



**** Ambulance Claims in HIPAA 5010 ****

In 5010, ambulance suppliers who submit medical transportation claims will be required to report the pick-up and drop-off locations for ambulance transport.

Previously, there were no dedicated fields for this information, but now it can be reported at the claim level (5010 loops: 2310E and 2310F) and service line level (5010 loops: 2420G and 2420H).

5010 also added another new segment (2400 QTY) that will be required to report the number of patients transported in the same vehicle for ambulance or non-emergency transportation services.

Additionally, CMS currently does not require ambulance suppliers to submit a diagnosis code on claims for payment. However, in 5010, a diagnosis code must be present on all professional electronic claims, including ambulance claims.

Print Image and Link1500 submitters: This information can be added to your claims using field 19 on the CMS-1500 form. You can locate information about using field 19 and correct formatting of information by viewing the “Field 19” document under the Support Documents page on the MD On-Line website. Note that if your quantity of information needed to adjudicate your claim exceeds the limit of characters allowed into field 19, simply type the word EXTRA into Field 19. When you transmit your claim an extra page will open with options to enter data for that claim.

Claims that do not include this information may be rejected.

Thank You for your attention.