Modifier Requirements: Ambulance Trips
June 20 2019

Effective July 1, 2019, for ambulance service claims, providers must report an origin and destination modifier for each ambulance trip provided. Origin and destination modifiers used for ambulance services are created by combining two alpha characters. Each alpha character, with the exception of "X", represents an origin code or a destination code. The first position alpha code equals origin; the second position alpha code equals destination. Claims submitted without the required modifiers are subject to denials.

Where multiple modifiers are appropriate, those impacting reimbursement rates are required in the primary modifier position.

For multiple transports, each leg of the transport is to be separately billed.

Origin and destination codes and their descriptions are listed on the next page:

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D	Diagnostic or therapeutic site other than 'P' or 'H' when these codes are used as origin codes. This modifier is to be used for transports to or from an Ambulatory surgical center (ASC) or a free-standing psychiatric facility.
E	Residential, domiciliary, custodial facility (other than an 1819 facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
GM	Multiple patients on one ambulance trip. Note: Providers need to submit the appropriate origin and destination modifiers in the first modifier position and HCPCS modifier GM in the second modifier position.
H	Hospital. This modifier must be submitted for a psychiatric facility located at a hospital.
I	Site of transfer (e.g., airport or helicopter pad) between types of ambulance vehicles
J	Non hospital-based dialysis facility
N	Skilled nursing facility (SNF) (1819 Facility)
P	Physician's office (includes HMO non-hospital facility, clinic, etc.) For Medicare purposes, urgent care centers, clinics and freestanding emergency rooms are considered physician offices
QL	Patient pronounced dead after ambulance called
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 (includes HMO non-hospital facility, clinic, etc.)
GY	Not covered per Medicare policy

Example: Claim containing more than one ambulance trip provided on the same day for the same patient.

Date of Service		Place of Service	HCPCS	Modifier	Units
From	To				
7/1/2019	7/1/2019	41	A0429	RH	1 (trip)
7/1/2019	7/1/2019	41	A0380	RH	5 (mileage)
7/1/2019	7/1/2019	41	A0429	HR	1 (trip 2)
7/1/2019	7/1/2019	41	A0390	HR	5 (mileage)