Medical Transportation Code Conversion

Current Billing Codes		New Billing Codes		
Interim Code	**Description**	**National Code or Modifier**	**Description**	**Instructions and Clarifications**
X0002	Response to call, two patients, each patient	A0427§ **and** UN **or** A0429§ **and** UN **or** A0427§ **and** UN **and** UJ **or** A0429§ **and** UN **and** UJ	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency) Two patients served Ambulance service, basic life support, emergency transport (BLS- emergency) Two patients served Services provided at night Services provided at night	Billing for two patients applies to emergency transportation only. Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0427+UN, A0429+UN, A0429+UN+UJ, and A0429+UN+UJ should be used to bill for emergency medical transportation only.
X0006	Emergency run	**No Crossover Code(s) Available**		
X0008	Neonatal intensive care incubator	A0225§ **or** A0225§ **and** UJ	Ambulance service; neonatal transport, base rate, emergency transport, one way Services provided at night	There is no national code for compressed air or for a neonatal incubator. Since compressed air is used in conjunction with a neonatal incubator, this service is to be included with overall neonatal transport. Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0225 and A0225+UJ should be used to bill for emergency medical transportation only.

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the CMS-1500 claim form or by including condition code 81 (emergency indicator) on the UB-04 claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0010	Ground ambulance waiting time over 15 minutes; each 15 minutes	A0420†§	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	Medi-Cal will reimburse up to 90 minutes, three units, of waiting time in excess of the first 15 minutes. In cases where a recipient is a neonate, Medi-Cal will reimburse up to 8 hours, 16 units, in excess of the first 15 minutes for documented waiting time needed to stabilize prior to transport. A0420 may be used to bill for either emergency or non-emergency services.
X0012	Compressed air for infant respirator	A0225§ **or** A0225§ **and** UJ	Ambulance service; neonatal transport, base rate, emergency transport, one way Services provided at night	There is no national code for compressed air for a neonatal incubator. Since compressed air is used in conjunction with a neonatal incubator, this service is to be included with overall neonatal transport. Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0225 and A0225+UJ should be used to bill for emergency medical transportation only.
X0014	Extra attendant – RN/EMT first hour	A0424†§	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	A0424 may be used to bill for either emergency or non-emergency services.
X0016	Extra attendant – RN/EMT 2nd and 3rd hour each	A0424†§	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	A0424 may be used to bill for either emergency or non-emergency services.

† A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§ Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the CMS-1500 claim form or by including condition code 81 (emergency indicator) on the UB-04 claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	**Description**	**National Code or Modifier**	**Description**	**Instructions and Clarifications**
X0018	Extra attendant – RN/EMT (each additional hour)	A0424†§	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	A0424 may be used to bill for either emergency or non-emergency services.
X0020	Cost of I.V. fluids (invoice must be attached)	**No Crossover Code(s) Available**		This code will be deactivated due to low utilization.
X0030	Ambulance service, Basic Life Support (BLS) base rate, emergency transport, one way (includes allowance for emergency run).	A0427§ **or** A0429§ **or** A0427§ **and** UJ **or** A0429§ **and** UJ	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency) Ambulance service, basic life support, emergency transport (BLS-emergency) Services provided at night	Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0427, A0429, A0427+UJ, and A0429+UJ should be used to bill for emergency medical transportation only.
X0032	Non-emergency transportation, ambulance, base rate, one way	A0426† **or** A0428† **or** A0426† **and** UJ **or** A0428† **and** UJ	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1) Ambulance service, basic life support, non-emergency transport (BLS) Services provided at night	Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0426, A0428, A0426+UJ, and A0428+UJ should be used to bill for non-emergency medical transportation only.

† A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§ Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the CMS-1500 claim form or by including condition code 81 (emergency indicator) on the UB-04 claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	**Description**	**National Code or Modifier**	**Description**	**Instructions and Clarifications**
X0034	Ambulance service, (BLS), per mile, transport, one way	A0380†§ **or** A0390†§	BLS mileage (per mile) ALS mileage (per mile)	A0380 and A0390 may be used to bill for either emergency or non-emergency services.
X0036	Ambulance service, oxygen, administration and supplies, life sustaining situation	A0422†§	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	A0422 may be used to bill for either emergency or non-emergency services.
X0200	Response to call – non-litter patient, 1 patient	A0130†	Non-emergency transportation: wheelchair van	A0130 should be used to bill for non-emergency medical transportation only.
X0202	Response to call – non-litter patient, 2 patients, each patient	A0130† **and** UN	Non-emergency transportation: wheelchair van Two patients served	A0130+UN should be used to bill for non-emergency medical transportation only.
X0204	Response to call – non-litter patient, 3 patients, each patient	A0130† **and** UP	Non-emergency transportation: wheelchair van Three patients served	A0130+UP should be used to bill for non-emergency medical transportation only.
X0206	Response to call – non-litter patient, 4 or more patients, each patient	A0130† **and** UQ **or** UR **or** US	Non-emergency transportation: wheelchair van Four patients served Five patients served Six or more patients served	A0130+UQ, +UR, or +US should be used to bill for non-emergency medical transportation only.

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the CMS-1500 claim form or by including condition code 81 (emergency indicator) on the UB-04 claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0208	Response to call – non-litter patient, wheelchair use	**No Crossover Code(s) Available**		This code will be deactivated, as it is used to bill for a service that is included as part of the overall transportation service.
X0210	Response to call – litter patient	T2005†	Non-emergency transportation: stretcher van	T2005 should be used to bill for non-emergency medical transportation only.
X0212	Response to call – litter patient, attendant	T2001†	Non-emergency transportation; patient attendant/escort	T2001 should be used to bill for non-emergency medical transportation only.
X0214	Waiting time over 15 minutes – each 15 minutes (maximum of 90 minutes)	T2007†§	Transportation waiting time, air ambulance, and non-emergency vehicle, one-half (1/2) hour increments	Medi-Cal will reimburse up to 90 minutes, three units, of waiting time in excess of the first 15 minutes. Used without a modifier, this code is for wheelchair van or litter van transportation only. T2007 may be used to bill for either emergency or non-emergency services.
X0216	Mileage one way – per mile (mileage with patient on board)	A0425†	Ground mileage, per statute mile	This code is used for wheelchair van or litter van transportation only. A0425 should be used to bill for non-emergency medical transportation only.

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the CMS-1500 claim form or by including condition code 81 (emergency indicator) on the UB-04 claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0218	Night call – 7 p.m. to 7 a.m.	A0130† **and** UJ **or** T2005† **and** UJ	Non-emergency transportation: wheelchair van Services provided at night Non-emergency transportation: stretcher van Services provided at night	Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0130+UJ and T2005+UJ should be used to bill for non-emergency medical transportation only.
X0220	Oxygen – per tank	A0422†§	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	A0422 may be used to bill for either emergency or non-emergency services.
X0222	Unlisted	A0999†§	Unlisted ambulance service	A0999 may be used to bill for either emergency or non-emergency services.
X0400	Response to call, ambulance	A0426 **or** A0428 **and** QN **and** HN	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1) Ambulance service, basic life support, non- emergency transport (BLS) Ambulance service furnished directly by a provider of services Hospital to skilled nursing facility	All X04XX codes were used for non-emergency patient transfer from acute care facility to nursing facility levels A/B. Modifier HN is H + N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility.

† A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§ Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the CMS-1500 claim form or by including condition code 81 (emergency indicator) on the UB-04 claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0402	Ambulance mileage, one way – per mile (mileage with patient on board)	A0380 **or** A0390 **and** QN **and** HN	BLS mileage (per mile) ALS mileage (per mile) Ambulance service furnished directly by a provider of services Hospital to skilled nursing facility	Modifier HN is H + N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility.
X0404	Response to call, litter patient, litter van transportation	T2005 **and** QN **and** HN	Non-emergency transportation: stretcher van Ambulance service furnished directly by a provider of services Hospital to skilled nursing facility	Modifier HN is H + N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility.
X0406	Response to call, non-litter patient, wheelchair van transportation	A0130 **and** QN **and** HN	Non-emergency transportation: wheelchair van Ambulance service furnished directly by a provider of services Hospital to skilled nursing facility	Modifier HN is H + N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility.
X0408	Wheelchair/ litter van mileage, one way – per mile (mileage with patient on board)	A0425 **and** QN **and** HN	Ground mileage, per statute mile Ambulance service furnished directly by a provider of services Hospital to skilled nursing facility	Modifier HN is H + N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility.

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the CMS-1500 claim form or by including condition code 81 (emergency indicator) on the UB-04 claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	**Description**	**National Code or Modifier**	**Description**	**Instructions and Clarifications**
X0410	Wheelchair use, wheelchair/ litter van	**No Crossover Code(s) Available**		This code will be deactivated, as it is used to bill for a service that is included as part of the overall transportation service.
X0412	Oxygen, per tank	A0422 **and** QN **and** HN	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation Ambulance service furnished directly by a provider of services Hospital to skilled nursing facility	Modifier HN is H + N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility.
X0414	Attendant, wheelchair/ litter van transportation	T2001 **and** QN **and** HN	Non-emergency transportation; patient attendant/escort Ambulance service furnished directly by a provider of services Hospital to skilled nursing facility	Modifier HN is H + N. A TAR is not required for non-emergency transportation from an acute care hospital to a skilled nursing facility.
X0416	Unlisted	A0999†§	Unlisted ambulance service	A0999 may be used to bill for either emergency or non-emergency services.
X0504	Night call, 7 p.m. to 7 a.m.	A0430†§ **and** UJ **or** A0431†§ **and** UJ	Ambulance service, conventional air services, transport, one way (fixed wing) Services provided at night Ambulance service, conventional air services, transport, one way (rotary wing) Services provided at night	Modifier UJ is to be used for night calls, 7 p.m. to 7 a.m. A0430+UJ or A0431+UJ may be used to bill for either emergency or non-emergency services.

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the CMS-1500 claim form or by including condition code 81 (emergency indicator) on the UB-04 claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0506	Waiting time over 15 minutes, each 15 minutes	T2007†§ **and** TU	Transportation waiting time, air ambulance, and non-emergency vehicle, one-half (1/2) hour increments Special payment rate, overtime	Medi-Cal will reimburse up to 90 minutes, three units, of waiting time in excess of the first 15 minutes. In cases where a recipient is a neonate, Medi-Cal will reimburse up to 3 hours, 6 units, in excess of the first 15 minutes for documented waiting time needed to stabilize prior to transport. T2007+TU may be used to bill for either emergency or non-emergency services.
X0508	Federal excise tax for fixed-wing aircraft over 6,000 pounds	**No Crossover Code(s) Available**		This code will be deactivated due to low utilization.
X0510	Oxygen – per tank	A0422†§	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	A0422 may be used to bill for either emergency or non-emergency services.
X0512	Neonatal intensive care incubator	A0999†§	Unlisted ambulance service	A0999 may be used to bill for either emergency or non-emergency services.
X0514	Compressed air for infant respirator	A0999†§	Unlisted ambulance service	A0999 may be used to bill for either emergency or non-emergency services.

† A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§ Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the CMS-1500 claim form or by including condition code 81 (emergency indicator) on the UB-04 claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.

Medical Transportation Code Conversion (*continued*)

Current Billing Codes		New Billing Codes		
Interim Code	Description	National Code or Modifier	Description	Instructions and Clarifications
X0516	Admin. I.V. Sol., 1000cc, incl. tubing and other supplies	**No Crossover Code(s) Available**		This code will be deactivated, as it is used to bill for a service that is considered included as part of a bundled service and should not be billed separately.
X0518	Admin. I.V. Sol., 500cc, incl. tubing and other supplies	**No Crossover Code(s) Available**		This code will be deactivated, as it is used to bill for a service that is considered included as part of a bundled service and should not be billed separately.
X0522	Unlisted air transportation (invoice must be attached)	A0999†§	Unlisted ambulance service	A0999 may be used to bill for either emergency or non-emergency services.

†   A *Treatment Authorization Request* (TAR) is required for the reimbursement of any non-emergency services provided. Indicate the number of patients receiving non-emergency services in the *Medical Justification* field (Box 8C).

§   Providers must indicate if emergency services are provided by marking the *EMG* field (Box 24C) on the CMS-1500 claim form or by including condition code 81 (emergency indicator) on the UB-04 claim form. Providers may refer to the *Medical Transportation – Ground* and *Medical Transportation – Air* sections in the appropriate Part 2 manual for further instruction.