



Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association

## Ambulance

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### Overview

An Ambulance is a specially designed or equipped vehicle used only for transporting the critically ill or injured to a health care facility. The ambulance service must meet state and local requirements for providing transportation for the sick or injured and must be operated by qualified personnel who are trained in the application of basic life support.

### Billing Guidelines

- Ambulance services provided by an **independent ambulance** provider are billed on the CMS-1500.
- Ambulance services provided by a **hospital-based ambulance** are billed on the UB-04 using the specific NPI assigned for ambulance. These services should not be billed under the acute hospital NPI. Hospital-based ambulance services are not allowed on inpatient claims, as ambulance transport is not included in inpatient reimbursement methods. Claims for ambulance services must be submitted separately as an outpatient claim.
- Each claim should contain a code for a base rate. Routine supplies and equipment such as IV solutions, oxygen, tubing, masks, gloves, dressings, catheters, EKG supplies, backboards and glucose checks are included in the base rate and should not be billed separately.
- Codes should be for the level of service provided, not the type of vehicle used.

- Each claim should contain a code for mileage unless the patient was not transported. Report number of miles in the “units” field. If the patient received treatment by ambulance staff but was not transported, use A0998 (Ambulance response and treatment, no transport).
- Transport by an ambulance to a clinic or mortuary is not eligible for reimbursement.

## Level of Service

Blue Cross Blue Shield of North Dakota follows Medicare’s guidelines for determining level of service.

If an Advanced Life Support (ALS) vehicle is used but no ALS service is performed, use the appropriate Basic Life Support (BLS) codes:

- **A0428** Ambulance service, basic life support, non-emergency transport (BLS)
- **A0429** Ambulance service, basic life support, emergency transport (BLS - emergency)

Criteria for higher intensity services are listed below:

- **A0433** (Advanced Life Support, Level 2 [ALS 2]) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) **OR** ground ambulance transport and the provision of at least one ALS 2 procedures, such as manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, or intraosseous line.
- **A0434** (Specialty Care Transport [SCT]) is hospital-to-hospital transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary’s condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area (e.g. emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training).

## Intra-facility Ambulance Transport

Medically necessary transports between provider sites will be reimbursed for the following conditions:

1. The two locations have different NPIs  
**OR**
2. The campuses are in two different locations (a campus is defined as areas located within 250 yards of main buildings) **AND** the patient is not inpatient status at the time of transport.

This policy does not supersede the policy on ambulance transports during inpatient stay which states:

If a patient must be transported by ambulance to another facility for unavailable services (i.e. diagnostic tests or surgical procedures) during an acute hospital inpatient stay, the ambulance provider cannot separately bill this transport. The ambulance provider must have an arrangement with the hospital for appropriate billing and payment. The charges for the ambulance transport are considered part of the inpatient stay and are reimbursed based on the DRG.

Examples of transports eligible for payment:

- A suicidal patient is seen in a provider's emergency room (ER) and is transported by ambulance for admission to the same provider's psych unit located outside of the campus containing the ER or to the psych unit that has a different NPI.
- A patient seen in the clinic for physical therapy services has a stroke and requires transport to the hospital for additional care.
- A patient having a surgical procedure done in the Ambulatory Surgery Center (ASC) has a severe hemorrhage and requires transport to the hospital for additional care.

Examples of transports not eligible for separate payment:

- A patient has a procedure performed in a facility's ASC and is transported to the same facility's outpatient hospital for additional non-emergent care/routine post-op recovery.
- A patient who is inpatient at a hospital or unit of a hospital needs an MRI and is transported to a different location where the MRI machine is located, then transported back to the original location.