



Ambulance Modifier

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Ambulance modifiers specify the locations of origin and destination for the transportation. The first listed site refers to the place of origin, while the second denotes the destination site.

Reimbursement Guidelines

Medicare covers ambulance transportation using an all-inclusive global rate plus mileage. These services must be billed with an origin and destination modifier. The valid origin/destination codes for use by transportation suppliers are as follows:

- **D:** Diagnostic or therapeutic site other than "P" or "H"
- **E:** Residential, custodial, nursing home other than SNF
- **G:** Hospital-based dialysis facility
- **H:** Hospital
- **I:** Site of transfer between modes of ambulance transport
- **J:** Non-hospital-based dialysis center
- **N:** Skilled Nursing Facility
- **P:** Physician's Office
- **R:** Residence
- **S:** Scene of accident or acute event
- **X:** Intermediate stop at physician's office en route to hospital (destination only)

State Medicaid programs cover additional transportation, mileage, items, and services. Origin/destination modifiers may be appended to those services defined by HCPCS ambulance codes A0021 - A0888.

It is not appropriate to append origin/destination modifiers to other services, such as EKGs (93005, 93041), response without transport (A0998), or unlisted ambulance services (A0999), unless required by state guidelines. Due to differences in state coverage, some Medicaid programs require additional modifiers to identify the number of patients transported, night-time transports, non-emergency transports, etc.



Supplemental Information

Definitions

| Term | Definition |
|------|---|
| CMS | the Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. |

State Exceptions

| State | Exception |
|-------|-----------|
| | |

Documentation History

| Type | Date | Action |
|----------------|------------|----------------------------------|
| Effective Date | 11/20/2020 | New Policy |
| Revised Date | 10/19/2022 | Reviewed links |
| Revised Date | 08/16/2023 | Verified links- TP |
| Revision Date | 12/12/2024 | Verified Links, Updated Template |

References

- Government Agencies
- [CMS Ambulance Billing Guidelines](#)
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf>

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.