



State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: ALL GROUND AND AIR AMBULANCE PROVIDERS
FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION
BY: ROSE M. ARMIJO, PROGRAM MANAGER, BENEFITS BUREAU
SUBJECT: MEDICAID TRANSPORTATION MODIFIERS

In order to be HIPAA-compliant, the use of modifiers 92 and 93 will be discontinued effective 1/31/07. In their places, modifiers U2 and U3 must be used on claims beginning on date of service 2/01/07. The attached table has been changed and must be used as the most current, correct reference when billing for ground and air ambulance services.

The Transportation policy (8.324.7 NMAC) is available on the Medical Assistance Division web site at <http://www.hsd.state.nm.us/mad>. If you do not have Internet access, a copy of the policy may be requested by contacting the Medical Assistance Division at 827-3156. Questions regarding this supplement should be directed to Rose Armijo, Benefits Bureau (505) 827-6200.

Attachment

Medicaid Transportation HCPCS Codes – Air Ambulance

HCPCS Code	Modifier	Description	Reimb. Rate
A0430 - Amb. service, conventional air, 1-way (fixed wing)	U2 – 2 Patients U3 – 3 or More Patients	Multiplies calculated allowed charge times percentage maintained on system parameters 50% of base rate 33% of base rate	\$765.16 1 unit = 1 base rate
A0431 - Amb. service, conventional air, 1-way (rotary wing)	U2 – 2 Patients U3 – 3 or More Patients	Same as above	\$844.04 1 unit = 1 base rate
A0435 - Fixed wing air mileage, per statute mile	U2 – 2 Patients; U3 – 3 or More Patients	Same as above	\$2.86 1 unit = 1 mile
A0436 - Rotary wing air mileage, per statute mile	U2 – 2 Patients U3 – 3 or More Patients	Same as above	\$4.43 1 unit = 1 mile
A0999 - All negotiated out-of-state transportation	U2 – 2 Patients U3 – 3 or More Patients	Same as above	Lowest bid amount - (bundled rate)
A0424 - Extra amb. attendant, ground or air	U2 – 2 Patients U3 – 3 or More Patients	Same as above	For MCO use only, not paid by FFS

Revised effective 2/1/07

Medicaid Transportation HCPCS Codes – Ground Ambulance

HCPCS Code	Modifier	Description	Reimb. Rate
A0426 - Amb. Service, ALS, non-emergency transport	DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, IL, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX	Modifiers identify origin and destination of transport. Refer to Medicaid Transportation Policy 8.324.7 for covered services and service limitations and components included in base rate.	\$121.16 1 unit = 1 base rate
A0426 – A0429; A0380, A0390	U2 – 2 Patients in Same Ambulance U3 – 3 or More Patients in Same Ambulance	Multiplies calculated allowed charge times percentage maintained on system parameters	50% of base rate; 33% of base rate
A0427 – Amb. Srvs., ADL, ER transport	Same modifiers for all ground ambulance	Same as above	\$271.86 1 unit = 1 base rate
A0428 – Amb. Srvs., BLS, non-ER transport	Same modifiers for all ground ambulance	Same as above	\$121.16 1 unit = 1 base rate
A0429 – Amb. Srvs., BLS, ER transport	Same modifiers for all ground ambulance	Same as above	\$262.01 1 unit = 1 base rate
A0380 – BLS Mileage	Same modifiers for all ground ambulance	Same as above	\$2.96 1 unit = 1 mile
A0390 – ALS Mileage	Same modifiers for all ground ambulance	Same as above	\$2.96 1 unit = 1 mile
A0998 (replaced T2006) – Amb. response & treatment, no transport	QL	Patient declared dead upon amb. arrival; OR basic life support assessment of recipient's condition made, but no treatment rendered	\$45 1 unit = 1 base rate

Medicaid Transportation HCPCS Codes – Ground Ambulance

A0998	UA		Amb. team renders advanced life support according to medical protocol; patient not transported	\$96 1 unit = 1 base rate
A0998	UB (replaced 52 on 4/01/06)		Amb. team renders basic life support according to medical protocol; patient not transported	\$75 1 unit = 1 base rate
A0998	UD – ALS U8 – BLS		– Patient expired at scene despite treatment by amb. team	ALS - \$271.86 BLS - \$262.01 1 unit = 1 base rate
A0424 - Extra amb. attendant, ground or air	DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX, U2, U3			For MCO use only, not paid by FFS

Revised effective 2/1/07