

February 2021

Ambulance Services Diagnosis Policy

Applies to: All Lines of Business

Policy Overview

Per CMS LCD L35162 (Jurisdiction H and L), emergency ambulance services (A0425–A0434) are a covered benefit when the services meet the medical necessity requirements as outlined in the CMS manuals and Federal Register sections listed in the CMS National Coverage Policy section indicated below.

Providers should report the most appropriate ICD-10 code that adequately describes the patient's medical condition at the time of transport as the primary diagnosis. **In addition, a secondary diagnosis must be reported to indicate that transportation by any other means is medically contraindicated.**

Rationale

Reporting ambulance services certifies to Medicare and its contractors that the ambulance provider believes the code description reasonably reflects the condition of the patient at the time of transport. It also certifies that the patient's condition was consistent with the requirements of the Medicare ambulance transportation benefit.

Billing Information

ICD-10-CM:

Z74.01 – Bed confinement status

Z74.3 – Need for continuous supervision

Z78.1 – Physical restraint status

Z78.9 – Other specified health status

Z99.11 – Dependence on respirator [ventilator] status

Z99.81 – Dependence on supplemental oxygen

Z99.89 – Dependence on other enabling machines and devices

References

As indicated in CMS Local Coverage Determination (LCD): Ambulance Services (Ground Ambulance) (L35162)

IOM Citations

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 10, Ambulance Services.
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*:
 - Chapter 6, Section 20.3.1 – Other Services Excluded from SNF PPS and Consolidated Billing;
 - Chapter 15, Ambulance.
- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*:
 - Chapter 3, Section 3.3.2.4 – Signature Requirements;
 - Chapter 13, Section 13.5.4 – Reasonable and Necessary Provision in an LCD.

Social Security Act (Title XVIII) Standard References

- Title XVIII of the Social Security Act, Section 1861(s)(7), Ambulance Services.
- Title XVIII of the Social Security Act, Section 1861(v)(1)(K)(ii), Bona Fide Emergency Services.
- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no medical payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Code of Federal Register (CFR) References

- CFR, Title 42, Chapter IV, Subchapter B, Part 410, Subpart B, Section 410.40 – Coverage of ambulance services.

- CFR, Title 42, Chapter IV, Subchapter B, Part 410, Subpart B, Section 410.41 – Requirements for ambulance suppliers.
- CFR, Title 42, Chapter IV, Subchapter B, Part 414, Subpart H, Section 414.605 – Definitions.
- CFR, Title 42, Chapter IV, Subchapter B, Part 424, Subpart C, Section 424.36 – Signature requirements.
- CFR, Title 42, Chapter IV, Subchapter B, Part 424, Subpart C, Section 424.40 – Request for payment effective for more than one claim.
- CFR, Title 42, Chapter IV, Subchapter G, Part 482, Subpart B, Section 482.13(e) – Standard restraint or seclusion.
- CFR, Title 42, Chapter IV, Subchapter G, Part 482, Subpart B, Section 482.13(f) – Standard restraint or seclusion: Staff training requirements.

If you have any questions, please reach out to your Healthfirst Network Account Manager.

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