

Medical Transportation – Ground: Billing Codes and Reimbursement Rates

Page updated: August 2020

This section lists the codes and maximum allowances for ground medical transportation services. Refer to the *Medical Transportation – Ground* section in this manual for policy information. Reimbursement will be made at the provider's usual charge to the general public, not to exceed the following maximum allowances.

TARs

For *Treatment Authorization Requests* (TARs), enter the appropriate HCPCS code followed by modifier(s), if necessary, in the *NDC/UPN* or *Procedure Code* field (Box 11). Enter details related to the services requested in the *Medical Justification* field (Box 8C) of the TAR.

Codes and Rates

Ground medical transportation services are reimbursed as listed below.

Note: If services provided are emergency, the *Emergency Indicator* field (Box 24C) on the *CMS-1500* claim form must be checked or condition code 81 (emergency indicator) on the *UB-04* claim form must be included.

Ambulance Transportation

Response to Call

Ambulance Transportation Codes and Rates Table

Code	Description	Modifier(s)	Maximum Allowance (in dollars)
93005 &	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	None	7.43
93041 &	Rhythm ECG, 1 to 3 leads, tracing only without interpretation and report	None	16.07
A0225 * †	Ambulance service; neonatal transport, base rate, emergency transport, one way	None	179.92
A0225 * †	Ambulance service; neonatal transport, base rate, emergency transport, one way	UJ	189.80
A0420 *	Ambulance waiting time (ALS or BLS) one half (½) hour increments	None	19.76

Ambulance Transportation Codes and Rates Table (continued)

Code	Description	Modifier(s)	Maximum Allowance (in dollars)
A0422 *	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	None	9.98
A0424 * ±	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review) (per hour)	None	16.44
A0425 *	Ground mileage, per statute mile (use for ambulance transports only)	None	3.55
A0426 *	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1).	None	107.16
A0426 *	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1).	UJ	117.04
A0427 *	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)	None	118.20
A0427 *	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)	UN	101.06 per patient
A0427 *	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)	UJ	128.08
A0427 *	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)	UN, UJ	106.00 per patient
A0428 *	Ambulance service, basic life support, non-emergency transport (BLS)	None	107.16
A0428 *	Ambulance service, basic life support, non-emergency transport (BLS)	UJ	117.04

Ambulance Transportation Codes and Rates Table (continued)

Code	Description	Modifier(s)	Maximum Allowance (in dollars)
A0429 *	Ambulance service, basic life support, emergency transport (BLS-emergency)	None	118.20
A0429 *	Ambulance service, basic life support, emergency transport (BLS-emergency)	UN	101.06 per patient
A0429 *	Ambulance service, basic life support, emergency transport (BLS-emergency)	UJ	128.08
A0429 *	Ambulance service, basic life support, emergency transport (BLS-emergency)	UN, UJ	106.00 per patient
A0433 *	Advanced life support, level 2 (ALS2)	None	118.20
A0433 *	Advanced life support, level 2 (ALS2)	UN	101.06 per patient
A0433 *	Advanced life support, level 2 (ALS2)	UJ	128.08
A0433 *	Advanced life support, level 2 (ALS2)	UN, UJ	106.00 per patient
A0434 *	Specialty care transport (SCT)	None	118.20
A0434 *	Specialty care transport (SCT)	UN	101.06 per patient
A0434 *	Specialty care transport (SCT)	UJ	128.08
A0434 *	Specialty care transport (SCT)	UN, UJ	106.00 per patient
A0999 * § †	Unlisted ambulance service	None	By Report

Wheelchair Van and Litter Van Transportation

Response to Call – Non-litter Patient

The following services require a TAR.

Wheelchair Van and Litter Van Transportation Codes and Rates Table

Code	Description	Modifier(s)	Maximum Allowance (in dollars)
A0130	Non-emergency transportation: wheelchair van	None	20.30
A0130	Non-emergency transportation: wheelchair van	UJ	26.43
A0130	Non-emergency transportation: wheelchair van	UN	<<16.22>> per patient
A0130	Non-emergency transportation: wheelchair van	UP	<<12.85>> per patient
A0130	Non-emergency transportation: wheelchair van	UQ	<<11.51>> per patient
A0130	Non-emergency transportation: wheelchair van	UR	<<11.51>> per patient
A0130	Non-emergency transportation: wheelchair van	US	<<11.51>> per patient
A0380 *	BLS mileage (per mile) (use for wheelchair and litter van transports only)	None	1.50
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	None	9.98
A0999 * § ¥ †	Unlisted ambulance service	None	By Report
T2001	Non-emergency transportation; patient attendant/escort	None	5.52
T2005	Non-emergency transportation: stretcher van	None	26.29
T2005	Non-emergency transportation: stretcher van	UJ	32.42
T2007 ~	Transportation waiting time, air ambulance, and non-emergency vehicle, one-half (1/2) hour increments	None	11.30

Non-Emergency Patient Transfer from Acute Care Facility to Nursing Facility Levels A/B

Treatment Authorization Request

The following services do not require a TAR when billed with modifiers HN and QN.

Code	Description	Modifier(s)	Maximum Allowance (in dollars)
A0130	Non-emergency transportation: wheelchair van	HN, QN	20.30
A0380	BLS mileage (per mile) (use for wheelchair and litter van transports only)	HN, QN	<<1.50>>
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	HN, QN	9.98
A0425	Ground mileage, per statute mile (use for ambulance transports only)	HN, QN	3.55
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)	HN, QN	107.16
A0428	Ambulance service, basic life support, non-emergency transport (BLS)	HN, QN	107.16
A0434	Specialty care transport	HN, QN	118.20
A0999 * § †	Unlisted ambulance service	HN, QN	By Report
T2001	Non-emergency transportation; patient attendant/escort	HN, QN	5.52
T2005	Non-emergency transportation: stretcher van	HN, QN	26.29

Non-Medical Transportation

Response to Call

Non-Medical Transportation Codes and Rates Table

Code	Description	Modifier(s)	Maximum Allowance (in dollars)
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	None	17.65
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	UJ	23.78
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	UN	14.10 per patient
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	UP	11.17 per patient
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	UQ	10.01 per patient
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	UR	10.01 per patient
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	US	10.01 per patient
A0390	ALS mileage (per mile)	None	1.30

«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	This HCPCS code may be used only by providers of ambulance services certified by the California Highway Patrol and staffed in accordance with state regulations.
†	Use of compressed air in conjunction with an incubator is separately reimbursable under code A0999 only as a power or drive source; use of compressed air as a source of ambient atmosphere within an incubator (“medical compressed air”) is not separately reimbursable.
§	Providers billing for code A0999 must itemize all supplies billed and attach a manufacturer or supplier invoice showing the wholesale price. An internal company invoice or catalog page is not acceptable. The contents of any kit billed with code A0999 must be listed in the <i>Additional Claim Information</i> field (Box 19) of the claim or on an attachment. Identify items billed on the invoice with an underline, check mark or circle (not a highlighting pen), or the claim may be denied for inadequate documentation.
±	Billed per hour. Refer to the Medical Transportation – Ground section in this manual for additional information.
&	Ground medical transportation providers may not be reimbursed for both codes 93005 and 93041 on the same day, for the same recipient.
γ	Billing for code A0999 for organ procurement requires an invoice from the Organ Procurement Organization. For more information, refer to the “Invoice with Claim: Solid Organ” area of this manual’s Transplants section.
~	Reimbursable for a maximum of 90 minutes, except in cases where the patient is a neonate. Refer to the <i>Medical Transportation – Ground</i> section in this manual for additional information.