

Ambulance Services (for Ohio Only)

Policy Number: CS003OH.A
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[Instructions for Use](#)

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| Related Policies |
|------------------|
| None |

Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

Ambulance services are considered Medically Necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the [Ohio Administrative Code, Rule 5160-15-23, Transportation: services from an eligible provider: ground ambulance services](#).

Emergency Air Ambulance services are considered Medically Necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the [Ohio Administrative Code, Rule 5160-15-24, Transportation: services from an eligible provider: air ambulance services](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| Modifier | Location |
|---|--|
| Ambulance Modifiers | |
| Ambulance claims are billed with two of the following modifiers. The first modifier indicates the place of origin, and the second modifier indicates the destination. | |
| 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 |

| Modifier | Location |
|---|--|
| Ambulance Modifiers | |
| Ambulance claims are billed with two of the following modifiers. The first modifier indicates the place of origin, and the second modifier indicates the destination. | |
| H | Hospital |
| I | Site of transfer (e.g., airport or helicopter pad) between mode of ambulance transport |
| J | Free standing 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 the hospital (destination code only) Note: Modifier X can only be used as a destination code in the second position of a modifier. |

| HCPCS Code | Description |
|---|--|
| Air Ambulance (Also see Air Ambulance Revenue Code 0545 below) | |
| A0430 | Ambulance service, conventional air service, transport, one way (fixed wing) |
| A0431 | Ambulance service, conventional air services, transport, one way (rotary wing) |
| A0435 | Fixed wing air mileage, per statute mile |
| A0436 | Rotary wing air mileage, per statute mile |
| S9960 | Ambulance service, conventional air services, nonemergency transport, one way (fixed wing) |
| S9961 | Ambulance service, conventional air service, nonemergency transport, one way (rotary wing) |
| T2007 | Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments |
| Ground/Other Ambulance | |
| A0140 | Nonemergency transport and air travel (private or commercial) intra- or interstate |
| A0225 | Ambulance service, neonatal transport, base rate, emergency transport, one way |
| A0380 | BLS mileage (per mile) |
| A0382 | BLS routine disposable supplies |
| A0384 | BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances) |
| A0390 | ALS miles (per mile) |
| A0392 | ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed by BLS ambulances) |
| A0394 | ALS specialized service disposable supplies; IV drug |
| A0396 | ALS specialized service disposable supplies; esophageal intubation |
| A0398 | ALS routine disposable supplies |
| A0420 | Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments |
| 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, non-emergency transport, level 1 (ALS 1) |
| A0427 | Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 emergency) |

| HCPCS Code | Description |
|-------------------------------|---|
| Ground/Other Ambulance | |
| A0428 | Ambulance service, basic life support, non-emergency transport (BLS) |
| A0429 | Ambulance service, basic life support, emergency transport (BLS, emergency) |
| 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) |
| A0998 | Ambulance response and treatment, no transport |
| A0999 | Unlisted ambulance service |
| S0207 | Paramedic intercept, non-hospital based ALS service (nonvoluntary), nontransport |
| S0208 | Paramedic intercept, hospital based ALS service (nonvoluntary), nontransport |

| Revenue Code | Description |
|--------------|----------------------------------|
| 0540 | Ambulance General Classification |
| 0541 | Ambulance Supplies |
| 0542 | Ambulance Medical Transport |
| 0543 | Ambulance Heart Mobile |
| 0544 | Ambulance Oxygen |
| 0545 | Ambulance Air Ambulance |
| 0546 | Ambulance Neo-Natal ambulance |
| 0547 | Ambulance Pharmacy |
| 0548 | Ambulance EKG Transmission |
| 0549 | Ambulance Other Ambulance |

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Ambulance transportation is a service and, therefore, not subject to regulation by the FDA.

References

Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>. Accessed May 30, 2023.

Policy History/Revision Information

| Date | Summary of Changes |
|------------|---|
| 11/01/2023 | <p>Template Update</p> <ul style="list-style-type: none"> Changed policy type classification from “Coverage Determination Guideline” to “Medical Policy” <p>Application</p> <ul style="list-style-type: none"> Added language to indicate any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01 <p>Coverage Rationale</p> <ul style="list-style-type: none"> Revised language to indicate: |

| Date | Summary of Changes |
|------|--|
| | <ul style="list-style-type: none"> ○ Ambulance services are considered medically necessary in certain circumstances; for medical necessity clinical coverage criteria, refer to the <i>Ohio Administrative Code, Rule 5160-15-23 Transportation: Services from an Eligible Provider: Ground Ambulance Services</i> ○ Emergency air ambulance services are considered medically necessary in certain circumstances; for medical necessity clinical coverage criteria, refer to the <i>Ohio Administrative Code, Rule 5160-15-24 Transportation: Services from an Eligible Provider: Air Ambulance Services</i> <p>Applicable Codes</p> <ul style="list-style-type: none"> ● Revised description for modifiers E, G, I, P, and X ● Revised description for revenue code 0549 <p>Ground/Other Ambulance</p> <ul style="list-style-type: none"> ● Added HCPCS code A0140 <p>Supporting Information</p> <ul style="list-style-type: none"> ● Added <i>FDA</i> section ● Updated <i>References</i> section to reflect the most current information ● Removed <i>Definitions</i> section ● Archived previous policy version CS003OH.M – P |

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC), or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC), or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state (OAC), or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.