



Ambulance Provider Billing in NCTracks

This fact sheet is intended to help Ambulance providers bill for services rendered to Medicaid recipients.

- Institution based ambulance providers should file claims on an institutional claim form (UB04)
- Independent/private ambulance providers should file claims on a professional claim form (CMS 1500)

TAXONOMY CODES

3416A0800X – Air Transport
3416L0300X – Land Transport
3416S0300X – Water Transport

BILL TYPE

On UB04 Bill Type is 131 for original claim, 138 for void claim or 137 for a replacement claim. On Provider Portal, choose 13 for Facility Type Code and choose 1 for Frequency Code for original, Frequency Code 8 for void or Frequency Code 7 for replacement.

REVENUE CODES

RC540 Ambulance general classification

HCPCS CODES

A0425 Ground Mileage, Per Statute
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 Emerg)
A0428 Ambulance Service, Basic Life Support, Non-Emergency Transport (BLS) *
A0429 Ambulance Service, Basic Life Support, Emergency Transport, (BLS – Emerg)
A0430 Ambulance Service, Conventional Air Service, One Way Transport (Fixed Wing)
A0431 Ambulance Service, Conventional Air Service, One Way Transport (Rotary Wing)
A0433 Advanced Service, Advanced Life Support, Level 2 (ALS 2)
A0435 Fixed Wing Air Mileage per Statute Mile
A0436 Rotary Wing Air Mileage per Statute Mile
T2003 Non-emergency Transport, Encounter/Trip (Round Trip)

CONDITION CODES

When billing for Ambulance Services, providers should enter appropriate condition code when the situation is applicable. Condition codes are not required on every ambulance claim.

AK - Air ambulance required – time needed to transport poses a threat

AL - Specialized treatment / bed unavailable – use if recipient is taken to a hospital other than the nearest due to treatment unavailable or beds unavailable.

AM - Non-emergency medically necessary stretcher transport – when recipient is bed-confined and condition is such that a stretcher is the only safe mode of transportation

ADDITIONAL INFORMATION:

- **Ambulance providers are required to submit claims with origin destination modifiers.**
- Prior Approval is only required for out of state providers.
- Mileage – billed only outside provider’s county line
- If recipient has 2 trips in one day – provider should submit claim with trip ticket and medical records indicating 2 separate transports took place on the same date.
- If more than one provider transports in a single day – 2nd claim received will deny as a duplicate of the 1st claim and provider should then resubmit denied claim with trip ticket and medical records.
- Providers are encouraged to attach records to electronic claim.

Origin/Destination Modifiers

Origin/Destination Code	Description
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 End Stage Renal Disease (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)

For more information, please see the Ambulance policy on the NCDHHS DHB website at [NC DMA: Title of Policy, Clinical Coverage Policy No. \(ncdhhs.gov\)](#)

For information on submitting an Ambulance claim via the [NCTracks Provider Portal](#), refer to the **Job Aid - Submit an Ambulance Claim**, located in Skillport, the Learning Management System for NCTracks.