Ambulance

BlueCross BlueShield
Kansas

bcbsks.com

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AIR & GROUND

AIR

GROUND

VALID CODES

REVISIONS

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

I. Reimbursement

Regardless of type of ambulance, ground (all levels) or air, Blue Cross and Blue Shield of Kansas (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)

II. Diagnosis/Symptoms/Complaints

Diagnosis 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

Ambulance codes A0021 – 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 (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 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 for payment prescription drugs. (If IV therapy, see disposable supplies billing guidelines further in this section of the manual.)

BCBSKS will reimburse for drugs administered, if drug administration is 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 file, BCBSKS 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 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 Provider Network Services at 800-432-3587, option 1.

- Metric Quantity (cc, grams, liter)
- Units (bags, tabs)
- Drugs/pharmaceuticals — requires DK indicator for ordering provider in box 17 and NPI indicated in box 17b (paper claim) or the 2420E loop (electronic claim).

IV. Mileage
(A0380, A0390, A0425, 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 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.

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.

You must give information as to the medical need of the additional attendant.

Procedure code A0424 should be used with medical necessity information included.

VI. Disposable Supplies in General (A0382, A0384, A0392, A0394, A0396, A0398, A0422)

There are specific guidelines for routine disposable supplies listed in each section relative to air and to ground. For specific guidelines for special services disposable supplies, see VIII. below on this page.

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 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).
- 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.

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 paper CMS-1500 claim form (version 02/12) or in the 2310E NM4 field – Ambulance Pick-up Location City, State, Zip Code, electronically.

VIII. Special Services Disposable Supplies (A0384, A0392, A0394, A0396, 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.)
- 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

  Please 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

If there is time, it is suggested that you ask for a predetermination of air transports. Predetermination 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.

II. Base Rate (A0410, A0430, 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

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 to claim. Bill only one line for all of your disposable supplies.

See the following list.

<u>Non All-Inclusive List of Routine Disposable Supplies</u>
<u>(See Special Services Disposable Supplies Air and Ground</u>
<u>for specific guidelines</u>
<u>on special services disposables.)</u>

- Activated charcoal
- Airways
- Aluminum foil
- Aqua packs
- Aspirator and supplies
- Attendant's radiation protective suits
- Bandages
- Bite sticks
- Blood tubes
- Blue pads
- Body bags
- Burn sheets
- Cervical collar
- Cervical splint precaution

- Chux
- Cot linens
- Diapers
- 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

- 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
- 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 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
- Blood clots
- Burns, severe
- Coma
- Complications of pregnancy and/or fetal distress, excluding false labor
- Coronary artery occlusion
- Coronary thrombosis
- Diabetic shock
- Heart attack
- Injury to the body caused solely 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
- Suspected heart attack
- Unconsciousness

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 diagnosis codes.
- It is important that you list treating complaints/symptoms, not the final outcome diagnosis.
- You may list the final diagnosis on the run report, noting that it was the final diagnosis.
- Including your run report with the claim will also help in the correct processing of your claim. This is not mandatory.

II. Base Rate (A0225, A0426-A0429, 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, A0398)

See Special Services Disposable Supplies for specific guidelines on special services disposables.

- 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 of your routine disposable supplies.
- This service must be billed on the same claim as the base rate.
- 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.

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
- Airways
- Aluminum foil
- Aqua packs
- Aspirator and supplies
- Attendant's radiation protective suits
- 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)
- 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
- Restraints, not safety belts
- Sanitary pads
- Silver swaddler, sterile
- Strapping tape
- Suction supplies
- Syringes

IV. Syrup of ipecacReturn/Round Trip (A0426-A0428, A0430-A0431, 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. Include time involved.

VI. Transports and Transfers Between Hospitals (A0140, A0426-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 Onaga Community Hospital (Onaga) to Onaga Community Hospital St. Marys (St. Marys)
- From Onaga Community Hospital St. Marys (St. Marys) to Onaga Community Hospital (Onaga)
- From Via Christi St. Joseph campus (Wichita) to Via Christi St. Francis campus (Wichita)
- From Via Christi St. Francis campus (Wichita) to Via Christi St. Joseph campus (Wichita)

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 to include all pertinent run reports.

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 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 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, etc., and waiting to return the patient to the originating facility is non-covered and should not be billed. This includes those transports to another town and waiting for the patient to return them.

VIII. 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.

IX. ALS Services Billed by a BLS

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

X. Multiple Patients Transported in One Vehicle (A0225-A0431, A0433, A0434)

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.

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

As Administered by BCBSKS Method 2 for Ground	BCBSKS Guidelines	
A0422 – Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	**AIR** • Billed separately • Bill only one line for this code • Itemization required with claim • **Do not complete units field 24G**	**GROUND** • 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** • Submit records to support medical necessity • **Do not complete units field 24G**	
A0425 – Ground mileage, per statue mile	**AIR** • DO NOT USE	**GROUND** • 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** • DO NOT USE	**GROUND** • 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**

As Administered by BCBSKS Method 2 for Ground	BCBSKS Guidelines	
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** • DO NOT USE	**GROUND** • 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**
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** • DO NOT USE	**GROUND** • 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** • DO NOT USE	**GROUND** • 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** • 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** • DO NOT USE

As Administered by BCBSKS Method 2 for Ground	BCBSKS Guidelines	
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** • 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** • 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** • DO NOT USE • This does not pertain to Kansas, as volunteer ambulance companies can bill third-party payors.	
A0433 – Advanced life support, level 2 (ALS2) Method 2 – All-inclusive, includes all supplies and base rate services. Mileage and medicines billed separately.	**AIR** • DO NOT USE	**GROUND** • 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** • DO NOT USE	**GROUND** • 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** • Billable separately • **Complete box 24G with three-digit units**	**GROUND** • DO NOT USE
A0436 – Rotary wing air mileage, per statute mile	**AIR** • Billable separately • **Complete box 24G with three-digit units**	**GROUND** • DO NOT USE
A0888 – Non-covered ambulance mileage, per mile (e.g. for miles traveled beyond closest appropriate facility)	**AIR and GROUND** • Indicate origin, destination and reason for taking patient to other facility on claim attachment. • **Complete box 24G with three-digit units.**	

As Administered by BCBSKS Method 2 for Ground	BCBSKS Guidelines	

A0998 – Ambulance response and treatment, no transport	**AIR and GROUND**
	• Submit records to describe services rendered.
	   o Covered if glucose/glucagon is administered.
	   o Covered if anti-seizure medication is administered.
	   o Other scenarios, coverage will be based on medical necessity
	• Non-covered if no treatment provided.	

A0999 – Unlisted ambulance service	**AIR and GROUND** • 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** • DO NOT USE	**GROUND** • Attach medical records
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 of manual – no content change
01/01/2023	Reviewed – no changes

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Kansas