



Ambulance Modifier Coding Policy

Ambulance Modifier Overview

Ambulance modifiers identify the place of origin and destination of the transportation. The origin site is listed first, and the destination site is listed second.

Valid origin/destination codes to be used by transportation suppliers are:

- 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 enroute to hospital (destination, only)

Medicare covers ambulance transportation using an all-inclusive global plus mileage. These services must be billed with an origin and destination modifier.

State Medicaid programs cover additional transportation, mileage, items and services. Origin/destination modifiers may be appended to those services which are 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 other modifiers to identify the number of patients transported, night-time transports, non-emergency transports, etc.

Source

CMS Ambulance Billing Guidelines

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c15.pdf>