Florida • Maryland • Texas • Washington | Commercial

Commercial Reimbursement Policy	
Subject: **Ambulance Transportation - Professional**	
Policy Number: **C-19001**	Policy Section: **Transportation**
Last Approval Date: **01/01/2026**	Effective Date: **01/01/2025**

Policy

The health plan allows reimbursement for ambulance transport, and the services and supplies associated with the transportation, to the nearest facility equipped to treat the member. Reimbursement is based on the guidelines in this policy unless provider, state, or federal contracts and/or requirements indicate otherwise.

Ambulance services reimbursement is based on the ambulance base rate per trip in accordance with the appropriate level of care provided to the member. Claims for transportation services must be billed with origin and destination modifiers, or the claim will be denied:

- Services included in ambulance base rate:
  - Equipment and supplies:
    - Disposable/first aid supplies:
      - Reusable devices/equipment
      - Oxygen
      - Intravenous (IV) drugs
  - Ambulance personnel service
- Services separately reimbursed from the ambulance base rate:
  - Mileage

Ambulance response and treatment with no transport is reimbursable when ambulance providers respond to a call and treat the member, but transport is not necessary. All the following criteria must be met:

- Member consents to evaluation and treatment:
  - After evaluation, medic and member agree there is not a medical emergency.
  - Member does not desire transport to an emergency department for evaluation.
  - Member is stable for referral to the member's physician or other community resource.
- Member has the ability (mental capacity, transportation resources) to obtain assistance and medically indicated follow-up.

MULTI-WP-CM-RP-093411-25-SRS93329 | October 2025

The health plan does not reimburse the following services:

- Non-ambulance medical transport service
- Transport reasons other than medical care
- Mileage when the transport service has been denied or is not covered
- Where other means of transportation could be used without endangering the member's health
- Separate reimbursement for services/items included in the base ambulance rate
- The higher level of care when the lower level is more appropriate
- Both basic and advanced life support when advanced life support (ALS) services are provided
- Services provided by the emergency medical technician (EMT) in addition to ALS or basic life support (BLS) base rates
- Services provided on the ambulance by hospital staff
- Additional ground and/or air ambulance providers that respond but do not treat or transport the member
- Transport from a facility to a member's residence
- Transport of persons other than the member and a medically required attendant who do not require medical attention
- Member who is not available (no-show)
- Additional rates for night, weekend, and/or holiday call
- Mileage in transit to pick up or drop off the member (unloaded mileage)
- Mileage for additional passengers
- Mileage for extra attendants for additional passengers
- Transport for a member's or caregiver's convenience
- Transport available free of charge
- Transport for a member pronounced dead prior to ground and/or air ambulance being contacted
- Mileage beyond the nearest appropriate facility (excessive mileage)
- Lodging or meals for the medical transport service vendor/supplier
- Maintenance or gas for the medical transport service vehicle

Related Coding		
Code	**Description**	**Comments**
Modifier D	Diagnostic or therapeutic site/free standing facility other than P or H	Origin and destination modifier
Modifier E	Residential, domiciliary, custodial facility	Origin and destination modifier
Modifier G	Hospital-based dialysis facility (hospital or hospital associated)	Origin and destination modifier
Modifier H	Hospital (inpatient or outpatient)	Origin and destination modifier
Modifier I	Site of transfer between types of ambulances	Origin and destination modifier
Modifier J	Nonhospital-based dialysis	Origin and destination modifier

Modifier N	Skilled nursing facility (SNF), including swing bed	Origin and destination modifier
Modifier P	Physician's office, including HMO nonhospital facility, clinic, etc.	Origin and destination modifier
Modifier R	Private residence	Origin and destination modifier
Modifier S	Scene of accident or acute event	Origin and destination modifier
Modifier X	Intermediate stop at the physician's office en-route to hospital (can only be used as a destination code in the second position of the modifier)	Destination modifier
Modifier GM	Multiple members on one trip	Additional to origin and destination modifiers
Modifier QL	The member died after the ambulance was called	Origin and destination not required with this modifier
Modifier QM	The provider arranged for the transportation services	Additional to origin and destination modifiers
Modifier QN	The provider furnished the transportation services	Additional to Origin and Destination modifiers
Modifier TK	Multiple carry trips	Additional to Origin and Destination modifiers
Modifier TQ	Life support transport by a volunteer ambulance provider	Additional to Origin and Destination modifiers

Exemptions
There are no exemptions to this policy.

Definitions	
Advanced Life Support (ALS)	Invasive services provided by personnel trained as emergency medical technicians (EMT) (intermediate or paramedic) in conjunction with applicable state laws
Air Ambulance	An equipped and staffed aircraft necessary to rapidly transport a member to the nearest appropriate facility that could not otherwise be accomplished or be accessed by a ground ambulance without endangering the member's health. Air ambulances are either rotary-wing (helicopter) or fixed-wing (commercial or private aircraft)
Ambulance Services	The medically necessary transport of a member by a medically skilled personnel to the nearest appropriate facility equipped to provide care for the member's injury and/or illness. Services are delineated as basic life support (BLS) or advanced life support (ALS) levels of care, and further delineated as emergency or non-emergency.
Basic Life Support (BLS)	Non-invasive services provided by personnel trained as EMTs (basic) in conjunction with applicable state laws
Emergency Ambulance Transportation	An urgent service in which the member experiences a sudden, unexpected onset of acute illness or injury requiring immediate medical or surgical care which the member secures immediately after the onset (or as soon thereafter as practical) and, if not immediately

	treated, could result in death or permanent impairment to the member's health
Ground Ambulance	An equipped and staffed land or water vehicle designed to transport a member in the supine position
Medical Transport Service	The transport of a member by non-medically skilled personnel to receive covered services. There are several types of medical transports: ambulette/medi-van, wheelchair van, invalid coach, taxicab, mini-bus, and public transportation (such as bus and/or subway). Also called Non-Emergency Medical Transport (NEMT)
Non-Emergency Ambulance Transportation	A scheduled or unscheduled service in which the member requires attention by EMT-trained personnel while in transit
General Reimbursement Policy Definitions	

Related Policies and Materials
None

References and Research Materials
This policy has been developed through consideration of the following: • CMS • National Association of State EMS Officials (NASEMSO) • Optum EncoderPro 2023

Policy History	
01/01/2026	Entered Washington
01/01/2025	Initial approval and effective for Florida, Maryland, and Texas

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural Terminology (CPT®) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.