Medica

Reimbursement Policy	
Title: Ambulance	
Policy Number: RP-P-110X	**Application:** All Medica Members
Last Reviewed: 02/07/2023	**Effective Date:** 11/15/2014
Related Policies:	

Disclaimer: *This reimbursement policy is intended to provide general guidance regarding Medica's policy for the services described, and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.*

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica's monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

All content included on the provider portion of medica.com is an extension of providers' administrative requirements, which all Medica network providers are contractually obligated to follow.

Summary:

This policy addresses reimbursement of services and supplies related to ambulance transportation services provided by an ambulance transportation provider, and the requirement of ambulance modifiers, reported on the CMS-1500 claim form or its electronic equivalent.

Policy Statement:

Aligning with the Centers for Medicare and Medicaid Services (CMS), Medica considers certain services and supplies not eligible for separate reimbursement and included in the payment for the transportation service. These services may include, but are not limited to, oxygen, drugs, extra attendants, supplies, and EKG services. Medica will deny services on the Ambulance Bundled Code List when reported by the *same ambulance provider* for the same patient on the same date of service as a code on the Ambulance Transportation Code List. This applies to network providers only.

Medica will reimburse codes on the Ambulance Transportation Code List only when reported with a two-digit ambulance modifier on the Ambulance Modifiers Code List. Each ambulance modifier is comprised on 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. Ambulance transportations services reported without a valid two-digit ambulance modifier will be denied. This applies to both network and non-network providers.

Modifiers: Single Digit Alpha Characters
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)

Code Lists:
Ambulance Transportation Code List Ambulance Bundled Code List Ambulance Modifier Code List

Definitions:	
Same Ambulance Provider	Ambulance provider of the same specialty reporting the same federal tax identification number.

Q & A:

Q: Is an origin and destination modifier required for each trip?

A: Yes, a transportation modifier is required for all transports. A common example would be a transport from a patient's home to the nearest hospital. The provider would report the RH (residence to hospital) modifier along with the appropriate ambulance transportation code.

Q: Can ambulance transportation services be reported by non-Ambulance providers?

A: No, ambulance transportation services must be reported by Ambulance providers.

Resources:
Centers for Medicare and Medicaid Services (CMS)
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)

Effective Date:	11/15/2014

Revision Updates:	
02/07/2023	Annual Review
01/01/2022	Code List Update
04/30/2021	Annual Policy Review
01/01/2021	Code List Update

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