



Florida Medicaid

Ambulance Transportation Services Coverage, Limitations, and Reimbursement Handbook

Agency for Health Care Administration





JEB BUSH, GOVERNOR

ALAN LEVINE, SECRETARY

February 23, 2006

Dear Ambulance Provider:

Enclosed please find the revised Florida Medicaid Ambulance Services Coverage and Limitations Handbook, February 2006. Effective February 10, 2006, ambulance providers billing on paper must use the CMS-1500 claim form instead of the Emergency Transportation 131 and Non-Emergency 131-A claim forms. The handbook was revised to replace references to the Emergency Transportation 131 and Non-Emergency 131-A claim forms with references to the CMS-1500 claim form. Please use this handbook in place of the July 2005 version, which is now obsolete.

Please contact your area Medicaid office if you have any questions. The area Medicaid offices' phone numbers and addresses are available on the Agency's website at <http://ahca.myflorida.com>. Click on Medicaid, and then on Area Offices. They are also listed in Appendix C of the Florida Medicaid Provider General Handbook. All the Medicaid handbooks are available on the Florida Medicaid Provider Handbook and Resource Library CD-ROM and on the Medicaid fiscal agent's website at <http://floridamedicaid.acs-inc.com>. Click on Provider Support, and then on Handbooks.

We appreciate the services that you provide to Florida's Medicaid recipients.

Sincerely,

Thomas W. Arnold
Deputy Secretary for Medicaid



UPDATE LOG

AMBULANCE TRANSPORTATION SERVICES COVERAGE AND LIMITATIONS HANDBOOK

How to Use the Update Log

Introduction

Changes to the handbook will be sent out as handbook updates. An update can be a change, addition, or correction to policy. It may be either a pen and ink change to the existing handbook pages or replacement pages.

It is very important that the provider read the updated material and file it in the handbook as it is the provider's responsibility to follow correct policy to obtain Medicaid reimbursement.

Explanation of the Update Log

The provider can use the update log to determine if all the updates to the handbook have been received.

Update No. is the month and year that the update was issued.
Effective Date is the date that the update is effective.

Instructions

1. Make the pen and ink changes and file new or replacement pages.
2. File the cover page and pen and ink instructions from the update in numerical order after the log.

If an update is missed, write or call the Medicaid fiscal agent at the address given in Appendix C of the Florida Medicaid Provider General Handbook.

UPDATE NO.	EFFECTIVE DATE
Jul2005 – New Handbook	July 2005
Feb2006 – Revised Handbook	February 2006

AMBULANCE TRANSPORTATION SERVICES COVERAGE, LIMITATIONS AND REIMBURSEMENT HANDBOOK

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INTRODUCTION TO THE HANDBOOK

Overview

Introduction

This chapter introduces the format used for the Florida Medicaid handbooks and tells the reader how to use the handbooks.

Background

There are three types of Florida Medicaid handbooks:

- Provider General Handbook describes the Florida Medicaid Program.
- Coverage and Limitations Handbooks explain covered services, their limits, who is eligible to receive them, and the fee schedules.
- Reimbursement Handbooks describe how to complete and file claims for reimbursement from Medicaid.

Exception: For prescribed drugs services, the coverage and limitations handbook and the reimbursement handbook are combined into one.

Legal Authority

The following federal and state laws govern Florida Medicaid:

- Title XIX of the Social Security Act,
- Title 42 of the Code of Federal Regulations,
- Chapter 409, Florida Statutes, and
- Chapter 59G, Florida Administrative Code.

The specific Federal Regulations, Florida Statutes, and the Florida Administrative Code, for each Medicaid service are cited for reference in each specific coverage and limitations handbook.

In This Chapter

This chapter contains:

TOPIC	PAGE
Handbook Use and Format	ii
Characteristics of the Handbook	iii
Handbook Updates	iii

Handbook Use and Format

Purpose

The purpose of the Medicaid handbooks is to furnish the Medicaid provider with the policies and procedures needed to receive reimbursement for covered services provided to eligible Florida Medicaid recipients.

The handbooks provide descriptions and instructions on how and when to complete forms, letters or other documentation.

Provider

The term "provider" is used to describe any entity, facility, person or group who is enrolled in the Medicaid program and renders services to Medicaid recipients and bills Medicaid for services.

Recipient

The term "recipient" is used to describe an individual who is eligible for Medicaid.

General Handbook

General information for providers regarding the Florida Medicaid Program, recipient eligibility, provider enrollment, fraud and abuse policy, and important resources are included in the Florida Medicaid Provider General Handbook. This general handbook is distributed to all enrolled Medicaid providers and is updated as needed.

Coverage and Limitations Handbook

Each coverage and limitations handbook is named for the service it describes. A provider who furnishes more than one type of service will have more than one coverage and limitations handbook.

Reimbursement Handbook

Each reimbursement handbook is named for the claim form that it describes.

Chapter Numbers

The chapter number appears as the first digit before the page number at the bottom of each page.

Page Numbers

Pages are numbered consecutively throughout the handbook. Page numbers follow the chapter number at the bottom of each page.

White Space

The "white space" found throughout a handbook enhances readability and allows space for writing notes.

Characteristics of the Handbook

Format

The format styles used in the handbooks represent a concise and consistent way of displaying complex, technical material.

Information Block

Information blocks replace the traditional paragraph and may consist of one or more paragraphs about a portion of the subject. Blocks are separated by horizontal lines.

Each block is identified or named with a label.

Label

Labels or names are located in the left margin of each information block. They identify the content of the block in order to facilitate scanning and locating information quickly.

Note

Note is used most frequently to refer the user to pertinent material located elsewhere in the handbook.

Note also refers the user to other documents or policies contained in other handbooks.

Topic Roster

Each chapter contains a topic roster on the first page, which serves as a table of contents for the chapter, listing the subjects and the page number where the subject can be found.

Handbook Updates

Update Log

The first page of each handbook will contain the update log.

Every update will contain a new updated log page with the most recent update information added to the log. The provider can use the update log to determine if all updates to the current handbook have been received.

Each update will be designated by an "Update No." and the "Effective Date".

Handbook Updates, continued

How Changes Are Updated

The Medicaid handbooks will be updated as needed. Changes may consist of any one of the following:

1. Pen and ink updates—Brief changes will be sent as pen and ink updates. The changes will be incorporated on replacement pages the next time replacement pages are produced.
 2. Replacement pages—Lengthy changes or multiple changes that occur at the same time will be sent on replacement pages. Replacement pages will contain an effective date that corresponds to the effective date of the update.
 3. Revised handbook—Major changes will result in the entire handbook being replaced with a new effective date throughout.
-

Numbering Update Pages

Replacement pages will have the same number as the page they are replacing. If additional pages are required, the new pages will carry the same number as the preceding replacement page with a numeric character in ascending order. (For example: page 1-3 may be followed by page 1-3.1 to avoid reprinting the entire chapter.)

Effective Date of New Material

The month and year that the new material is effective will appear in the inner corner of each page. The provider can check this date to ensure that the material being used is the most current and up to date.

If an information block has an effective date that is different from the effective date on the bottom of the page, the effective date will be included in the label.

Identifying New Information

New material will be indicated by vertical lines. The following information blocks give examples of how new labels, new information blocks, and new or changed material within an information block will be indicated.

New Label

A new label for an existing information block will be indicated by a vertical line to the left and right of the label only.

New Label and New Information Block

A new label and a new information block will be identified by a vertical line to the left of the label and to the right of the information block.

New Material in an Existing Information Block

New or changed material within an existing information block will be indicated by a vertical line to the left and right of the information block.

New or Changed Paragraph

A paragraph within an information block that has new or changed material will be indicated by a vertical line to the left and right of the paragraph.
Paragraph with new material.

CHAPTER 1

AMBULANCE TRANSPORTATION SERVICES PROVIDER QUALIFICATIONS AND ENROLLMENT

Overview

Introduction

This chapter describes Medicaid ambulance transportation provider qualifications, enrollment, and responsibilities.

Legal Authority

The Medicaid Transportation Program is authorized by Chapter 409, Florida Statutes, and Chapter 59G, Florida Administrative Code.

In This Chapter

This chapter contains:

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Ambulance Provider Qualifications and Enrollment	1-2
Ambulance Provider Responsibilities	1-3

Purpose and Definitions

Purpose of This Handbook

This handbook is intended for use by ambulance transportation providers who provide services to Medicaid recipients. It must be used in conjunction with the Florida Medicaid Provider General Handbook, which contains general information about the Medicaid program, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which contains procedures for submitting claims.

Note: The Florida Medicaid Provider General Handbook and Florida Medicaid Provider Reimbursement Handbook, CMS-1500, are included on the Medicaid Handbook and Resource Library CD-ROM and are available on the Medicaid fiscal agent's website at <http://floridamedicaid.acs-inc.com>. Click on Provider Support, and then on Handbooks. The Florida Medicaid Provider General Handbook is incorporated by reference in 59G-5.020, F.A.C., and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, is incorporated by reference in 59G-4.001, F.A.C.

Purpose and Definitions, continued

Ambulance Transportation

Medicaid ambulance transportation services provide medically necessary ambulance transportation to Medicaid-eligible recipients.

Ground Ambulance

Ground ambulance is a privately or publicly owned land vehicle that is designed, constructed, reconstructed, maintained, equipped, or operated for and used for, or intended to be used for, land transportation of sick and injured persons who are likely to require medical attention during transport.

Air Ambulance

An air ambulance is a fixed-wing or rotary-wing aircraft used for, or intended to be used for, air transportation of sick or injured persons who may require, or are likely to require, medical attention during transport.

Ambulance Provider Qualifications and Enrollment

Introduction

To receive Medicaid reimbursement, an ambulance provider must be enrolled in Medicaid as an ambulance provider and meet the provider qualifications at the time the service is rendered.

Note: See Chapter 2 in the Florida Medicaid Provider General Handbook for the general provider enrollment qualifications.

Provider Types Who May Enroll

Air and land ambulance companies are eligible to enroll as ambulance transportation providers.

If an ambulance company is also providing non-emergency stretcher van services, the company must be subcontracted with the Medicaid non-emergency transportation vendor.

Air Ambulances

Air ambulances must be licensed by the Department of Health, Office of Emergency Medical Services, in accordance with Florida Statutes and the Florida Administrative Code.

Ground Ambulances

Ground ambulance services must be licensed in accordance with Chapter 401, F.S. Ground ambulance services can transport individuals on an emergency or non-emergency basis under the requirements of their ambulance services licenses.

Ambulance Companies

Ambulance companies are required to meet the insurance standards in Florida Statutes and the Florida Administrative Code.

Ambulance Provider Responsibilities

**General
Responsibilities**

Ambulance providers must comply with the provider responsibilities in this handbook and the provider responsibilities contained in Chapter 2 of the Florida Medicaid Provider General Handbook.

**Provider
Responsibility**

Florida Medicaid has implemented all of the requirements contained in the federal legislation known as the Health Insurance Portability and Accountability Act (HIPAA). As trading partners with Florida Medicaid, all Medicaid providers, including their staff, contracted staff and volunteers, must comply with HIPAA privacy requirements effective April 14, 2003.

Providers who meet the definition of a covered entity according to HIPAA must comply with HIPAA Electronic Data Interchange (EDI) requirements. This handbook contains the procedure codes mandated by HIPAA and the claims processing requirements for Florida Medicaid that are necessary to comply with HIPAA.

Note: For more information regarding HIPAA privacy in Florida Medicaid, see Chapter 2 in the Florida Medicaid Provider General Handbook.

Note: For more information regarding claims processing changes in Florida Medicaid because of HIPAA, see the Florida Medicaid Provider Reimbursement Handbook, CMS-1500.

Note: For more information regarding changes in EDI requirements for Florida Medicaid because of HIPAA, contact the fiscal agent EDI help desk at 800-829-0218.

CHAPTER 2

AMBULANCE TRANSPORTATION SERVICES COVERED SERVICES, LIMITATIONS AND EXCLUSIONS

Overview

Introduction

This chapter describes Medicaid ambulance transportation services, limitations, exclusions, and prior authorization.

In This Chapter

This chapter contains:

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Service Requirements

Introduction

Medicaid may only reimburse for medically-necessary ambulance services provided to eligible Medicaid recipients.

Medical Necessity for Services

Ambulance transportation services are considered medically necessary if the recipient's medical condition is listed on the Medicare Ambulance Medical Condition List on the date of service.

The list contains codes for both emergency and non-emergency conditions. The medical condition codes are crosswalked to International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes. The condition code is based on the recipient's condition at the time of transport as observed and documented by the ambulance crew.

Use of the condition codes will not guarantee payment of the claim or payment for a certain level of service. Ambulance providers and suppliers must retain adequate documentation of the patient's condition, other on-scene information, and details of the transport (e.g., medications administered, changes in the patient's condition, and miles traveled), all of which may be subject to medical review by Medicaid or Medicaid's authorized representative. Medicaid will rely on medical record documentation to justify coverage, not simply the condition codes by themselves. Records will be periodically monitored by Medicaid area office and Medicaid Program Integrity staff to ensure compliance.

Service Requirements, continued

Medical Necessity for Services, continued

If the recipient's medical condition is not included on the Medicare list, but appears to the provider to be medically necessary, the provider must obtain authorization from the area Medicaid office to be reimbursed for the trip.

Note: See Appendix B in this handbook for the Medicare Ambulance Medical Condition List.

Note: See Prior Authorization in this chapter for information on the services that require authorization and the authorization procedures.

Note: See Appendix C in the Florida Medicaid Provider General Handbook for the phone numbers and addresses of the area Medicaid offices.

Recipient Eligibility for Ambulance Services

For ambulance transportation, if the recipient was ineligible on the date of service, but subsequently became retroactively eligible for the date of service, Medicaid can reimburse the claim.

If the service requires authorization, post authorization can be granted when the recipient was ineligible or pending an eligibility determination on the date of service and subsequently became retroactively eligible.

Note: See Prior Authorization for Ambulance Services for information on services that require authorization.

Nearest Facility

All ambulance transports should be to a facility within the same locality that is capable of providing the appropriate service.

Note: For out-of-locality transports, see Out of County Transport in this section.

Covered Services

Levels of Life Support Services for Ground Ambulances

Medicaid will reimburse for ground ambulance when the recipient's condition falls within one or more of the condition codes listed on the Medicare Ambulance Medical Condition List on the date of service.

Medicaid reimburses for Advanced Life Support (ALS) and Basic Life Support (BLS) service levels. Medicaid reimbursement for ALS or BLS is based on the recipient's medical condition at the time of transport as listed on the Medicare Ambulance Medical Condition List. The Medicare list indicates whether a condition requires ALS or BLS services.

Medicaid will not pay ALS rates when the recipient's condition, as listed on the Medicare Ambulance Medical Condition List, requires only BLS services, even if the vehicle is licensed and equipped for ALS services.

Note: See Appendix B in this handbook for the Medicare Ambulance Medical Condition List.

Air Ambulance

Medicaid will reimburse for air ambulance when the recipient's condition falls within one or more of the condition codes listed on the Medicare Ambulance Medical Condition List on the date of service and the transport is:

- A critical emergency situation in which loss of life, limb, or essential body or organ function is jeopardized; and
- A medical situation in which time constraints make the use of land ambulance impractical.

Note: See Appendix B in this handbook for the Medicare Ambulance Medical Condition List.

Covered Services, continued

Closure or Decertification of a Nursing Facility

Medicaid reimburses for medically-necessary ambulance transportation of a recipient from one nursing facility to another or to an alternate living arrangement when the Agency for Health Care Administration has begun a closure or decertification of a nursing facility.

The area Medicaid field office manager or designee can authorize transport on a one-time exception basis. The area Medicaid office must keep a record of the costs of transporting recipients, by carrier type, due to the closure or decertification of a nursing home facility. The provider must send the claims to area Medicaid office.

Nursing Facility Not Equipped to Provide Required Level of Care Services

Medicaid reimburses for ambulance transportation of a recipient from one nursing facility to another nursing facility when the recipient has a change in level of care that results in the facility not being certified or equipped to provide medically required or specialized services.

Baker Act Recipients

The Baker Act refers to action taken by the state to protect those individuals who are classified as being a danger to themselves or others. When a Baker Act recipient requires transportation to a non-Medicaid enrolled facility or institution, the county is responsible for paying for the transportation with the following exception.

If a Medicaid-eligible, Baker Act patient requires Medicaid-compensable services such as medical assessments or diagnosis that cannot be furnished at the receiving facility prior to institutionalization, then Medicaid will reimburse for transportation to the required medical services while the individual is under Baker Act prior to institutionalization.

Note: See s.394.462, F.S., for statute on transporting Baker Act patients.

Out-of-County Transport

If the recipient is transported out of the county in which the recipient was picked up, Medicaid reimburses \$3.00 per mile plus the base rate.

Note: See Prior Authorization for Ambulance Services for information on negotiated rates for out-of-county transports greater than 30 miles.

Covered Services, continued

**Hospital to
Hospital Transfer**

Medicaid reimburses for ambulance transportation when a recipient is transferred from one hospital to another hospital if the level of care or availability of treatment cannot be met by the first hospital. In such cases, Medicaid will reimburse for medically-necessary ambulance transportation to a hospital within the same locality that can provide the services that the recipient needs.

If the recipient is in an HMO and the transfer is at the request of the HMO due to non-participation in the HMO network, reimbursement will be the responsibility of the HMO.

Limitations and Exclusions

**Billing Ambulance
Instead of
Stretcher Van**

Medicaid does not reimburse for transportation that is billed according to the vehicle type used, but for the vehicle type and services that are necessary for the recipient's physical and mental needs. When the recipient's condition is not listed on the Medicare Ambulance Medical Condition List, a stretcher van or other type of non-emergency transportation may be more appropriate than an ambulance.

In order to be reimbursed for stretcher van services, the ambulance provider must be subcontracted to the non-emergency transportation vendor as a stretcher van provider.

**Recipient Traveling
Out-of-State**

Florida Medicaid reimburses emergency services for recipients traveling out-of-state, but does not pay for the cost of transporting the recipient back to Florida.

Note: See Chapter 1 in the Florida Medicaid Provider General Handbook for information on out-of-state services.

**Non-Medically
Necessary
Ambulance
Transport**

If a recipient or the recipient's representative insists that the recipient be transported in an ambulance when an ambulance is not needed, and the ambulance company informs the recipient in writing that the trip does not meet Medicaid criteria, the non-medically necessary service will not be reimbursed by Medicaid and the ambulance company may bill the recipient for the service.

Note: See Chapter 1 in the Florida Medicaid Provider General Handbook for information on billing the recipient.

**Therapeutic Home
Visits**

Medicaid does not reimburse for ambulance transportation for therapeutic home visits to or from a hospital, hospice, nursing home, intermediate care facility for the developmentally disabled (ICF/DD), state or other private or public institution.

Limitations and Exclusions, continued

**Hospital to
Hospital Transfer**

Medicaid does not reimburse for ambulance transportation when a recipient is transferred from one hospital to another hospital unless the level of care or availability of treatment cannot be met by the first hospital.
If the recipient is in an HMO and the transfer is at the request of the HMO due to non-participation in the HMO network, reimbursement will be the responsibility of the HMO.

**Transportation Due
to Recipient
Preference**

Medicaid does not reimburse for ambulance transportation of a recipient from one hospital to another, one nursing facility to another, or from a hospital to a nursing facility for the following reasons:

- The recipient or the recipient's family preference,
 - The recipient or the recipient's family wants the recipient to be closer to a relative,
 - The facility embraces a particular religious doctrine, or
 - The physician preference.
-

**Transportation of a
Deceased
Recipient**

Medicaid does not reimburse for transportation of deceased recipients.

**Socialization and
Therapeutic Field
Visits**

Medicaid does not reimburse for ambulance transportation of a recipient for socialization and therapeutic field visits to locations other than the facility where such services are normally received and reimbursed by the Medicaid program.

**Transportation
Already Covered
by HCBS Waiver**

Medicaid does not reimburse for ambulance transportation of a recipient to a service covered by a Home and Community-Based Service (HCBS) waiver when transportation can be billed to the waiver or is included in the reimbursement for the waiver service.

Prior Authorization for Ambulance Services

**Emergency
Ambulance
Transportation
Authorization**

Emergency ground or air ambulance services do not require authorization.

If the transport meets one of the circumstances listed on the next page under Authorization for Negotiated Rates and the provider wants to request a negotiated rate, the rate must be authorized by the area Medicaid office.

Note: The area Medicaid Offices' phone numbers and addresses are available on AHCA's website at <http://ahca.myflorida.com>. Click on Medicaid, then on Area Offices. The phone numbers and addresses are also in Appendix C of the Florida Medicaid Provider General Handbook.

**Non Emergency
Ambulance
Transportation
Authorization**

Non-emergency ground or air ambulance services require authorization if:

- The recipient's medical condition is not included on the Medicare Ambulance Medical Condition List for non-emergency codes;
- Due to unusual circumstances, the provider requests a negotiated rate (see Authorization for Negotiated Rates on the next page);
- The ambulance transportation is to a destination outside Florida. An exception is for transportation to a facility or a provider in states bordering Florida (Georgia or Alabama) if recipients normally go to that border facility or provider for medical treatment.

Non-emergency ambulance services must be prior authorized unless the transport is urgent and the Medicaid area office is unavailable; and therefore, prior authorization cannot be obtained.

Note: See Appendix B in this handbook for the Medicare Ambulance Medical Condition List.

Post Authorization

The provider must request post authorization within 20 workdays of providing the transportation services. Authorization that is requested more than 20 workdays from the date of service will be denied. Exceptions can be granted for recipients who become retroactively eligible for Medicaid.

Prior Authorization for Ambulance Services, continued

Authorization For Negotiated Rates

Negotiated rates for ground or air ambulance transportation must be authorized as specified on the previous page by the area Medicaid office that has jurisdiction over the county of origin for the transport. Providers must submit sufficient documentation to the area Medicaid office regarding the specific circumstance that necessitates a negotiated rate.

Negotiated rates are based on:

- Out-of-county transports greater than 30 miles;
- Specialized medical interventions and treatment;
- Specially trained medical personnel required en route;
- Usage of advanced technologies and equipment en route;
- Instances where the recipient's condition is not listed on the Medicare Ambulance Medical Condition List in effect at the time of service; or
- Other special circumstances.

If the area Medicaid office denies the authorization request for a negotiated rate, the area Medicaid office must provide to the ambulance provider a written statement summarizing the reason for the denial.

Note: See Appendix B in this handbook for the Medicare Ambulance Medical Condition List.

Authorization for Transportation from Florida to Another State

For ambulance transportation from Florida to an out-of-state destination, except to a Georgia or Alabama facility or provider that recipients normally go for medical treatment, the area Medicaid office must determine that on the basis of medical advice, the needed medical services or necessary supplementary resources are more readily available in the other state. Once it is determined that such services can only be rendered by a provider in another state, the provider must follow the negotiated rate authorization instructions above if requesting a negotiated rate for the trip.

Prior Authorization for Ambulance Services, continued

**Authorization for
Transportation
within Other States**

See Out-of-State Enrollment in Chapter 2 of the Florida Medicaid Provider General Handbook for information on when Florida Medicaid can reimburse an out-of-state provider and the process for filing a claim. The out-of-state services must be coordinated with the area Medicaid office.

**Approved
Requests**

If the authorization request is approved, the area Medicaid office notifies the provider.

An approved authorization is not a guarantee that Medicaid will reimburse for the service. The recipient must be eligible and the provider must be enrolled on the date of service, and the provider must submit a clean claim within the time limit for submitting claims.

Note: See Chapter 1 in the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for instructions on completing and submitting claims and the definition of a clean claim.

Denied Requests

If the prior or post authorization is denied, the area office will notify the provider in writing.

The recipient may request a Medicaid fair hearing on the denial to:

Department of Children and Families
Office of Appeals Hearings
1317 Winewood Boulevard, Building 1, Room 309
Tallahassee, Florida 32399-0700

CHAPTER 3 AMBULANCE TRANSPORTATION SERVICES PROCEDURE CODES AND FEE SCHEDULE

Overview

Introduction

This chapter describes ambulance reimbursement, procedure codes and modifiers.

In This Chapter

This chapter contains:

TOPIC	PAGE
Reimbursement Information	3-1
Procedure Codes and Standard Fee Schedule	3-3
Modifiers and Their Descriptions	3-4

Reimbursement Information

Introduction

Medicaid reimbursement for ambulance transportation services is on a fee-for-service basis. Medicaid reimbursement is the lower of the Medicaid-maximum fee for the service or the provider's usual and customary fee.

Note: See Appendix A, Ambulance Services Procedure Codes and Standard Fees, for the Medicaid standard fees.

Note: See Chapter 4 in the Florida Medicaid Provider General Handbook for information on Medicare crossover reimbursement.

Ground Ambulance Reimbursement

Medicaid reimburses an all-inclusive fee for ground ambulance services that is based on whether the recipient required Advanced Life Support (ALS) or Basic Life Support (BLS) services. The fee includes all equipment and supplies that ambulances are required to carry by Florida Statutes and the Florida Administrative Code.

Note: See Prior Authorization for Ambulance Services in Chapter 2 for the procedures to obtain a negotiated rate.

Reimbursement Information, continued

Air Ambulance Reimbursement

Medicaid reimburses an all-inclusive fee for air ambulance service within the state.

Note: See Prior Authorization for Ambulance Services in Chapter 2 for the procedures to obtain a negotiated rate.

Stretcher Van Services

Ambulance companies may not bill Medicaid directly for stretcher van services. Ambulance companies that also provide stretcher van services must be contracted to the Medicaid non-emergency transportation vendor and bill all stretcher van services to the vendor.

Claim Form

Ambulance providers may bill Medicaid electronically or by paper.

Effective February 10, 2005, all ambulance providers billing on paper must use the CMS-1500 claim form to be reimbursed by Medicaid. All claim forms are sent to the Medicaid fiscal agent for processing.

Note: See the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for instructions on completing the claim form.

Ordering the Claim Forms

Providers may order claim forms by completing and submitting the Florida Medicaid Claims Order Form to:

Claims Forms Order
P.O. Box 7070
Tallahassee, FL 32312-7070

Note: See Appendix C in the Florida Medicaid Provider General Handbook for a copy of a Florida Medicaid Claims Order Form. Providers are permitted to photocopy the form for their use. The Florida Medicaid Claims Order Form may also be downloaded from the fiscal agent's Website at <http://floridamedicaid.acs-inc.com>. Click on Provider Support, and then on Medicaid Forms.

Procedure Codes and Standard Fee Schedule

Procedure Code Origination	<p>Medicaid reimburses ambulance providers for the procedure codes listed in Appendix A of this handbook.</p> <p>The procedure codes listed in this handbook are Level II Healthcare Common Procedure Coding System (HCPCS) codes. The codes are part of the standard code set described in HCPCS Level II Expert code book. Please refer to the HCPCS Level II Expert code book for complete descriptions of the standard codes. The HCPCS Level II Expert code book is copyright 2005 by Ingenix, Inc. All rights reserved.</p>
Description of the Fee Schedule	<p>The transportation fee schedule in Appendix A of this handbook lists the procedure codes, their descriptors and standard fees. The following information explains the procedure codes with corresponding standard fee schedule columns, reading from left to right.</p>
Codes	<p>The number in this column identifies the procedure being billed.</p>
Code Description	<p>The information in this column describes the service or procedure associated with the procedure code.</p>
Standard Fee	<p>The fee in this column is the standard amount Medicaid will pay for the procedure.</p>
SPEC	<p>An alphabetic code in this column indicates special requirements for submission of a claim for that procedure.</p> <p>A "PA" in the SPEC column identifies a procedure code that must be prior authorized before the provider renders the service.</p> <p><u>Note:</u> See Prior Authorization for Ambulance Services in Chapter 2 for the prior authorization procedures.</p>

Modifiers And Their Descriptions

Definition of Modifier

A modifier is an alpha or numeric code that is added to a procedure code to adapt or add to the procedure code description.

Note: See Chapter 1 in the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for additional information on entering modifiers on the claim form.

Origin and Destination Modifiers

The provider must enter the origin and the destination modifiers on the claim form. For example, RH would indicate a trip from the recipient's residence to the hospital. Both the origin and destination modifiers are put in item 24D, in the first modifier field, on the claim form. The origin and destination modifiers are as follows:

Modifier	Description
D	Diagnostic or therapeutic site other than P or H
E	Residential, domiciliary, custodial facility (nursing home, not a skilled nursing facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (for example, airport or helicopter pad) between types of ambulance)
J	Non-hospital based dialysis
N	Skilled nursing facility (SNF)
P	Physician's office, includes HMO non-hospital facility, clinic, etc.
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at the physician's office in route to hospital (includes HMO non-hospital facility, clinic, etc.) Modifier X can be entered only in the second modifier field.

QN Negotiated Rate

To request a negotiated rate, the provider must bill procedure code A0999 with modifier QN in the second field on the claim form.

76 Repeat Procedure by Same Provider

If the same provider bills the same procedure code and origin and destination modifier for the same recipient on the same day, the claim will deny unless it is billed with modifier 76 in the second modifier field on the claim form. Modifier 76 is entered in addition to the origin and destination modifiers. Modifier 76 will suspend the claim for further review.

APPENDIX A
 AMBULANCE TRANSPORTATION SERVICES
 PROCEDURE CODES AND STANDARD FEE SCHEDULE

Ground Ambulance Emergency Codes

CODE	MODIFIER	DESCRIPTION OF SERVICE	STANDARD FEE	SPEC
A0429		Ambulance Service, Basic Life Support	\$136.00	
A0427		Ambulance Service, Advanced Life Support	\$190.00	
A0999	QN	Negotiated Transportation Service	As Negotiated	PA

Ground Ambulance Non-Emergency Codes

CODE	MODIFIER	DESCRIPTION OF SERVICE	STANDARD FEE	SPEC
A0428		Ambulance Service, Basic Life Support	\$136.00	
A0426		Ambulance Service, Advanced Life Support	\$190.00	
A0999	QN	Negotiated Transportation Service	As Negotiated	PA

Air Ambulance Codes

CODE	MODIFIER	DESCRIPTION OF SERVICE	STANDARD FEE	SPEC
A0430		Air Ambulance Fixed Wing	\$1,000.00	
A0431		Air Ambulance Rotary Wing	\$1,000.00	
A0435		Ambulance Service, Service Mileage, Fixed Wing	\$4.00 per air mile	
A0436		Ambulance Service, Service Mileage, Rotary Wing	\$4.00 per air mile	
A0999	QN	Negotiated Transportation Service	As Negotiated	PA

MEDICARE AMBULANCE MEDICAL CONDITION CODE LIST

Use of the codes does not guarantee payment of the claim or payment for a certain level of service. Ambulance providers and suppliers must retain adequate documentation of dispatch instructions, patient's condition, other on-scene information, and details of the transport (e.g., medications administered, changes in the patient's condition, and miles traveled), all of which may be subject to medical review. Medicaid will rely on medical record documentation to justify coverage, not simply the HCPCS code or the condition code by themselves.

Emergency Conditions—Non-traumatic							
#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	HCPC Crosswalk
1	789.00	458.9, 780.2, 787.01, 787.02, 787.03, 789.01, 789.02, 789.03, 789.04, 789.05, 789.06, 789.07, 789.09, 789.60 through 789.69, or 789.40 through 789.49 PLUS any other code from 780 through 799 except 793, 794, and 795.	Severe abdominal pain	With other signs or symptoms	ALS	Nausea, vomiting, fainting, pulsatile mass, distention, rigid, tenderness on exam, guarding.	A0427/A0433

Medicare Ambulance Condition Code List, Emergency Conditions—Non-traumatic, continued

#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	HCPC Crosswalk
2	789.00	726.2, 789.01, 789.02, 789.03, 789.04, 789.05, 789.06, 789.07, or 789.09.	Abdominal pain	Without other signs or symptoms	BLS		A0429
3	427.9	426.0, 426.3, 426.4, 426.6, 426.11, 426.13, 426.50, 426.53, 427.0, 427.1, 427.2, 427.31, 427.32, 427.41, 427.42, 427.5, 427.60, 427.61, 427.69, 427.81, 427.89, 785.0, 785.50, 785.51, 785.52, or 785.59.	Abnormal cardiac rhythm/Cardiac dysrhythmia.	Potentially life-threatening	ALS	Bradycardia, junctional and ventricular blocks, non-sinus tachycardias, PVC's >6, bi and trigeminy, ventricular tachycardia, ventricular fibrillation, atrial flutter, PEA, asystole, AICD/AED Fired	A0427/A0433
4	780.8	782.5 or 782.6	Abnormal skin signs		ALS	Diaphoresis, cyanosis, delayed cap refill, poor turgor, mottled.	A0427/A0433

Medicare Ambulance Condition Code List, Emergency Conditions—Non-traumatic, continued

#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	HCPC Crosswalk
5	796.4	458.9, 780.6, 785.9, 796.2, or 796.3 PLUS any other code from 780 through 799.	Abnormal vital signs (includes abnormal pulse oximetry).	With or without symptoms.	ALS		A0427/A0433
6	995.0	995.1, 995.2, 995.3, 995.4, 995.60, 995.61, 995.62, 995.63, 995.64, 995.65, 995.66, 995.67, 995.68, 995.69 or 995.7.	Allergic reaction	Potentially life-threatening	ALS	Other emergency conditions, rapid progression of symptoms, prior hx. Of anaphylaxis, wheezing, difficulty swallowing.	A0427/A0433
7	692.9	692.0, 692.1, 692.2, 692.3, 692.4, 692.5, 692.6, 692.70, 692.71, 692.72, 692.73, 692.74, 692.75, 692.76, 692.77, 692.79, 692.81, 692.82, 692.83, 692.89, 692.9, 693.0, 693.1, 693.8, 693.9, 695.9, 698.9, 708.9, 782.1.	Allergic reaction	Other	BLS	Hives, itching, rash, slow onset, local swelling, redness, erythema.	A0429

Medicare Ambulance Condition Code List, Emergency Conditions—Non-traumatic, continued

#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	HCPC Crosswalk
8	790.21	790.22, 250.02, or 250.03.	Blood glucose	Abnormal <80 or >250, with symptoms.	ALS	Altered mental status, vomiting, signs of dehydration.	A0427/A0433
9	799.1	786.02, 786.03, 786.04, or 786.09.	Respiratory arrest		ALS	Apnea, hypoventilation requiring ventilatory assistance and airway management.	A0427/A0433
10	786.05		Difficulty breathing		ALS		A0427/A0433
11	427.5		Cardiac arrest—Resuscitation in progress		ALS		A0427/A0433
12	786.50	786.51, 786.52, or 786.59.	Chest pain (non-traumatic)		ALS	Dull, severe, crushing, substernal, epigastric, left sided chest pain associated with pain of the jaw, left arm, neck, back, and nausea, vomiting, palpitations, pallor, diaphoresis, decreased LOC.	A0427/A0433
13	784.9	933.0 or 933.1.	Choking episode	Airway obstructed or partially obstructed	ALS		A0427/A0433
14	991.6		Cold exposure	Potentially life or limb threatening	ALS	Temperature< 95F, deep frost bite, other emergency conditions.	A0427/A0433
15	991.9	991.0, 991.1, 991.2, 991.3, or 991.4.	Cold exposure	With symptoms	BLS	Shivering, superficial frost bite, and other emergency conditions.	A0429
16	780.01	780.02, 780.03, or 780.09.	Altered level of consciousness (nontraumatic)		ALS	Acute condition with Glasgow Coma Scale<15.	A0427/A0433

Medicare Ambulance Condition Code List, Emergency Conditions—Non-traumatic, continued

#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	HCPC Crosswalk
17	780.39	345.00, 345.01, 345.2, 345.3, 345.10, 345.11, 345.40, 345.41, 345.50, 345.51, 345.60, 345.61, 345.70, 345.71, 345.80, 345.81, 345.90, 345.91, or 780.31.	Convulsions/Seizures	Seizing, immediate post-seizure, postictal, or at risk of seizure & requires medical monitoring/observation.	ALS		A0427/A0433
18	379.90	368.11, 368.12, or 379.91.	Eye symptoms, non-traumatic	Acute vision loss and/or severe pain	BLS		A0429
19	437.9	784.0 PLUS 781.0, 781.1, 781.2, 781.3, 781.4, or 781.8.	Non traumatic headache	With neurologic distress conditions or sudden severe onset	ALS		A0427/A0433
20	785.1		Cardiac Symptoms other than chest pain.	Palpitations, skipped beats	ALS		A0427/A0433
21	536.2	787.01, 787.02, 787.03, 780.79, 786.8, or 786.52.	Cardiac symptoms other than chest pain.	Atypical pain or other symptoms	ALS	Persistent nausea and vomiting, weakness, hiccups, pleuritic pain, feeling of impending doom, and other emergency conditions.	A0427/A0433

Medicare Ambulance Condition Code List, Emergency Conditions—Non-traumatic, continued

#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	HCPC Crosswalk
22	992.5	992.0, 992.1, 992.3, 992.4, or 992.5.	Heat Exposure	Potentially life-threatening	ALS	Hot and dry skin, Temp>105, neurologic distress, signs of heat stroke or heat exhaustion, orthostatic vitals, other emergency conditions.	A0427/A0433
23	992.2	992.6, 992.7, 992.8, or 992.9.	Heat exposure	With symptoms	BLS	Muscle cramps, profuse sweating, fatigue.	A0429
24	459.0	569.3, 578.0, 578.1, 578.9, 596.7, 596.8, 623.8, 626.9, 637.1, 634.1, 666.00, 666.02, 666.04, 666.10, 666.12, 666.14, 666.20, 666.22, 666.24, 674.30, 674.32, 674.34, 786.3, 784.7, or 998.11.	Hemorrhage	Severe (quantity) and potentially life-threatening	ALS	Uncontrolled or significant sings of shock or other emergency conditions. Severe, active vaginal, rectal bleeding, hematemesis, hemoptysis, epistaxis, active post-surgical bleeding.	A0427/A0433
25	038.9	136.9, any other condition in the 001 through 139 code range which would require isolation.	Infectious diseases requiring isolation procedures / public health risk.		BLS		A0429

Medicare Ambulance Condition Code List, Emergency Conditions—Non-traumatic, continued

#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	HCPC Crosswalk
26	987.9	981, 982.0, 982.1, 982.2, 982.3, 982.4, 982.8, 983.0, 983.1, 983.2, 983.9, 984.0, 984.1, 984.8, 984.9, 985.0, 985.1, 985.2, 985.3, 985.4, 985.5, 985.6, 985.8, 985.9, 986, 987.0, 987.1, 987.2, 987.3, 987.4, 987.5, 987.6, 987.7, 987.8, 989.1, 989.2, 989.3, 989.4, 989.6, 989.7, 989.9, or 990.	Hazmat Exposure		ALS	Toxic fume or liquid exposure via inhalation, absorption, oral, radiation, smoke inhalation.	A0427/A0433
27	996.00	996.01, 996.02, 996.04, 996.09, 996.1, or 996.2.	Medical Device Failure	Life or limb threatening malfunction, failure, or complication.	ALS	Malfunction of ventilator, internal pacemaker, internal defibrillator, implanted drug delivery device.	A0427/A0433
28	996.30	996.31, 996.4, or 996.59.	Medical Device Failure	Health maintenance device failures that cannot be resolved on location.	BLS	OS supply malfunction, orthopedic device failure.	A0429

Medicare Ambulance Condition Code List, Emergency Conditions—Non-traumatic, continued

#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	HCPC Crosswalk
29	436	291.3, 293.82, 298.9, 344.9, 368.16, 369.9, 780.09, 780.4, 781.0, 781.2, 781.94, 781.99, 782.0, 784.3, 784.5, or 787.2.	Neurologic Distress	Facial drooping; loss of vision; aphasia; difficulty swallowing; numbness, tingling extremity; stupor, delirium, confusion, hallucinations; paralysis, paresis (focal weakness); abnormal movements; vertigo; unsteady gait/ balance; slurred speech, unable to speak	ALS		A0427/A0433
30	780.99		Pain, severe not otherwise specified in this list.	Acute onset, unable to ambulate or sit due to intensity of pain.	ALS	Pain is the reason for the transport. Use severity scale (7–10 for severe pain) or patient receiving pre-hospital pharmacologic intervention.	A0427/A0433
31	724.5	724.2 or 785.9.	Back pain—non-traumatic (T and/or LS).	Suspect cardiac or vascular etiology	ALS	Other emergency conditions, absence of or decreased leg pulses, pulsatile abdominal mass, severe tearing abdominal pain.	A0427/A0433
32	724.9	724.2, 724.5, 847.1, or 847.2.	Back pain—non-traumatic (T and/or LS).	Sudden onset of new neurologic symptoms	ALS	Neurologic distress list.	A0427/A0433
33	977.9	Any code from 960 through 979.	Poisons, ingested, injected, inhaled, absorbed.	Adverse drug reaction, poison exposure by inhalation, injection or absorption.	ALS		A0427/A0433
34	305.00	303.00, 303.01, 303.02, 303.03, or any code from 960 through 979.	Alcohol intoxication or drug overdose (suspected).	Unable to care for self and unable to ambulate. No airway compromise.	BLS		A0429

Medicare Ambulance Condition Code List, Emergency Conditions—Non-traumatic, continued

#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	H CPC Crosswalk
35	977.3		Severe alcohol intoxication.	Airway may or may not be at risk. Pharmacological intervention or cardiac monitoring may be needed. Decreased level of consciousness resulting or potentially resulting in airway compromise.	ALS		A0427/A0433
36	998.9	674.10, 674.12, 674.14, 674.20, 674.22, 674.24, 997.69, 998.31, 998.32, or 998.83.	Post—operative procedure complications.	Major wound dehiscence, evisceration, or requires special handling for transport.	BLS	Non-life threatening.	A0429
37	650	Any code from 660 through 669 or from 630 through 767.	Pregnancy complication/ Childbirth/Labor		ALS		A0427/A0433
38	292.9	291.0, 291.3, 291.81, 292.0, 292.81, 292.82, 292.83, 292.84, or 292.89.	Psychiatric/Behavioral	Abnormal mental status; drug withdrawal.	ALS	Disoriented, DT's, withdrawal symptoms	A0427/A0433
39	298.9	300.9	Psychiatric/Behavioral	Threat to self or others, acute episode or exacerbation of paranoia, or disruptive behavior	BLS	Suicidal, homicidal, or violent.	A0429
40	036.9	780.6 PLUS either 784.0 or 723.5.	Sick Person – Fever	Fever with associated symptoms (headache, stiff neck, etc.). Neurological changes.	BLS	Suspected spinal meningitis.	A0429
41	787.01	787.02, 787.03, or 787.91.	Severe dehydration	Nausea and vomiting, diarrhea, severe and incapacitating resulting in severe side effects of dehydration.	ALS		A0429
42	780.02	780.2 or 780.4	Unconscious, fainting, syncope, near syncope, weakness, or dizziness.	Transient unconscious episode or found unconscious. Acute episode or exacerbation.	ALS		A0427/A0433

Medicare Ambulance Condition Code List, Emergency Conditions—Trauma

Emergency Conditions —Trauma							
#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	HCCP Crosswalk
				Emergency Conditions—Trauma			
43	959.8	800.00 through 804.99, 807.4, 807.6, 808.8, 808.9, 812.00 through 812.59, 813.00 through 813.93, 813.93, 820.00 through 821.39, 823.00 through 823.92, 851.00 through 866.13, 870.0 through 879.9, 880.00 through 887.7, or 890.0 through 897.7.	Major trauma	As defined by ACS Field Triage Decision Scheme.	ALS	Trauma with one of the following: Glasgow <14; systolic BP<90; RR<10 or >29; all penetrating injuries to head, neck, torso, extremities proximal to elbow or knee; flail chest; combination of trauma and burns; pelvic fracture; 2 or more long bone fractures; open or depressed skull fracture; paralysis; severe mechanism of injury including: ejection, death of another passenger in same patient compartment, falls >20", 20" deformity in vehicle or 12" deformity of patient compartment, auto pedestrian/ bike, pedestrian thrown/run over, motorcycle accident at speeds >20 mph and rider separated from vehicle.	A0427/A0433
44	518.5		Other trauma	Need to monitor or maintain airway	ALS	Decreased LOC, bleeding into airway, trauma to head, face or neck.	A0427/A0433
45	958.2	870.0 through 879.9, 880.00 through 887.7, 890.0 through 897.7, or 900.00 through 904.9.	Other trauma	Major bleeding	ALS	Uncontrolled or significant bleeding.	A0427/A0433
46	829.0	805.00, 810.00 through 819.1, or 820.00 through 829.1.	Other trauma	Suspected fracture/dislocation requiring splinting/immobilization for transport.	BLS	Spinal, long bones, and joints including shoulder elbow, wrist, hip, knee, and ankle, deformity of bone or joint.	A0429
47	880.00	880.00 through 887.7 or 890.0 through 897.7.	Other trauma	Penetrating extremity injuries	BLS	Isolated with bleeding stopped and good CSM.	A0429

Medicare Ambulance Condition Code List, Emergency Conditions — Trauma, continued

#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	HCP Crosswalk
48	886.0 or 895.0	886.1 or 895.1.	Other trauma	Amputation—digits	BLS		A0429
49	887.4 or 897.4	887.0, 887.1, 887.2, 887.3, 887.6, 887.7, 897.0, 897.1, 897.2, 897.3, 897.5, 897.6, or 897.7.	Other trauma	Amputation—all other	ALS		A0427/A0433
50	869.0 or 869.1	511.8, 512.8, 860.2, 860.3, 860.4, 860.5, 873.8, 873.9, or 959.01.	Other trauma	Suspected internal, head, chest, or abdominal injuries.	ALS	Signs of closed head injury, open head injury, pneumothorax, hemothorax, abdominal bruising, positive abdominal signs on exam, internal bleeding criteria, evisceration.	A0427/A0433
51	949.3	941.30 through 941.39, 942.30 through 942.39, 943.30 through 943.39, 944.30 through 944.38, 945.30 through 945.39, or 949.3.	Burns	Major—per American Burn Association (ABA)	ALS	Partial thickness burns > 10% total body surface area (TBSA); involvement of face, hands, feet, genitalia, perineum, or major joints; third degree burns; electrical; chemical; inhalation; burns with preexisting medical disorders; burns and trauma;	A0427/A0433
52	949.2	941.20 through 941.29, 942.20 through 942.29, 943.20 through 943.29, 944.20 through 944.28, 945.20 through 945.29, or 949.2.	Burns	Minor—per ABA	BLS	Other burns than listed above.	A0429

Medicare Ambulance Condition Code List, Emergency Conditions — Trauma, continued

#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	HPC Crosswalk
53	989.5		Animal bites/sting/envenomation	Potentially life or limb-threatening	ALS	Symptoms of specific envenomation, significant face, neck, trunk, and extremity involvement; other emergency conditions.	A0427/A0433
54	879.8	Any code from 870.0 through 897.7.	Animal bites/sting/envenomation	Other	BLS	Local pain and swelling or special handling considerations (not related to obesity) and patient monitoring required.	A0429
55	994.0		Lightning		ALS		A0427/A0433
56	994.8		Electrocution		ALS		A0427/A0433
57	994.1		Near Drowning	Airway compromised during near drowning event.	ALS		A0427/A0433
58	921.9	870.0 through 870.9, 871.0, 871.1, 871.2, 871.3, 871.4, 871.5, 871.6, 871.7, 871.9, or 921.0 through 921.9.	Eye injuries	Acute vision loss or blurring, severe pain or chemical exposure, penetrating, severe lid lacerations.	BLS		A0429
59	995.83	995.53 or V71.5 PLUS any code from 925.1 through 929.9, 930.0 through 939.9, 958.0 through 958.8, or 959.01 through 959.9.	Sexual assault	With major injuries	ALS	Reference Codes 959.8, 958.2, 869.0/869.1	A0427/A0433

Medicare Ambulance Condition Code List, Emergency Conditions — Trauma, continued

#	ICD9 Primary Code	ICD9 Alternative Specific Code	Condition (General)	Condition (Specific)	Service Level	Comments and Examples (not all-inclusive)	HCPC Crosswalk
60	995.8	995.53 or V71.5 PLUS any code from 910.0 through 919.9, 920 through 924.9, or 959.01 through 959.9.	Sexual assault	With minor or no injuries	BLS		A0429

Medicare Ambulance Condition Code List, Non-Emergency

Non-Emergency							
#	ICD9 Primary Code		Condition (General)	Condition (Specific)	Service Level	Comments and examples	HCPC Crosswalk
61	428.9		Cardiac/hemodynamic monitoring required en route.		ALS	Expectation monitoring is needed before and after transport.	A0426
62	518.81 or 518.89	V46.11 or V46.12.	Advanced airway management.		ALS	Ventilator dependent, apnea monitor, possible intubation needed, deep suctioning.	A0426, A0434
63	Need Code		IV meds required en route.		ALS	Does not apply to self-administered IV medications.	A0426
64	293.0		Chemical restraint.		ALS		A0426
65	496	491.20, 491.21, 492.0 through 492.8, 493.20, 493.21, 493.22, 494.0, or 494.1.	Suctioning required en route, need for titrated O2 therapy or IV fluid management.		BLS	Per transfer instructions.	A0428
66	786.09		Airway control/positioning required en route.		BLS	Per transfer instructions.	A0428
67	496	491.20, 491.21, 492.0 through 492.8, 493.20, 493.21, 493.22, 494.0, or 494.1.	Third party assistance/attendant required to apply, administer, or regulate or adjust oxygen en route.		BLS	Does not apply to patient capable of self-administration of portable or home O2. Patient must require oxygen therapy and be so frail as to require assistance.	A0428
68	298.9	Add 295.0 through 295.9 with 5th digits of 0, 1, 3, or 4, 296.00 or 299.90.	Patient Safety: Danger to self or others - in restraints.		BLS	Refer to definition in 42 C.F.R Sec. 482.13(e).	A0428
69	293.1		Patient Safety: Danger to self or others - monitoring.		BLS	Behavioral or cognitive risk such that patient requires monitoring for safety.	A0428

Medicare Ambulance Condition Code List, Non-Emergency, continued

#	ICD9 Primary Code		Condition (General)	Condition (Specific)	Service Level	Comments and examples	HCPC Crosswalk
70	298.8	Add 295.0 through 295.9 with 5th digits of 0, 1, 3, or 4, 296.00 or 299.90.	Patient Safety: Danger to self or others - seclusion (flight risk).		BLS	Behavioral or cognitive risk such that patient requires attendant to assure patient does not try to exit the ambulance prematurely. Refer to 42 C.F.R. Sec. 482.13(f)(2) for definition	A0428
71	781.3	Add 295.0 through 295.9 with 5th digits of 0, 1, 3, or 4, 296.00 or 299.90.	Patient Safety: Risk of falling off wheelchair or stretcher while in motion (not related to obesity).		BLS	Patient's physical condition is such that patient risks injury during vehicle movement despite restraints. Indirect indicators include MDS criteria.	A0428
72	041.9		Special handling en route - isolation.		BLS	Includes patients with communicable diseases or hazardous material exposure who must be isolated from public or whose medical condition must be protected from public exposure; surgical drainage complications.	A0428
73	907.2		Special handling en route to reduce pain - orthopedic device.		BLS	Backboard, halotractor, use of pins and traction, etc. Pain may be present.	A0428
74	719.45 or 719.49	718.40, 718.45, 718.49, or 907.2.	Special handling en route - positioning requires specialized handling.		BLS	Requires special handling to avoid further injury (such as with >grade 2 decubiti on buttocks). Generally does not apply to shorter transfers of <1 hour. Positioning in wheelchair or standard car seat inappropriate due to contractures or recent extremity fractures — post-op hip as an example. #	A0428



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