

Section 19 - Procedure Codes



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Procedure codes used by MO HealthNet are identified as HCPCS codes (Health Care Procedure Coding System). The HCPCS is divided into three subsystems, referred to as level I, level II and level III. Level I is comprised of Current Procedural Terminology (CPT) codes that are used to identify medical services and procedures furnished by physicians and other health care professionals. Level II is comprised of the HCPCS National Level II codes that are used primarily to identify products, supplies and services *not* included in the CPT codes. Level III codes have been developed by MO HealthNet State agencies for use in specific programs. NOTE: Replacement of level III codes is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Providers should reference bulletins for code replacement information.

The CPT and HCPCS books may be purchased at any medical bookstore.

19.1 PRIOR CONTENTS NO LONGER APPLICABLE

19.2 PROCEDURE CODES

The following are lists of the HCPCS procedure codes and modifiers including limitations used for the Ambulance Program.

The following modifiers are used: EP (HCY service for participants under age 21); GM (additional patients); HH (hospital to hospital transfer); HD (specialized testing and treatment) and SC (medically necessary service or supply)

19.2.A BASIC LIFE SUPPORT (BLS) BASE RATE

| PROCEDURE CODE | DESCRIPTION | MAXIMUM ALLOWABLE AMOUNT | MAXIMUM QUANTITY |
|----------------|--|--------------------------|------------------|
| A0429..... | Ambulance service, BLS, emergency transport. Limitation-Supplies | 102.52 | 2 |
| A0429EP..... | Ambulance service, BLS, emergency transport—HCY. Limitation-Supplies | 102.52 | 2 |
| A0429GM..... | Ambulance service, BLS, emergency transport—multiple transports | 20.00 | 1 |

For more information regarding basic life support services, refer to Section 13.3.C.

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19.2.B ADVANCED LIFE SUPPORT (ALS) BASE RATE

| PROCEDURE CODE | DESCRIPTION | MAXIMUM ALLOWABLE AMOUNT | MAXIMUM QUANTITY |
|----------------|---|--------------------------|------------------|
| A0427 | Ambulance service, ALS, emergency transport, Level 1 (ALS1) Limitation-Supplies | 194.79 | 2 |
| A0427EP | Ambulance service, ALS, emergency transport, Level 1 (ALS1)—HCY Limitation-Supplies | 194.79 | 2 |
| A0427GM | Ambulance service, ALS, emergency transport, Level 1 (ALS1)—multiple transports | 20.00 | 1 |
| A0433 | Advanced Life Support, Level 2 (ALS 2) Limitation-Supplies | 208.89 | 2 |
| A0433EP | Advanced Life Support, Level 2(ALS 2)—HCY Limitation-Supplies | 208.89 | 2 |
| A0433GM | Advanced Life Support, Level 2(ALS 2)—multiple transports | 20.00 | 1 |

For more information regarding advanced life support services, refer to Section 13.3.D.

19.2.C SPECIALIZED TESTING AND TREATMENT

| PROCEDURE CODE | DESCRIPTION | MAXIMUM ALLOWABLE AMOUNT | MAXIMUM QUANTITY |
|----------------|---|--------------------------|------------------|
| A0428HD | Ambulance service, BLS, non-emergency — Specialized testing/treatment, round trip. Limitation-Supplies | 102.52 | 1 |

For more information regarding specialized testing and treatment, refer to Section 13.3.L.

Section 19 - Procedure Codes**19.2.D HOSPITAL TO HOSPITAL TRANSFERS**

| PROCEDURE CODE | DESCRIPTION | MAXIMUM ALLOWABLE AMOUNT | MAXIMUM QUANTITY |
|-------------------|---|--------------------------------|---------------------|
| A0426HH..... | Ambulance service, ALS, non-emergency, level 1 (ALS 1)—hospital to hospital transfer. Limitation-Supplies | 167.20 | 2 |
| A0427HH..... | Ambulance service, ALS, emergency transport, Level 1 (ALS1)—hospital to hospital transfer Limitation-Supplies | 194.79 | 2 |
| A0428HH..... | Ambulance service, BLS, non-emergency—..... hospital to hospital transfer. Limitation- Supplies | 102.52 | 2 |
| A0429HH..... | Ambulance service, BLS, emergency—hospital to hospital transfer. Limitation-Supplies | 102.52 | 2 |
| A0433HH..... | Advanced Life Support, Level 2 (ALS 2)— hospital..... to hospital transfer Limitation-Supplies | 208.89 | 2 |

For more information regarding hospital to hospital transfers, refer to Section 13.3.O.

19.2.E AIR AMBULANCE ROTARY WING

| PROCEDURE CODE | DESCRIPTION | MAXIMUM ALLOWABLE AMOUNT | MAXIMUM QUANTITY |
|-------------------|---|--------------------------------|---------------------|
| A0431..... | Ambulance service, conventional air service,..... transport, one way (rotary wing) | 1,474.33 | 2 |
| A0431EP..... | Ambulance service, conventional air service,..... transport, one way (rotary wing)—HCY | 1,474.33 | 2 |

Section 19 - Procedure Codes**19.2.F AIR AMBULANCE FIXED WING**

| PROCEDURE CODE | DESCRIPTION | MAXIMUM ALLOWABLE AMOUNT | MAXIMUM QUANTITY |
|----------------|--|--------------------------|------------------|
| A0430..... | Ambulance service, conventional air service,..... transport, one way (fixed wing) | 1,474.33 | 1 |
| A0430EP..... | Ambulance service, conventional air service,..... transport, one way (fixed wing)—HCY | 1,474.33 | 1 |
| A0430SC | Ambulance services, conventional air service, transport, one way (fixed wing) – MN service or supply | 3,225.47 | 1 |

19.2.G MILEAGE

| PROCEDURE CODE | DESCRIPTION | MAXIMUM ALLOWABLE AMOUNT | MAXIMUM QUANTITY |
|----------------|---|--------------------------|------------------|
| A0425..... | Ground mileage per statute mile (per mile over first five miles) | 3.50 | 99 |
| A0425EP..... | Ground mileage per statute mile HCY (per mile over first 5 miles) | 3.50 | 99 |
| A0436..... | Rotary wing air mileage, per statute mile (per mile over 50 miles) | 2.50 | 99 |
| A0436EP..... | Rotary wing air mileage, per statute mile—HCY (per mile over 50 miles) | 2.50 | 99 |
| A0435 | Fixed wing air mileage, per statute mile..... | 2.50 | 99 |
| A0435EP | Fixed wing air mileage, per statute mile,..... per mile – HCY | 2.50 | 99 |
| A0435SC | Fixed wing air mileage, per statute mile, per mile – MN service or supply | 2.50 | 99 |

For more information regarding mileage, refer to Section 13.3.I.

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**19.2.H SUPPLIES**

| PROCEDURE CODE | DESCRIPTION | MAXIMUM ALLOWABLE AMOUNT | MAXIMUM QUANTITY |
|----------------|--|--------------------------|------------------|
| A0394..... | ALS specialized service disposable supplies; IV drug therapy (<i>Bill with A0430, A0430SC, or A0431 only</i>) | 5.00 | 4 |
| A0394EP | ALS specialized service disposable supplies; IV drug therapy—HCY (<i>Bill with A0430EP or A0431EP only</i>) | 5.00 | 4 |
| A0398..... | ALS routine disposable supplies (<i>Bill with A0430, A0430SC or A0431 only</i>) | 5.00 | 4 |
| A0398EP | ALS routine disposable supplies—HCY (<i>Bill with A0430EP or A0431EP only</i>) | 5.00 | 4 |
| A0422..... | Ambulance oxygen and oxygen supplies, life sustaining situation (<i>Bill with A0430, A0430SC, or A0431</i>) | 20.00 | 4 |
| A0422EP | Ambulance oxygen and oxygen supplies, life sustaining situation—HCY (<i>Bill with A0430, A0431 only</i>) | 20.00 | 4 |
| A0999..... | Unlisted Ambulance Service—IV set-up and fluids (<i>Bill with A0430, A0430EP, A0430SC, A0431 and A0431EP only</i>) | 10.00 | 3 |
| 93040..... | Rhythm ECG with report (<i>Bill with A0430, A0430SC, A0430EP A0431 and A0431EP only</i>) | 11.50 | 2 |

For more information regarding supplies, refer to Section 13.3.J.

19.3 PLACE OF SERVICE CODES

The place of service code *must* be one of the following:



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- 21 Inpatient Hospital
- 23 Emergency Room—Hospital
- 26 Military Treatment Facility
- 51 Inpatient Psychiatric Facility
- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 61 Comprehensive Inpatient Rehabilitation Hospital

NOTE: POS 55, 56, and 61 are *not* valid for air transport.

Ambulance providers *must* use the MO HealthNet place of service (POS) codes when filing their MO HealthNet claims. Place of Service codes 41 (land) and 42 (air/water) are Medicare codes and are *not* valid MO HealthNet place of service codes.

HCY services are *not* limited to above places of service. Reference filing instructions in Section 15 for complete list.

END OF SECTION

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