

TO: Providers of Transportation Services

SUBJECT: Ambulance Service - HCFA Common Procedure Coding System  
(HCPCS - 1995)

EFFECTIVE: Dates of Service On and After April 1, 1995

PURPOSE: This Newsletter informs transportation providers of revisions to certain HCFA Common Procedure Coding System (HCPCS) procedure codes for ambulance service, as a result of revisions to the Medicare Part B Reference Manual.

ACTION: The following list contains HCPCS procedure codes for ambulance service. HCPCS procedure codes marked "REVISED" take effect for claims with dates of service on and after April 1, 1995. The use of HCPCS procedure codes marked "REVISED" for dates of service prior to April 1, 1995, may result in denial.

<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Fee Allowance</u>
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<u>REVISED</u> - A0360	(Replaces A0010 and A0222) Ambulance Service, BLS, Non-Emergency Transport, Mileage And Disposable Supplies Separately Billed	\$58.00
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NOTE: ONE WAY: Enter "1" Unit of Service  
in Field 17F of the MC-12  
Transportation Claim Form

NOTE: ROUND TRIP: Enter "2" Units of Service  
in Field 17F of the MC-12  
Transportation Claim Form

<u>REVISED</u> - A0380	(Replaces A0020) BLS Mileage (Per Mile)	\$ 1.50
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NOTE: Ambulance Service, Per Mile, One Way and  
Round Trip. Applicable when one-way mileage is  
15 miles or less.

<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Fee Allowance</u>
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(No Change)  
Y0004 Ambulance Service, Per Mile, One Way and Round Trip, in Excess of 15 Miles One Way \$ 2.00

NOTE: The higher rate is applicable when one-way mileage exceeds 15 miles. The higher rate is applicable beginning with the first mile.

(No Change)  
A0040 Ambulance Service, Air, Helicopter Service, Transport B.R.

REVISED - (Replaces A0070)  
A0422 Ambulance Oxygen and Oxygen Supplies, Life Sustaining Situation \$12.00 per occurrence

(No Change)  
Y0005 Waiting Time - Ambulance Service - One Way Trip Only

1/4 hour	\$ 2.50
1/2 hour	\$ 5.00
3/4 hour	\$ 7.50
1 hour	\$10.00

NOTE: Reimbursable only on one way trips and only after 30 minutes have elapsed. It is reimbursable in 1/4 hour increments. Maximum reimbursement for waiting time is \$10.00 (1 hour).

Two sample claim forms are attached, providing up-to-date examples of properly completed claim forms for ambulance service. The sample claim forms reflect the "REVISED" (4/1/95) HCPCS procedure codes for ambulance service and demonstrate the proper completion of the corresponding "Units" field, Item 17F.

If there are any questions regarding this Newsletter, please contact Peter K. Rosswaag at (609) 588-2629.

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