Medical Transportation Code Conversion – Policy Effective July 1, 2016

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0002	Response to call, two patients, each patient	A0427§ **and**	Ambulance service, advanced life support, emergency transport, level 1 (ALS1 - emergency)	Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0427+UN, A0429+UN, A0433+UN, A0434+UN, A0427+UN+UJ, A0429+UN+UJ, A0433+UN+UJ, and A0434+UN+UJ should be used to bill for emergency ambulance transportation only.
		UN **or**	Two patients served	
		A0429§ **and**	Ambulance service, basic life support, emergency transport (BLS - emergency)	
		UN **or**	Two patients served	
		A0433§ **and**	Ambulance, service, advanced life support, level 2 (ALS2 - emergency)	
		UN **or**	Two patients served	
		A0434§ **and**	Ambulance service, specialty care services, emergency transport (SCT - emergency)	
		UN **or**	Two patients served	
		A0427§ **and** UN **and** UJ **or**	Services provided at night	
		A0429§ **and** UN **and** UJ	Services provided at night	

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	**Description**	**National Code or Modifier**	**Description**	**Instructions and Clarifications**
		or A0433§ **and** UN **and** UJ **or** A0434§ **and** UN **and** UJ	Services provided at night Services provided at night	
X0008	Neonatal intensive care incubator	A0225§ **or** A0225§ **and** UJ	Ambulance service; neonatal transport, base rate, emergency transport, one way Services provided at night	There is no national code for compressed air or for a neonatal incubator. Since compressed air is used in conjunction with a neonatal incubator, this service is to be included with overall neonatal transport. Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0225 and A0225+UJ should be used to bill for emergency medical transportation only.

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0010	Ground ambulance waiting time over 15 minutes; each 15 minutes	A0420†§	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	Medi-Cal will reimburse up to 90 minutes, three units, of waiting time in excess of the first 15 minutes. In cases where a recipient is a neonate, Medi-Cal will reimburse up to 8 hours, 16 units, in excess of the first 15 minutes for documented waiting time needed to stabilize prior to transport. A0420 may be used to bill for either emergency or non-emergency services.
X0012	Compressed air for infant respirator	A0225§ **or** A0225§ **and** UJ	Ambulance service; neonatal transport, base rate, emergency transport, one way Services provided at night	There is no national code for compressed air for a neonatal incubator. Since compressed air is used in conjunction with a neonatal incubator, this service is to be included with overall neonatal transport. Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0225 and A0225+UJ should be used to bill for emergency medical transportation only.
X0014	Extra attendant – RN/EMT first hour	A0424†§	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged)	A0424 may be used to bill for either emergency or non-emergency services.
X0016	Extra attendant – RN/EMT 2nd and 3rd hour each	A0424†§	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged)	A0424 may be used to bill for either emergency or non-emergency services.

† A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§ Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	**Description**	**National Code or Modifier**	**Description**	**Instructions and Clarifications**
X0018	Extra attendant – RN/EMT (each additional hour)	A0424†§	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged)	A0424 may be used to bill for either emergency or non-emergency services.
X0030	Ambulance service, Basic Life Support (BLS) base rate, emergency transport, one way (includes allowance for emergency run).	A0427§ **or** A0429§ **or** A0433§ **or** A0434§ **or** A0427§ **and** UJ **or** A0429§ **and** UJ **or** A0433§ **and** UJ **or** A0434§ **and** UJ	Ambulance service, advanced life support, emergency transport, level 1 (ALS1 - emergency) Ambulance service, basic life support, emergency transport (BLS - emergency) Ambulance service, advanced life support, level 2 (ALS2 - emergency) Ambulance service, specialty care services, emergency transport (SCT - emergency) Services provided at night Services provided at night Services provided at night Services provided at night	Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0427, A0429, A0433, A0434, A0427+UJ, A0429+UJ, A0433+UJ, and A0434+UJ should be used to bill for emergency ambulance medical transportation only. A0427+DS+QN, A0429+DS+QN, A0433+DS+QN, and A0434+DS+QN should be used to bill for dry run service (non-transport response).

---

† A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§ Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
		or		
		A0427§ **and** DS **and** QN	Dry run service	
		or		
		A0429§ **and** DS **and** QN	Dry run service	
		or		
		A0433§ **and** DS **and** QN	Dry run service	
		or		
		A0434§ **and** DS **and** QN	Dry run service	
X0032	Non-emergency transportation, ambulance, base rate, one way	A0426†	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)	Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0426, A0428, A0426+UJ, and A0428+UJ should be used to bill for non-emergency medical transportation only.
		or		
		A0428†	Ambulance service, basic life support, non-emergency transport (BLS)	
		or		
		A0426† **and** UJ	Services provided at night	
		or		
		A0428† **and** UJ	Services provided at night	

† A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§ Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0034	Ambulance service, (BLS), per mile, transport, one way	A0425†§	Ground mileage, per statute mile (use for ambulance transports only)	A0425 may be used to bill ambulance mileage for either emergency or non-emergency transports.
X0036	Ambulance service, oxygen, administration and supplies, life sustaining situation	A0422†§	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	A0422 may be used to bill for either emergency or non-emergency services.
X0200	Response to call – non-litter patient, 1 patient	A0130† **or** A0130† **and** UJ	Non-emergency transportation: wheelchair van Services provided at night	A0130 and A0130+UJ should be used to bill for non-emergency medical transportation only.
X0202	Response to call – non-litter patient, 2 patients, each patient	A0130† **and** UN **or** A0130† **and** UN **and** UJ	Non-emergency transportation: wheelchair van Two patients served Services provided at night	A0130+UN and A0130+UN+UJ should be used to bill for non-emergency medical transportation only.

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	**Description**	**National Code or Modifier**	**Description**	**Instructions and Clarifications**
X0204	Response to call – non-litter patient, 3 patients, each patient	A0130† **and** UP **or** A0130† **and** UP **and** UJ	Non-emergency transportation: wheelchair van Three patients served Services provided at night	A0130+UP and A0130+UP+UJ should be used to bill for non-emergency medical transportation only.
X0206	Response to call – non-litter patient, 4 or more patients, each patient	A0130† **and** UQ **or** A0130† **and** UQ **and** UJ **or** A0130† **and** UR **or** A0130† **and** UR **and** UJ **or** A0130† **and** US **or** A0130† **and** US **and** UJ	Non-emergency transportation: wheelchair van Four patients served Services provided at night Five patients served Services provided at night Six or more patients served Services provided at night	A0130+UQ, A0130+UQ+UJ, A0130+UR, A0130+UR+UJ, A0130+US, and A0130+US+UJ should be used to bill for non-emergency medical transportation only.

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0210	Response to call – litter patient	T2005† **or** T2005† **and** UJ	Non-emergency transportation: stretcher van Services provided at night	T2005 and T2005+UJ should be used to bill for non-emergency medical transportation only.
X0212	Response to call – litter patient, attendant	T2001†	Non-emergency transportation; patient attendant/escort	T2001 should be used to bill for non-emergency medical transportation only.
X0214	Waiting time over 15 minutes – each 15 minutes (maximum of 90 minutes)	T2007†§	Transportation waiting time, air ambulance, and non-emergency vehicle, one-half (1/2) hour increments	Medi-Cal will reimburse up to 90 minutes, three units, of waiting time in excess of the first 15 minutes. Used without a modifier, this code is for wheelchair van or litter van transportation only. T2007 may be used to bill for either emergency or non-emergency services.
X0216	Mileage one way – per mile (mileage with patient on board)	A0380†	BLS mileage (per mile) (use for wheelchair and litter van transports only)	This code is used for wheelchair van or litter van transportation only. A0380 should be used to bill for non-emergency medical transportation only.

† A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§ Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0218	Night call – 7 p.m. to 7 a.m.	A0130† **and** UJ **or** T2005† **and** UJ	Non-emergency transportation: wheelchair van Services provided at night Non-emergency transportation: stretcher van Services provided at night	Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0130+UJ and T2005+UJ should be used to bill for non-emergency medical transportation only.
X0220	Oxygen – per tank	A0422†§	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	A0422 may be used to bill for either emergency or non-emergency services.
X0222	Unlisted	A0999†§	Unlisted ambulance service	A0999 may be used to bill for either emergency or non-emergency services.
X0400	Response to call, ambulance	A0426 **and** HN **and** QN	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1) Hospital to skilled nursing facility Ambulance service furnished directly by a provider of services	All X04XX codes were used for non-emergency patient transfer from acute care facility to nursing facility levels A/B. Modifier HN is H+N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility. A0426+DS+QN; and A0428+DS+QN should be used to bill for dry run service (non-transport response).

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	**Description**	**National Code or Modifier**	**Description**	**Instructions and Clarifications**
		or		
		A0428	Ambulance service, basic life support, non- emergency transport (BLS)	
		and		
		HN	Hospital to skilled nursing facility	
		and		
		QN	Ambulance service furnished directly by a provider of services	
		or		
		A0426 **and** DS **and** QN	Dry run service	
		or		
		A0428 **and** DS **and** QN	Dry run service	

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0402	Ambulance mileage, one way – per mile (mileage with patient on board)	A0425 **and** HN **and** QN	Ground mileage, per statute mile (use for ambulance transports only) Hospital to skilled nursing facility Ambulance service furnished directly by a provider of services	Modifier HN is H+N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility.
X0404	Response to call, litter patient, litter van transportation	T2005 **and** HN **and** QN **or** T2005 **and** DS **and** QN	Non-emergency transportation: stretcher van Hospital to skilled nursing facility Ambulance service furnished directly by a provider of services Non-emergency transportation: stretcher van Dry run service Ambulance service furnished directly by a provider of services	Modifier HN is H+N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility. T2005+DS+QN should be used to bill for dry run service (non-transport response).

† A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§ Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0406	Response to call, non-litter patient, wheelchair van transportation	A0130 **and** HN **and** QN **or** A0130 **and** DS **and** QN	Non-emergency transportation: wheelchair van Hospital to skilled nursing facility Ambulance service furnished directly by a provider of services Dry run service	Modifier HN is H+N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility. A0130+DS+QN should be used to bill for dry run service (non-transport response).
X0408	Wheelchair/ litter van mileage, one way – per mile (mileage with patient on board)	A0380 **and** HN **and** QN	BLS mileage (per mile) (use for wheelchair and litter van transports only) Hospital to skilled nursing facility Ambulance service furnished directly by a provider of services	Modifier HN is H+N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility.

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0412	Oxygen, per tank	A0422 **and** HN **and** QN	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation Hospital to skilled nursing facility Ambulance service furnished directly by a provider of services	Modifier HN is H+N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility.
X0414	Attendant, wheelchair/ litter van transportation	T2001 **and** HN **and** QN	Non-emergency transportation; patient attendant/escort Hospital to skilled nursing facility Ambulance service furnished directly by a provider of services	Modifier HN is H+N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility.
X0416	Unlisted	A0999†§	Unlisted ambulance service	A0999 may be used to bill for either emergency or non-emergency services.
X0504	Night call, 7 p.m. to 7 a.m.	A0430†§ **and** UJ **or** A0431†§ **and** UJ	Ambulance service, conventional air services, transport, one way (fixed wing) Services provided at night Ambulance service, conventional air services, transport, one way (rotary wing) Services provided at night	Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0430+UJ or A0431+UJ may be used to bill for either emergency or non-emergency services.

---

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0506	Waiting time over 15 minutes, each 15 minutes	T2007†§ **and** TU	Transportation waiting time, air ambulance, and non-emergency vehicle, one-half (1/2) hour increments Special payment rate, overtime	Medi-Cal will reimburse up to 90 minutes, three units, of waiting time in excess of the first 15 minutes. In cases where a recipient is a neonate, Medi-Cal will reimburse up to 3 hours, 6 units, in excess of the first 15 minutes for documented waiting time needed to stabilize prior to transport. T2007+TU may be used to bill for either emergency or non-emergency services.
X0510	Oxygen – per tank	A0422†§	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	A0422 may be used to bill for either emergency or non-emergency services.
X0512	Neonatal intensive care incubator	A0999†§	Unlisted ambulance service	A0999 may be used to bill for either emergency or non-emergency services.
X0514	Compressed air for infant respirator	A0999†§	Unlisted ambulance service	A0999 may be used to bill for either emergency or non-emergency services.
X0522	Unlisted air transportation (invoice must be attached)	A0999†§	Unlisted ambulance service	A0999 may be used to bill for either emergency or non-emergency services.

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the *CMS-1500* claim form or by including condition code 81 (emergency indicator) on the *UB-04* claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.