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) *
- 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

<table>
<thead>
<tr>
<th>Origin/Destination Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D</td>
<td>Diagnostic or therapeutic site other than P or H when these are used as origin codes</td>
</tr>
<tr>
<td>E</td>
<td>Residential, domiciliary, custodial facility (other than 1819 facility)</td>
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<tr>
<td>G</td>
<td>Hospital-based End Stage Renal Disease (ESRD) facility</td>
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<tr>
<td>H</td>
<td>Hospital</td>
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<td>I</td>
<td>Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport</td>
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<tr>
<td>J</td>
<td>Freestanding ESRD facility</td>
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<td>N</td>
<td>Skilled nursing facility</td>
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<tr>
<td>P</td>
<td>Physician’s office</td>
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<tr>
<td>R</td>
<td>Residence</td>
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<tr>
<td>S</td>
<td>Scene of accident or acute event</td>
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<tr>
<td>X</td>
<td>Intermediate stop at physician’s office on way to hospital (destination code only)</td>
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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.