

## Payment Policies for Healthcare Services

### Provided to Injured Workers and Crime Victims

# Chapter 3: Ambulance, Taxi, and Other Transportation Services

Effective July 1, 2024



**Link:** Look for possible [updates and corrections](#) to these payment policies on L&I's website.



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## Definitions

**The following terms are utilized in this chapter and are defined as follows:**

**Bed confined:** The worker is:

- Unable to get up from bed without assistance, *and*
- Unable to ambulate, *and*
- Unable to sit in a chair or wheelchair.

**Destination:** Nearest place of proper treatment.

**Loaded miles:** Miles traveled from the pickup of the worker(s) to their arrival at the destination.



## Modifiers

**The following CPT®, HCPCS, and/or local code modifiers appear in this chapter:**

Use	Payment Information
<b>-GM (Multiple workers, one ambulance trip)</b>	
Use this modifier to indicate when multiple workers are being transported in the same ambulance trip.	This modifier doesn't affect payment but is necessary to describe the service.



**Note:** Many factors contribute to the resulting allowed amount. Therefore, there may be other factors aside from modifier usage that reduce or affect payment. Refer to the applicable payment policies and fee schedules for the service(s) being provided for more information.



## Payment policy: All ambulance services

### When these services are paid

Ambulance services are paid when the injury to the worker is so serious that use of any other method of transportation is contraindicated.

Payment is based on the level of medically necessary services provided, not only on the vehicle used.

### How mileage is paid

The insurer pays for mileage (ground and/or air) based only on **loaded miles**, which are the miles traveled from the pickup of the worker(s) to their arrival at the **destination**.

### Vehicle and crew requirements

To be eligible to be paid for ambulance services for workers, the provider must meet the criteria for vehicles and crews established in [WAC 246-976](#) Emergency Medical Services and Trauma Care Systems and other requirements as established by the Washington State Department of Health for emergency medical services.

Key sections of this WAC include:

- **General:** [WAC 246-976-260](#) Licenses required,
- **Ground ambulance vehicle requirements:**
  - [WAC 246-976-290](#) Ground ambulance vehicle standards,
  - [WAC 246-976-300](#) Ground ambulance and aid vehicles—Equipment,
  - [WAC 246-976-310](#) Ground ambulance and aid vehicles--Communications equipment,
  - [WAC 246-976-390](#) Trauma verification of prehospital EMS services,
- **Air ambulance services:** [WAC 246-976-320](#) Air ambulance services,
- **Personnel:**
  - [WAC 246-976-182](#) Authorized care,
  - Washington State Department of Health, Office of Emergency Medical Services Certification Requirements Guidelines.

## Services that can be billed

HCPCS code	Description	Fee schedule
<b>A0425</b>	Ground mileage, per statute mile	<b>\$15.56</b> per mile
<b>A0426</b>	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	<b>\$770.82</b>
<b>A0427</b>	Ambulance service, advanced life support, level 1 (ALS 1-emergency)	<b>\$800.05</b>
<b>A0428</b>	Ambulance service, basic life support, nonemergency transport (BLS)	<b>\$421.07</b>
<b>A0429</b>	Ambulance service, basic life support, emergency transport (BLS – emergency)	<b>\$673.74</b>
<b>A0430</b>	Ambulance service, conventional air services, transport, one way (fixed wing)	<b>\$6,874.65</b>
<b>A0431</b>	Ambulance service, conventional air services, transport, one way (rotary wing)	<b>\$7,992.76</b>
<b>A0433</b>	Advanced Life Support, Level 2 (ALS 2)	<b>\$1,157.98</b>
<b>A0434</b>	Specialty care transport (SCT)	<b>\$1,368.52</b>
<b>A0435</b>	Fixed wing air mileage, per statute mile	<b>\$38.26</b> per mile
<b>A0436</b>	Rotary wing air mileage, per statute mile	<b>\$88.90</b> per mile
<b>A0999</b>	Unlisted ambulance service	By Report restrictions: 1. Reviewed to determine if a more appropriate billing code is available, <i>and</i> 2. Reviewed to determine if medically necessary.



## Payment policy: Arrival of multiple providers

### Payment limits

When multiple providers respond to a call for services:

- Only the provider that transports the worker(s) is eligible to be paid for the services provided, *and*
- No payment is made to the other provider(s).



## Payment policy: Emergency air ambulance transport

### Payment limits

Air ambulance transportation services, either by helicopter or fixed wing aircraft, will be paid only if:

- The worker's medical condition requires immediate and rapid ambulance transportation that couldn't have been provided by ground ambulance, *or*
- The point of pickup is inaccessible by ground vehicle, *or*
- Great distances or other obstacles are involved in getting the worker to the nearest place of proper treatment.



## Payment policy: Multiple patient transportation

### Payment limits

The insurer pays the appropriate base rate for each worker transported by the same ambulance.

When multiple workers are transported in the same ambulance, the mileage will be prorated equally among all the workers transported.

### Requirements for billing

The provider is responsible for prorating mileage billing codes based on the number of workers transported on the single ambulance trip.

The provider must use HCPCS code modifier **-GM** (Multiple patients on one ambulance trip) for the appropriate mileage billing codes.





## Payment policy: Nonemergency transport

### Who may arrange for these services

Only medical providers may arrange for nonemergency ambulance transportation.



**Note:** Workers can't arrange nonemergency ambulance transportation.

### Medical necessity requirements

Nonemergency transportation by ambulance is appropriate if:

- The worker is **bed confined** and it is documented that the worker's accepted medical condition is such that other methods of transportation are contraindicated, *or*
- If the worker's accepted medical condition, regardless of bed confinement, is such that transportation by ambulance is medically required.

Nonemergency transportation may be provided on a **scheduled** (repetitive or non-repetitive) or **unscheduled** basis:

- **Scheduled**, nonemergency transportation may be repetitive (for example, services regularly provided for diagnosis or treatment of the worker's accepted medical condition) or non-repetitive (for example, single time need).
- **Unscheduled** services generally pertain to nonemergency transportation for medically necessary services.

The insurer reserves the right to perform a post audit on any nonemergency ambulance transportation billing to ensure medical necessity requirements are met.



## Payment policy: Proper facilities

### What makes a facility a place of proper treatment

To be a place of proper treatment, the facility must be generally equipped to provide the needed medical care for the worker.

A facility isn't considered a place of proper treatment if no bed is available when inpatient medical services are required.

### Payment limits

The insurer pays the provider for ambulance services to the nearest place of proper treatment.



## Payment policy: Taxi, wheelchair van and other transportation services

### Prior authorization

Other transportation services including taxi and wheelchair services are payable when pre-authorized by the insurer.

### Requirements for billing

All bills must be submitted to the insurer within a year from date of service. See Chapter 2: Information for All Providers for details.

Taxi providers may bill the insurer **1269M** for a worker missed appointment no show for an insurer arranged Independent Medical Exam (IME) or an insurer arranged consultation. For the insurer's authority to reimburse taxi providers for an insurer arranged IME or an insurer arranged consultation no show, see [WAC 296-20-010\(5\)](#). No other no show fees will be reimbursed by the insurer to taxi providers.

Taxi providers may bill a worker for a missed appointment no show other than for an insurer arranged IME or an insurer arranged consultation, see [WAC 296-20-010\(6\)](#).

To bill **1270M**, taxi providers must have completed a trip for an insurer arranged IME or insurer arranged consultation.

See "Services that can be billed" for additional billing codes.

### Services that aren't covered

- Local code **0414A** for direct claimant taxi reimbursement (not payable to taxi and other transportation service providers).
- Pick up charges that aren't part of a provider's usual and customary fees.

### How mileage is paid

The insurer pays for mileage based on miles traveled from the pickup of the worker(s) to their arrival at the medical or vocational authorized **destination** only. See definition of **loaded miles**.

## Documentation requirements for billing

To be eligible to be paid for non-emergent transportation services for workers, the provider must provide an itemized statement (invoice) or trip ticket documenting the following:

- Claim number
- Worker name (name of worker transported)
- Date of trip
- Pick up time
- Pick up address
- **Destination** (drop off) address
- Wait time
- Drop off time
- Driver name (First, Last)
- Driver operator or cab number
- Rates (see [WAC 296-20-01002](#) Definitions - "By Report")
- Total cost of trip

## Services that can be billed

HCPCS Code	Description	Fee schedule
<b>A0100</b>	Taxi, non-emergency	<b>By Report</b>
<b>A0110</b>	Transportation and bus, intra or interstate carrier, non-emergency	<b>By Report</b>
<b>A0120</b>	Mini-bus, mountain area transports, or other transportation systems, non-emergency	<b>By Report</b>
<b>A0130</b>	Wheel-chair van, non-emergency	<b>By Report</b>
<b>A0140</b>	Air travel (private or commercial) intra or interstate, non-emergency	<b>By Report</b>
<b>A0170</b>	Transportation ancillary: parking fees, tolls, other	<b>By Report</b>
<b>0304R</b>	Vocational Retraining Plan Transportation (Taxi)	<b>By Report</b>
<b>1269M</b>	Taxi no show fee for insurer arranged Independent Medical Examination (IME) or insurer arranged consultation 1 unit per claimant per day authorized	<b>\$55.00</b>
<b>1270M</b>	Insurer arranged Independent Medical Examination (IME) or insurer arranged consultation Transportation (Taxi) Services	<b>By Report</b>



**Link:** For the legal definition of By Report (BR), see [WAC 296-20-01002](https://www.wa.gov/wac/default.aspx?cite=296-20-01002).



## Links to related topics

If you're looking for more information about...	Then see...
<b>Administrative rules</b> for ambulance services	<a href="#">Washington Administrative Code (WAC) 246-976</a>
<b>Becoming an L&amp;I provider</b>	<a href="#">Become A Provider on L&amp;I's website</a>
<b>Billing</b> instructions and forms	<a href="#">Chapter 2: Information for All Providers</a>
<b>Fee schedules</b> for all healthcare professional services (including ambulance services)	<a href="#">Fee schedules on L&amp;I's website</a>

### Need more help?

Email L&I's Provider Hotline at [PHL@Lni.wa.gov](mailto:PHL@Lni.wa.gov). If you would prefer a phone call, please email us your name and contact number.