



Provider Alert

Reminder: Ambulance Reimbursement Policy Requirements

Our Ambulance Reimbursement Policy has different reimbursement requirements depending on your care provider specialty and claim codes billed. These policy requirements align with the Centers for Medicare & Medicaid Services (CMS) Manual System and other CMS publications. To help you submit your claims correctly, here's a summary of our policy requirements.

- An ambulance care provider or supplier is only eligible for reimbursement when ambulance services are reported with Healthcare Common Procedure Coding System (HCPCS) codes A0021 and A0225-A0999.
- We don't reimburse non-ambulance care providers or suppliers for rendering ambulance services. Other provider specialties such as emergency room physicians should report the CPT® and/or HCPCS codes that specifically and accurately describe the services and procedures outside of HCPCS code A0021 and A0225-A0999 range.
- As of Jan. 1, 2018, code A0425 (ground mileage, per statute mile) will be denied when billed by a non-ambulance provider.

To find out more about UnitedHealthcare Community Plan reimbursement policies, please visit UHCCommunityPlan.com > For Health Care Professionals > Tennessee > Reimbursement Policies.



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We're Here to Help

If you have questions about this policy, please call Provider Services at the number listed on the back of the member's ID card. Thank you.