

Ambulance



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I. Reimbursement

Regardless of type of ambulance or type of transport — ground (all levels) or air — the Blue Cross and Blue Shield of Kansas (BCBSKS) allowance for covered transport, Health Care Common Procedure Coding System (HCPCS), is all inclusive. The following services are not separately reimbursable:

- Emergent versus non-emergent
 - Specialized services rendered versus no specialized services rendered
 - The various levels of care such as ALS1, ALS1 Emergency, ALS2
 - Special care transport (SCT) versus ALS1, ALS1 Emergency, ALS2
 - Ground ALS1, ALS1 Emergency and ALS2 mileage versus ground Basic Life Support (BLS) mileage
 - Routine disposable supplies
 - Defibrillation disposable supplies
 - IV drug therapy disposable supplies
 - Esophageal intubation disposable supplies
 - Oxygen and oxygen disposable supplies

BCBSKS DOES allow for separate reimbursement for the following services:

- Ground Advance Life Support (ALS) base rate such as ALS1, ALS1 Emergency and ALS2 versus ground BLS base rate
 - Air base rate versus ground ALS base rate such as ALS1, ALS1 Emergency and ALS2

II. Diagnosis/Symptoms/Complaints

Diagnosis codes must be used and carried out to the highest level of specificity for treating signs, symptoms, complaints or diagnoses.

Unspecified diagnosis will not be accepted as primary diagnosis.

Ambulance Modifiers

Ambulance codes A0021 – A0888 and A0999 must be reported with modifiers that indicate pick-up origins and destinations.

Combining two alpha characters creates modifiers used on ambulance claims. Each alpha character, with the exception of X, represents an origin 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 skilled nursing facility

G = hospital-based or hospital-related dialysis facility

H = hospital

I = site of transfer between modes of ambulance transport, such as airport or helicopter pad

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 en route to the hospital –

include HMO non-hospital facility, clinic, etc. Example: Second leg of transport would be P to H.

III. 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 prescription drugs. See the Disposable Supplies Billing Guidelines section for IV therapy and other considerations.

BCBSKS will reimburse for drugs administered if drug administration is part of the local medical society's protocol. Requirements include:

- Drug name
- Complete National Drug Code (NDC) from the 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 known as the National Drug Code. The 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. We require a 5-4-2 format, which will almost always have one or more leading zeros in each of the individualized segments. Note: Many 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 such as First Data Bank and Medispan. If the NDC number is not on file, BCBSKS can't pay the claim and it will be returned for a valid NDC number. In this instance, the ambulance provider would 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.

If you have any questions regarding pharmaceutical billing, contact your provider relations representative.

IV. Mileage: A0380, A0390, A0425 and A0435-0436

BCBSKS will allow mileage in addition to the base rate for a medically necessary transport.

The date of service should reflect the date when the wheels start turning with the patient on board. 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 only pay mileage to the nearest appropriate facility.

If you want consideration for extra miles in your claim, you must provide an explanation as to why the patient wasn't taken to the nearest appropriate facility.

V. 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.

Procedure code A0424 should be used and you must provide information as to the medical necessity for the additional attendant.

VI. Disposable Supplies in General: A0382, A0384, A0392, A0394, A0396, A0398 and A0422

There are specific guidelines for routine disposable supplies listed in the air and ground sections. For guidelines regarding special services disposable supplies, see section VIII.

Disposable supplies A0382 and A0398 are considered content of service to base rate codes A0426, A0427, A0428, A0429, A0433 and A0434, and will not be reimbursed separately when billed on the same date of service.

The following applies to all disposables whether routine or special service:

- 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 acceptable to code one line for routine disposable supplies and one line for each special service disposable supplies – just be sure to use only one line for each procedure code.
- Routine disposable supplies 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, 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.

VII. Claims Filing Rule

Air and ground ambulance providers must file claims to the local Blue plan in the service area where the patient point of pickup occurred based on zip code. The zip code of the patient point of pickup should be placed in box 32 of the CMS 1500 Claim Form or in the 2310E NM4 field – Ambulance Pick-up Location City, State, Zip Code.

Note: For services rendered to FEP members, claims must be filed to the local Blue in the service area where the patient drop off occurred, based on zip code.

VIII. Special Services Disposable Supplies: A0384, A0392, A0394, A0396, A0422

See Routine Disposable Supplies and 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, which is used by ALS 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.
- 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
 - EKG set up – not the routine EKG monitoring supplies, which are included in A0382 and A0398
 - EKG electrodes – not the routine EKG monitoring supplies, which are included in A0382 and A0398
 - EKG gel or paste – not the routine EKG monitoring supplies, which are included in A0382 and A0398
 - EKG pads and strips – not the routine EKG monitoring supplies, which are included in A0382 and A0398

IV Drug Therapy

- A0394 – ALS specialized service disposable supplies; IV drug therapy
- Armboard
- Extension tubing
- Extricath needles
- Intracath needles
- IV solutions
- IV start kit
- Scalp veins
- Swabs

Bill the actual prescription drug under the appropriate J code. See Pharmaceuticals in this section of the manual.

Esophageal Intubation

- A0396 – ALS specialized service disposable supplies; esophageal intubation
- ET tube and holder
- Intubation supplies
- Tracheal supplies

Oxygen and Oxygen Supplies

- A0422 – Ambulance (ALS or BLS) oxygen and oxygen supplies, life-sustaining situation
- Cannula
- Mask
- Oxygen
- Tubing

I. 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

Predetermination for Air Transport

For patients with non-life-threatening diagnosis – if there is time – ask for a predetermination of air transport as follows:

- For air transport approval, call 800-432-3990; 785-291-4180; or FAX 785-290-0711
- Complete the form at the end of this section so the information is ready for our team.
- Make a copy of the completed form to accompany the claim.

Non-Medical Appropriateness

The following would not be covered unless there was medical appropriateness in connection with the transport. This is not an all-inclusive list:

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

II. Base Rate: A0430 and A0431

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

- Pilot(s)' salary

- Crew members' salaries
- Vehicle operating expenses, such as fuel
- Services of the attendants/crew members
- Overhead charges, such as linens
- Reusable items, such as backboards and splints
- All monitoring personnel and equipment
- Unloaded miles
- Standard waiting time
- Cardiopulmonary resuscitation and oxygen
- Automatic defibrillation services
- All equipment and personnel needed 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

III. Routine Disposable Supplies: A0398

A0398 is considered content of service to base rate codes A0426, A0427, A0428, A0429, A0433 and A0434 and will not be reimbursed separately when billed on the same date of service.

Submit itemized statement to include item and charge for each and attach it to the claim. Bill only one line for all disposable supplies. See the following non-all-inclusive list:

Non All-Inclusive List of Routine Disposable Supplies

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

- Activated charcoal
- Airways
- Aluminum foil
- Aqua packs
- Aspirator and supplies
- Bandages

- Bite sticks
- Blood tubes
- Blue pads
- Body bags
- Burn sheets
- Cervical collar
- Cervical splint precaution
- Chux
- Cot linens
- Diapers
- Eye Shields
- Gloves
- Glucose test kits
- Heat packs
- Hot pads
- *Continued on next page*
- Ice packs
- Instant glucose
- Instant heat
- Isolation gowns
- Kerlix rolls
- Mouth gags
- Nasal pharyngeal airways
- Needles
- EKG set up – not defibrillation supplies
- EKG electrodes – not defibrillation supplies
- EKG gel or paste – not defibrillation supplies
- EKG pads and strips – not defibrillation supplies
- Dressings such as Kling
- Emesis Basin
- Obstetrical kits
- Orange juice
- Oropharyngeal airways
- OSHA required supplies
- Oximetry sensors
- Poison antidote kits
- Radiation protective suits
- Restraints, not safety belts
- Sanitary pads
- Silver swaddler, sterile
- Strapping tape
- Suction supplies
- Syringes
- Syrup of ipecac

I. Medical Emergency

Medical emergency means a sudden, unexpected onset of a health condition that a person with average knowledge of health and medicine could reasonably expect to require immediate medical attention. It's a situation where failure to provide medical attention could result in serious impairment or dysfunction of bodily function, an organ or body part, or it would place the person's health in serious jeopardy.

The following is a partial list of diagnoses that could possibly meet the definition of a medical emergency:

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

Ambulance Claim Submission and Review

- Code all diagnoses/complaints/symptoms with diagnosis codes.
- List treating complaints/symptoms, not final outcome diagnosis. The final diagnosis can be listed on the run report.
- Your run report is optional, but it could help support your claim if you submit it.
- If it is determined that a transport was not a medical emergency and/or the patient could have been transported by other means, the claim could be denied as patient financial responsibility.

II. Base Rate: A0225, A0426-A0429 and A0433-A0434

All BCBSKS 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 canceled and will not appear on your RA.

III. Routine Disposable Supplies: A0382 and A0398

See Special Services Disposable Supplies for specific guidelines.

- Disposable supplies A0382 and A0398 are considered content of service to base rate codes A0426, A0427, A0428, A0429, A0433 and A0434 and will not be reimbursed separately when billed on the same date of service.
- Bill only one line for all routine disposable supplies.
- This service must be billed on the same claim as the base rate.
- It is no longer necessary 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.

Non-All-Inclusive List of Routine Disposable Supplies

See also: Special Services Disposable Supplies Air and Ground for specific guidelines on special services disposable.

- Activated charcoal
- Airways
- Aluminum foil
- Aqua packs
- Aspirator and supplies
- Bandages
- Bite sticks
- Blood tubes
- Blue pads
- Body bags
- Burn sheets
- Cervical collar
- Cervical splint precaution
- Chux
- Cot linens
- Diapers
- Dressings such as Kling
- EKG set up – not defibrillation supplies
- EKG electrodes – not defibrillation supplies

GROUND AMBULANCE

- EKG gel or paste – not defibrillation supplies
- EKG pads and strips – not defibrillation supplies
- Emesis Basin
- Eye shields
- Gloves
- Glucose test kits
- Heat packs
- Hot pads
- Ice packs
- Instant glucose
- Instant heat
- Isolation gowns
- Kerlix rolls
- Mouth gags
- Nasal pharyngeal airways
- Needles
- Obstetrical kits
- Orange juice
- Oropharyngeal airways
- OSHA required supplies
- Oximetry sensors
- Poison antidote kits
- Radiation protective suits
- Restraints, not safety belts
- Sanitary pads
- Silver swaddler, sterile
- Strapping tape
- Suction supplies
- Syringes

IV. Syrup of Ipecac Return/Round Trip: A0426-A0428, A0430-A0431 and A0433-A0434

BCBSKS limits ambulance base rates to one per day unless claims are submitted with all pertinent run reports attached. Approval will be based on medical necessity of each trip.

See Transports and Transfers Between Hospitals in this section of the manual.

V. Patient Refused Transport: A0999

Submit records to describe services rendered and include time involved.

VI. Transports and Transfers Between Hospitals: A0140, A0426-A0431 and 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, so you should work with the hospital for reimbursement of those services.

The following hospitals are known to be licensed as one hospital, so you should work with these hospitals regarding reimbursement of these services:

- From Onaga Community Hospital in Onaga to Onaga Community Hospital in St. Marys
- From Onaga Community Hospital in St. Marys to Onaga Community Hospital in Onaga
- From Ascension Via Christi St. Joseph in Wichita to Ascension Via Christi St. Francis in Wichita
- From Ascension Via Christi St. Francis in Wichita to Ascension Via Christi St. Joseph campus in Wichita

Medically necessary transports from an origin outside of the hospital setting to the Emergency Department (ED) of any one of the above campuses can be billed to BCBSKS, even if the ED sends the patient on to another hospital.

All other medically necessary transports and transfers are billable to BCBSKS.

Each line should be coded separately to include all pertinent run reports.

GROUND AMBULANCE

You should not use one line of service with multiple units in 24G.

VII. Standby or Unusual Waiting Time: A0420

BCBSKS will consider paying additional money for this service if certain criteria are met:

- Include information that supports the medical need for the wait, including the ambulance being out of service.
- Describe the “unusual circumstance” that caused the ambulance to wait.

The following example 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 and waiting to return the patient to the originating facility is not covered and should not be billed. This includes transports to another town and waiting for the patient to make the return.

VIII. Deceased Patient: A0999

BCBSKS will pay for some services under certain circumstances as described. Attach records to support services rendered:

- If the patient dies en route or is dead on arrival (DOA), ambulance service will be considered for reimbursement.
- If the patient is pronounced dead after the ambulance is called but before the pick-up, the ambulance service is covered to the point of pick up.
- If the patient is pronounced dead before the ambulance is called, the ambulance service is not covered.

IX. ALS Services Billed by a BLS

BCBSKS will recognize advanced life support services rendered by a BLS when the service meets all appropriate state and local protocols.

X. Multiple Patients Transported in One Vehicle: A0225-A0431, A0433 and A0434

BCBSKS will pay one base rate per eligible patient. Loaded miles should be split between patients, so 100 loaded miles would be billed as 050 miles on each patient's claim. Attach information that reflects multiple patients with mileage split.

I. 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

Administered by BCBSKS Method 2 for Ground		BCBSKS Guidelines
A0422 – Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	AIR <ul style="list-style-type: none"> • Billed separately • Bill only one line for this code • Itemization required with claim • Do not complete units field 24G 	GROUND <ul style="list-style-type: none"> • Billed separately • Bill only one line for this code • Itemization required upon post-payment audit • Do not complete units field 24G
A0424 – Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); Requires medical review.	AIR and GROUND <ul style="list-style-type: none"> • Submit records to support medical necessity • Do not complete units field 24G 	
A0425 – Ground mileage, per statute mile	AIR <ul style="list-style-type: none"> • DO NOT USE 	GROUND <ul style="list-style-type: none"> • Billed separately • Complete box 24G with three-digit units
A0426 – Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1) Method 2 – All-inclusive, includes all supplies and base rate services. Mileage and medicines billed separately.	AIR <ul style="list-style-type: none"> • DO NOT USE 	GROUND <ul style="list-style-type: none"> • 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. • If billing A0382 or A0398 separately, use only one line of service for the routine disposable supplies. • If billing A0382 or A0398 separately, bill on the same claim as base rate. • Do not complete units field 24G
A0427 – Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency) Method 2 – All-inclusive, includes all supplies and base rate services. Mileage and medicines billed separately.	AIR <ul style="list-style-type: none"> • DO NOT USE 	GROUND <ul style="list-style-type: none"> • 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. • If billing A0382 or A0398 separately, use only one line of service for the routine disposable supplies. • If billing A0382 or A0398 separately, bill on the same claim as base rate. • Do not complete units field 24G

Administered by BCBSKS Method 2 for Ground		BCBSKS Guidelines
A0428 – Ambulance service, basic life support, non-emergency transport (BLS) Method 2 – All-inclusive, includes all supplies and base rate services. Mileage and medicines billed separately.	AIR <ul style="list-style-type: none">DO NOT USE	GROUND <ul style="list-style-type: none">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.If billing A0382 or A0398 separately, use only one line of service for the routine disposable supplies.If billing A0382 or A0398 separately, bill on the same claim as base rate.Do not complete units field 24G
A0429 – Ambulance service, basic life support, emergency transport (BLS-emergency), water, special transportation services. Method 2 – All-inclusive, includes all supplies and base rate services. Mileage and medicines billed separately.	AIR <ul style="list-style-type: none">DO NOT USE	GROUND <ul style="list-style-type: none">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.If billing A0382 or A0398 separately, use only one line of service for the routine disposable supplies.If billing A0382 or A0398 separately, bill on the same claim as base rate.Do not complete units field 24G
A0430 – Ambulance service, conventional air services, transport, one way (fixed wing) Method 2 – All-inclusive, includes all supplies and base rate services. Mileage and medicines billed separately.	AIR <ul style="list-style-type: none">A0398 (routine disposable supplies) billable separately.Itemization of A0398 required with claim.If billing A0398 separately, use only one line of service for this code.Do not complete units field 24G.	GROUND <ul style="list-style-type: none">DO NOT USE
A0431 – Ambulance service, conventional air services, one way (rotary wing) Method 2 – All-inclusive, includes all supplies and base rate services. Mileage and medicines billed separately.	AIR <ul style="list-style-type: none">A0398 (routine disposable supplies) billable separately.Itemization of A0398 required with claim.If billing A0398 separately, use only one line of service for this code.Do not complete units field 24G.	GROUND <ul style="list-style-type: none">DO NOT USE
A0432 – Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company that is prohibited by state law from billing third-party payors.	AIR and GROUND <ul style="list-style-type: none">DO NOT USEDoes not pertain to Kansas. Volunteer ambulance companies can bill third-party payors.	

Administered by BCBSKS Method 2 for Ground		BCBSKS Guidelines
A0433 – Advanced life support, level 2 (ALS2) Method 2 – All-inclusive, includes all supplies and base rate services. Mileage and medicines billed separately.	AIR <ul style="list-style-type: none">• DO NOT USE	GROUND <ul style="list-style-type: none">• 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.• If billing A0382 or A0398 separately, use only one line of service for the routine disposable supplies.• If billing A0382 or A0398 separately, bill on the same claim as base rate.• Do not complete units field 24G.
A0434 – Specialty care transport (SCT) Hospital-to-hospital only Method 2 – All-inclusive, includes all supplies and base rate services. Mileage and medicines billed separately.	AIR <ul style="list-style-type: none">• DO NOT USE	GROUND <ul style="list-style-type: none">• 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.• If billing A0382 or A0398 separately, use only one line of service for the routine disposable supplies.• If billing A0382 or A0398 separately, bill on the same claim as base rate.• Do not complete units field 24G.
A0435 – Fixed wing air mileage, per statute mile	AIR <ul style="list-style-type: none">• Billable separately• Complete box 24G with three-digit units	GROUND <ul style="list-style-type: none">• DO NOT USE
A0436 – Rotary wing air mileage, per statute mile	AIR <ul style="list-style-type: none">• Billable separately• Complete box 24G with three-digit units	GROUND <ul style="list-style-type: none">• DO NOT USE
A0888 – Non-covered ambulance mileage, per mile (e.g. for miles traveled beyond closest appropriate facility)	AIR and GROUND <ul style="list-style-type: none">• Indicate origin, destination and reason for taking patient to other facility on claim attachment.• Complete box 24G with three-digit units.	
A0998 – Ambulance response and treatment, no transport	AIR and GROUND <ul style="list-style-type: none">• Submit records to describe services rendered.<ul style="list-style-type: none">◦ Covered if glucose/glucagon is administered.◦ Covered if anti-seizure medication is administered.◦ Other scenarios, coverage will be based on medical necessity• Non-covered if no treatment provided.	
A0999 – Unlisted ambulance service	AIR and GROUND <ul style="list-style-type: none">• Give complete description, records to support medical necessity, and charge itemization of each service.• Use when patient refused transport. Submit records to describe services rendered, including time involved.	
S0207 – Paramedic intercept, non-hospital-based ALS (non-voluntary), non-transport National S code	AIR <ul style="list-style-type: none">• DO NOT USE	GROUND <ul style="list-style-type: none">• Attach medical records

Administered by BCBSKS		BCBSKS Guidelines
Method 2 for Ground		
S0208 – Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport National S code	AIR • DO NOT USE	GROUND • Attached medical records
S0209 – Wheelchair van, mileage, per mile National S code	AIR and GROUND • DO NOT USE	
S0215 – Non-emergency transportation, mileage, per mile National S code	AIR and GROUND • DO NOT USE	

Revisions

01/01/2019	Redesigned manual
01/01/2022	Updated design – no content change
01/01/2023	Reviewed – no changes
01/01/2024	Page 7 – Added note under Claims Filing Rule for FEP members
01/01/2025	Page 4 – Added information about Unspecified Diagnosis
01/01/2026	Removed links throughout the manual
	Page 4 – Updated Reimbursement section for clarity
	Page 6 – Removed outdated resource/phone number and updated contact information
	Page 8 – Updated A0384 to current code description
02/03/2026	Page 10 – Removed A0410 from base rates – no longer valid
	Page 4 – Updated ambulance modifiers to reflect current coding



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