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Ambulance Services Handbook

The Texas Medicaid & Healthcare Partnership (TMHP) is the claims administrator for Texas Medicaid under contract with the Texas Health and Human Services Commission.

AMBULANCE SERVICES HANDBOOK

Table of Contents

AMBULANCE SERVICES HANDBOOK

1. GENERAL INFORMATION

The information in this handbook is intended for Texas Medicaid ambulance providers. The handbook provides information about Texas Medicaid's benefits, policies, and procedures applicable to emergency and nonemergency ambulance transports.

Important: *All providers are required to read and comply with Section 1: Provider Enrollment and Responsibilities. In addition to required compliance with all requirements specific to Texas Medicaid, it is a violation of Texas Medicaid rules when a provider fails to provide health-care services or items to Medicaid clients in accordance with accepted medical community standards and standards that govern occupations, as explained in* Title 1 Texas Administrative Code (TAC) §371.1617(6)(A). *Accordingly, in addition to being subject to sanctions for failure to comply with the requirements that are specific to Texas Medicaid, providers can also be subject to Texas Medicaid sanctions for failure, at all times, to deliver health-care items and services to Medicaid clients in full accordance with all applicable licensure and certification requirements including, without limitation, those related to documentation and record maintenance.*

Refer to: Section 1: Provider Enrollment and Responsibilities (*Vol. 1, General Information*) for more information about enrollment procedures.

Medicaid Managed Care Handbook (*Vol. 2, Provider Handbooks*).

2. AMBULANCE SERVICES

2.1 Enrollment

To enroll in Texas Medicaid, ambulance providers must operate according to the laws, regulations, and guidelines governing ambulance services under Medicare Part B; equip and operate under the appropriate rules, licensing, and regulations of the state in which they operate; acquire a license from the Texas Department of State Health Services (DSHS) approving equipment and training levels of the crew; and enroll in Medicare.

A hospital-operated ambulance provider must be enrolled as an ambulance provider and submit claims using the ambulance provider identifier, not the hospital provider identifier.

Refer to: Subsection 2.4.3, "Medicare and Medicaid Coverage" in this handbook.

Note: *Air ambulance providers are not required to enroll with Medicare.*

Reminder: *When ambulance providers enroll in Texas Medicaid, they accept Medicaid payment as payment in full. They cannot bill clients for Texas Medicaid-covered benefits.*

2.1.1 Subscription Plans

The Texas Insurance Code does not apply to ambulance providers who finance, in part or in whole, an ambulance service by subscription plan. DSHS's license requirements do not permit providers of membership or subscription programs to enroll Medicaid clients. Emergency Medical Services (EMS) Subscription Programs are regulated by the DSHS-EMS Compliance Group. An EMS provider must have specific approval to operate a subscription program.

For more information, providers should contact the DSHS Office of EMS/Trauma Systems Coordination at (512) 834-6700. A list of EMS office and contact information is available at www.dshs.state.tx.us/emstraumasystems/about.shtm.

2.2 Services/Benefits, Limitations, and Prior Authorization

Texas Medicaid reimburses for nonemergency and emergency transports.

Cardiopulmonary resuscitation (CPR) is included in ambulance transport when needed and is not a separately billable service. Claims for CPR during transport will be denied. If CPR is performed during a nonemergency transport, the advanced life support (ALS) procedure code must be billed.

Reimbursement for disposable supplies is separate from the established global fee for ambulance transports and is limited to one billable code per trip.

Medical necessity and coverage of ambulance services are not based solely on the presence of a specific diagnosis. Medicaid payment for ambulance transportation may be made only for those clients whose condition at the time of transport is such that ambulance transportation is medically necessary. For example, it is insufficient that a client merely has a diagnosis such as pneumonia, stroke, or fracture to justify ambulance transportation. In each of those instances, the condition of the client must be such that transportation by any other means is medically contraindicated. In the case of ambulance transportation, the condition necessitating transportation is often an accident or injury that has occurred giving rise to a clinical suspicion that a specific condition exists (for instance, fractures may be strongly suspected based on clinical examination and history of a specific injury).

It is the provider's responsibility to supply the contractor with information describing the condition of the client that necessitated ambulance transportation. Medicaid recognizes the limitations of ambulance personnel in establishing a diagnosis, and recognizes therefore, that diagnosis coding of a client's condition using *International Classification of Diseases*, Ninth Revision, Clinical Modification (ICD-9-CM) codes when reporting ambulance services may be less specific than those reported by other professional providers. Providers who submit ICD-9-CM diagnosis codes must choose the code that best describes the client's condition at the time of transport. As a reminder to providers of ambulance services, "rule out" or "suspected" diagnoses must not be reported using specific ICD-9-CM codes. In such instances where a diagnosis is not confirmed, it is correct to use a symptom, finding, or injury code.

The ambulance provider may be sanctioned, including nonparticipation in the Medicaid Title XIX programs, for completing or signing a claim form that includes false or misleading representations of the client's condition or the medical necessity of the transport.

2.2.1 Emergency Ambulance Transport Services

An emergency ambulance transport service is a benefit when the client has an emergency medical condition. An emergency medical condition is defined, according to 1 TAC §354.1111, as a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, or symptoms of substance abuse) such that a prudent layperson with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in one of the following:

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

Facility-to-facility transport may be considered an emergency if emergency treatment is not available at the first facility and the client still requires emergency care. The transport must be to an appropriate facility, meaning the nearest medical facility equipped in terms of equipment, personnel, and the capacity to provide medical care for the illness or injury of the client involved.

Transports to out-of-locality providers (one-way transfers of 50 or more miles from the point of pickup to the point of destination) are covered if a local facility is not adequately equipped to treat the condition. Transports may be cut back to the closest appropriate facility.

2.2.1.1 Prior Authorization for Emergency Out-of-State Transport

All emergency out-of-state (air, ground, or specialized vehicle) transports require authorization before the transport is considered for payment.

Prior authorization for emergency transport is required for out-of-state providers with the exception of those providers located within 200 miles of the Texas border.

Refer to: Subsection 2.6, "Out-of-State Medicaid Providers" in Section 2, "Texas Medicaid Fee-for-Service Reimbursement" (*Vol. 1, General Information*) for additional information on providers who are not considered out-of-state providers.

To initiate the prior authorization process, providers must call 1-800-540-0694.

TMHP is responsible for processing prior authorization requests for all Medicaid clients.

2.2.2 Nonemergency Ambulance Transport Services

According to 1 TAC §354.1111, nonemergency transport is defined as ambulance transport provided for a Medicaid client to or from a scheduled medical appointment, to or from a licensed facility for treatment, or to the client's home after discharge from a hospital when the client has a medical condition such that the use of an ambulance is the only appropriate means of transportation (i.e., alternate means of transportation are medically contraindicated).

According to Human Resource Code (HRC) §32.024 (t), a Medicaid-enrolled physician, nursing facility, health-care provider, or other responsible party is required to obtain authorization before an ambulance is used to transport a client in circumstances not involving an emergency.

Refer to: *Medical Transportation Program Handbook* (*Vol. 2, Provider Handbooks*) for more information about the Medical Transportation Program.

2.2.2.1 Nonemergency Ambulance Transport Prior Authorization

Facilities and other providers must request and obtain prior authorization before contacting the ambulance provider for nonemergency ambulance services. HRC states that a provider of nonemergency ambulance transport is entitled to payment from the nursing facility, health-care provider, or other responsible party that requested the service if payment under the Medical Assistance Program is denied because of lack of prior authorization and the ambulance provider submits a copy of the claim for which payment was denied.

TMHP responds to nonemergency transport prior authorization requests within two business days of receipt of requests for 60 days or less and within 1 business day of receipt of requests for 61 to 180 days. It is recommended that all requests for a prior authorization number (PAN) be submitted in sufficient time to allow TMHP to issue the PAN before the date of the intended transport. If the client's medical condition is not appropriate for transport by ambulance, nonemergency ambulance services are not a benefit. Prior authorization is a condition for reimbursement but is not a guarantee of payment. The client and provider must meet all of the Medicaid requirements, such as client eligibility and claim filing deadlines.

Medicaid providers who participate in one of the Medicaid Managed Care Health Maintenance Organization (HMO) plans must follow its requirements.

The TMHP Ambulance Unit reviews the prior authorization request to determine whether the client's medical condition is appropriate for transport by ambulance. Incomplete information may cause the request to be suspended for additional medical information or be denied.

The following information assists TMHP in determining the appropriateness of the transport:

- An explanation of the client's physical condition that establishes the medical necessity for transport. The explanation must clearly state the client's condition requiring transport by ambulance.
- The necessary equipment, treatment, or personnel to be used during the transport.

- The origination and destination points of the client's transport.

Prior authorization is required when an extra attendant is needed for any nonemergency transport. When a client's condition changes, such as a need for oxygen or additional monitoring during transport, the prior authorization request must be updated.

Refer to: Subsection 2.4.8, "Extra Attendant" in this handbook.

2.2.2.1.1 Prior Authorization Types, Definitions

One-Time, Nonrepeating
One-time, nonrepeating requests (one day) for prior authorization must be submitted on the Nonemergency Ambulance Prior Authorization Request (2 Pages) form, which can be found in this handbook. The physician's signature is not needed for one-time, nonrepeating requests.

Short Term
Short-term requests (two to 60 days) for prior authorization are reserved for those clients whose transportation needs are short-term and are not anticipated to last longer than 60 days. Short-term requests must be submitted on the Nonemergency Ambulance Prior Authorization Request (2 Pages) form, which can be found in this handbook. The request must include the physician's original signature and date signed. The signature must be current, unaltered, original, and handwritten. Computerized or stamped signatures will not be accepted. Without a signature and date, the form is considered incomplete.

Long Term
Long-term requests (61 to 180 days) are reserved for those clients whose transportation needs extend beyond 60 days. Long-term requests must be submitted on the Nonemergency Ambulance Prior Authorization Request (2 Pages) form, which can be found in this handbook. The request must include the physician's original signature and date signed. The signature must be current, unaltered, original, and handwritten. Computerized or stamped signatures will not be accepted. Without a signature and date, the form is considered incomplete.

2.2.2.2 Nonemergency Prior Authorization Process

Prior authorization is required for all nonemergency ambulance transport. The special evening and weekend hours for submitting prior authorization requests by telephone ended on September 1, 2009. Providers may submit prior authorization requests on the TMHP website at www. tmhp.com or may fax the new Nonemergency Ambulance Prior Authorization Request (2 Pages) form, which can be found in this handbook, to the TMHP Ambulance Unit at (512) 514-4205.

Medicaid providers may request prior authorization using one of the following methods:

- The client's physician, nursing facility, intermediate care facility for persons with intellectual disabilities (ICF-MR), health-care provider, or other responsible party completes the online prior authorization request on the TMHP website at www. tmhp.com.
- Hospitals may call TMHP at 1-800-540-0694 to request prior authorization Monday through Friday, 7 a.m. to 7 p.m., Central Time. A request may be submitted up to 60 days before the date on which the nonemergency transport will occur. A request for a one-day transport may be submitted on the next business day following the transport in some circumstances; however, every attempt should be made to obtain prior authorization before the transport takes place.

Authorization requests for one day transports submitted beyond the next business day will be denied. A request for a recurring transport must be submitted before the client is transported by ambulance.

Clients requiring hospital-to-hospital and hospital-to-outpatient medical facility transports are issued a PAN for that transport only.

Refer to: Subsection 4.2.1, "Prior Authorization Requirements" in the *Inpatient and Outpatient Hospital Services Handbook* (*Vol. 2, Provider Handbooks*) for more information on nonemergency prior authorization for hospitals.

TMHP reviews all of the documentation it receives. An online prior authorization request submitted on the TMHP website at www.tmhp.com is responded to with an online approval or denial. Alternately, a letter of approval or denial is faxed to the requesting provider. The client is notified by mail if the authorization request is denied or downgraded. Reasons for denial include documentation that does not meet the criteria of a medical condition that is appropriate for transport by ambulance, or the client is not Medicaid eligible for the dates of services requested. Clients may appeal prior authorization request denials by contacting TMHP Client Notification at 1-800-414-3406. Providers may not appeal prior authorization request denials.

The requesting provider must contact the transporting ambulance provider with the PAN and the dates of service that were approved.

Refer to: Subsection 5.5.1, "Prior Authorization Requests Through the TMHP Website" in Section 5, "Prior Authorization" (*Vol. 1, General Information*) for additional information, including mandatory documentation requirements and retention.

Providers are not required to fax medical documentation to TMHP; however, in certain circumstances, TMHP may request that the hospital fax the supporting documentation.

Incomplete online or faxed request forms are not considered a valid authorization request and are denied.

A nonemergency transport will be denied when a claim is submitted with a Nonemergency Ambulance Prior Authorization Request (2 Pages) form completed and signed after the service is rendered. In addition, a Nonemergency Ambulance Prior Authorization Request (2 Pages) form completed and signed after the service is rendered will not be accepted on appeal of the denial.

Emergency transports that use an extra attendant do not require prior authorization. Modifier ET must be billed with the extra attendant procedure code A0424.

The hospital must maintain documentation of medical necessity, including a copy of the authorization from TMHP in the client's medical record for any item or service that requires prior authorization. The services provided must be clearly documented in the medical record with all pertinent information regarding the client's condition to substantiate the need and medical necessity for the services.

Refer to: Subsection 4.2.1, "Prior Authorization Requirements" in the *Inpatient and Outpatient Hospital Services Handbook* (*Vol. 2, Provider Handbooks*).

2.2.2.3 Nonemergency Prior Authorization and Retroactive Eligibility

Retroactive eligibility occurs when the effective date of a client's Medicaid coverage is before the eligibility "add date." The date the client's Medicaid eligibility is added to TMHP's eligibility file is called the "add date."

For clients with retroactive eligibility, prior authorization requests must be submitted after the client's add date and before a claim is submitted to TMHP.

For services provided to fee-for-service Medicaid clients during the client's retroactive eligibility period (i.e., the period from the effective date to the add date), prior authorization must be obtained within 95 days of the client's add date and before a claim for those services is submitted to TMHP. For services provided on or after the client's add date, the provider must obtain prior authorization within three business days of the date of service.

The provider is responsible for verifying eligibility. The provider is strongly encouraged to access the Automated Inquiry System (AIS) or TMHP Electronic Data Interchange (EDI) frequently while providing services to the client. If services are discontinued before the client's add date, the provider must still obtain prior authorization within 95 days of the add date to be able to submit claims.

If a client's Medicaid eligibility is pending, a PAN must be requested before a nonemergency transport. Initially this request will be denied for Medicaid eligibility. When Medicaid eligibility is established, the requestor has 95 days from the date on which the eligibility was added to TMHP's files to contact the TMHP Ambulance Unit and request that authorization be considered.

To inquire about Medicaid eligibility, providers can contact AIS at 1-800-925-9126.

2.2.3 Levels of Service

Levels of services are defined by the Centers for Medicare & Medicaid Services (CMS) and the Texas Health and Safety Code.

Basic Life Support (BLS) is emergency care that uses noninvasive medical acts and, if allowed by licensing jurisdiction, may include the establishment of a peripheral intravenous (IV) line.

Advanced Life Support, Level 1 (ALS 1) is emergency care that uses invasive medical acts including an ALS assessment or at least one ALS intervention.

Advanced Life Support, Level 2 (ALS 2) is emergency care that uses invasive medical acts including:

- At least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids), or
- At least one of the ALS 2 procedures: manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, or intraosseous line.

2.2.4 Oxygen

Reimbursement for oxygen (procedure code A0422) is limited to one billable code per transport.

2.2.5 Types of Transport

2.2.5.1 Multiple Client Transports

Multiple client transports occur when more than one client with Medicaid coverage is transported simultaneously in the same vehicle. A claim for each client must be completed and must reference multiple transfers with the names and Medicaid numbers of other clients sharing the transfer in Block 19 of the CMS-1500 paper claim form. Providers must enter charges on a separate claim for each client. TMHP adjusts the payment to 80 percent of the allowable base rate for each claim and divides mileage equally among the clients who share the ambulance.

Important: *Mileage determinations are based on the Official State Mileage Guide. All ground ambulance transports must be billed with mileage procedure code A0425.*

Refer to: Subsection 6.4, "Claims Filing Instructions" in Section 6, "Claims Filing" (*Vol. 1, General Information*).

2.2.5.2 Air or Specialized Vehicle Transports

Air ambulance transport services, by means of either fixed or rotary wing aircraft, and other specialized emergency medical services vehicles may be covered only if one of the following conditions exists:

- The client's medical condition requires immediate and rapid ambulance transportation that could not have been provided by standard automotive ground ambulance.
- The point of client pick up is inaccessible by standard automotive ground vehicle.

- Great distances or other obstacles are involved in transporting the client to the nearest appropriate facility.

2.2.5.3 Specialty Care Transport (SCT)

SCT (procedure code A0434) is the interfacility transport of a critically injured or ill client by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the emergency medical technician (EMT) or paramedic. SCT is necessary when a client's condition requires ongoing care that must be furnished by one or more health-professionals in an appropriate specialty area, for example, emergency or critical-care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.

2.2.5.4 Transports for Pregnancies

Transporting a pregnant woman may be covered as an emergency transfer if the client's condition is documented as an emergency situation at the time of transfer.

Claims documenting an emergency home delivery or delivery en route are considered emergency transfers. Premature labor and early onset of delivery (less than 37 weeks gestation) may also be considered an emergency. Active labor without more documentation of an emergency situation is not payable as an emergency transport.

The first day of the client's last menstrual period (LMP) or the estimated date of delivery (EDD) must be included in Block 14 of the CMS-1500 paper claim form and on the documentation.

If the pregnant client is transported in an ambulance for a nonemergency situation, all criteria for nonemergency prior authorization must be met.

2.2.5.5 Transports to or from State Institutions

Ambulance transports to or from a state-funded hospital for admission or following discharge are covered when nonemergency transfer criteria are met. Ambulance transfers of clients while they are inpatients of the institution are not covered. The institution is responsible for routine nonemergency transportation.

2.2.5.6 Not Medically Necessary Transports

Providers must use the GY modifier to submit claims for instances when the provider is aware no medical necessity existed. When billing for this type of transportation, ambulance providers must maintain a signed Client Acknowledgment Statement indicating that the client was aware, prior to service rendered, that the transport was not medically necessary. The Client Acknowledgment Statement is subject to retrospective review.

Refer to: Subsection 1.5.9.1, "Client Acknowledgment Statement" in Section 1, "Provider Enrollment and Responsibilities" (*Vol. 1, General Information*).

2.2.5.7 Transports for Nursing Facility Residents

Nursing facilities are responsible for providing or arranging transportation for their residents. Arranging transportation for Medicaid clients includes obtaining prior authorizations for nonemergency ambulance transports. Ambulance providers may assist nursing facilities in obtaining prior authorizations (e.g., faxing the required documentation to TMHP). Ambulance providers, however, may not call TMHP's Ambulance Prior Authorization Unit to request prior authorization.

Transports from a nursing facility to a hospital are covered if the client's condition meets emergency criteria.

A return trip to a nursing facility following an emergency transport is not considered routine; therefore, transport back to the facility must be requested by the discharging hospital. Nonemergency transport for the purpose of required diagnostic or treatment procedures that are not available in the nursing facility

(such as dialysis treatments at a freestanding facility) are also allowable *only* for clients whose medical condition is such that the use of an ambulance is the only appropriate means of transport (e.g., alternate means of transport are medically contraindicated).

The cost of routine nonemergency transportation is included in the nursing facility vendor rate. This nonemergency transport requires the nursing facility to request and obtain a PAN from the TMHP Ambulance Unit before contacting the ambulance company for the transport.

Transports of nursing facility residents for rehabilitative treatment (e.g., physical therapy) to outpatient departments or physicians' offices for recertification examinations for nursing facility care are *not* reimbursable ambulance services.

Claims for services to nursing facility residents must indicate the medical diagnosis or problem requiring treatment, the medical necessity for use of an ambulance for the transport, and the type of treatment rendered at the destination (e.g., admission or X-ray).

If a client is returned by ambulance to a nursing facility following inpatient hospitalization, the acute condition requiring hospitalization must be noted on the ambulance claim form. This transport is considered for payment only if the client's medical condition is appropriate for transport by ambulance. This nonemergency transport requires the nursing facility to request and obtain a PAN from the TMHP Ambulance Unit before contacting the ambulance company for the transport.

Ambulance providers may bill a nursing facility or client for a nonemergency ambulance transport only under the following circumstances:

- *Providers may bill the nursing facility* when the nursing facility requests the nonemergency ambulance transport without a PAN.
- *Providers may bill the client* only when the client requests transport that is not an emergency and the client does not have a medical condition such that the use of an ambulance is the only appropriate means of transport (i.e., alternate means of transport are medically contraindicated). The provider must advise the client of acceptance as a private pay patient at the time the service is provided, and the client is responsible for payment of all services. Providers are encouraged to have the client sign the *Private Pay Agreement*.

Providers may refer questions about a nursing facility's responsibility for payment of a transport to the TMHP Contact Center at 1-800-925-9126 or TMHP provider relations representatives.

2.2.5.8 Emergency Transports Involving a Hospital

Hospital-to-hospital transports that meet the definition of an emergency transport do not require prior authorization.

Providers must use modifier ET and one of the facility-to-facility transfer modifiers (HH, HI, or IH) on each procedure code listed on the claim.

Modifier	Transport Type
HH	From hospital to hospital
HI	From hospital to site of transfer
IH	From site of transfer to hospital

2.2.5.9 No Transport

Texas Medicaid does not reimburse ambulance providers for services that do not result in a transport to a facility, regardless of whether any medical care was rendered. If a client contacts an ambulance provider, but the call does not result in a transport, the provider should have the client sign an acknowledgement statement and may bill the client for services rendered.

2.3 Documentation Requirements

Supporting documentation must be maintained by both the ambulance provider and the requesting provider including a physician, nursing facility, health-care provider, or other responsible party.

An ambulance provider is required to maintain documentation that represents the client's medical condition and other clinical information to substantiate medical necessity, the level of service, and the mode of transportation requested. This supporting documentation is limited to documents developed or maintained by the ambulance provider.

Physicians, nursing facilities, health-care providers, or other responsible parties are required to maintain physician orders related to requests for prior authorization of nonemergency and out-of-state ambulance services. These providers must also maintain documentation of medical necessity for the ambulance transport.

In hospital-to-hospital transports or hospital-to-outpatient medical facility transports, the TMHP Ambulance Unit considers information by telephone from the hospital. Providers are not required to fax medical documentation to TMHP; however, in certain circumstances, TMHP may request that the hospital fax the supporting documentation. Hospitals are allowed to release a client's protected health information (PHI) to a transporting emergency medical services provider for treatment, payment, and health-care operations.

The hospital must maintain documentation of medical necessity, including a copy of the authorization from TMHP in the client's medical record for any item or service that requires prior authorization. The services provided must be clearly documented in the medical record with all pertinent information regarding the client's condition to substantiate the need and medical necessity for the services.

2.4 Claims Filing and Reimbursement

2.4.1 Claims Information

Emergency and nonemergency claims may be billed electronically. For electronic billers, the hospital's provider identifier must be entered in the Facility ID field. Providers should consult their software vendor for the location of this field on the electronic claim form.

The Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes included in policy are subject to National Correct Coding Initiative (NCCI) relationships. Exceptions to NCCI code relationships that may be noted in the Texas Medicaid medical policy are no longer valid.

Providers should refer to the CMS NCCI web page at www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html for correct coding guidelines and specific applicable code combinations.

In instances when Texas Medicaid medical policy quantity limitations are more restrictive than NCCI Medically Unlikely Edits (MUE) guidance, medical policy prevails.

2.4.2 Reimbursement

Ground and air ambulance providers are reimbursed in accordance with 1 TAC §355.8600. Providers can refer to the Online Fee Lookup (OFL) or the applicable fee schedule on the TMHP website at www.tmhp.com.

Refer to: Subsection 2.2, "Fee-for-Service Reimbursement Methodology" in Section 2, "Texas Medicaid Fee-for-Service Reimbursement" (*Vol. 1, General Information*) for more information about reimbursement methodologies.

Subsection 1.8, "Texas Medicaid Limitations and Exclusions" in Section 1, "Provider Enrollment and Responsibilities" (*Vol. 1, General Information*) for information on Medicaid exclusions.

2.4.2.1 Ambulance Disposable Supplies

Ambulance disposable supplies are included in the global fee for specialty care transport and must not be billed separately.

Reimbursement for BLS or ALS disposable supplies (procedure codes A0382 and A0398 respectively) is separate from the established fee for ALS and BLS ambulance transports and is limited to one billable procedure code per transport.

2.4.2.2 Payment Window Reimbursement Guidelines for Services Preceding an Inpatient Admission

The three-day and one-day payment window reimbursement guidelines do not apply for ambulance services.

Refer to: Subsection 3.6.3.7, "Payment Window Reimbursement Guidelines" of the *Inpatient and Outpatient Hospital Services Handbook* (*Vol. 2, Provider Handbooks*) for additonal information about the payment window reimbursement guidelines.

2.4.3 Medicare and Medicaid Coverage

Medicaid is the secondary payor to other health insurance sources, including Medicare. Ambulance claims for Medicaid and Medicare Part B claims must be filed with Medicare first.

Medicaid prior authorization is not requred for ambulance services for QMB clients because QMB clients are not eligible for Medicaid benefits. Providers can contact Medicare for the Medicare prior authorization guidelines.

MQMBs are eligible for all Medicaid benefits; therefore, the provider should simultaneously request prior authorization for the nonemergency transport from TMHP for the MQMB client in the event the service requested is denied by Medicare as a non-covered service.

Refer to: Subsection 4.11, "Medicare and Medicaid Dual Eligibility" in Section 4, "Client Eligibility" (*Vol. 1, General Information*).

Subsection 2.7, "Medicare Crossover Claim Reimbursement" (*Vol. 1, General Information*), for additional information about Medicare coinsurance and deductible payments and exceptions.

2.4.3.1 Medicare Services Paid

Assigned claims filed with and paid by Medicare should automatically transfer to TMHP for payment of the deductible and coinsurance liability. Providers must submit Medicare-paid claims that do not cross over to TMHP for the coinsurance and deductible. Providers must send the Medicare Remittance Advice Notice (MRAN) with the client information circled in black ink.

2.4.3.2 Medicare Services Denied

All claims denied by Medicare for administrative reasons must be appealed to Medicare before they are sent to Texas Medicaid. An assigned claim that was denied by Medicare because the client has no Part B benefits or because the transport destination is not allowed can be submitted to TMHP for consideration. Providers must send claims to TMHP on a CMS-1500 paper claim form with the ambulance

provider identifier, unless they are a hospital-based provider. Hospital-based ambulance providers must send Medicare denied claims to TMHP on a CMS-1500 paper claim form with the ambulance provider identifier and a copy of the MRAN.

Note: *All claims for STAR+PLUS clients with Medicare and Medicaid must follow the same requirements used for obtaining prior authorization for Medicaid-only services from TMHP. The STAR+PLUS HMO is not responsible for reimbursement of these services.*

2.4.4 Ambulance Claims Coding

Providers must submit claims for emergency transport with the ET modifier on each procedure code submitted. Any procedure code submitted on the claim for emergency transport without the ET modifier will be subject to prior authorization requirements.

2.4.4.1 Place of Service Codes

The place of service (POS) for all ambulance transports is the destination. POS codes 41 and 42 (other) are national POS codes that are accepted by Texas Medicaid only for electronic claims. Paper claims must be submitted using POS 9.

2.4.4.2 Origin and Destination Codes

All claims submitted on paper or electronically must include the two-character origin and destination codes for every claim line. The origin is the first character, and the destination is the second character.

The following are the origin and destination codes accepted by Texas Medicaid:

Origin and Destination Code	Description
D	Diagnostic or therapeutic site/freestanding facility (e.g., radiation therapy center) other than P or H
E	Residential/domiciliary/custodial facility (e.g., nonskilled facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital (e.g., inpatient or outpatient)
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) (swingbed is considered an SNF)
P	Physician's office (includes HMO and nonhospital facility)
R	Residence (client's home or any residence)
S	Scene of accident or acute event
X	Intermediate stop at physician's office en route to the hospital (destination code only)

Nonemergency claims filed electronically must include the PAN in the appropriate field. For nonemergency hospital-to-hospital transfers, indicate the services required from the second facility and unavailable at the first facility in Block 19 of the CMS-1500 paper claim form. If the destination is a hospital, enter the name and address and the provider identifier of the facility in Block 32.

For nonemergency transports, ambulance providers must enter the ICD-9-CM diagnosis code to the highest level of specificity available for each diagnosis observed in Block 21 of the claim form.

Reminder: *Providers must submit multiple transports for the same client on the same date of service through one claim submission. Additional claims information can be found within individual topics in this section.*

Providers should consult their software vendor for the location of the field on the electronic claim form. Providers must submit ambulance services to TMHP on a CMS-1500 paper claim form. Providers may purchase CMS-1500 paper claim forms from a vendor of their choice. TMHP does not supply the forms.

When completing a CMS-1500 paper claim form, all required information must be included on the claim, as TMHP does not key information from claim attachments. Superbills, or itemized statements, are not accepted as claim supplements.

Refer to: Section 3: TMHP Electronic Data Interchange (EDI) (*Vol. 1, General Information*) for information on electronic claims submissions.

Section 6: Claims Filing (*Vol. 1, General Information*) for general information about claims filing.

Subsection 6.5, "CMS-1500 Paper Claim Filing Instructions" in Section 6, "Claims Filing" (*Vol. 1, General Information*). Blocks that are not referenced are not required for processing by TMHP and may be left blank.

2.4.4.3 Transports Billed Without Mileage

Ambulance transport claims with a billed mileage amount of $0.00 will be reimbursed. To qualify for reimbursement, the transport claim must include a mileage quantity that is greater than zero.

Providers may not include a mileage charge as part of the transport charge or as part of any other charges on the claim.

Payments for ambulance transports are only made if the client is actually transported and the mileage quantity billed is greater than zero. Mileage charges greater than zero will be considered for reimbursement when a transport procedure code is included on the claim.

2.4.5 Air or Specialized Vehicle Transports

Procedure codes A0430 and A0435 or A0431 and A0436 are used to bill air transport. Procedure code A0999 is used to bill for specialized vehicle transports. Transport claims may be submitted electronically with a short description of the client's physical condition in the comment field. If the client's condition cannot be documented, providers must file a paper claim with supporting documentation.

Refer to: Subsection 2.2.5.2, "Air or Specialized Vehicle Transports" in this handbook for more information about how to meet the specific criteria for reimbursement consideration for air or specialized transport claims.

2.4.6 Emergency Transport Billing

Emergency transport is a benefit when billed with the ET modifier and the most appropriate emergency medical condition codes. The ET modifier must be included on every claim line in the first position.

The following procedure codes are for emergency transport:

Procedure Codes									
A0382	A0398	A0422	A0424	A0425*	A0427	A0429	A0430	A0431	A0433
A0434	A0435	A0436	A0999						
***A0425 is denied if it is billed without procedure code A0427, A0429, A0433, or A00434.**									

An emergency medical condition code is required on all ambulance claims and must be listed in Box 21 of the CMS-1500 claim form.

While ICD-9-CM codes are not precluded from use on ambulance claims, they are currently not required (per the Health Insurance Portability and Accountability Act [HIPAA] of 1996) on most ambulance claims and the use of these codes generally does not trigger a payment or a denial of a claim.

Emergency Medical Condition Codes									
0010	0011	0019	0020	0021	0022	0023	0029	0051	0200
0201	0202	0203	0204	0205	0208	0209	0210	0211	0212
0213	0218	0219	0220	0221	0222	0223	0228	0229	0320
0321	0322	0323	03281	03282	03283	03284	03285	03289	0329
0369	03812	0389	04041	04042	0470	0471	0478	0479	0500
0501	0502	0509	0600	0601	0609	061	0650	0651	0652
0653	0654	0658	0659	071	080	0810	0811	0812	0819
0840	0841	0842	0843	0844	0845	0846	0847	0848	0849
0930	0931	09320	09321	09322	09389	0939	24910	24911	24930
24931	24960	24961	25002	25003	2910	2913	29181	2920	29281
29282	29283	29284	29289	2929	29382	2989	3009	30300	30301
30302	30303	30500	33701	33921	3449	34500	34501	34510	34511
3452	3453	34540	34541	34550	34551	34560	34561	34570	34571
34580	34581	34590	34591	36811	36812	36816	3699	37990	37991
41512	4233	4260	42611	42613	4263	4264	42650	42653	4266
4270	4271	4272	42731	42732	42741	42742	4275	42760	42761
42769	42781	42789	4279	436	4379	449	4589	4590	51181
5128	53550	5362	5693	5780	5781	5789	5967	5968	59971
6238	6269	630	631	632	63300	63301	63310	63311	63320
63321	63380	63381	63390	63391	63400	63401	63402	63410	63411
63412	63420	63421	63422	63430	63431	63432	63440	63441	63442
63450	63451	63452	63460	63461	63462	63470	63471	63472	63480
63481	63482	63490	63491	63492	63500	63501	63502	63510	63511
63512	63520	63521	63522	63530	63531	63532	63540	63541	63542
63550	63551	63552	63560	63561	63562	63570	63571	63572	63580
63581	63582	63590	63591	63592	63600	63601	63602	63610	63611
63612	63620	63621	63622	63630	63631	63632	63640	63641	63642
63650	63651	63652	63660	63661	63662	63670	63671	63672	63680
63681	63682	63690	63691	63692	63700	63701	63702	63710	63711
63712	63720	63721	63722	63730	63731	63732	63740	63741	63742
63750	63751	63752	63760	63761	63762	63770	63771	63772	63780
63781	63782	63790	63791	63792	6380	6381	6382	6383	6384
6385	6386	6387	6388	6389	6390	6391	6392	6393	6394
6395	6396	6398	6399	64000	64001	64003	64080	64081	64083
64090	64091	64093	64100	64101	64103	64110	64111	64113	64120
64121	64123	64130	64131	64133	64180	64181	64183	64190	64191
64193	64200	64201	64202	64203	64204	64210	64211	64212	64213

Emergency Medical Condition Codes									
64214	64220	64221	64222	64223	64224	64230	64231	64232	64233
64234	64240	64241	64242	64243	64244	64250	64251	64252	64253
64254	64260	64261	64262	64263	64264	64270	64271	64272	64273
64274	64290	64291	64292	64293	64294	64300	64301	64303	64310
64311	64313	64320	64321	64323	64380	64381	64383	64390	64391
64393	64400	64403	64410	64413	64420	64421	64510	64511	64513
64520	64521	64523	64600	64601	64603	64610	64611	64612	64613
64614	64620	64621	64622	64623	64624	64630	64631	64633	64640
64641	64642	64643	64644	64650	64651	64652	64653	64654	64660
64661	64662	64663	64664	64670	64671	64673	64680	64681	64682
64683	64684	64690	64691	64693	64700	64701	64702	64703	64704
64710	64711	64712	64713	64714	64720	64721	64722	64723	64724
64730	64731	64732	64733	64734	64740	64741	64742	64743	64744
64750	64751	64752	64753	64754	64760	64761	64762	64763	64764
64780	64781	64782	64783	64784	64790	64791	64792	64793	64794
64800	64801	64802	64803	64804	64810	64811	64812	64813	64814
64820	64821	64822	64823	64824	64830	64831	64832	64833	64834
64840	64841	64842	64843	64844	64850	64851	64852	64853	64854
64860	64861	64862	64863	64864	64870	64871	64872	64873	64874
64880	64881	64882	64883	64884	64890	64891	64892	64893	64894
64900	64901	64902	64903	64904	64910	64911	64912	64913	64914
64920	64921	64922	64923	64924	64930	64931	64932	64933	64934
64940	64941	64942	64943	64944	64950	64951	64953	64960	64961
64962	64963	64964	650	65100	65101	65103	65110	65111	65113
65120	65121	65123	65130	65131	65133	65140	65141	65143	65150
65151	65153	65160	65161	65163	65170	65171	65173	65180	65181
65183	65190	65191	65193	65200	65201	65203	65210	65211	65213
65220	65221	65223	65230	65231	65233	65240	65241	65243	65250
65251	65253	65260	65261	65263	65270	65271	65273	65280	65281
65283	65290	65291	65293	65300	65301	65303	65310	65311	65313
65320	65321	65323	65330	65331	65333	65340	65341	65343	65350
65351	65353	65360	65361	65363	65370	65371	65373	65380	65381
65383	65390	65391	65393	65400	65401	65402	65403	65404	65410
65411	65412	65413	65414	65420	65421	65423	65430	65431	65432
65433	65434	65440	65441	65442	65443	65444	65450	65451	65452
65453	65454	65460	65461	65462	65463	65464	65470	65471	65472
65473	65474	65480	65481	65482	65483	65484	65490	65491	65492
65493	65494	66000	66001	66003	66010	66011	66013	66020	66021
66023	66030	66031	66033	66040	66041	66043	66050	66051	66053
66060	66061	66063	66070	66071	66073	66080	66081	66083	66090

Emergency Medical Condition Codes									
66091	66093	66100	66101	66103	66110	66111	66113	66120	66121
66123	66130	66131	66133	66140	66141	66143	66190	66191	66193
66200	66201	66203	66210	66211	66213	66220	66221	66223	66230
66231	66233	66300	66301	66303	66310	66311	66313	66320	66321
66323	66330	66331	66333	66340	66341	66343	66350	66351	66353
66360	66361	66363	66380	66381	66383	66390	66391	66393	66400
66401	66404	66410	66411	66414	66420	66421	66424	66430	66431
66434	66440	66441	66444	66450	66451	66454	66460	66461	66464
66480	66481	66484	66490	66491	66494	66500	66501	66503	66510
66511	66520	66522	66524	66530	66531	66534	66540	66541	66544
66550	66551	66554	66560	66561	66564	66570	66571	66572	66574
66580	66581	66582	66583	66584	66590	66591	66592	66593	66594
66600	66602	66604	66610	66612	66614	66620	66622	66624	66630
66632	66634	66700	66702	66704	66710	66712	66714	66800	66801
66802	66803	66804	66810	66811	66812	66813	66814	66820	66821
66822	66823	66824	66880	66881	66882	66883	66884	66890	66891
66892	66893	66894	66900	66901	66902	66903	66904	66910	66911
66912	66913	66914	66920	66921	66922	66923	66924	66930	66932
66934	66940	66941	66942	66943	66944	66950	66951	66960	66961
66970	66971	66980	66981	66982	66983	66984	66990	66991	66992
66993	66994	67410	67412	67414	67420	67422	67424	67430	67432
67434	6920	6921	6922	6923	6924	6925	6926	69270	69271
69272	69273	69274	69275	69276	69277	69279	69281	69282	69283
69289	6929	6930	6931	6938	6939	69550	69551	69552	69553
69554	69555	69556	69557	69558	69559	6959	6989	7089	7242
7245	7249	7262	78001	78002	78003	78009	7802	78031	78039
7804	78065	78079	7808	78096	78097	7810	7812	7813	7814
78194	78199	7820	7821	7825	78261	7843	7847	78499	7850
7851	78550	78551	78552	78559	7859	78602	78603	78604	78605
78609	78650	78651	78652	78659	7868	78701	78702	78703	78720
78729	78791	78900	78901	78902	78903	78904	78905	78906	78907
78909	78940	78941	78942	78943	78944	78945	78946	78947	78949
78960	78961	78962	78963	78964	78965	78966	78967	78969	79021
79022	7962	7963	7964	7991	80000	80001	80002	80003	80004
80005	80006	80009	80010	80011	80012	80013	80014	80015	80016
80019	80020	80021	80022	80023	80024	80025	80026	80029	80030
80031	80032	80033	80034	80035	80036	80039	80040	80041	80042
80043	80044	80045	80046	80049	80050	80051	80052	80053	80054
80055	80056	80059	80060	80061	80062	80063	80064	80065	80066
80069	80070	80071	80072	80073	80074	80075	80076	80079	80080

Emergency Medical Condition Codes									
80081	80082	80083	80084	80085	80086	80089	80090	80091	80092
80093	80094	80095	80096	80099	80100	80101	80102	80103	80104
80105	80106	80109	80110	80111	80112	80113	80114	80115	80116
80119	80120	80121	80122	80123	80124	80125	80126	80129	80130
80131	80132	80133	80134	80135	80136	80139	80140	80141	80142
80143	80144	80145	80146	80149	80150	80151	80152	80153	80154
80155	80156	80159	80160	80161	80162	80163	80164	80165	80166
80169	80170	80171	80172	80173	80174	80175	80176	80179	80180
80181	80182	80183	80184	80185	80186	80189	80190	80191	80192
80193	80194	80195	80196	80199	8020	8021	80220	80221	80222
80223	80224	80225	80226	80227	80228	80229	80230	80231	80232
80233	80234	80235	80236	80237	80238	80239	8024	8025	8026
8027	8028	8029	80300	80301	80302	80303	80304	80305	80306
80309	80310	80311	80312	80313	80314	80315	80316	80319	80320
80321	80322	80323	80324	80325	80326	80329	80330	80331	80332
80333	80334	80335	80336	80339	80340	80341	80342	80343	80344
80345	80346	80349	80350	80351	80352	80353	80354	80355	80356
80359	80360	80361	80362	80363	80364	80365	80366	80369	80370
80371	80372	80373	80374	80375	80376	80379	80380	80381	80382
80383	80384	80385	80386	80389	80390	80391	80392	80393	80394
80395	80396	80399	80400	80401	80402	80403	80404	80405	80406
80409	80410	80411	80412	80413	80414	80415	80416	80419	80420
80421	80422	80423	80424	80425	80426	80429	80430	80431	80432
80433	80434	80435	80436	80439	80440	80441	80442	80443	80444
80445	80446	80449	80450	80451	80452	80453	80454	80455	80456
80459	80460	80461	80462	80463	80464	80465	80466	80469	80470
80471	80472	80473	80474	80475	80476	80479	80480	80481	80482
80483	80484	80485	80486	80489	80490	80491	80492	80493	80494
80495	80496	80499	80500	8074	8076	8088	8089	81000	81100
81101	81102	81103	81109	81110	81111	81112	81113	81119	81200
81201	81202	81203	81209	81210	81211	81212	81213	81219	81220
81221	81230	81231	81240	81241	81242	81243	81244	81249	81250
81251	81252	81253	81254	81259	81300	81301	81302	81303	81304
81305	81306	81307	81308	81310	81311	81312	81313	81314	81315
81316	81317	81318	81320	81321	81323	81330	81331	81332	81333
81340	81341	81342	81343	81344	81345	81350	81351	81352	81353
81354	81380	81381	81382	81383	81390	81391	81392	81393	81400
81401	81402	81403	81404	81405	81406	81407	81408	81409	81410
81411	81412	81413	81414	81415	81416	81417	81418	81419	81500
81501	81502	81503	81504	81509	81510	81511	81512	81513	81514

Emergency Medical Condition Codes									
81519	81600	81601	81602	81603	81610	81611	81612	81613	8170
8171	8180	8181	8190	8191	82000	82001	82002	82003	82009
82010	82011	82012	82013	82019	82020	82021	82022	82030	82031
82032	8208	8209	82100	82101	82110	82111	82120	82121	82122
82123	82129	82130	82131	82132	82133	82139	82300	82301	82302
82310	82312	82320	82321	82322	82330	82331	82332	82340	82341
82342	82380	82381	82382	82390	82391	82392	8290	8291	8471
8472	85100	85101	85102	85103	85104	85105	85106	85109	85110
85111	85112	85113	85114	85115	85116	85119	85120	85121	85122
85123	85124	85125	85126	85129	85130	85131	85132	85133	85134
85135	85136	85139	85140	85141	85142	85143	85144	85145	85146
85149	85150	85151	85152	85153	85154	85155	85156	85159	85160
85161	85162	85163	85164	85165	85166	85169	85170	85171	85172
85173	85174	85175	85176	85179	85180	85181	85182	85183	85184
85185	85186	85189	85190	85191	85192	85193	85194	85195	85196
85199	85200	85201	85202	85203	85204	85205	85206	85209	85210
85211	85212	85213	85214	85215	85216	85219	85220	85221	85222
85223	85224	85225	85226	85229	85230	85231	85232	85233	85234
85235	85236	85239	85240	85241	85242	85243	85244	85245	85246
85249	85250	85251	85252	85253	85254	85255	85256	85259	85300
85301	85302	85303	85304	85305	85306	85309	85310	85311	85312
85313	85314	85315	85316	85319	85400	85402	85403	85404	85405
85406	85409	85410	85411	85412	85413	85414	85415	85416	85419
8600	8601	8602	8603	8604	8605	86100	86101	86102	86103
86110	86111	86112	86113	86120	86121	86122	86130	86131	86132
8620	8621	86221	86222	86229	86231	86232	86239	8628	8629
8630	8631	86320	86321	86329	86330	86331	86339	86340	86341
86342	86343	86344	86345	86346	86349	86350	86351	86352	86353
86354	86355	86356	86359	86380	86381	86382	86383	86384	86385
86389	86390	86391	86392	86393	86394	86395	86399	86400	86401
86402	86403	86404	86405	86409	86410	86411	86412	86413	86414
86415	86419	86500	86501	86502	86503	86504	86509	86510	86511
86512	86513	86514	86519	86600	86601	86602	86603	86610	86611
86612	86613	8690	8691	8700	8701	8702	8703	8704	8708
8709	8710	8711	8712	8713	8714	8715	8716	8717	8719
87200	87201	87202	87210	87212	87261	87262	87263	87264	87269
87271	87272	87273	87274	87279	8728	8729	8730	8731	87320
87321	87322	87323	87329	87330	87331	87332	87333	87339	87340
87341	87342	87343	87344	87349	87350	87351	87352	87353	87354
87359	87360	87361	87362	87363	87364	87365	87369	87370	87371

Emergency Medical Condition Codes									
87372	87373	87374	87375	87379	8738	8739	87400	87401	87402
87410	87411	87412	8742	8743	8744	8745	8748	8749	8750
8751	8760	8761	8770	8771	8780	8781	8782	8783	8784
8785	8786	8787	8788	8789	8790	8791	8792	8793	8794
8795	8796	8797	8798	8799	88000	88001	88002	88003	88009
88010	88011	88012	88013	88019	88020	88021	88022	88023	88029
88100	88101	88102	88110	88111	88112	88120	88121	88122	8820
8821	8822	8830	8831	8832	8840	8841	8842	8850	8851
8860	8861	8870	8871	8872	8873	8874	8875	8876	8877
8900	8901	8902	8910	8911	8912	8920	8921	8922	8930
8931	8932	8940	8941	8942	8950	8951	8960	8961	8962
8963	8970	8971	8972	8973	8974	8975	8976	8977	90000
90001	90002	90003	9001	90081	90082	90089	9009	9010	9011
9012	9013	90140	90141	90181	90182	90183	90189	9019	9020
90210	90211	90219	90220	90221	90222	90223	90224	90225	90226
90227	90229	90231	90232	90233	90234	90239	90240	90241	90242
90249	90250	90251	90252	90253	90254	90255	90256	90259	90281
90282	90287	90289	9029	90300	90301	90302	9031	9032	9033
9034	9035	9038	9039	9040	9041	9042	9043	90440	90441
90442	90450	90451	90452	90453	90454	9046	9047	9048	9049
9210	9211	9212	9219	9330	9331	94120	94121	94122	94123
94124	94125	94126	94127	94128	94129	94130	94131	94132	94133
94134	94135	94136	94137	94138	94139	94220	94221	94222	94223
94224	94225	94229	94230	94231	94232	94233	94234	94235	94239
94320	94321	94322	94323	94324	94325	94326	94329	94330	94331
94332	94333	94334	94335	94336	94339	94420	94421	94422	94423
94424	94425	94426	94427	94428	94430	94431	94432	94433	94434
94435	94436	94437	94438	94520	94521	94522	94523	94524	94525
94526	94529	94530	94531	94532	94533	94534	94535	94536	94539
9492	9493	9582	95901	9598	9600	9601	9602	9603	9604
9605	9606	9607	9608	9609	9610	9611	9612	9613	9614
9615	9616	9617	9618	9619	9620	9621	9622	9623	9624
9625	9626	9627	9628	9629	9630	9631	9632	9633	9634
9635	9638	9639	9640	9641	9642	9643	9644	9645	9646
9647	9648	9649	96500	96501	96502	96509	9651	9654	9655
96561	96569	9657	9658	9659	9660	9661	9662	9663	9664
9670	9671	9672	9673	9674	9675	9676	9678	9679	9680
9681	9682	9683	9684	9685	9686	9687	9689	9691	9692
9693	9694	9695	9696	9698	9699	9700	9701	9709	9710
9711	9712	9713	9719	9720	9721	9722	9723	9724	9725

Emergency Medical Condition Codes									
9726	9727	9278	9729	9730	9731	9732	9733	9734	9735
9736	9738	9739	9740	9741	9742	9743	9744	9745	9746
9747	9750	9751	9752	9753	9754	9755	9756	9757	9758
9760	9761	9 762	9763	9764	9765	9766	9767	9768	9769
9770	9771	9772	9773	9774	9778	9779	9780	9781	9782
9783	9784	9785	9786	9788	9789	9790	9791	9792	9793
9794	9795	9796	9797	9799	981	9820	9821	9822	9823
9824	9828	9830	9831	9832	9839	9840	9841	9848	9849
9850	9851	9852	9853	9854	9855	9856	9858	9859	986
9870	9871	9872	9873	9874	9875	9876	9877	9878	9879
9891	9892	9893	9894	9895	9896	9897	9899	990	9910
9911	9912	9913	9914	9916	9919	9920	9921	9922	9923
9924	9925	9926	9927	9928	9929	9940	9941	9948	9950
9951	99520	9953	9954	99553	99560	99561	99562	99563	99564
99565	99566	99567	99568	99569	9957	99580	99583	99600	99601
99602	99604	99609	9961	9962	99630	99631	99640	99641	99642
99643	99644	99645	99646	99647	99649	99659	99769	99811	9982
99831	99832	99833	9989	99981	99982	99988	99989	V715	V8701
V8709	V8711	V8712	V8719	V872	V8739				

Claims for emergency transports that are denied for not meeting the emergency criteria will be considered on appeal with additional documentation to support the emergency nature of the transport. Claims that have denied for not meeting emergency transport criteria cannot be appealed for reimbursement as a nonemergency claim.

Refer to: Subsection 2.4.1, "Claims Information" in this handbook.

2.4.7 Nonemergency Transport Billing

The following procedure codes are used when billing for nonemergency ambulance services:

Procedure Codes									
A0382	A0398	A0420	A0422	A0424	A0425*	A0426	A0428	A0430	A0431
A0433	A0434	A0435	A0436						
***A0425 is denied if it is billed without procedure code A0426, A0428, A0433, or A0434.**									

2.4.8 Extra Attendant

The use of additional attendants (procedure code A0424) must be related to extraordinary circumstances when the basic crew is unable to transport the client safely.

An extra attendant on a nonemergency transport must be prior authorized. On an emergency transport, the billing provider's medical documentation must clearly indicate the services the attendant performs along with a rationale for the services to indicate medical necessity of the attendant.

The information supporting medical necessity must be kept in the billing provider's medical record and is subject to retrospective review.

Situations when an extra attendant may be required beyond the basic crew include, but are not limited to:

- Necessity of additional special medical equipment or treatment en route to destination (describe what special treatment and equipment is required and why it requires an attendant).
- Client behavior that may be a danger to self or ambulance crew or that requires, or may require, restraints.
- Extreme obesity of client (provide weight and client's functional limitations).
- The extra attendant must be certified by DSHS to provide emergency medical services.
- The use of an extra attendant for air transport is not a benefit of Texas Medicaid. Claims submitted with procedure code A0424 will be denied if billed with air transports (procedure code A0430 or A0431).

2.4.8.1 Emergency Transports

Emergency transports that use an extra attendant do not require prior authorization. Modifier ET must be billed with the extra attendant procedure code A0424.

The billing provider's medical documentation must clearly indicate the services the attendant performed along with rationale for the services to indicate the medical necessity of having the attendant. The billing provider must keep the information that supports medical necessity in the client's medical record, which will be subject to retrospective review.

When more than one client is transported at the same time in the same vehicle, the use of an extra attendant may be required when each client who is being transported requires medical attention or close monitoring.

2.4.8.2 Nonemergency Transports

Prior authorization is required when an extra attendant is needed for any nonemergency transport. When a client's condition changes, such as a need for oxygen or an extra attendant for transport, the prior authorization request must be updated.

To receive prior authorization, the requesting provider must prove medical necessity and identify attendant services that could not be provided by the basic crew. The information supporting medical necessity must be kept in the requesting provider's medical record and is subject to retrospective review.

Texas Medicaid does not reimburse for an extra attendant based only on an ambulance provider's internal policy.

2.4.9 Night Call

Texas Medicaid does not reimburse an extra charge for a night call.

2.4.10 Waiting Time

Procedure code A0420 may be billed when it is the general billing practice of local ambulance companies to charge for unusual waiting time (longer than 30 minutes). Providers must use the following procedures:

- Separate charges must be billed for all clients, Medicaid and non-Medicaid, for unusual waiting time.
- The circumstances requiring waiting time and the exact time involved must be documented in Block 24 of the CMS-1500 paper claim form.
- The amount charged for waiting time must not exceed the charge for a one-way transfer.

Important: *Waiting time is reimbursed up to one hour.*

2.4.11 Appeals

Only a denial of prior authorization may be appealed. Clients may appeal prior authorization request denials by contacting TMHP Client Notification at 1-800-414-3406. The Nonemergency Ambulance Prior Authorization Request form is not considered to be documentation after the service has been rendered.

Claims denied due to an inappropriate emergency medical condition code may be resubmitted with the appropriate emergency medical condition code.

On appeal, supporting documentation is critical for determining the client's condition at the time of transport. Ambulance providers who file paper claims must include all information that supports the reason for the transport and attach a copy of the run sheet to the claim. The EMT who transported the client must sign the documentation.

Refer to: Subsection 2.3, "Documentation Requirements" in this handbook.

2.4.12 Relation of Service to Time of Death

Medicaid benefits cease at the time of the client's death. However, if the client dies in the ambulance while en route to the destination, Texas Medicaid covers the transport. If a physician pronounces the client dead after the ambulance is called, Texas Medicaid covers the ambulance service (base rate plus mileage) to the point of pick up. Providers must indicate the date and time the client died in Block 9 of the CMS-1500 paper claim form. If a physician or coroner pronounces the client dead before the ambulance is called, the service is not covered.

Equipment and nondisposable supplies are included in the base rate. These items are not separately reimbursable and are considered part of another procedure. Therefore, equipment and supplies cannot be billed to the client.

2.5 Claims Resources

Providers may refer to the following sections or forms when filing claims:

Resource	Location
Appendix D: Acronym Dictionary	Appendix D (*Vol. 1, General Information*)
Ambulance 1 Claim Form Example	Form AM. 2 in this handbook
Ambulance 2 Claim Form Example	Form AM. 3 in this handbook
Ambulance 3 Claim Form Example	Form AM. 4 in this handbook
Automated Inquiry System (AIS)	TMHP Telephone and Fax Communication (*Vol. 1, General Information*)
CMS-1500 Paper Claim Filing Instructions	Subsection 6.5 in Section 6, "Claims Filing" (*Vol. 1, General Information*)
Appendix A: State and Federal Offices Communication Guide	Appendix A (*Vol. 1, General Information*)
Section 3: TMHP Electronic Data Interchange (EDI)	Section 3 (*Vol. 1, General Information*)

2.6 Contact TMHP

The TMHP Contact Center at 1-800-925-9126 is available Monday–Friday from 7 a.m. to 7 p.m., Central Time.

3. FORMS

AM. 1 Nonemergency Ambulance Prior Authorization Request (2 Pages)

TMHP

Non-emergency Ambulance Prior Authorization Request
Texas Medicaid and CSHCN Services Program

1.) **Is an ambulance the only appropriate means of transport?** ☐ Yes ☐ No
2.) **If no**, this client does not qualify for non-emergency ambulance transport.
3.) **If yes**, please complete the remainder of the form.

In order for this service to be covered, the service must be medically necessary and reasonable. Medical necessity is established when the client's medical condition is such that the use of an ambulance is the only appropriate means of transport, and other alternate means of transport are medically contraindicated. Alternate means of transport include services provided through Medicaid's Medical Transportation Program or services included in the rate for Long Term Care - Nursing Facilities, if applicable.

This form is to be completed by the provider requesting non-emergency ambulance transportation.
[Medicaid Reference: Chapter 32.024(t) Texas Human Resources Code]

Date Request Submitted:

_____

Submit by Fax : 1-512-514-4205

Requesting Provider

Name: _____

Provider TPI: _____ **NPI:** _____ **Taxonomy:** _____

Contact Name: _____ **Phone:** _____ **Fax:** _____

Ambulance Provider Name: _____

Ambulance Provider Identifier: _____

Client Information

Last Name: _____ First Name: _____ MI: _____

DOB: __ __/ __ __/ __ __ __ __ Client Medicaid/CSHCN Number: _____

Client's Current Condition Affecting Transport

Diagnoses affecting transport: _____

_____

(**Check** each applicable condition)

- ☐ Client requires monitoring by trained staff because
  - ☐ Oxygen ☐ Airway ☐ Suction
  - ☐ Cardiac ☐ Comatose ☐ Life support
- ☐ Ventilator dependent
- ☐ Poses immediate danger to self or others
- ☐ Continuous IV therapy or parenteral feedings *
- ☐ Physical restraint or chemical sedation *
- ☐ Decreased level of consciousness*
- ☐ Isolation precautions (VRE, MRSA, etc.) *
- ☐ Wound precautions *
- ☐ Advanced decubitus ulcers *
- ☐ Contractures limiting mobility *
- ☐ Must remain immobile (i.e., fracture, etc.) *
- ☐ Decreased sitting tolerance time or balance *
- ☐ Active Seizures *

* Provide additional detail (i.e. type of seizure or IV therapy, body part affected, supports needed, or time period for the condition), or provide detail of the client's other conditions requiring transport by ambulance.

_____

_____

☐ **Extra Attendant** Reason: _____

Reason for Transport Hospital discharge? ☐ Yes ☐ No **If yes,** expected transport time: _____

Other purpose: _____

Origin: _____ Destination: _____

Method of Transport: ☐ Ground ☐ Fixed Wing ☐ Helicopter ☐ Specialized Vehicle

Request Type:

- ☐ One Time, Non-repeating Medicaid, CSHCN or Medicare
- ☐ Short Term (2 - 60 days) Medicaid, CSHCN or Medicare * Begin Date: __ __/ __ __/ __ __ __ __
- ☐ Long Term (61 - 180 days) Medicaid and CSHCN Only * End Date: __ __/ __ __/ __ __ __ __

* Physician signature required for Short Term and Long Term

Certification: I certify that the information supplied in this document constitutes true, accurate, and complete information and is supported in the medical record of the patient. I understand that the information I am supplying will be utilized to determine approval of services resulting in payment of state and federal funds. I understand that falsifying entries, concealment of a material fact, or pertinent omissions may constitute fraud and may be prosecuted under applicable federal and / or state law which can result in fines or imprisonment, in addition to recoupment of funds paid and administrative sanctions authorized by law.

Name: _____ **Title:** _____ **Provider Identifier:** _____

Signature: _____ **Date Signed:** __ __/ __ __/ __ __ __ __

All non-emergency ambulance transportation must be medically necessary. Texas Medicaid, CSHCN Services Program, and Medicare have similar requirements for this service to qualify for reimbursement. This form is intended to accommodate all of the programs' requirements. The criteria for determining medical necessity include: the client is bed-confined and other methods of transportation are contraindicated, or the client's condition is such that transportation by ambulance is medically required. For additional information and changes to this policy and process refer to the respective program information: Texas Medicaid's Provider Procedures Manual, CSHCN Services Program Provider Manual, bulletins and Banner Messages; and to Medicare's manuals, newsletters and other publications.

- -

1. **Request Date**—Enter the date the form is submitted.
2. **Requesting Provider Information**—Enter the name of the entity requesting authorization. (i.e., hospital, nursing facility, dialysis facility, physician).
3. **Requesting Provider Identifiers**—Enter the following information for the requesting provider (facility or physician):
   - Enter the Texas Provider Identifier (TPI) number.
   - Enter the National Provider Identifier (NPI) number. An NPI is a ten-digit number issued by the National Plan and Provider Enumeration System (NPPES).
   - Enter the primary national taxonomy code. This is a ten-digit code associated with your provider type and specialty. Taxonomy codes can be obtained from the Washington Publishing Company website at www.wpc-edi.com.
4. **Ambulance Provider Identifier**— Enter the TPI or NPI number of the requested ambulance provider. If the ambulance provider changes from the provider you originally requested, notify TMHP of the new provider by phone (1-800-540-0694, Option 3) or fax (1-512-514-4205).
5. **Client's Current Condition**—This section must be filled out to indicate the client's *current condition* and not to list all historical diagnoses. Do not submit a list of the client's diagnoses unless the diagnoses are relevant to transport (i.e., if client has a diagnosis of hip fracture, the date the fracture was sustained must be included in documentation). It must be clear to TMHP when reviewing the request form, exactly why the client requires transport by ambulance and cannot be safely transported by any other means.
6. **Isolation Precautions**—Vancomycin-Resistant Enterococci (VRE) and Methicillin-Resistant Staphylococcus Aureus (MRSA) are just two examples of isolation precautions. Please indicate in the notes exactly what type of precaution is indicated.
7. **Details for Checked Boxes**—For each checked answer, a detailed explanation is required (i.e., if contractures is checked, please give the location and degree of contracture[s]). If a client has a decreased tolerance for sitting time, please indicate why the client has a decreased tolerance as well as the maximum length of time the client is able to sit upright. Additional documentation can be submitted with this request form if needed.
8. **Request Type**—Check the box for the request type. A One Time, non-repeating request is for a one day period. A Short Term request is for a period of 2-60 days when repeated transports are expected to occur; Medicaid, CSHCN Services Program, and Medicare permit short term requests. A Long Term request is for a period of 61-180 days when repeated transports are expected to occur; Medicare does not permit a Long Term request. Medicaid and CSHCN Services Program require a physician signature for Short Term and Long Term requests. Enter the begin and end dates of the authorization period for short and long term requests.
9. **Transport Time**—This field must be filled out for all hospital discharge requests. The anticipated time of transport must be entered in order to ensure the request was initiated prior to the actual time of transport.
10. **Name of Person Signing the Request**—All request forms require a signature, date, and title of the person signing the form. A One Time request must be signed and dated by a physician, physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), registered nurse (RN), or discharge planner with knowledge of the client's condition. A request of a Short Term or Long Term authorization period must be signed and dated by the physician. The signature must be dated not earlier than the 60th day before the date on which the request for authorization is made.
11. **Signing Provider Identifier**—This field is for the TPI or NPI number of the requesting facility or provider signing the form. The signature must be dated no earlier than 60 days prior to the transport.

4. CLAIM FORM EXAMPLES

AM. 2 Ambulance 1

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

PICA

CARRIER

PATIENT AND INSURED INFORMATION

1. MEDICARE [ ] (Medicare #) MEDICAID [X] (Medicaid #) TRICARE CHAMPUS [ ] (Sponsor's SSN) CHAMPVA [ ] (Member ID#) GROUP HEALTH PLAN [ ] (SSN or ID) FECA BLK LUNG [ ] (SSN) OTHER [ ] (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, Jane

3. PATIENT'S BIRTH DATE MM DD YY: 02 02 1970 SEX M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial):

5. PATIENT'S ADDRESS (No., Street): 341 Tosca Way

6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street):

CITY: Houston STATE: TX

8. PATIENT STATUS: Single [ ] Married [ ] Other [ ]

CITY: STATE:

ZIP CODE: 77485 TELEPHONE (Include Area Code): (123) 555-1234

Employed [ ] Full-Time Student [ ] Part-Time Student [ ]

ZIP CODE: TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER:

a. OTHER INSURED'S POLICY OR GROUP NUMBER:

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH MM DD YY: SEX M [ ] F [ ]

b. OTHER INSURED'S DATE OF BIRTH MM DD YY: SEX M [ ] F [ ]

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State):

b. EMPLOYER'S NAME OR SCHOOL NAME:

c. EMPLOYER'S NAME OR SCHOOL NAME:

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME:

d. INSURANCE PLAN NAME OR PROGRAM NAME:

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 879.3
2. 459
3. 958.0
4. 780.09

22. MEDICAID RESUBMISSION CODE: ORIGINAL REF. NO.:

23. PRIOR AUTHORIZATION NUMBER:

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	01 2011	01	01	2011	3	9	A0429	ET SH	1	40.00	1		NPI	
2	01	01 2011	01	01	2011	3	9	A0422	ET SH	1	20.00	1		NPI	
3	01	01 2011	01	01	2011	3	9	A0382	ET SH	2	2.00	2		NPI	
4	01	01 2011	01	01	2011	3	9	A0382	ET SH	1	15.00	5		NPI	
5	01	01 2011	01	01	2011	3	9	A0425	ET SH		48.00	8		NPI	
6														NPI	

25. FEDERAL TAX I.D. NUMBER SSN [ ] EIN [ ]

26. PATIENT'S ACCOUNT NO.: 12345

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]

28. TOTAL CHARGE: $ 123.00

29. AMOUNT PAID: $

30. BALANCE DUE: $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Signature on File 01 10 2011

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

Junction Hospital
332 Junction Street
Houston, TX 77883

a. 4302198765 b.

33. BILLING PROVIDER INFO & PH # ( )

Spindle Ambulance
4000 Main Street
Houston, TX 77883

a. 9876543021 b. 1234567-01

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

AM. 3 Ambulance 2

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

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CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

1. MEDICARE [ ] (Medicare #) MEDICAID [X] (Medicaid #) TRICARE CHAMPUS [ ] (Sponsor's SSN) CHAMPVA [ ] (Member ID#) GROUP HEALTH PLAN [ ] (SSN or ID) FECA BLK LUNG [ ] (SSN) OTHER [ ] (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, Jane

3. PATIENT'S BIRTH DATE MM DD YY: 05 28 1964 SEX M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial):

5. PATIENT'S ADDRESS (No., Street): 338 West Boone

6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street):

CITY: Belvedere STATE: TX

8. PATIENT STATUS: Single [ ] Married [ ] Other [ ]

CITY: STATE:

ZIP CODE: 77435 TELEPHONE (Include Area Code): (123) 555-1234

Employed [ ] Full-Time Student [ ] Part-Time Student [ ]

ZIP CODE: TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER:

a. OTHER INSURED'S POLICY OR GROUP NUMBER:

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH MM DD YY: SEX M [ ] F [ ]

b. OTHER INSURED'S DATE OF BIRTH MM DD YY: SEX M [ ] F [ ]

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State):

b. EMPLOYER'S NAME OR SCHOOL NAME:

c. EMPLOYER'S NAME OR SCHOOL NAME:

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME:

d. INSURANCE PLAN NAME OR PROGRAM NAME:

10d. RESERVED FOR LOCAL USE:

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED: DATE:

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED:

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY:

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE:

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE:

20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 585.9
2. 344.00
3.
4.

22. MEDICAID RESUBMISSION CODE: ORIGINAL REF. NO.:

23. PRIOR AUTHORIZATION NUMBER: 1234567890

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	01	2011	01	01	2011	5		A0382	RG	1	15.00	1		NPI	
2	01	01	2011	01	01	2011	5		A0428	RG	1	150.00	1		NPI	
3	01	01	2011	01	01	2011	5		A0425	RG	1	125.00	50		NPI	
4	01	01	2011	01	01	2011	5		A0422	RG	1	30.00	1		NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER SSN [ ] EIN [ ]

26. PATIENT'S ACCOUNT NO.: 12345

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]

28. TOTAL CHARGE: $ 320.00

29. AMOUNT PAID: $

30. BALANCE DUE: $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Duke Wellington 01 08 2011

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

Get Well Hospital
9929 Seventh Street
Anytown, TX 77883

a. 4302198765 b.

33. BILLING PROVIDER INFO & PH # ( )

Wellington Ambulance
2222 Tulia
Randall, TX 77777

a. 9876543021 b. 1234567-01

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

AM. 4 Ambulance 3

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

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PATIENT AND INSURED INFORMATION

1. MEDICARE [ ] (Medicare #) MEDICAID [X] (Medicaid #) TRICARE CHAMPUS [ ] (Sponsor's SSN) CHAMPVA [ ] (Member ID#) GROUP HEALTH PLAN [ ] (SSN or ID) FECA BLK LUNG [ ] (SSN) OTHER [ ] (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John

3. PATIENT'S BIRTH DATE MM DD YY: 05 02 1960 SEX M [X] F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial):

5. PATIENT'S ADDRESS (No., Street): 2242 Spencer

6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street):

CITY: San Antonio STATE: TX

8. PATIENT STATUS: Single [ ] Married [ ] Other [ ]

CITY: STATE:

ZIP CODE: 78228 TELEPHONE (Include Area Code): (123) 555-1234

Employed [ ] Full-Time Student [ ] Part-Time Student [ ]

ZIP CODE: TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER:

a. OTHER INSURED'S POLICY OR GROUP NUMBER:

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH MM DD YY: SEX M [ ] F [ ]

b. OTHER INSURED'S DATE OF BIRTH MM DD YY: SEX M [ ] F [ ]

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State):

b. EMPLOYER'S NAME OR SCHOOL NAME:

c. EMPLOYER'S NAME OR SCHOOL NAME:

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME:

d. INSURANCE PLAN NAME OR PROGRAM NAME:

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 994.7
2.
3.
4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

PHYSICIAN OR SUPPLIER INFORMATION

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	01	2011	01	01	2011	3		A0429	ET RH	1	200.00	1		NPI	
2	01	01	2011	01	01	2011	3		A0425	ET RH	1	30.00	6		NPI	
3															NPI	
4															NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER SSN [ ] EIN [ ]

26. PATIENT'S ACCOUNT NO.: 12345

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]

28. TOTAL CHARGE: $ 230.00

29. AMOUNT PAID: $

30. BALANCE DUE: $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Mike Harrahan 01 10 2011

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

Texas Hospital
209 West 45th Street
Anywhere, TX 78500

a. 4302198765 b.

33. BILLING PROVIDER INFO & PH # ( )

Harrahan Ambulance
345 Morning Star
San Antonio, TX 77777

a. 9876543021 b. 1234567-01

NUCC Instruction Manual available at: www.nucc.org

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