



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

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|--|--------------------------|
| 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 – 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 N.C. Division of Health Benefits website at <https://medicaid.ncdhs.gov/providers/clinical-coverage-policies/ambulance-services>.

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.