

## APPENDIX A

# AMBULANCE AIR AND GROUND GUIDELINES

**NOTE:** The revision date appears in the footer of the document. Links within the document are updated as changes occur throughout the year.

## AIR AND GROUND Reimbursement

- **Regardless of type of ambulance, ground (all levels) or air, BCBSKS DOES NOT make an allowance differential for the following:**
  - Emergent versus non-emergent
  - Specialized services rendered versus no specialized services rendered
  - The various levels of care (i.e., ALS1, ALS1 Emergency, ALS2)
  - Special care transport (SCT) versus ALS1, ALS1 Emergency, ALS2
  - Ground ALS1, ALS1 Emergency and ALS2 mileage versus ground BLS mileage
  - Routine disposable supplies
  - Defibrillation disposable supplies
  - IV drug therapy disposable supplies
  - Esophageal intubation disposable supplies
  - Oxygen and oxygen disposable supplies

- **BCBSKS DOES make an allowance differential for the following:**
  - Ground ALS base rate (ALS1, ALS1 Emergency and ALS2) versus ground BLS base rate
  - Air base rate versus ground ALS base rate (ALS1, ALS1 Emergency and ALS2)

<p><b>AIR AND GROUND</b></p> <p><b>Diagnoses/Symptoms/Complaints</b></p>
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ICD-9 diagnoses codes must be used and carried out to the highest level of specificity for the treating signs, symptoms, complaints or diagnoses.

There is no need to hold your claims for the final diagnosis from the hospital or doctor's office.

- **AMBULANCE MODIFIERS**

Combining two alpha characters creates modifiers used on ambulance claims. Each alpha character, with the exception of X, represents an origin (source) code or a destination code. The pair of alpha codes creates one modifier. The first position alpha code = origin; the second position alpha code = destination. An example would be: RH = residence to hospital or HH = hospital to hospital.

- D = diagnostic or therapeutic site other than 'P' or 'H' when these are used as origin codes
- E = residential, domiciliary, custodial facility (other than SNF)
- G = hospital based dialysis facility (hospital or hospital related)
- H = hospital
- I = site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
- J = non-hospital based dialysis facility
- N = skilled nursing facility (SNF)
- P = physician's office (includes HMO non-hospital facility, clinic, etc.)
- R = residence
- S = scene of accident or acute event
- X = destination code only. Intermediate stop at physician's office enroute to the hospital (include HMO non-hospital facility, clinic, etc.). Example: second leg of transport would be P to H.

## **AIR AND GROUND Pharmaceuticals**

*J0120 through J9999*

BCBSKS will not pay for routine drugs dispensed that are considered part of the base rate such as aspirin and ointment. We will consider for payment prescription drugs. (If IV therapy, see disposable supplies billing guidelines further in this section of the manual.)

We will reimburse for drugs administered, if part of local medical society's protocol. Requirements are:

- Drug name
- Complete NDC off of package

Each drug product listed under Section 510 of the Federal Food, Drug and Cosmetic Act is assigned a unique 10-digit, 3-segment number. This number, known as the National Drug Code (NDC), identifies the labeler/vendor, product, and trade package size. The first segment, the labeler code, is assigned by the FDA. A labeler is any firm that manufactures, repacks or distributes a drug product. The second segment, the product code, identifies a specific strength, dosage form, and formulation for a particular firm. The third segment, the package code identifies package sizes. Both the product and package codes are assigned by the firm. The NDC will be in one of the following configurations: 4-4-2, 5-3-2, or 5-4-1.

BCBSKS requires a national standard claim record length of 11 digits for the NDC number. The 11 digits are required to accommodate the 3 segments described above. We require a 5-4-2 format, which will almost always have one or more leading zeros in each of the individualized segments. This is especially important to note because a lot of the NDC numbers on packaging only contain 10 digits.

Some of the products have NDC numbers that the manufacturer does not make available to drug pricing services like First Data Bank and Medispan. If the NDC number is not on our file, we can't pay the claim and it will be returned for a valid NDC number. The ambulance provider (in this instance) will have to find out what the NDC number

is for the same product that is available through normal retail channels, and submit that NDC number.

You can also contact Drug Topics Redbook at 1-800-222-3045 if you would like to order their drug book. The book lists the current NEC numbers for prescription and over-the-counter drugs and other information pertinent to the drug itself.

If you have any questions regarding pharmaceutical billing, please contact the Professional Relations Hotline at 1-800-432-3587, option 1.

- Metric Quantity (cc, grams, liter)
- Units (bags, tabs)

## **AIR AND GROUND Mileage**

*A0380, A0390, A0425, A0435, and A0436*

- BCBSKS will allow mileage in addition to the base rate for a medically necessary transport.
- Mileage charges for unloaded miles are not covered.
- If the patient is not taken to the nearest appropriate facility that can handle the patient's condition, BCBSKS may elect to pay mileage to the nearest appropriate facility only.
- If you want consideration of the extra miles your claim must give an explanation of why the patient wasn't taken to the nearest appropriate facility.

## AIR AND GROUND Additional Attendant

A0424

- When it is medically necessary for an additional attendant to be on board, BCBSKS will consider making reimbursement based on the actual time spent with the patient.
- You must give information as to the medical need of the additional attendant.
- The procedure code and modifier A042422 should be used with medical necessity information attached.
- See the Ambulance Transport form at the end of this section. It would be helpful if you would complete this form and submit a copy with your claim.

## AIR AND GROUND Disposable Supplies in General

*A0382, A0384, A0392, A0394, A0396, A0398 and A0422*

- There are specific guidelines for routine disposable supplies listed in each section relative to air and to ground.
- There are specific guidelines for special services disposable supplies further in this section.
- The following applies to all disposables whether routine or special service:
  1. You should code only one line of service per each type of disposable supplies dispensed. Multiple lines of the same disposable supply code will not process correctly.
    - ✓ It is all right to code one line for routine disposable supplies procedure code and one line for each special service disposable

supplies procedure code(s) (only one line for each procedure code, though).

2. Your routine disposable supplies procedure code must be coded on the same claim with the base rate procedure code. If you have enough lines to necessitate the completion of a second claim please make sure that the routine disposable supplies procedure code, if billed separately, is on the same claim with the base rate. If they are not on the same claim they will not process correctly.

## **AIR AND GROUND**

### **Special Services Disposable Supplies**

*A0384, A0392, A0394, A0396, and A0422*

(See Routine Disposable Supplies, Air or Ground sections, for specific guidelines on routine disposables.)

The following special services disposable supplies may be billed in addition to the base rate.

- ***DEFIBRILLATION:***

- ✓ A0384 BLS specialized service disposable supplies; defibrillation (used by ALS1, ALS1 Emergency and ALS2 ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances) ***(This is not the routine monitoring that is performed on all patients during transport.*)**

and

- ✓ A0392 ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances) ***(This is not the routine monitoring that is performed on all patients during transport.*)**
- ✓ ***Both A0384 and A0392 include the following:***
  - Automated external defibrillator/external pacer supplies
  - Defibrillation pads



# AIR GUIDELINES

## AIR GUIDELINES Medical Emergency

- **Medical Emergency Diagnosis/Symptom/Complaint**

- **Medical Appropriateness:**

Medical appropriateness is only established when the patient's condition is such that the time to transport by land or the instability of land transportation, poses a threat to the patient's survival or seriously endangers their health.

Below is a list of examples of cases for which air ambulance transportation **could** be justified.

***This is not an all-inclusive list of situations nor is it intended to justify air transport:***

- ✓ Intracranial bleeding, requiring neurosurgical intervention
- ✓ Cardiogenic shock
- ✓ Burns requiring care in a burn center
- ✓ Conditions requiring treatment in hyperbaric oxygen unit
- ✓ Multiple severe injuries
- ✓ Severe trauma

***If there is time, it is suggested that you ask for a pre-determination of air transports. Pre-determination for air transport:***

- ✓ It is advised that you obtain approval before you air transport a patient with a non-life-threatening diagnosis.
- ✓ You may obtain approval by calling 1-800-432-3990, (785) 291-4180, or FAX (785) 290-0711.
- ✓ When calling please have the form at the end of this section completed so the information is ready to give to our personnel.

✓ A copy of the completed form should accompany the claim.

▪ **Non-Medical Appropriateness:**

The following would not be covered unless there was medical appropriateness also in connection with the transport.

***This is not an all-inclusive list.***

- ✓ Transport of patient home from a foreign country or another part of the USA where they have become ill.
- ✓ Transport for the sole convenience of the patient, their family, or their doctor.
- ✓ Transport to obtain services of a particular physician or facility.

## **AIR GUIDELINES**

### **Base Rate**

*A0140, A0430 and A0431*

*The base rate includes, but is not limited to, the following:*

- Pilots' salary
- Crew members' salaries
- Vehicle operating expense (i.e. fuel)
- Services of the attendants/crew members
- Overhead charges (i.e. linens)
- Reusable items (i.e. backboards, splints)
- All monitoring personnel and equipment
- Unloaded miles
- Usual waiting time
- Cardiopulmonary resuscitation and oxygen
- Automatic defibrillation services
- Any and all equipment and personnel necessary to meet appropriate protocols

***The following may be billed in addition to the base rate:***

- Loaded miles (one way)
- Prescription pharmaceuticals
- Oxygen and supplies
- EKG set up
- IV set up

**AIR GUIDELINES**  
**Routine Disposable Supplies**

A0398

Submit itemized statement, to include item and charge for each, and attach to claim. See following list.

Bill only one line for all of your disposable supplies.

**AIR GUIDELINES**  
**Non-All-Inclusive List of**  
**Routine Disposable Supplies**

(See Special Services Disposable Supplies Air and Ground for specific guidelines on special services disposables.)

Activated charcoal	EKG set up (not defibrillation supplies)	Isolation gowns
Airways	EKG electrodes (not defibrillation supplies)	Kerlix rolls
Aluminum foil	EKG gel or paste (not defibrillation supplies)	Mouth gags
Aqua packs	EKG pads and strips (not defibrillation supplies)	Nasal pharyngeal airways
Aspirator and supplies	Dressings such as Kling	Needles
Attendant's radiation protective suits	Emesis basin	Obstetrical kits
Bandages	Eye shields	Orange juice
Bite sticks	Gloves	Oropharyngeal airways
Blood tubes	Glucose test kits	OSHA required supplies
Blue pads	Heat packs	Oximetry sensors
Body bags	Hot pads	Poison antidote kits
Burn sheets	Ice packs	Restraints, not safety belts
Cervical collar	Instant glucose	Sanitary pads
Cervical splint precaution	Instant heat	Silver swaddler, sterile
Chux		Strapping tape
Cot linens		Suction supplies
Diapers		Syringes
		Syrup of ipecac

# GROUND GUIDELINES

## GROUND GUIDELINES Medical Emergency

Medical Emergency means a sudden and, at the time, unexpected onset of a health condition that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect to require immediate medical attention, where failure to provide medical attention would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's health in serious jeopardy.

Following is a *partial* list of diagnoses that could possibly meet the definition of a medical emergency. This is being provided so that the ambulance company can have examples.

Anaphylactic shock	Heart attack	Shock
Blood clots	Injury to the body	Sickle cell crisis
Burns, severe	caused solely	Spontaneous
Coma	through violent	pneumothorax
Complications of	means	Status epilepticus
pregnancy and/or	Myocardial Infarction	Stroke
fetal distress,	Paroxysmal atrial	Suicide attempt
excluding false labor	tachycardia	Ventricular fibrillation
Coronary artery	Poisoning	Ventricular tachycardia
occlusion	Severe hemorrhage	Suspected heart attack
Coronary thrombosis	Severe respiratory	Unconsciousness
Diabetic shock	distress	

### **BCBSKS reviews ambulance claims for medical emergency.**

- If it is determined that a transport was not a medical emergency and/or the patient could have gone by other means the claim could be denied as patient financial responsibility.
- You should always code all diagnoses/complaints/symptoms with ICD-9 diagnosis codes.

- It is important that you list treating complaints/symptoms, not the final outcome diagnosis.
- You may list the final diagnosis on claim attachment, making note that it was the final diagnosis.
- Use modifier "22" when submitting any claim attachment.
- Sending your run sheet with the claim will also help in the correct processing of your claim. This is not mandatory.
- At the end of this section there is an **optional** form, Ambulance Transport Form that you may complete and send with your claim. The form was designed to help you remember all the information we need to be able to process your claim.

## GROUND GUIDELINES

### Base Rate

*A0225, A0426, A0427, A0428, A0429, A0433, A0434*

- All of our base rate reimbursement allowances include supplies, disposables and non-disposables.
- If you bill supplies separately they will be combined into the base. The procedure code for the supplies will be cancelled and will not appear on your RA.

## GROUND GUIDELINES

### Routine Disposable Supplies

*A0382, A0398*

- (See Special Services Disposable Supplies for specific guidelines on special services disposables.)
- When billed with any base rate code routine disposable supplies will be lumped for a total charge for the base rate and applied to the maximum

allowable payment (MAP) for the base rate MAP for Method 2. The allowance will be the lesser of the total charge for the two services (base rate and disposable supplies) and the MAP for the Method 2 base rate.

- Bill only one line for all of your routine disposable supplies.
- This service must be billed on the same claim as the base rate.
- *PLEASE NOTE: It will no longer be necessary for you to submit an itemized statement when billing disposable supplies. Post payment audits will be conducted with refunds being required on those items billed that are not considered disposable.*

**GROUND GUIDELINES**  
**Non-All-Inclusive List of**  
**Routine Disposable Supplies**  
 (See Special Services Disposable Supplies Air/Ground for specific guidelines on special services disposables.)

Activated charcoal	EKG set up (not	Isolation gowns
Airways	defibrillation	Kerlix rolls
Aluminum foil	supplies)	Mouth gags
Aqua packs	EKG electrodes (not	Nasal pharyngeal
Aspirator and supplies	defibrillation	airways
Attendant's radiation	supplies)	Needles
protective suits	EKG gel or paste (not	Obstetrical kits
Bandages	defibrillation	Orange juice
Bite sticks	supplies)	Oropharyngeal airways
Blood tubes	EKG pads and strips	OSHA required supplies
Blue pads	(not defibrillation	Oximetry sensors
Body bags	supplies)	Poison antidote kits
Burn sheets	Emesis basin	Restraints, not safety
Cervical collar	Eye shields	belts
Cervical splint	Gloves	Sanitary pads
precaution	Glucose test kits	Silver swaddler, sterile
Chux	Heat packs	Strapping tape
Cot linens	Hot pads	Suction supplies
Diapers	Ice packs	Syringes
Dressings such as Kling	Instant glucose	Syrup of ipecac
	Instant heat	

**GROUND GUIDELINES**  
**Return/Round Trip**

*A0426, A0427, A0428, A0429, A0430, A0431, A0433, A0434*

- BCBSKS limits ambulance base rates to one per day unless claims are submitted with a modifier 22 on the second trip with all pertinent runs sheets attached. Approval will be based on medical necessity of each trip.
- *See Transports and Transfers Between Hospitals in this section of the manual.*

**GROUND GUIDELINES**  
**Patient Refused Transport**

*A0999*

- Submit records to describe services rendered; include time involved. Use modifier "22" when submitting medical records.

**GROUND GUIDELINES**  
**TRANSPORTS AND TRANSFERS**  
**BETWEEN HOSPITALS**

*A0140, A0426, A0427, A0428, A0429, A0430, A0431, A0433, A0434*

- BCBSKS will pay for the transport or transfer between hospitals if the transport or transfer is medically necessary and if the two hospitals are not licensed as one hospital.
- Transports and transfers between hospital campuses are the responsibility of the hospital and you should look to them for reimbursement of your services.
- The following hospitals are known to be licensed as one hospital and you should look to them for reimbursement of your services:

FROM CITY	HOSPITAL NAME	TO CITY	HOSPITAL NAME
Great Bend	Central Kansas Medical Center	Larned	Central Kansas Medical Center St. Joseph campus
Larned	Central Kansas Medical Center St. Joseph campus	Great Bend	Central Kansas Medical Center
Manhattan	Mercy Health Care System Sunset campus	Manhattan	Mercy Health Care System College campus
Manhattan	Mercy Health Care System College campus	Manhattan	Mercy Health Care System Sunset campus
Onaga	Onaga Community Hospital	St. Marys	Onaga Community Hospital St. Marys
St. Marys	Onaga Community Hospital St. Marys	Onaga	Onaga Community Hospital
Salina	Salina Regional Hospital Center Penn campus	Salina	Salina Regional Hospital Center Santa Fe campus
Salina	Salina Regional Hospital Center Santa Fe campus	Salina	Salina Regional Hospital Center Penn campus
Wichita	Via Christi St. Joseph campus	Wichita	Via Christi St. Francis campus
Wichita	Via Christi St. Francis campus	Wichita	Via Christi St. Joseph campus

- Medically necessary transports from an origin outside of the hospital setting to the ER of any one of the above campuses can be billed to BCBSKS, even if the ER sends the patient on to another hospital.
- All other medically necessary transports and transfers are billable to BCBSKS.
- *Each line should be coded separately, using modifier "22" on the second trip, and include all pertinent run sheets.*
- *You should not use one line of service with multiple units in 24G.*

## GROUND GUIDELINES

### Standby or Unusual Waiting Time

A0420

- BCBSKS will consider paying additional money for this service if certain criteria are met. Include information with claim that supports the medical need for the wait, which should include the ambulance being out of service.
- Describe the “unusual circumstance” that caused the ambulance to wait.
- **The following examples would be considered for additional reimbursement:**
  - A patient is on an ambulance cot and becomes unstable. The ambulance service must wait until the patient is stabilized before completing the transfer.
  - Transporting a patient from one facility to another for a procedure, test, or service, etc., and waiting to return the patient to the originating facility is non-covered and should not be billed. This includes those transports out of town to another town and waiting for the patient to return them.

## GROUND GUIDELINES

### Deceased Patient

A0999

- BCBSKS will pay for some services under certain circumstances.
- The ambulance service is non-covered if the patient is pronounced dead before the ambulance is called.
- The ambulance service to the point of pick up is covered if the patient is pronounced dead after the ambulance is called but before the pick-up.

- The ambulance service will be considered for reimbursement if the patient dies en route or is DOA.
- *Please attach records to support services rendered. Use modifier 22 when submitting medical records.*

<p><b>GROUND GUIDELINES</b></p> <p><b>ALS Services Billed By A BLS</b></p>
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- BCBSKS will recognize the advanced life support services rendered by a BLS when the service meets all appropriate protocol(s) state and local.

<p><b>GROUND GUIDELINES</b></p> <p><b>Multiple Patients Transported in One Vehicle</b></p> <p><i>A0225, A0426, A0427, A0428, A0429, A0430, A0431, A0433, A0434</i></p>
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- BCBSKS will pay one base rate per each eligible patient.
- The loaded miles should be split between the patients.
- 100 loaded miles would be billed 050 miles on each patient's claim.
- When splitting miles, please attach additional information that reflects there were multiple patients and that the mileage was split.
- Use modifier "22" when submitting any claim attachment.

# VALID CODES

**Definitions:** ALS = Advanced life support  
 ALS1 = Advanced life support, level 1  
 ALS2 = Advanced life support, level 2  
 BLS = Basic life support  
 SCT = Special care transport

<b>AS ADMINISTERED BY BCBSKS METHOD 2 FOR GROUND</b>	<b>BCBSKS GUIDELINES</b>
<b>A0021</b> Ambulance service, outside state per mile, transport (Medicaid only)	Non-covered
<b>A0080</b> Non-emergency transportation, per mile-vehicle provided by volunteer (individual or organization), with no vested interest	Non-covered
<b>A0090</b> Non-emergency transportation, per mile-vehicle provided by individual (family member, self, neighbor) with vested interested	Non-covered
<b>A0100</b> Non-emergency transportation; taxi	Non-covered
<b>A0110</b> Non-emergency transportation and bus, intra- or interstate carrier	Non-covered
<b>A0120</b> Non-emergency: mini-bus, mountain area transports, or other transportation systems	Non-covered
<b>A0130</b> Non-emergency transportation: wheelchair van	Non-covered
<b>A0140</b> Non-emergency transportation and air travel (private or commercial), intra- or interstate	<b>AIR</b> <ul style="list-style-type: none"> <li>• Submit medical records to support medical necessity</li> <li>• Use modifier 22 when submitting any claim attachment</li> <li>• <b><i>Do not complete units field 24G</i></b></li> </ul> <hr style="border-top: 1px dashed black;"/> <b>GROUND</b> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul>
<b>A0160</b> Non-emergency transportation: per mile-case worker or social worker	Non-covered
<b>A0170</b> Transportation ancillary: parking fees, tolls, other	Non-covered
<b>A0180</b> Non-emergency transportation: ancillary: lodging-recipient	Non-covered
<b>A0190</b> Non-emergency transportation: ancillary: meals-recipient	Non-covered
<b>A0200</b> Non-emergency transportation: ancillary: lodging-escort	Non-covered
<b>A0210</b> Non-emergency transportation: ancillary: meals-escort	Non-covered
<b>A0225</b> Ambulance service, neonatal transport, base rate, emergency transport, one way	Billable

<p><b>A0380</b> BLS mileage (per mile)</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• <b>Complete Box 24G with 3 digit units</b></li> </ul>
<p><b>A0382</b> BLS routine disposable supplies</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Included in base rate</li> <li>• If this code is billed separately it will be combined with the base rate and allowed up to the MAP for Method 2</li> <li>• If billing this code separately use only one line of service for the routine disposable supplies</li> <li>• If billing this code separately bill on same claim as base rate</li> <li>• Itemization required upon post payment audit</li> <li>• <b>Do not complete units field 24G</b></li> </ul>
<p><b>A0384</b> BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• Bill only one line for this code</li> <li>• Itemization required upon post payment audit</li> <li>• <b>Do not complete units field 24G</b></li> </ul>
<p><b>A0390</b> ALS mileage (per mile)</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• <b>Complete Box 24G with 3 digit units</b></li> </ul>
<p><b>A0392</b> ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• Bill only one line for this code</li> <li>• Itemization required with claim</li> <li>• Use modifier 22 when submitting claim attachment</li> <li>• <b>Do not complete units field 24G</b></li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• Bill only one line for this code</li> <li>• Itemization required upon post payment audit</li> <li>• <b>Do not complete units field 24G</b></li> </ul>

<p><b>A0394</b> ALS specialized service disposable supplies; IV drug therapy</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• Bill only one line for this code</li> <li>• Itemization required with claim</li> <li>• Use modifier 22 when submitting claim attachment</li> <li>• <b>Do not complete units field 24G</b></li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• Bill only one line for this code</li> <li>• Itemization required upon post payment audit</li> <li>• <b>Do not complete units field 24G</b></li> </ul>
<p><b>A0396</b> ALS specialized service disposable supplies; esophageal intubation</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• Bill only one line for this code</li> <li>• Itemization required with claim</li> <li>• Use modifier 22 when submitting claim attachment</li> <li>• <b>Do not complete units field 24G</b></li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• Bill only one line for this code</li> <li>• Itemization required upon post payment audit</li> <li>• <b>Do not complete units field 24G</b></li> </ul>
<p><b>A0398</b> ALS routine disposable supplies</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• This code is billable separately</li> <li>• Bill only one line for routine disposable supplies</li> <li>• Bill this code on the same claim as base rate</li> <li>• Itemization required with claim</li> <li>• Use modifier 22 when submitting claim attachment</li> <li>• <b>Do not complete units field 24G</b></li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Included in base rate</li> <li>• If this code is billed separately it will be combined with the base rate and allowed up to the MAP for Method 2</li> <li>• If billing this code separately use only one line of service for the routine disposable supplies</li> <li>• If billing this code separately bill on same claim as base rate</li> <li>• Itemization required upon post payment audit</li> <li>• <b>Do not complete units field 24G</b></li> </ul>

<p><b>A0420</b> Ambulance waiting time (ALS or BLS), one-half (1/2) hour</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>-----</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• Attach documentation to support wait</li> <li>• Use modifier 22 when submitting claim attachment</li> <li>• <b>Complete units field 24G</b></li> </ul>
<p><b>A0422</b> Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• Bill only one line for this code</li> <li>• Itemization required with claim</li> <li>• Use modifier 22 when submitting claim attachment</li> <li>• <b>Do not complete units field 24G</b></li> </ul> <p>-----</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• Bill only one line for this code</li> <li>• Itemization required upon post payment audit</li> <li>• <b>Do not complete units field 24G</b></li> </ul>
<p><b>A0424</b> Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)</p>	<p><b>AIR and GROUND</b></p> <ul style="list-style-type: none"> <li>• Submit records to support medical necessity</li> <li>• Use modifier 22 when submitting claim attachment</li> <li>• <b>Do not complete units field 24G</b></li> </ul>
<p><b>A0425</b> Ground mileage, per statute mile</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>-----</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• <b>Complete Box 24G with 3 digit units</b></li> </ul>
<p><b>A0426</b> Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)</p> <p>Method 2: All-inclusive; includes all supplies and base rate services; mileage and medicines billed separately</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>-----</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• A0382 or A0398 (routine disposable supplies) when billed separately with this base rate code will be combined with the base rate charge and the MAP for A0426 will be applied</li> <li>• If billing A0382 or A0398 separately use only one line of service for the routine disposable supplies</li> <li>• If billing A0382 or A0398 separately bill on same claim as base rate</li> <li>• <b>Do not complete units field 24G</b></li> </ul>

<p><b>A0427</b> Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)</p> <p>Method 2: All-inclusive; includes all supplies and base rate services; mileage and medicines billed separately</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• A0382 or A0398 (routine disposable supplies) when billed separately with this base rate code will be combined with the base rate charge and the MAP for Method 2 will be applied.</li> <li>• If billing A0382 or A0398 separately use only one line of service for the routine disposable supplies</li> <li>• If billing A0382 or A0398 separately bill on same claim as base rate</li> <li>• <b>Do not complete units field 24G</b></li> </ul>
<p><b>A0428</b> Ambulance service, basic life support, non-emergency transport, (BLS)</p> <p>Method 2: All-inclusive; includes all supplies and base rate services; mileage and medicines billed separately</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• A0382 or A0398 (routine disposable supplies) when billed separately with this base rate code will be combined with the base rate charge and the MAP for Method 2 will be applied.</li> <li>• If billing A0382 or A0398 separately use only one line of service for the routine disposable supplies</li> <li>• If billing A0382 or A0398 separately bill on same claim as base rate</li> <li>• <b>Do not complete units field 24G</b></li> </ul>
<p><b>A0429</b> Ambulance service, basic life support, emergency transport (BLS- emergency), water, special transportation services</p> <p>Method 2: All-inclusive; includes all supplies and base rate services; mileage and medicines billed separately</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• A0382 or A0398 (routine disposable supplies) when billed separately with this base rate code will be combined with the base rate charge and the MAP for Method 2 will be applied.</li> <li>• If billing A0382 or A0398 separately use only one line of service for the routine disposable supplies</li> <li>• If billing A0382 or A0398 separately bill on same claim as base rate</li> <li>• <b>Do not complete units field 24G</b></li> </ul>

<p><b>A0430</b> Ambulance service, conventional air services, transport, one way (fixed wing)</p> <p>Method 2: All-inclusive; includes all supplies and base rate services; mileage and medicines billed separately</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• A0398 (routine disposable supplies) billable separately.</li> <li>• Itemization of A0398 required with claim</li> <li>• Use modifier 22 when submitting claim attachment</li> <li>• If billing A0398 separately use only one line of service for this code</li> <li>• <b>Do not complete units field</b></li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul>
<p><b>A0431</b> Ambulance service, conventional air services, transport, one way (rotary wing)</p> <p>Method 2: All-inclusive; includes all supplies and base rate services; mileage and medicines billed separately</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• A0398 (routine disposable supplies) Billable separately.</li> <li>• Itemization of A0398 required with claim</li> <li>• Use modifier 22 when submitting claim attachment</li> <li>• If billing A0398 separately use only one line of service for this code</li> <li>• <b>Do not complete units field 24G</b></li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul>
<p><b>A0432</b> Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers</p>	<p><b>AIR and GROUND</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> <li>• This does not pertain to Kansas, as volunteer ambulance companies can bill third party payers.</li> </ul>
<p><b>A0433</b> Advanced life support, level 2 (ALS2)</p> <p>Method 2: All-inclusive; includes all supplies and base rate services; mileage and medicines billed separately</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• A0382 or A0398 (routine disposable supplies) when billed separately with this base rate code will be combined with the base rate charge and the MAP for Method 2 will be applied.</li> <li>• If billing A0382 or A0398 separately use only one line of service for the routine disposable supplies</li> <li>• If billing A0382 or A0398 separately bill on same claim as base rate</li> <li>• <b>Do not complete units field 24G</b></li> </ul>

<p><b>A0434</b> Specialty care transport (SCT)</p> <p>Method 2: All-inclusive; includes all supplies and base rate services; mileage and medicines billed separately</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• A0382 or A0398 (routine disposable supplies) when billed separately with this base rate code will be combined with the base rate charge and the MAP for Method 2 will be applied.</li> <li>• If billing A0382 or A0398 separately use only one line of service for the routine disposable supplies</li> <li>• If billing A0382 or A0398 separately bill on same claim as base rate</li> <li>• <b>Do not complete units field 24G</b></li> </ul>
<p><b>A0435</b> Fixed wing air mileage, per statute mile</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• <b>Complete Box 24G with 3 digit units</b></li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul>
<p><b>A0436</b> Rotary wing air mileage, per statute mile</p>	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• Billable separately</li> <li>• <b>Complete Box 24G with 3 digit units</b></li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul>
<p><b>A0800</b> Ambulance transport provided between the hours of 7 PM and 7 AM</p>	<p><b>AIR and GROUND</b></p> <ul style="list-style-type: none"> <li>• Content of base rate</li> </ul>
<p><b>A0888</b> Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)</p>	<p><b>AIR and GROUND</b></p> <ul style="list-style-type: none"> <li>• Indicate origin, destination and reason for taking patient to other facility on claim attachment</li> <li>• Use modifier 22 when submitting any claim attachment</li> <li>• <b>Complete Box 24G with 3 digit units</b></li> </ul>
<p><b>A0998</b> Ambulance response and treatment, no transport</p>	<p><b>AIR and GROUND</b></p> <ul style="list-style-type: none"> <li>• Submit records to describe services rendered <ul style="list-style-type: none"> <li>♦ Covered if glucose/glucagon is administered</li> <li>♦ Covered if anti-seizure medication is administered</li> <li>♦ Other scenarios, coverage will be based on medical necessity</li> </ul> </li> <li>• Non-covered if no treatment provided</li> <li>• Use modifier 22 when submitting any claim attachment</li> </ul>
<p><b>A0999</b> Unlisted ambulance service</p>	<p><b>AIR and GROUND</b></p> <ul style="list-style-type: none"> <li>• Give complete description, records to support medical necessity, and charge itemization of each service</li> <li>• Use modifier 22 when submitting any claim attachment</li> </ul>

<b>A0999</b> Patient Refused Transport	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Submit records to describe services rendered include time involved.</li> <li>• Use modifier 22 when submitting claim attachment</li> </ul>
<b>Q3019</b> ALS vehicle used, emergency transport, no ALS level services furnished	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• A0382 or A0398 (routine disposable supplies) when billed separately with this base rate code will be combined with the base rate charge and the MAP for Method 2 will be applied.</li> <li>• If billing A0382 or A0398 separately use only one line of service for the routine disposable supplies</li> <li>• If billing A0382 or A0398 separately bill on same claim as base rate</li> <li>• <b>Do not complete units field 24G</b></li> </ul>
<b>Q3020</b> ALS vehicle used, non-emergency transport, no ALS level services furnished	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• A0382 or A0398 when billed separately with this base rate code will be combined and the MAP for Method 2 will be applied.</li> <li>• If billing A0382 or A0398 separately use only one line of service for the routine disposable supplies</li> <li>• If billing A0382 or A0398 separately bill on same claim as base rate</li> <li>• <b>Do not complete units field 24G</b></li> </ul>
<b>S0207</b> Paramedic intercept, non-hospital based ALS (non-voluntary), non-transport National S code	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Attach medical records</li> <li>• Use modifier 22 when submitting claim attachment</li> </ul>
<b>S0208</b> Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport National S code	<p><b>AIR</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul> <p>~~~~~</p> <p><b>GROUND</b></p> <ul style="list-style-type: none"> <li>• Attach medical records</li> <li>• Use modifier 22 when submitting claim attachment</li> </ul>
<b>S0209</b> Wheelchair van, mileage, per mile National S code	<p><b>AIR and GROUND</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul>
<b>S0215</b> Non-emergency transportation; mileage, per mile National S code	<p><b>AIR and GROUND</b></p> <ul style="list-style-type: none"> <li>• DO NOT USE</li> </ul>

**BLUE CROSS and BLUE SHIELD of KANSAS\***  
\*Independent Licensee of the Blue Cross and Blue Shield Association.  
**AMBULANCE TRANSPORT FORM**

1. PATIENT NAME: \_\_\_\_\_ 2. PATIENT ID: \_\_\_\_\_

3. DATE OF TRANSPORT: \_\_\_\_\_ 4. TIME: \_\_\_\_\_

5. ORIGINATION: \_\_\_\_\_ 6. DESTINATION: \_\_\_\_\_

7. TREATING SYMPTOMS/COMPLAINTS: \_\_\_\_\_

8. FINAL DIAGNOSES IF AVAILABLE: \_\_\_\_\_

9. WAS PATIENT ADMITTED TO HOSPITAL: \_\_\_\_\_  
YES NO UNKNOWN

10. PHARMACEUTICALS:

a. Type: \_\_\_\_\_ b. NDC: \_\_\_\_\_

c. Metric Quantity (cc, grams, liter): \_\_\_\_\_ d. Units (bags, tabs): \_\_\_\_\_

11. ADDITIONAL ATTENDANT:

a. Medical necessity justification: \_\_\_\_\_  
\_\_\_\_\_

b. Time spent in direct attendance: \_\_\_\_\_

c. Certification/Licensure of additional attendant: \_\_\_\_\_  
EMT Paramedic Nurse Doctor

12. ADDITIONAL INFORMATION: \_\_\_\_\_

Name of Ambulance Service: \_\_\_\_\_ NPI #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

