |    |        |    |  |  |       |  | 4. [ ] [ ] [ ] [ ]             |  |                    |     |                  | 23. PRIOR AUTHORIZATION NUMBER |                        |  |              |           |                             |  |
| 24. A. DATE(S) OF SERVICE  |    | B. PLACE OF SERVICE |    | C. EMG |    | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) |  |       |  | E. DIAGNOSIS POINTER           |  | F. \$ CHARGES      |     | G. DAYS OF UNITS |                                | H. EPSDT Family Plan   |  | I. ID. QUAL. |           | J. RENDERING PROVIDER ID. # |  |
| MM   | DD | YY                  | MM | DD     | YY |  |  |       |  |                                |  |                    |     |                  |                                |                        |  |              |           |                             |  |
| 09   | 10 | 13                  | 09 | 10     | 13 | 23   |  | 99284 |  |                                |  | 1                  | 232 | 00               | 1                              |                        |  | NPI          | 987654321 | 0123456789                  |  |

Ambulance claim using a CMS 1500 and a hospital claim that includes both an institutional claim using a UB 04 and a professional claim using a CMS 1500.

# Conclusion

- **Typical Ambulance Flow of Events**
- **Appropriate Ambulance Billing Practices**
- **Ambulance HCPCS Codes**
- **Ambulance Modifiers**



# References

**Veterans Affairs manages several health care programs that reimburse private health care providers for caring for our Veterans and their eligible family members. Unfortunately these health care programs have a different statutory and regulatory authority, which creates diverse payment methodologies. The majority of VA health care programs utilize Medicare's payment methodologies or something very similar.**

**Therefore, providers and facilities that utilize Medicare's billing and coding guidelines will greatly minimize claim delays or rejections as a result of the Program Integrity Tools fraud and abuse review.**

**The following Medicare link is an excellent source of billing and coding guidance for all providers and facilities:**

**Medicare Claim Processing Guide**

**<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>**