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**CHAPTER 10: MEDICAL TRANSPORTATION**

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**EMERGENCY AMBULANCE TRANSPORTATION**

Emergency ambulance transportation is provided for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of the beneficiary (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

A beneficiary may also require emergency ambulance transportation if he or she is psychiatrically unmanageable or needs restraint.

Ambulance providers must retain documentation that appropriately supports that at least one of these criteria was met and that the beneficiary would be susceptible to injury using any other method of transportation. An ambulance trip that does not meet at least one of these criteria would be considered a nonemergency service and must be coded and billed as such.

Prior review or authorization is not permitted for emergency ambulance transportation.

Separate reimbursement for oxygen and disposable supplies will be made when medically necessary.

**Ambulance Treatment-in-Place**

Physician directed treatment-in-place service is the facilitation of a telehealth visit by an ambulance provider.

Each paid treatment-in-place ambulance claim must have a separate and corresponding paid treatment-in-place telehealth claim, and each paid treatment-in-place telehealth claim must have a separate and corresponding paid treatment-in-place ambulance claim or a separate and corresponding paid ambulance transportation claim. Reimbursement for both an emergency transport to a hospital and an ambulance treatment-in-place service for the same incident is not permitted. Ambulance providers that are dispatched by an emergent call for service may determine

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~~upon the scene that a telehealth visit with a licensed medical professional, who is enrolled in Medicaid, is more appropriate than transportation to an emergency department. In this case, the treatment in-place service may be rendered.~~

~~**NOTE:** Treatment in place is classified as an emergency transportation service. All provisions, including criteria and documentation to support the emergency determination, from the preceding section apply.~~

~~Both the telehealth claim and the ambulance treatment in place claim shall be payable by Medicaid. If the ambulance provider bills on behalf of the telehealth provider, the ambulance provider must bill the telehealth service separately from the treatment in place service and in accordance with the requirements below.~~

~~**Ambulance Telemedicine/Telehealth Claims**~~

~~The ambulance provider’s NPI must be enrolled in Medicaid as a Professional Service (claim type 04) billing provider.~~

~~The rendering provider’s NPI must be reported on the claim and enrolled in Medicaid as a licensed physician, physician assistant, or advanced practice registered nurse.~~

~~The claim must indicate place of service 02 and modifier 95.~~

~~Approved telemedicine/telehealth procedure codes for ambulance telemedicine/telehealth claims are listed in the following table:~~

Category	Service	CPT Codes
<del>Evaluation and Management, Office or Other Outpatient Service</del>	New Patient	99201, 99202, 99203, 99204, 99205
	Established Patient	99211, 99212, 99213, 99214, 99215

~~**Ambulance Treatment-in-Place Ambulance Services Claim**~~

~~Payment of treatment-in-place ambulance services is restricted to those identified on the Physician Directed Ambulance Treatment-in-Place Fee Schedule and edit claims for non-payable procedure codes as follows:~~

- ~~• If a treatment-in-place ambulance claim is billed with mileage, the entire claim document shall be denied; and~~

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- If an unpayable procedure code, that is not mileage, is billed on a treatment-in-place ambulance claim, only the line with the unpayable code will be denied.

~~The ambulance provider’s NPI must be enrolled in Medicaid as an Ambulance Service (claim type 07) billing provider.~~

~~Supply codes A0382 and A0398 are payable, but mileage (A0425) and other ambulance transportation services are not payable. Claims billed with non payable ambulance treatment in place services shall be denied.~~

~~Claims must indicate treatment in place destination code “W” in the destination position of the origin/destination modifier combination.~~

~~The following table contains vValid treatment-in-place ambulance claim modifiers for treatment in place are listed in the following table.:~~

<u>Modifier</u>	<u>Origination Site</u>	<u>Destination</u>
<u>DW</u>	<u>Diagnostic or therapeutic site other than P or H when these are used as origin codes</u>	<u>Tx-in-Place</u>
<u>EW</u>	<u>Residential, domiciliary, custodial facility (other than 1819 facility)</u>	<u>Tx-in-Place</u>
<u>GW</u>	<u>Hospital based ESRD facility</u>	<u>Tx-in-Place</u>
<u>HW</u>	<u>Hospital</u>	<u>Tx-in-Place</u>
<u>IW</u>	<u>Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport</u>	<u>Tx-in-Place</u>
<u>JW</u>	<u>Freestanding ESRD facility</u>	<u>Tx-in-Place</u>
<u>NW</u>	<u>Skilled nursing facility</u>	<u>Tx-in-Place</u>
<u>PW</u>	<u>Physician’s office</u>	<u>Tx-in-Place</u>
<u>RW</u>	<u>Residence</u>	<u>Tx-in-Place</u>
<u>SW</u>	<u>Scene of accident or acute event</u>	<u>Tx-in-Place</u>

**~~Emergency Transportation to Hospital During Treatment in Place~~**

~~If ~~the~~ beneficiary being treated in place has a real-time deterioration in ~~his or her~~his or her clinical condition ~~which necessitates~~necessitating immediate transport to an emergency department, the ambulance provider ~~shall transport the beneficiary if appropriate~~cannot bill for both the treatment-in-place ambulance service and the transport to the emergency department. In this situation, the ambulance provider shall bill for the transport to the emergency department only. The transportation broker shall require ambulance providers to submit pre-~~

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hospital care summary reports to prevent payment of treatment-in-place ambulance claims and emergency ambulance transportation claims for the same occurrence.

### Treatment-in-Place Telehealth Services

Payment of the treatment-in-place services is restricted to those identified on the Treatment-in-Place Telehealth Services Fee Schedule.

Valid rendering providers are licensed physicians, advanced practice registered nurses, and physician assistants.

~~In no instance may the ambulance provider be reimbursed for both an emergency transport to a hospital and an ambulance treatment-in-place service for the same incident.~~

### Ambulance Service Exclusions

Medicaid does not cover “Ambulance 911-Non-emergency” services. ~~(i.e., procedure code A0226).~~ If the beneficiary’s medical condition does not present itself as an emergency in accordance with the criteria in this Manual, the service may be considered a non-covered service by Medicaid.

Ambulance providers shall code and bill such non-emergency services using modifiers GY, QL, or TQ to indicate that the services performed were non-covered Medicaid services.

Ambulance providers may bill beneficiaries for non-covered services only if the beneficiary was informed prior to transportation, verbally and in writing, that the service ~~was~~would not be covered by Medicaid and if the beneficiary then agreed to accept the responsibility for payment. The transportation provider must obtain a signed statement or form which documents that the beneficiary was verbally informed of the out-of-pocket expense.