Ambulance Services

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Important Note About This Policy

Oscar's reimbursement policies serve as a guide to assist providers with accurate claims submission and outline the basis for reimbursement if the service is a covered benefit. Coverage does not guarantee reimbursement; services must meet authorization and medical necessity guidelines for the procedure, diagnosis, and member's state of residence.

Our policies provide general reference for described services and do not cover every aspect of reimbursement. Other factors may supplement, modify, or supersede this policy, including legislative mandates, provider contracts, member benefit documents, and/or other reimbursement, medical, or drug policies. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

Providers are responsible for submission of accurate documentation of services performed. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Oscar routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later. Oscar communicates policy updates to providers via update notifications.

Description

Oscar reimburses licensed ambulance companies for the provision of emergency and non-emergency ambulance transport services and mileage. These services include advanced life-support (ALS), basic life-support (BLS), and air ambulance services.

Ground ambulance transport is defined as a specially equipped land or water vehicle supplied with materials and devices to provide life-saving and supportive treatments or interventions.

Air ambulance transport includes the provision of medically necessary supplies and services to a patient transported by fixed wing (airplane) or rotary wing (helicopter) aircraft as defined by the state where the transport is provided.

Policy

Oscar covers ground ambulance services for emergency situations to the nearest facility capable of handling the emergency. Air ambulance is reimbursable when the patient's condition requires rapid transport to the nearest appropriate facility and transportation by either basic or advanced life support ground ambulance would not be appropriate. Air transport may also be necessary because the patient is inaccessible by a ground or water ambulance vehicle.

Reimbursement Guidelines

Ambulance services reimbursement is based on the ambulance base rate per trip in accordance with the appropriate level of care provided to the member. In alignment with CMS guidelines, services and supplies including, but not limited to oxygen, drugs, extra attendants, EKG, and night differential are not paid separately when reported as part of an ambulance transportation service. In addition, the ambulance must have customary patient care equipment and first aid supplies, including reusable devices and equipment such as backboards, neckboards and inflatable leg and arm splints. These are all considered part of the general ambulance service and payment for them is included in the payment rate for the transport.

Basic vs. Advanced Life Support

There are distinct differences in the resources necessary to furnish the various levels of ground ambulance services. According to CMS, Basic Life Support (BLS) ambulances must be staffed by at least two people, at least one of whom must be certified as an emergency medical technician (EMT) by the State or local authority where the services are being furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the vehicle. All Advanced Life Support (ALS) vehicles must be staffed by at least two people, at least one of whom must be certified by the State or local authority as an EMT-Intermediate or an EMT-Paramedic. In addition, Advanced Life Support, Level 1 (ALS1) must include the provision of an ALS Assessment or at least one ALS Intervention.

CMS defines Advanced Life Support, Level 2 (ALS2) as transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

- Manual defibrillation/cardioversion;
- Endotracheal intubation;
- Central venous line;
- Cardiac pacing;
- Chest decompression;
- Surgical airway; or
- Intraosseous line.

In alignment with CMS, reimbursement is based on the level of service provided, not on the vehicle used.

Pronounced Dead

Oscar considers emergency transport for deceased members when the member was pronounced dead after a qualifying medical transport has been called or en-route to the healthcare facility as reimbursable. Alternatively, Oscar does not consider for reimbursement emergency transport services when the death of the patient occurs prior to the transport being called.

Transportation During an Inpatient Stay

In alignment with CMS guidelines, ambulance services to and from an originating facility to another facility for services such as diagnostic tests or specialty treatment, (reported with modifiers HH, DH or HD) will not be reimbursed if the date(s) of service overlap with an inpatient stay. The date span criteria will exclude the date of admission and discharge. The Ambulance services should be paid by the originating facility and are not separately reimbursable.

Non-Reimbursable Ambulance Services

Oscar does not provide reimbursement for the following ambulance and other transport services (this list is not all inclusive):

- Death of the patient occurs before transport was called
- Mileage when the transport service has been denied or is not covered
- Charges for unloaded miles (i.e., miles traveled without the individual on board)
- Waiting time charges (i.e., time spent waiting for the individual)
- Non-ambulance suppliers rendering ambulance services

- Transport to and/or from a physician's office for a routine visit
- Transportation between health care facilities, when transfer is solely due to the preference of individual, family member, caregiver, or physician
- Non-medical transport
- Transfer from one residence to another
- Transportation from a non-licensed ambulance which includes but are not limited to wheelchair van, chair car, taxi, automobile, private or commercial air travel, bus and minibus service
- Ancillary transportation fees (e.g., parking fees, tolls, meals and lodging)
- Additional rates for night, weekend, and/or holiday call

Coding and Billing

In alignment with CMS guidelines, each ambulance trip submitted will require two lines of coding:

- One line for the service (includes equipment and supplies such as oxygen, intravenous drugs, reusable devices and equipment)
- One line for the mileage (reported with units to reflect miles)

Charges for mileage must be based on loaded mileage only. Loaded mileage begins when the patient is loaded into the ambulance and ends when the ambulance reaches the destination. Air ambulance mileage is calculated per actual loaded (patient onboard) miles flown and is expressed in statute miles rather than nautical miles.

- A statute mile is 5,280 feet in length. A nautical mile is 6,076.11549 feet in length. To convert from nautical to statute miles, the factor 1.15 may be used.

Valid origin and destination transportation modifiers are required. Most modifiers that are used on claims for ambulance services are created by combining two alpha characters. Each alpha character, except for X, represents an origin (source) code or a destination code. The pair of alpha codes creates one modifier:

- First position alpha code = origin
- Second position alpha code = destination

In addition to the single digit modifiers, there are also several two-digit modifiers that may be reported as appropriate.

The point of pickup (POP) determines the basis for payment and is reported by using the five-digit zip code. POP must be included on the claim along with the zip code of the point of drop-off in order to verify mileage and calculate appropriate payment.

Ambulance Origin/Destination Modifiers

Origin / Destination	Description
D	Diagnostic or therapeutic site other than P or H when these are used as origin codes
E	Residential, domiciliary, custodial facility (other than an 1819 facility)
G	Hospital based dialysis facility
H	Hospital
I	Site of transfer (airport, helicopter pad) between types of ambulance
J	Freestanding dialysis facility

N	Skilled nursing facility (SNF)
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	(Destination code only) Intermediate stop at physician's office on the way to the hospital

Ambulance Transportation Modifiers

These are secondary modifiers and should not be billed in the first position

Modifer	Description
GM	Multiple patients on one trip
QL	Patient pronounced dead after ambulance called
QM	Ambulance service provided under arrangement by a provider of services
QN	Ambulance service furnished directly by a provider of services*

***For use only on institutional claims (UB-04) when the ambulance provider is owned and/or operated by a hospital and provides ambulance services as an adjunct to its institutional-based operations.**

Related Policies

Correct Coding
Modifier Guidelines
Place of Service

References

1. Medicare Claims Processing Manual, Chapter 15, Ambulance
2. Medicare Benefit Policy Manual, Chapter 10, Ambulance Services

Publication History

Date	Action/Description
08/10/2026	Original Documentation; Governance Approved