



## Ambulance Provider Billing in NCTracks

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

**Effective with dates of service on and after 2/1/16, the below guidelines are to be followed, regardless of other insurance involvement:**

- 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)

**For dates of service prior to 2/1/16, the below guidelines are still applicable**

- File UB04 (institutional) for: All straight Medicaid Claims hospital and non-hospital based or if commercial insurance has paid
- File CMS 1500 (professional): If Medicare paid and Medicaid denied (if a claim crossed from Medicare Medicaid denied and needs to be refiled to Medicaid.)
- File CMS 1500 (professional): If Medicare paid and other insurance either paid or denied. (Include Other Payer information)

### 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

**Effective 2/1/16, only revenue code 0540 will be allowed.**

RC540 Ambulance general classification

**Use the below revenue codes only with dates of service prior to 2/1/16**

RC540 Ambulance general classification	RC544 Ambulance/oxygen
RC542 Ambulance/medical transport	RC545 Air Ambulance
RC543 Ambulance/heart mobile	RC546 Ambulance/neonatal

### 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) \*



\* These codes are not covered under the NCHC program. NCHC does not cover non-emergency ambulance transportation.

## CONDITION CODES

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

When billing for Ambulance Services, providers should enter appropriate condition code.

## ADDITIONAL INFORMATION:

- **Effective 2/1/16, per new policy, ambulance providers are required to submit claims with origin destination modifiers, regardless of date of service.**
- 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 – 2<sup>nd</sup> 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 N.C. Division of Medical Assistance website at [http://dma.ncdhhs.gov/documents?combine=&field\\_agency\\_department\\_tid\\_1=260](http://dma.ncdhhs.gov/documents?combine=&field_agency_department_tid_1=260).

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.