Keystone First
Community HealthChoices

Ambulance Services

Reimbursement Policy ID: RPC.0011.72KF

Recent review date: 08/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy describes payment of claims for ground and air ambulance services, including mileage reimbursement, by providers contracted with the health plan and/or participating with Pennsylvania Medicaid. The health plan will align with the Pennsylvania Medicaid agency ("Agency") by utilizing Agency guidelines to determine coverage for ground and air ambulance services.

Exceptions

Air ambulance transportation is not reimbursable for any of the following:

- Member is legally pronounced dead before the ambulance is called.
- Transportation is provided primarily for the convenience of the member, member's family, or the physician.
- Transportation to receive a service considered not medically necessary, even if the destination is an appropriate facility.

Reimbursement Guidelines

Reimbursement is based on Pennsylvania Medicaid coverage guidelines Items and services not reimbursed separately are oxygen, drugs, extra attendants, supplies, electrocardiogram, and shift differential payments. HCPCS codes are used to identify the ambulance services provided in addition to the required alpha modifiers describing the origin and destination. For accurate reimbursement, ambulance claims require the appropriate origin and destination modifiers in addition to the applicable mileage HCPCS code.

Intra-campus transfers between different departments of the same hospital, even when the departments are located in separate buildings are not payable as a separate service or claim.

CPT codes for ambulance services
The following list(s) of procedure codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

When billing for procedure codes A0425-A0429 and A0433-A0434 for ambulance transportation services, the provider shall be required to also enter a valid 2-digit modifier at the end of the associated 5-digit procedure code. Different modifiers may be used for the same procedure code. Spaces will not be recognized as a valid modifier for those procedures requiring a modifier.

The following CPT codes are used for billing ground and air ambulance services with appropriate modifiers.

CPT code	Code description
A0430	Fixed wing air
A0431	Rotary wing air
A0435	Air mileage; fixed wing
A0436	Air mileage; rotary wing
A0425U8	Ground mileage, per statute mile
A0426	Ambulance service, (advanced life support), non-emergency transport (Level 1)
A0427	Advanced life support (level 1), emergency
A0428	Basic life support, non-emergency
A0429	Basic life support, emergency
A0433	Advanced life support, level 2
A0434	Specialty Care Transport

Ambulance Modifiers
Claims with procedure codes A0425-A0429 and A0433-A0434 for ambulance transportation services must also include a valid two-digit modifier at the end of the associated CPT procedure code in order to be eligible for reimbursement. Different modifiers may be used for the same procedure code.

The first digit indicates the place of origin, and the second digit indicates the destination.

Place of origin/destination modifiers:
D Diagnostic or therapeutic site other than P or H when these are used as origin codes
E Residential, domiciliary, custodial facility (other than an 1819/skilled nursing facility)
G Hospital based end-stage renal disease/dialysis facility
H Hospital

I Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
J Freestanding (nonhospital-based) end-stage renal disease/dialysis facility
N Skilled nursing facility
P Physician's office
R Residence
S Scene of accident or acute event
X Intermediate stop at physician's office on the way to the hospital (destination code only)

Modifier	Destination
DD	Trip from diagnostic/therapeutic site to another diagnostic/therapeutic site
DE	Trip from diagnostic/therapeutic site to residential, domiciliary, custodial facility
DH	Trip from diagnostic/therapeutic site to hospital
DI	Trip from diagnostic/therapeutic site to transfer to airport helicopter-pad
DP	Trip from diagnostic/therapeutic site to physician's office
DR	Trip from diagnostic/therapeutic site to home
DX	Trip from diagnostic/therapeutic site to physician's office to hospital
ED	Trip from residential, domiciliary, custodial facility or nursing home to diagnostic/therapeutic site
EG	Trip from residential, domiciliary, custodial facility or nursing home to dialysis facility (hospital-based)
EH	Trip from residential, domiciliary, custodial facility or nursing home to hospital
EI	Trip from residential, domiciliary, custodial facility /transfer to airport helicopter-pad
EJ	Trip from residential, domiciliary, custodial facility or nursing home to dialysis facility (non-hospital-based)
EN	Trip from residential, domiciliary, custodial facility or nursing home to skilled nursing facility
EP	Trip from residential, domiciliary, custodial facility or nursing home to physician's office
ER	Trip from residential, domiciliary, custodial facility or nursing home to residence (patient's home)
EX	Trip from residential, domiciliary, custodial facility to physician's office to hospital
GE	Trip from hospital-based dialysis facility to a resident, domiciliary, custodial facility or nursing home
GG	Trip from hospital-based dialysis facility to dialysis facility (hospital-based)
GH	Trip from hospital-based dialysis facility to hospital
GI	Trip from hospital-based dialysis facility/transfer to airport helicopter-pad
GJ	Trip from hospital-based dialysis facility to dialysis facility (non-hospital-based)
GN	Trip from hospital-based dialysis facility to skilled nursing facility
GP	Trip from hospital-based dialysis facility to physician's office
GR	Trip from hospital-based dialysis facility to patient's residence
GX	Trip from hospital-based dialysis facility to physician's office to hospital
HD	Trip from hospital to diagnostic/therapeutic site
HE	Trip from hospital to a residential, domiciliary, custodial facility or nursing home
HG	Trip from hospital to dialysis facility (hospital-based)
HH	Trip from one hospital to another hospital

Additional Ambulance Modifiers

Modifier	Description
GM	Multiple patients from one ambulance trip
QL	Patient pronounced dead after ambulance called
QM	Ambulance service provided under arrangement by a provider of services
QN	Ambulance service furnished directly by a provider of services
GY	Item or service is statutorily excluded
GW	Service not related to the hospice patient's terminal condition

Use of air ambulance must meet criteria for transport by ground ambulance and at least one of the following conditions must apply:

- The point of pick-up is inaccessible by ground ambulance.
- The additional time needed for transport by ground ambulance would endanger the life or health of the individual; the time saved by air transport would significantly increase the chances of survival or reduce the risk of further injury or impairment.

Air ambulance must also meet the following requirements for reimbursement.

- The member is critically ill or has critical injuries based on diagnosis at the time of transport; and
- Transporting the member by ground ambulance to the nearest appropriate treatment facility will take more than thirty minutes.

Please refer to the current PAMA fee schedule for covered HCPCS codes:
https://www.humanservices.state.pa.us/OUTPATIENTFEESCHEDULE/Search.

Definitions

Ambulance
Ground ambulance is a collective term for land and water ambulance.

Air Ambulance
Air ambulance is a collective term for “fixed wing air ambulance” and “rotary wing air ambulance.”

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter1245/chap1245toc.html&d
V. Code of Federal Regulations- https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-C/section-438.114
VI. ICD-10-CM-Cross-Walk-Medical-Conditions-List.zip located at https://www.cms.gov/Medicare/Medicare fee-for-service-Payment/AmbulanceFeeSchedule
VII. Corresponding Clinical Policies.
VIII. Applicable provider manual.
IX. Applicable Medicaid Program guidance.
X. Applicable Medicaid Program fee schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

09/2026	• Removed the next review date • Replaced the plan name with “the health plan”
08/2026	Reimbursement Policy Committee Approval
07/2026	Annual review

	• No major changes
08/2025	Reimbursement Policy Committee Approval
08/2025	Annual review • No major changes
06/2025	Minor updates to formatting and syntax
05/2025	Reimbursement Policy Committee Approval
04/2025	Revised preamble
10/2024	Addition to Edit Sources
10/2024	Annual review • No major changes
04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval