

Benefit Criteria to Change for Ambulance Services Effective September 1, 2012

Information posted July 13, 2012

Effective for dates of service on or after September 1, 2012, benefit criteria for ambulance services will change for the Children with Special Health Care Needs (CSHCN) Services Program.

The following ambulance services procedure codes will be a benefit of the CSHCN Services Program:

| Procedure Codes | | | | | |
|-----------------|--------|-------|-------|--------|-------|
| A0382 | A0398* | A0420 | A0422 | A0424 | A0425 |
| A0426* | A0427* | A0428 | A0429 | A0430 | A0431 |
| A0433* | A0434* | A0435 | A0436 | A0999* | |

***New ambulance procedure codes**

Procedure codes A0398, A0426, A0427, A0433, A0434, and A0999 may be reimbursed to ambulance providers for services that are performed in the office, home, independent laboratory, inpatient hospital, outpatient hospital, and “other location” settings.

Ambulance services that are performed in the skilled nursing facility (SNF), intermediate care facility (ICF), or extended care facility settings are not a benefit of the CSHCN Services Program.

Procedure codes A0398, A0433, A0434, and A0999 may be reimbursed as emergency or nonemergency services.

- Claims for emergency services must be submitted with the ET modifier.
- Nonemergency services must be prior authorized.

When there are two responders to an emergency, the company that transports the client will be reimbursed for their services. The CSHCN Services Program does not reimburse for the return trip of an empty ambulance.

Providers must not bill CSHCN Services Program clients for ambulance services.

Emergency Medical Conditions

An emergency is defined as a medical condition that manifests acute symptoms of sufficient severity (including severe pain) 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 any of the following:

- Placing the client's health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

An emergency behavioral health condition is defined as any condition that, in the opinion of a prudent layperson with an average knowledge of health and medicine, requires immediate intervention or medical attention regardless of the nature, without which the client would present an immediate danger to themselves or others or that renders the

client incapable of controlling, knowing, or understanding the consequences of their actions.

The following table includes the valid emergency medical condition codes for emergency ambulance services:

| 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 | 3452 |
| 34510 | 34511 | 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 |
| 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 |

Emergency Medical Condition Codes

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| 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 |
| 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 |

Emergency Medical Condition Codes

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| 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 |

Emergency Medical Condition Codes

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| 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 | 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 |

Emergency Medical Condition Codes

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| 85312 | 85313 | 85314 | 85315 | 85316 | 85319 | 85400 |
| 85402 | 85403 | 85404 | 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 | 8620 |
| 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 | 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 |

Emergency Medical Condition Codes

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| 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 | 9278 | 9330 | 9331 | 94120 | 94121 |
| 94122 | 94123 | 94124 | 94125 | 94126 | 94127 | 94128 |
| 94129 | 94130 | 94131 | 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 |

Emergency Medical Condition Codes

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| 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 | 9726 | 9727 | 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 | 9762 | 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 |

| Emergency Medical Condition Codes | | | | | | |
|-----------------------------------|-------|-------|-------|-------|-------|-------|
| 99769 | 99811 | 99831 | 99832 | 99833 | 9982 | 9989 |
| 99941 | 99942 | 99949 | 99981 | 99982 | 99988 | 99989 |
| V715 | V8701 | V8709 | V8711 | V8712 | V8719 | V872 |
| V8739 | | | | | | |

The Centers for Medicare & Medicaid Services (CMS) also lists emergency medical conditions in Ambulance Fee Schedule-Emergency Medical Conditions file at www.cms.gov/manuals/downloads/clm104c15.pdf.

Emergency Ambulance Transports

Emergency transports are to be to the nearest appropriate medical facility. An appropriate facility includes the equipment, personnel, and capability to provide the services that are necessary to support the required medical care. When an emergency transport is made to a facility other than the nearest appropriate facility and the type of transport is medically necessary, reimbursement for mileage is limited to the amount that would be reimbursed to transport to the nearest appropriate facility.

Facility-to-facility transports may be considered an emergency if the emergency treatment is not available at the first facility. All other facility-to-facility transports are considered nonemergent and prior authorization will be required.

The CSHCN Services Program coverage for emergency air ambulance transport services is limited to instances in which the client's pickup point is inaccessible by ground transport or when great distance interferes with the immediate admission to a medical treatment facility appropriate for the client's condition.

Claims for emergency transport services must include the following:

- ET modifier for each procedure code
- One or more of the emergency medical condition codes listed above

Claims for emergency ambulance transport services that are submitted without an emergency medical condition code may be appealed with documentation of medical necessity that supports the definition of an emergency medical condition.

An emergency ambulance transport that is denied will not be accepted on appeal as a nonemergency transport.

Emergency Prior Authorization

Emergency transports within the state of Texas do not require authorization. Transports within 50 miles of the Texas state border do not require authorization.

Out-of-state (air, ground, and water) emergency transports require authorization. All out-of-state emergency transport requests will be reviewed by the CSHCN Services Program Medical Director.

Nonemergency Ambulance Transports

Nonemergency transports are provided by an ambulance provider for a client to or from a scheduled medical appointment, to or from another licensed facility for treatment, or to

the client's home after discharge from a hospital. Nonemergency transports are appropriate when the client's medical condition is such that the use of an ambulance is the only appropriate means of transport (i.e., alternate means of transport are medically contraindicated).

A round-trip transport from the client's home to a scheduled medical appointment (for example, an outpatient or freestanding dialysis or radiation facility) is a benefit when the client meets medical necessity requirements for nonemergency transport.

Nonemergency transports of clients with conditions that do not meet medical necessity criteria are not a benefit of the CSHCN Services Program.

A provider that is denied payment for services rendered because of failure to obtain prior authorization or because a request for prior authorization was denied is entitled to appeal the denial.

A provider that is denied payment for rendered ambulance transport services is entitled to payment from the health-care provider or other responsible party that requested the services if:

- Payment is denied because the requesting provider did not obtain prior authorization.
- The performing provider submits a copy of the bill for which payment was denied to the health-care provider or other responsible party for payment.

Nonemergency Prior Authorization Process

Prior authorization will be required for all nonemergency ambulance transports, regardless of the type of transport (e.g., air or specialized emergency medical services vehicle). Prior authorization requests must be submitted using the [Nonemergency Ambulance Prior Authorization Request Texas Medicaid and CSHCN Services Program Form](#).

The following nonemergency transports require prior authorization:

- Hospital to hospital
- Hospital to outpatient facilities
- Round-trip transport from the client's home to a scheduled medical appointment

All ambulance transport services that include helicopter, fixed-wing aircraft, or specialized emergency medical services vehicles will be reviewed by the Medical Director.

A physician, health-care provider, or other responsible party must obtain prior authorization from the TMHP/CSHCN Services Program Ambulance Department or a person authorized to act on behalf of the prior authorization department on the same day or the next business day following the day of transport when an ambulance is used to transport a client in circumstances that do not involve an emergency, and the request is for the authorization of the provision of transportation for only one day. If transportation occurs over the weekend or a holiday, the responsible party must obtain authorization on the following business day.

If the request is for the provision of transportation for more than one day, the prior authorization department shall require a physician, health-care provider, or other responsible party to obtain a single *prior* authorization before an ambulance is used to

transport a client in circumstances that do not involve an emergency. The following rules apply to all nonemergency transports:

- Authorization will be evaluated based on the client's medical needs and may be granted for a length of time that is appropriate to the client's medical condition.
- A response to a request for authorization will be made no later than 48 hours after receipt of the request.
- A request for authorization will be immediately granted and will be effective for a period of not more than 180 days from the date of issuance if the request includes a written statement from a physician that includes both of the following:
 - A statement that alternative means of transporting the client are contraindicated.
 - A submission date that is no earlier than 60 days before the requested date of service.

Authorization can be obtained by telephone at 1-800-540-0694 for hospital-to-hospital or hospital-to-outpatient-facilities transports. Telephone requests will be accepted only from the transferring facility. Hospital-to-hospital or hospital-to-outpatient-facilities transport information and prior authorization requests may also be faxed or mailed. The requesting hospital should fax or mail supporting documentation to the TMHP/CSHCN Ambulance Unit when requested, to assist in the determination of medical necessity. Requests may be faxed or mailed to:

Texas Medicaid & Healthcare Partnership
Ambulance Prior Authorizations
P.O. Box 200735
Austin, TX 78727-0735
Fax: (512)-514-4205

The requesting provider may select from the following prior authorization periods:

One-time, nonrepeating (1 day)

One-time requests for prior authorization must be submitted on the Nonemergency Ambulance Prior Authorization Request Texas Medicaid and CSHCN Services Program form. The physician's signature is not required for one-time, nonrepeating requests.

Short-term (2-60 days)

Short-term requests for prior authorization are reserved for those clients whose transportation needs are not anticipated to last longer than 60 days. Short-term requests must be submitted on the Nonemergency Ambulance Prior Authorization Request Texas Medicaid and CSHCN Services Program form. The request must include the physician's original signature and date signed. Stamped or computerized signatures and dates will not be accepted. Without a physician's signature and date, the form is considered incomplete.

Long-term (61-180 days)

Long-term requests are reserved for those clients whose transportation needs extend beyond 60 days. Prior authorization for nonemergency transports must be submitted on the Nonemergency Ambulance Prior Authorization Request Texas Medicaid and CSHCN Services Program form. The request must include the physician's original signature and date signed. Stamped or computerized signatures and dates will not be accepted. Without a physician's signature and date, the form is considered incomplete.

The prior authorization department will render a decision within 24 hours for prior authorization requests that last from 61 to 180 days and within 48 hours for prior authorization requests that are 60 days duration or less.

Providers may be asked to supply additional documentation to support the client's condition.

Documentation Requirements

Supporting documentation is required to be maintained by both the ambulance provider and the requesting provider, including a physician, health-care provider, or other responsible party.

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

Physicians, health-care providers, or other responsible parties who request ambulance transport are required to maintain physician orders and the Nonemergency Ambulance Prior Authorization Request Texas Medicaid and CSHCN Services Program form in the client's medical record. Requesting providers must also maintain documentation of medical necessity for the ambulance transport.

Medical Conditions

Medical necessity and coverage of ambulance transport services are not based solely on the presence of a specific diagnosis. The CSHCN Services Program reimbursement for ambulance transports may be made only for those clients whose condition at the time of transport is such that ambulance transport is medically necessary. For example, it is insufficient that a client merely has a diagnosis such as pneumonia, stroke, or fracture to justify ambulance transport. In each of those instances, the condition of the client must be such that transport by any other means is medically contraindicated. In the case of ambulance transport, the condition that necessitates transport is often that an accident or injury has occurred, which gives 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 (facility, physician, or ambulance) responsibility to supply the CSHCN Services Program contract administrator with information that describes the condition of the client that necessitated the ambulance transport. Because many ambulance personnel have only a limited ability to establish a diagnosis, the CSHCN Services Program recognizes that coding of a client's condition using *International Classification of Diseases*, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis codes by ambulance transport services may be less specific than those that are determined by other health-care providers.

Ambulance services providers who submit ICD-9-CM diagnosis codes should choose the code that best describes the client's condition at the time of transport. When a diagnosis is not confirmed, it is better to use a symptom, finding, or injury code. Providers of ambulance services should avoid using ICD-9-CM codes to report "rule out" or "suspected" diagnoses.

Levels of Service

CMS and the Texas Health and Safety Code have the following definitions for levels of service:

- *Basic life support (BLS)* is emergency care that uses noninvasive medical acts, and if allowed by the 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 that include 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 one of the following:
 - At least three separate administrations of one or more medications (excluding crystalloid fluids) by intravenous push/bolus or by continuous infusion
 - 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.
- *Specialty care transport (SCT)* is the interfacility transportation of a critically injured or ill client by a ground ambulance vehicle that includes the provision of medically necessary supplies and services at a level of service beyond the scope of the emergency medical technician (EMT) paramedic. SCT is necessary when a client's condition requires ongoing care that must be furnished by one or more health-care 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.

Extra Attendant

The use of an additional attendant must be related to extraordinary circumstances that prevent the basic crew from transporting a client safely. The extra attendant must be certified by the Department of State Health Services (DSHS) to provide emergency medical services.

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

- Need for additional special medical equipment or treatment en route to destination (Providers must describe what special treatment and equipment is required and why it requires an attendant.)
- Client behavior that may be a danger to the client or ambulance crew or requires or may require restraints
- Extreme obesity (Providers must specify the client's weight and functional limitations.)

The CSHCN Services Program does not reimburse for an extra attendant based solely on an ambulance provider's internal policy.

The use of an extra attendant for air transport is not a benefit of the CSHCN Services Program. Reimbursement for an extra attendant (procedure code A0424) will be denied if billed with air transport (procedure codes A0430 or A0431).

Extra Attendant - Emergency Ambulance Transports

Emergency transports that use an extra attendant do not require prior authorization.

The billing provider's medical documentation must clearly indicate the services the attendant performed along with the rationale for the services to indicate medical necessity of the attendant. The information that supports medical necessity must be kept in the billing provider's medical record and is 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 being transported requires medical attention and close monitoring.

Extra Attendant - Nonemergency Ambulance Transports

Prior authorization is required when an extra attendant is needed for any nonemergency transport. When an extra attendant is needed for subsequent transports, the prior authorization must be updated.

The requesting provider must prove medical necessity on the prior authorization request by identifying attendant services that could not be provided by the basic crew. The information that supports medical necessity must be kept in the requesting provider's medical record and is subject to retrospective review.

Claims Submission and Reimbursement

Providers must submit procedure code A0426 for nonemergency transports, which must be prior authorized.

Providers must submit procedure code A0427 with the ET modifier for emergency transports.

Procedure codes A0398, A0433, A0434, and A0999 may be reimbursed as emergency or nonemergency services.

- Claims for emergency services must be submitted with the ET modifier.
- Nonemergency services must be prior authorized.

Claims for specialized emergency medical services vehicles (i.e., boat or airboat) must be submitted using procedure code A0999.

Procedure codes A0398, A0426, A0427, A0433, A0434, and A0999 may be reimbursed to ambulance providers for services performed in the office, home, independent laboratory, inpatient hospital, outpatient hospital, and "other location" settings.

Ambulance procedure codes are reimbursed at the lesser of the billed amount or the amount allowed by Texas Medicaid.

Providers must use the appropriate procedure codes when billing for ALS or BLS services.

All ambulance claims must include the origin and destination modifiers on each procedure code submitted. Any procedure code submitted without the origin and destination modifiers will be denied.

Ambulance Disposable Supplies

Ambulance disposable supplies are included in the global fee for SCT transports and must not be billed separately.

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

Claims submitted for BLS or ALS supplies will be denied unless a corresponding ALS or BLS transport is billed on the same claim.

Oxygen

Reimbursement for oxygen is the lesser of the provider's customary profile, the prevailing profile, or the provider's actual charge in accordance with the Texas Administrative Code.

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

Mileage

The CSHCN Services Program will not reimburse air or ground mileage when the client is not on board the ambulance.

Providers must determine the mileage based on the Texas Official State Mileage Guide.

All air ambulance transports (procedure code A0430 or A0431) must be billed with the corresponding air mileage procedure code A0435 or A0436.

A transport and mileage procedure code must be billed on the same claim to be considered for reimbursement. Transport and mileage procedure codes should never be reported as stand-alone services.

Effective June 14, 2012, the TMHP claims system was changed to allow ambulance transport claims with a billed mileage amount of \$0.00 to be reimbursed. To qualify for reimbursement, the transport claim must include a mileage quantity that is greater than zero.

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

Waiting time

Waiting time (procedure code A0420) is reimbursed up to one hour and may be submitted when it is the general billing practice of local ambulance companies to charge for unusual waiting time (over 30 minutes) based on the following:

- Separate charges must be billed for unusual wait times.
- The circumstances that necessitate a wait time and the exact time involved must be documented.

The amount charged for waiting time must not exceed the charge for a one-way transfer.

Multiple Client Transport

Multiple client transports are those in which more than one client is transported in the same vehicle at the same time. A claim for each CSHCN Services Program client must be completed and must reference "multiple transfer" with the names and CSHCN Services Program numbers of other CSHCN Services Program clients who shared the transport.

Payment for multiple client transports are adjusted to 80-percent reimbursement of the allowable base rate for the transport for each claim, and mileage is divided equally among the clients who share the ambulance.

Out-of-Locality Transport

Out-of-locality transports may be reimbursed if a local facility is not adequately equipped to treat the condition. "Out-of-locality" refers to one-way transfers of 50 or more miles from point of pickup to point of destination.

Air or Water Specialized Emergency Medical Services Vehicle Transport

Helicopter, fixed-wing aircraft, or specialized emergency medical services vehicle ambulance transport services (procedure codes A0430, A0431, A0435, A0436, and A0999) will be reviewed by the CSHCN Services Program Medical Director and may be reimbursed if any of the following conditions are met:

- The client's medical condition requires immediate and rapid ambulance transport that could not have been provided by ground ambulance.
- The point of client pick-up is inaccessible by ground vehicle.
- Great distance or other obstacles are involved in transporting the client to the nearest appropriate facility.

Emergency air or specialized emergency medical services vehicle transports that do not meet the emergency air criteria, but do meet the ground criteria, will be reimbursed at the appropriate ground rate.

Relation of Service to Time of Death

The CSHCN Services Program may reimburse an ambulance provider in the following circumstances related to a deceased client:

- The client dies in the ambulance while en route to the destination.
- The ambulance services to the point of pickup for the client who is pronounced dead by the physician after the ambulance is called.

Ambulance Transport Services That Are Not Benefits

The CSHCN Services Program does not reimburse providers for services that do not result in a transport to a facility, regardless of any medical care rendered. Transport is only a benefit when the client is on board the ambulance.

The CSHCN Services Program does not reimburse an extra charge for a night call.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.