

SECTION 4
PROCEDURE, MODIFIER, AND WAITING TIME CODES

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PROCEDURE CODES

ADVANCED LIFE SUPPORT (ALS) TRANSPORT

Code	Description	Fee
A0426	Ambulance service, Advanced Life Support, Non-Emergency Transport (Level 1) (ALS) <i>One way, documentation of specialization is required in run report when filing this procedure (all supplies inclusive in basic rate). A DHEC Ambulance Run Report must support each transport.</i>	\$147.54
A0427	Ambulance service, Advanced Life Support, Emergency Transport (Level 1) (ALS1 – emergency) <i>One way, documentation of specialization is required in the run report when filing this procedure (all supplies inclusive in basic rate). A DHEC Ambulance Run Report must support each transport.</i>	\$170.70

SPECIALIZED TRANSPORT

Code	Description	Fee
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way (<i>all supplies inclusive in the transport</i>) <i>This is an ALS transport that provides the staff and equipment necessary to transport and treat a neonate.</i>	\$160.20
X0401	ICU and/or Special Neonatal Transport (<i>all supplies inclusive in the basic rate</i>) <i>This transport is used as a special purpose transport when highly specialized equipment, a nurse, a doctor, or a specially trained paramedic is needed for transporting and treatment.</i>	\$300.00
X0402	ICU/Neonatal Mileage	\$3.47

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Fixed-Wing or Rotary Aircraft Transport

Code	Description	Fee
A0430	Ambulance service, conventional air services, transport, one way (fixed wing) <i>(All supplies inclusive in basic rate)</i>	\$400.00
A0431	Ambulance service, conventional air services, transport, one way (rotary wing), <i>(Mileage and supplies inclusive in basic rate)</i>	\$2150.00
A0435	Fixed Wing air mileage, per statute mile	\$10.00 per statute mile

Basic Life Support (BLS) Transport

Code	Description	Fee
A0428	Ambulance service, Basic Life Support, Non-Emergency Transport (BLS) <i>(all supplies inclusive)</i> <i>This type of transport is used to transport non-ambulatory and bed-confined patients to doctor or hospital appointments only. Transporting the patient by any other means would be detrimental to the patient's health and documentation in the patient's records must show need for ambulance transport. The DHEC Ambulance Run Report must support each transport. Completed original DHHS Form 216 and the DHEC Ambulance Run Report must be attached to the claim for each transport.</i>	\$117.71
A0429	Ambulance service, Basic Life Support, Emergency Transport (BLS – Emergency) <i>(all supplies inclusive)</i> <i>This type of transport is used when equipment is required for transporting and treatment of basic life support situations. The DHEC Ambulance Run Report must support each transport. Completed original DHHS Form 216 and the DHEC Ambulance Run Report must be attached to the claim for each transport.</i>	\$136.19
A0999	Unlisted Ambulance Service, BLS, Return Trip (if applicable) <i>(all supplies inclusive)</i> <i>This type of transport is used to return the patient to the original place of pickup.</i>	\$92.16

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Other Transport Codes

Code	Description	Fee
A0420	Ambulance waiting time, (ALS or BLS), one-half (½) hour increments <i>(First ½ hour is not reimbursable). Waiting time charges cannot exceed the return trip charges. The DHEC Ambulance Run Report must support any waiting time billed.</i>	\$9.83
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); <i>(required medical review)</i> <i>The DHEC Ambulance Run Report must explain the need for using the extra attendant.</i>	\$35.00
A0425	Ground mileage, per statute mile (ALS or BLS)	\$2.60
A0998	Ambulance response and treatment, no Transport <i>This procedure code is used in all cases where an ambulance is called and the patient refused transport or the ambulance staff decided medical condition of the patient did not warrant transport to a medical facility and the patient is treated at the scene.</i>	\$40.50

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MODIFIER CODES

Modifier	Description
	Origin and destination modifiers are created by combining two alpha characters from the following list. Each alpha character, with the exception of X, represents either an origin or destination. Each pair of alpha characters creates one modifier. The first position represents the origin and the second the destination.
D	Diagnostic or therapeutic site other than a physician's office or hospital
E	Residential, domiciliary, custodial facility (nursing home, non-skilled nursing facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site or transfer for example (<i>e.g.</i> , airport or helicopter pad) between types 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 an accident or acute event

OTHER MODIFIERS

Modifier	Description
QL	Patient died after ambulance call
76	Duplicate procedure, on same day of service
NT	No transport
EV	Evacuation

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MODIFIER CODES

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BILLING A FEE- FOR-SERVICE BASIC LIFE NON- EMERGENCY TRANSPORT

ONE BLS TRIP AND BLS RETURN TRIP ON THE SAME DATE OF SERVICE

Code	Description	Modifier	Destination
A0428	BLS, Non-Emergency Transport	RP	Residence to physician
A0425	BLS, Mileage	RP	Mileage <i>(combine to and from)</i>
A0999	BLS, Return Trip	PR	Physician to residence

TWO BLS TRIPS AND BLS RETURN TRIPS ON THE SAME DATE OF SERVICE

Code	Description	Modifier	Destination
A0428	BLS, Non-Emergency Transport	RP	1st trip – Residence to physician
A0425	BLS, Mileage	RP	1st trip – Mileage <i>(combine to and from)</i>
A0999	BLS, Return Trip	PR	1st trip – Physician to residence
A0428	BLS, Non-Emergency Transport	076 (Repeat)	2nd trip – Residence to physician
A0425	BLS, Mileage	076 (Repeat)	2nd trip – Mileage <i>(combine to and from)</i>
A0999	BLS, Return Trip	076 (Repeat)	2nd trip – Same date of service

NOTE: A DHEC Run Report is required for each trip. A trip defined as a pickup and transport to or from a Medicaid service.

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BILLING A FEE-FOR-SERVICE BASIC LIFE NON-EMERGENCY TRANSPORT

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SECTION 4 PROCEDURE, MODIFIER, AND WAITING TIME CODES**WAITING TIME
CODES**

Waiting time codes should be entered in the Days or Units field of the CMS-1500 claim form.

Code	Time
1	1 hour
2	1 ½ hours
3	2 hours
4	2 ½ hours
5	3 hours
6	3 ½ hours
7	4 hours
8	4 ½ hours
9	5 hours

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