Billing an Emergent Ambulance Transport

Claims for emergency ambulance transports must be coded with both an emergency procedure code and an appropriate ICD diagnosis code whenever the service results in transport to a hospital, or assessment and treatment/stabilization determines that no further transport is necessary. Claims for emergency transports without this information will be rejected. Documentation supporting the emergency diagnosis code must be retained in the ambulance provider's records for audit purposes.

Diagnosis codes:

- Providers must enter the appropriate ICD diagnosis code on all ambulance claims. Providers must report the most specific diagnosis code available that identifies the reason for the service.

- To assure appropriate coverage and reimbursement for emergency ambulance services, MDHHS maintains an Ambulance Emergency Transports Diagnosis Code Database.

> **Billing Tip:**
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> - At least one of the approved Medicaid emergency diagnosis codes must be reported on an emergent claim. Diagnosis codes can also be found by utilizing the Medicaid Code and Rate Reference tool in CHAMPS.
> - Procedure codes, descriptions, and fee schedules for professional providers are updated in the Ambulance Professional Fee Schedule.