
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 59

Date: JANUARY 2, 2004

CHANGE REQUEST 3035

I. SUMMARY OF CHANGES: This transmittal corrects the “Ambulance HCPCS Codes Crosswalk and Definitions,” makes technical corrections to the manual, and adds a new carrier requirement for HCPCS code A0800.

NEW/REVISED MATERIAL - EFFECTIVE DATE: January 5, 2004

***IMPLEMENTATION DATE: January 5, 2004**

II. CHANGES IN MANUAL INSTRUCTIONS:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	15-30 – General Billing Guidelines – Intermediaries and Carriers

***III. FUNDING:**

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Change Notification

***Medicare contractors only**

Attachment - Business Requirements

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SUBJECT: New HCPCS Code for Ambulance Night Differential Charges

I. GENERAL INFORMATION

A. Background:

Ambulance suppliers that were permitted to bill separately for medically necessary supplies and ancillary services furnished incident to the ambulance transport prior implementation of the Ambulance Fee Schedule on April 1, 2002 may continue to do so through the transition period ending December 31, 2005. Such items and services include but are not limited to drugs, supplies, waiting time, extra attendants, EKG testing, and ambulance night differential charges – but only when such items and services are both medically necessary and covered by Medicare under the ambulance benefit.

B. Policy:

Carriers that allow suppliers to use Level III HCPCS codes to bill separately for ambulance night differential charges must eliminate local codes for these services by December 31, 2003. A new HCPCS code, A0800, has been established to allow suppliers eligible to bill separately for ambulance night differential charges to continue to bill for these services through the end of the transition period. Carriers eligible to pay separately for ambulance night differential charges may begin using HCPCS code A0800 on January 5, 2004 to allow ambulance suppliers billing for these services to continue to do so through the end of the transition period on December 31, 2005. Carriers that pay separately for ambulance night differential charges using HCPCS code A0999 (not otherwise classified) may continue to do so through the end of the transition period.

C. Provider Education:

Carriers that allow separate billing for ambulance night differential charges shall inform affected suppliers of the new HCPCS code A0800 by posting either a summary or relevant portions of this document on their Web site within 30 days. Also, carriers shall publish this same information in their next regularly scheduled bulletin. If they have a listserv that targets affected providers, they shall use it to notify subscribers that information about the new HCPCS code A0800 for ambulance night differential charges is available on their Web site.

(NOTE: Provider education requirements apply only to carriers eligible to use HCPCS A0800.)

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3035.1	Effective on January 5, 2004, carriers in jurisdictions that paid separately for ambulance night differential charges prior to April 1, 2002 using a local code shall discontinue use of the local code and implement HCPCS code A0800 to allow eligible suppliers to continue billing for these services through the end of the transition period on December 31, 2005.	Carriers (NOTE: This requirement only applies to carriers in jurisdictions that allowed separate billing for ambulance night differential charges prior to April 1, 2002 using a local code.)
3035.2	Effective for claims with dates of service on or after January 5, 2004, and continuing through the end of the transition period on December 31, 2005, carriers <u>not</u> eligible to pay separately for ambulance night differential charges shall deny claims for such services.	Carriers (NOTE: This requirement only applies to carriers in jurisdictions that <u>did not</u> allow separate billing for ambulance night differential charges prior to April 1, 2002.)

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: Section II - January 5, 2004 Section I, C. – No later than February 2, 2004</p> <p>Implementation Date: Section II - January 5, 2004 Section I, C. – No later than February 2, 2004</p> <p>Pre-Implementation Contact(s): Susan Webster (410) 786-3384</p> <p>Post-Implementation Contact(s): Susan Webster (410) 786-3384</p>	<p>These instructions shall be implemented within your current operating budget</p>
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30 - General Billing Guidelines - Intermediaries and Carriers

(Rev. 59, 01-02-04)

A3-3660, B3-5116, PM AB-00-88, PM AB-02-036, AB-99-53, AB-99-83, AB-94-8, AB-02-031

Ambulance suppliers may bill the carrier on Form CMS-1500, Health Insurance Claim Form; the NSF EDI data set; or the ANSI X12N 837 data set.

Hospitals, SNFs, and HHAs that bill the intermediary use Form CMS-1450 (UB-92), the UB-92 electronic data set, or the ANSI X12N 837 data set.

A - Modifiers Specific to Ambulance

Two of the following modifiers are required for each base line item to report the origin and the destination:

D = Diagnostic or therapeutic site other than P or H when these are used as origin codes;

E = Residential, domiciliary, custodial facility (other than 1819 facility);

G = Hospital based ESRD facility;

H = Hospital;

I = Site of transfer (e.g. airport or helicopter pad) between modes of ambulance transport;

J = Freestanding ESRD facility;

N = Skilled nursing facility;

P = Physician's office;

R = Residence;

S = Scene of accident or acute event;

X = Intermediate stop at physician's office on way to hospital (destination code only)

R = Residence;

S = Scene of accident or acute event;

X = Intermediate stop at physician's office on way to hospital (destination code only)

B - HCPCS Codes

The following codes and definitions are effective for billing ambulance services on or after January 1, 2001.

AMBULANCE HCPCS CODES CROSSWALK AND DEFINITIONS

<i>New HCPCS Code</i>	<i>Description of HCPCS Codes</i>	<i>Old HCPCS Code</i>
A0430	<i>Ambulance service, conventional air services, transport, one way, fixed wing (FW)</i>	A0030
A0431	<i>Ambulance service, conventional air services, transport, one way, rotary wing (RW)</i>	A0040
A0429	<i>Ambulance service, basic life support (BLS), emergency transport, water, special transportation services</i>	A0050
A0428	<i>Ambulance service, BLS, non-emergency transport, all inclusive (mileage and supplies)</i>	A0300 (Method 1)
A0429	<i>Ambulance service, BLS, emergency transport, all inclusive (mileage and supplies)</i>	A0302 (Method 1)
Q3020	<i>Ambulance service, advanced life support (ALS), non-emergency transport, no specialized ALS services rendered, all inclusive (mileage and supplies)</i>	A0304 (Method 1)
A0426	<i>Ambulance service, ALS, non-emergency transport, specialized ALS services rendered, all inclusive (mileage and supplies)</i>	A0306 (Method 1)
Q3019	<i>Ambulance service, ALS, emergency transport, no specialized ALS services rendered, all inclusive (mileage and supplies)</i>	A0308 (Method 1)
A0427	<i>Ambulance service, ALS, emergency transport, specialized ALS services rendered, all inclusive (mileage and supplies)</i>	A0310 (Method 1)

<i>New HCPCS Code</i>	<i>Description of HCPCS Codes</i>	<i>Old HCPCS Code</i>
A0433	<i>Ambulance service, advanced life support, level 2 (ALS2), all inclusive (mileage and supplies)</i>	<i>A0310 (Method 1)</i>
A0434	<i>Ambulance service, specialty care transport (SCT), all inclusive (mileage and supplies)</i>	<i>A0310 (Method 1)</i>
A0428	<i>Ambulance service, BLS, non-emergency transport, supplies included, mileage separately billed</i>	<i>A0320 (Method 2)</i>
A0429	<i>Ambulance service, BLS, emergency transport, supplies included, mileage separately billed</i>	<i>A0322 (Method 2)</i>
Q3020	<i>Ambulance service, ALS, non-emergency transport, no specialized ALS services rendered, supplies included, mileage separately billed</i>	<i>A0324 (Method 2)</i>
A0426	<i>Ambulance service, ALS, non-emergency transport, specialized ALS services rendered, supplies included, mileage separately billed</i>	<i>A0326 (Method 2)</i>
Q3019	<i>Ambulance service, ALS, emergency transport, no specialized ALS services rendered, supplies included, mileage separately billed</i>	<i>A0328 (Method 2)</i>
A0427	<i>Ambulance service, ALS, emergency transport, specialized ALS services rendered, supplies included, mileage separately billed</i>	<i>A0330 (Method 2)</i>
A0433	<i>Ambulance service, ALS2, supplies included, mileage separately billed</i>	<i>A0330 (Method 2)</i>
A0434	<i>Ambulance service, SCT, supplies included, mileage separately billed</i>	<i>A0330 (Method 2)</i>
A0428	<i>Ambulance service, BLS, non-emergency transport, mileage included, disposable supplies separately billed</i>	<i>A0340 (Method 3)</i>
A0429	<i>Ambulance service, BLS, emergency transport, mileage included, disposable supplies separately billed</i>	<i>A0342 (Method 3)</i>
Q3020	<i>Ambulance service, ALS, non-emergency transport, no specialized ALS services rendered, mileage included, disposable supplies separately billed</i>	<i>A0344 (Method 3)</i>
A0426	<i>Ambulance service, ALS, non-emergency transport, specialized ALS services rendered, mileage included, disposable supplies separately billed</i>	<i>A0346 (Method 3)</i>

<i>New HCPCS Code</i>	<i>Description of HCPCS Codes</i>	<i>Old HCPCS Code</i>
<i>Q3019</i>	<i>Ambulance service, ALS, emergency transport, no specialized ALS services rendered, mileage included, disposable supplies separately billed</i>	<i>A0348 (Method 3)</i>
<i>A0427</i>	<i>Ambulance service, ALS, emergency transport, specialized ALS services rendered, mileage included, disposable supplies separately billed</i>	<i>A0350 (Method 3)</i>
<i>A0433</i>	<i>Ambulance service, ALS2, mileage included, disposable supplies separately billed</i>	<i>A0350 (Method 3)</i>
<i>A0434</i>	<i>Ambulance service, SCT, mileage included, disposable supplies separately billed</i>	<i>A0350 (Method 3)</i>
<i>A0428</i>	<i>Ambulance service, BLS, non-emergency transport, mileage and disposable supplies separately billed</i>	<i>A0360 (Method 4)</i>
<i>A0429</i>	<i>Ambulance service, BLS, emergency transport, mileage and disposable supplies separately billed</i>	<i>A0362 (Method 4)</i>
<i>Q3020</i>	<i>Ambulance service, ALS, non-emergency transport, no specialized ALS services rendered, mileage and disposable supplies separately billed</i>	<i>A0364 (Method 4)</i>
<i>A0426</i>	<i>Ambulance service, ALS, non-emergency transport, specialized ALS services rendered, mileage and disposable supplies separately billed</i>	<i>A0366 (Method 4)</i>
<i>Q3019</i>	<i>Ambulance service, ALS, emergency transport, no specialized ALS services rendered, mileage and disposable supplies separately billed</i>	<i>A0368 (Method 4)</i>
<i>A0427</i>	<i>Ambulance service, ALS, emergency transport, specialized ALS services rendered, mileage and disposable supplies separately billed</i>	<i>A0370 (Method 4)</i>
<i>A0433</i>	<i>Ambulance service, ALS2, mileage and disposable supplies separately billed</i>	<i>A0370 (Method 4)</i>
<i>A0434</i>	<i>Ambulance service, SCT, mileage and disposable supplies separately billed</i>	<i>A0370 (Method 4)</i>
<i>A0425</i>	<i>BLS mileage (per mile)</i>	<i>A0380 (averaged with A0390)</i>
<i>None</i>	<i>BLS routine disposable supplies</i>	<i>A0382</i>

<i>New HCPCS Code</i>	<i>Description of HCPCS Codes</i>	<i>Old HCPCS Code</i>
<i>None</i>	<i>BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)</i>	<i>A0384</i>
<i>A0425</i>	<i>ALS mileage (per mile)</i>	<i>A0390 (averaged with A0380)</i>
<i>None</i>	<i>ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed by BLS ambulances)</i>	<i>A0392</i>
<i>None</i>	<i>ALS specialized service disposable supplies; IV drug therapy</i>	<i>A0394</i>
<i>None</i>	<i>ALS specialized service disposable supplies; esophageal intubation</i>	<i>A0396</i>
<i>None</i>	<i>ALS routine disposable supplies</i>	<i>A0398</i>
<i>None</i>	<i>Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments</i>	<i>A0420</i>
<i>None</i>	<i>Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation</i>	<i>A0422</i>
<i>None</i>	<i>Extra ambulance attendant, ALS or BLS (requires medical review)</i>	<i>A0424</i>
<i>A0800 (Effective 1/5/2004)</i>	<i>Ambulance transport provided between the hours of 7 pm and 7 am</i>	<i>Local Carrier Code</i>
<i>None</i>	<i>Unlisted ambulance service</i>	<i>A0999</i>
<i>A0432</i>	<i>Paramedic ALS intercept (PI), rural area transport furnished by a volunteer ambulance company, which is prohibited by state law from billing third party payers.</i>	<i>Q0186</i>
<i>A0435</i>	<i>Air mileage; FW, (per statute mile)</i>	<i>Local Carrier Code</i>
<i>A0436</i>	<i>Air mileage; RW, (per statute mile)</i>	<i>Local Carrier Code</i>

NOTE: PI, ALS2, SCT, FW, and RW assume an emergency condition and do not require an emergency designator.

Refer to the Medicare Benefit Policy Manual, Chapter 10, §30.1, for the definitions of levels of ambulance services under the fee schedule.

During the transition period, if an ALS vehicle is used for an emergency transport but no ALS level service is furnished, the fee schedule (FS) portion of the blended payment will be based on the emergency BLS level. The amount on the FS for HCPCS code Q3019 is the same fee as BLS-Emergency (BLS-E) FS HCPCS code A0429. The reasonable charge/cost portion of the blended payment will be the ALS emergency rate.

During the transition period, if an ALS vehicle is used for a nonemergency transport but no ALS level service is furnished, the FS portion of the blended payment will be based on the nonemergency BLS level. The amount displayed on the FS for HCPCS code Q3020 is the same fee displayed for BLS nonemergency, FS HCPCS code A0428. The reasonable charge/cost portion of the blended payment will be the ALS nonemergency rate.

Codes Q3019 and Q3020 are relevant for transitional billing purposes only. (There were old codes that existed for these services that can no longer be used for payment purposes).

HCPCS Code A0800 for ambulance night differential charges, effective January 5, 2004, is valid during the transition period only, and may only be billed in those carrier jurisdictions that paid separately for these charges prior to the implementation of the Ambulance Fee Schedule on April 1, 2002. Therefore, carriers that did not allow separate charges for night services must not begin using HCPCS code A0800. Carriers not eligible to use HCPCS code A0800 must deny claims for such services.