



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent

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Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Transportation providers

May 2000

Reference: B0000066

Urgent Read Immediately

Medicaid reprocesses Medicare Crossover claims for ambulance services

On June 2, 2000, Medicaid is reprocessing Medicare crossover claims for ambulance services. The reprocessing includes all crossover claims processed and adjusted since December 1, 1998.

In June 1999, providers were advised by the Colorado Department of Health Care Policy and Financing that Medicare crossover claim payments for services provided on and after July 1, 1999, would be paid using a pricing method called "lower-of pricing." Lower-Of pricing for crossover claims is calculated by comparing the Medicaid allowed charge minus the Medicare payment to the sum of the Medicare coinsurance and deductible. Medicaid pays the lower of the two values.

Crossover claims for services before July 1, 1999 are paid the sum of Medicare-determined coinsurance and deductible.

Reprocessing to correct previous errors

During the August and November 1999 reprocessing:

1. Some procedures billed to Medicare were denied by Medicaid with the message, "Procedure not a benefit for date of service". The new pricing methods may have been incorrectly applied to all claims rather than restricting the change to services on and after July 1, 1999.
2. Processing errors occurred when unbundled Medicare procedure codes crossed over to bundled Medicaid procedure codes.

- **Bundled codes** - Procedure codes that include two or more related services combined in a single code. Example, all Colorado Medicaid transportation codes include supplies. The only supplies that may be billed separately are those for oxygen administration in life sustaining circumstances. Some Medicaid transportation codes include mileage, others do not.
- **Unbundled codes** - Procedure codes that define only a single service. Medicare requires separate, unbundled codes for transportation, supplies, and mileage.

The June 2000 reprocessing will correct errors that occurred with the previous reprocessing done in August and November 1999. State-approved pricing policies will also be applied to each claim according to the service date.

The following chart is a reference for coding requirements for Medicare crossover claims and for "straight Medicaid" claims (for clients who have only Medicaid coverage). Please note the table is an illustration of the differences between Medicaid and Medicare transportation coding and does not list all available Medicare transportation codes. Medicaid transportation coding information is available in the bulletin titled, "Independent and Hospital-Based Transportation HCFA and Local Codes," dated March 1996. Refer to Medicare coding publications for information about Medicare coding requirements.

Medicaid Bundled Codes Required for "straight" Medicaid claims For clients who have Medicaid coverage only	Medicare Unbundled Codes Required by Medicare and processed by Medicaid on crossover claims For clients with Medicare & Medicaid coverage	
	Primary code	Ancillary code(s)
A0300 Ambulance service, Basic Life Support (BLS), non-emergency. Includes mileage & supplies.	A0340 Ambulance service, BLS, non-emergency. Includes mileage without supplies.	A0382 BLS routine disposable supplies. * A0384 BLS special disposable supplies. *
	A0360 Ambulance service, BLS, non-emergency, without supplies or mileage.	A0380 BLS mileage/per mile A0382 BLS routine disposable supplies. * A0384 BLS special disposable supplies. *
A0302 Ambulance service, BLS, emergency. Includes mileage & supplies.	A0342 Ambulance service, BLS, emergency. Includes mileage, without supplies.	A0382 BLS routine disposable supplies. * A0384 BLS special disposable supplies. *
	A0362 Ambulance service, BLS, emergency, without supplies or mileage.	A0380 BLS mileage/per mile A0382 BLS routine disposable supplies. * A0384 BLS special disposable supplies. *
A0304 Ambulance service, Advanced Life Support (ALS), non-emergency, No specialized ALS services. Includes mileage & supplies.	A0344 Ambulance service, ALS, non-emergency, No specialized ALS services. Includes mileage, without supplies.	A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. * A0398 ALS routine disposable supplies. *
	A0364 Ambulance Service, ALS, non-emergency, No specialized services, without supplies or mileage.	A0390 ALS mileage/per mile A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. * A0398 ALS routine disposable supplies. *
A0306 Ambulance services, ALS, non-emergency, with specialized ALS services. Includes mileage & supplies.	A0346 Ambulance service, ALS, non-emergency. Includes specialized ALS services & mileage, without supplies.	A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. *

Medicaid Bundled Codes Required for "straight" Medicaid claims For clients who have Medicaid coverage only	Medicare Unbundled Codes Required by Medicare and processed by Medicaid on crossover claims For clients with Medicare & Medicaid coverage	
A0306 Ambulance services, ALS, non-emergency, with specialized ALS services. Includes mileage & supplies.	Primary code	Ancillary code(s)
	A0346 Ambulance service, ALS, non-emergency. Includes specialized ALS services & mileage, without supplies. A0366 Ambulance service, ALS, non-emergency, with specialized ALS services, without supplies or mileage.	A0398 ALS routine disposable supplies. * A0390 ALS mileage/per mile A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. * A0398 ALS routine disposable supplies. *
A0308 Ambulance service, ALS, emergency, No specialized ALS services. Includes mileage & supplies.	A0348 Ambulance service, ALS, emergency, No specialized ALS services. Includes mileage, without supplies.	A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. * A0398 ALS routine disposable supplies. *
	A0368 Ambulance service, ALS, emergency, No specialized services, without supplies or mileage.	A0390 ALS mileage/per mile A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. * A0398 ALS routine disposable supplies. *
A0310 Ambulance service, ALS, emergency, with specialized ALS services. Includes mileage & supplies.	A0350 Ambulance service, ALS, emergency, includes specialized ALS services & mileage, without supplies.	A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. * A0398 ALS routine disposable supplies. *
	A0370 Ambulance service, ALS, emergency, with specialized services, without supplies or mileage.	A0390 ALS mileage/per mile A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. * A0398 ALS routine disposable supplies. *

Medicaid Bundled Codes Required for "straight" Medicaid claims For clients who have Medicaid coverage only	Medicare Unbundled Codes Required by Medicare and processed by Medicaid on crossover claims For clients with Medicare & Medicaid coverage	
	Primary code	Ancillary code(s)
A0320 Ambulance service, BLS, non-emergency. Includes supplies. Mileage billed separately (X6000). X6000 Non-emergency ambulance mileage (Use with A0320, A0324, & A0326).	A0340 Ambulance service, BLS, non-emergency. Includes mileage, without supplies.	A0382 BLS routine disposable supplies. * A0384 BLS special disposable supplies. *
	A0360 Ambulance service, BLS, non-emergency, without supplies or mileage.	A0380 BLS mileage/per mile A0382 BLS routine disposable supplies. * A0384 BLS special disposable supplies. *
A0322 Ambulance service, BLS, emergency. Includes supplies, Mileage billed separately, (A0380). A0380 BLS mileage/per mile (emergency). (use with A0322)	A0342 Ambulance service, BLS, emergency. Includes mileage, without supplies.	A0382 BLS routine disposable supplies. * A0384 BLS special disposable supplies. *
	A0362 Ambulance service, BLS, emergency, without supplies or mileage.	A0380 BLS mileage/per mile A0382 BLS routine disposable supplies. * A0384 BLS special disposable supplies. *
A0324 Ambulance service, ALS, non-emergency, No specialized services. Supplies included. Mileage billed separately (X6000). X6000 Non-emergency ambulance mileage (Use with A0320, A0324, & A0326).	A0344 Ambulance service, ALS, non-emergency, No specialized ALS services. Includes mileage, without supplies.	A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. * A0398 ALS routine disposable supplies. *
	A0364 Ambulance Service, ALS, non-emergency, No specialized services, without supplies or mileage.	A0390 ALS mileage/per mile A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. * A0398 ALS routine disposable supplies. *
A0326 Ambulance service, ALS, non-emergency, specialized ALS services rendered, supplies included. Mileage billed separately (X6000). X6000 Non-emergency ambulance mileage (Use with A0320, A0324, & A0326).	A0346 Ambulance service, ALS, non-emergency. Includes specialized ALS services & mileage, without supplies.	A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. *

<p>Medicaid Bundled Codes Required for "straight" Medicaid claims For clients who have Medicaid coverage only</p>	<p>Medicare Unbundled Codes Required by Medicare and processed by Medicaid on crossover claims For clients with Medicare & Medicaid coverage</p>	
<p>A0326 Ambulance service, ALS, non-emergency, specialized ALS services rendered, supplies included. Mileage billed separately (X6000). X6000 Non-emergency ambulance mileage (Use with A0320, A0324, & A0326).</p>	<p>Primary code</p>	<p>Ancillary code(s)</p>
	<p>A0346 Ambulance service, ALS, non-emergency. Includes specialized ALS services & mileage, without supplies.</p> <hr/> <p>A0366 Ambulance service, ALS, non-emergency, with specialized ALS services, without supplies or mileage.</p>	<p>A0396 ALS specialized service disposable supplies; esophageal intubation. *</p> <p>A0398 ALS routine disposable supplies. *</p> <hr/> <p>A0390 ALS mileage/per mile</p> <p>A0392 ALS special disposable supplies, defibrillation. *</p> <p>A0394 ALS special disposable supplies/IV drug. *</p> <p>A0396 ALS specialized service disposable supplies; esophageal intubation. *</p> <p>A0398 ALS routine disposable supplies.</p>
<p>A0328 Ambulance service, ALS, emergency, No specialized ALS services. Supplies included. Mileage billed separately (A0390). A0390 ALS mileage/per mile (emergency). (Use with A0322 & A0330)</p>	<p>A0348 Ambulance service, ALS, emergency, No specialized ALS services. Includes mileage, without supplies.</p> <hr/> <p>A0368 Ambulance service, ALS, emergency, No specialized services, without supplies or mileage.</p>	<p>A0392 ALS special disposable supplies defibrillation. *</p> <p>A0394 ALS special disposable supplies/IV drug. *</p> <p>A0396 ALS specialized service disposable supplies; esophageal intubation. *</p> <p>A0398 ALS routine disposable supplies. *</p> <hr/> <p>A0390 ALS mileage/per mile</p> <p>A0392 ALS special disposable supplies, defibrillation. *</p> <p>A0394 ALS special disposable supplies/IV drug. *</p> <p>A0396 ALS specialized service disposable supplies; esophageal intubation. *</p> <p>A0398 ALS routine disposable supplies. *</p>
	<p>A0330 Ambulance service, ALS, emergency, with specialized ALS services. Supplies included. Mileage billed separately (A0390). A0390 ALS mileage/per mile (emergency). (Use with A0322 & A0330)</p>	<p>A0350 Ambulance service, ALS, emergency, includes specialized ALS services & mileage, without supplies.</p> <hr/> <p>A0370 Ambulance service, ALS, emergency, with specialized services, without supplies or mileage.</p>

Medicaid Bundled Codes Required for "straight" Medicaid claims For clients who have Medicaid coverage only	Medicare Unbundled Codes Required by Medicare and processed by Medicaid on crossover claims For clients with Medicare & Medicaid coverage	
	Primary code	Ancillary code(s)
A0330 Ambulance service, ALS, emergency, with specialized ALS services. Supplies included. Mileage billed separately (A0390). A0390 ALS mileage/per mile (emergency). (Use with A0322 & A0330)	A0370 Ambulance service, ALS, emergency, with specialized services, without supplies or mileage.	A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. * A0398 ALS routine disposable supplies. *
A0420 - Not a benefit		A0420 Ambulance waiting time (ALS or BLS), one half (1/2) hour increments. This service is not a benefit of the Medicaid Program.
A0422 Ambulance, oxygen & oxygen supplies, life sustaining		A0422 Ambulance, oxygen & oxygen supplies, life sustaining
X6000 Non-emergency ambulance mileage (Use with A0320, A0324, & A0326).		X6000 - Not a benefit
* This service is not a benefit of the Colorado Medicaid Program.		
Note: Payment for Medicaid ambulance services includes all supplies. No separate, additional benefit is available for supplies.	Note: Medicare may be billed for additional services such as EKGs, injections, IV solutions, etc. In crossover processing, these additional charges are not allowed.	

Billing tip: Claims for Medicaid only clients that are submitted using Medicare procedure codes are denied with the message, "Invalid claim type."

Please direct questions about Medicaid billing or the information in this bulletin to:

Medicaid Provider Services

303-534-0146 or 1-800-237-0757 (toll free Colorado)