



Medicaid and CHIP Claim Editing Enhancements Coming Feb. 23, 2022

Medicaid and CHIP [Cotiviti, Inc Edit Descriptions](#)

Edit Name	Edit Description																																																																																								
<p>ET Modifier</p> <p>Effective: 02/23/2022</p>	<p>ET Modifier: Emergency transport is a benefit when billed with the ET modifier and the most appropriate emergency medical condition codes. It is required for every detail on an emergency transport claim. If any of the following transport codes are billed with modifier ET and one of the approved diagnosis codes is not present on the claim header, then deny the ambulance transport code with reason: The Diagnosis Codes on the Claim do not support the Billed procedure codes.</p> <table border="1" data-bbox="561 806 1284 959"> <thead> <tr> <th colspan="2">Ambulance Transport Codes List</th> </tr> </thead> <tbody> <tr> <td>A0382</td> <td>A0398</td> </tr> <tr> <td>A0422</td> <td>A0424- A0425</td> </tr> <tr> <td>A0430 – A0431</td> <td>A0433 - A0436</td> </tr> </tbody> </table> <p>DP 13984-Deny ambulance transport codes appended with modifier ET (Emergency transport services) when billed without an approved diagnosis on the claim. (Diagnosis codes are listed below)</p> <p>List of diagnosis codes considered for both policies (modifier ET and ALS/BLS)</p> <div data-bbox="433 1157 1430 1570" style="border: 1px solid black; padding: 5px;"> <p>One of the following emergency medical condition code is required on all emergency ambulance claims and must be listed in Box 21 of the CMS-1500 claim form:</p> <table border="1"> <thead> <tr> <th colspan="8">Emergency Medical Condition Codes</th> </tr> </thead> <tbody> <tr> <td>B9689</td> <td>B999</td> <td>E869</td> <td>F068</td> <td>F10929</td> <td>F19939</td> <td>F29</td> <td>G4489</td> </tr> <tr> <td>G8929</td> <td>H579</td> <td>I469</td> <td>I499</td> <td>J9600</td> <td>J984</td> <td>M549</td> <td>O2690</td> </tr> <tr> <td>R002</td> <td>R0602</td> <td>R0603</td> <td>R0689</td> <td>R079</td> <td>R092</td> <td>R0989</td> <td>R100</td> </tr> <tr> <td>R109</td> <td>R238</td> <td>R4182</td> <td>R4189</td> <td>R4589</td> <td>R509</td> <td>R52</td> <td>R55</td> </tr> <tr> <td>R569</td> <td>R58</td> <td>R6889</td> <td>R7309</td> <td>S0590XA</td> <td>T07XXXA</td> <td>T148XXXA</td> <td>T1490XA</td> </tr> <tr> <td>T1491XA</td> <td>T17300A</td> <td>T300</td> <td>T50904A</td> <td>T59891A</td> <td>T5994XA</td> <td>T672XXXA</td> <td>T675XXXA</td> </tr> <tr> <td>T68XXXA</td> <td>T699XXXA</td> <td>T7500XA</td> <td>T751XXXA</td> <td>T754XXXA</td> <td>T782XXXA</td> <td>T7840XA</td> <td>T8189XA</td> </tr> <tr> <td>T82519A</td> <td>T887XXXA</td> <td>Y710</td> <td>Y828</td> <td>Z209</td> <td>Z7401</td> <td>Z779</td> <td>Z9181</td> </tr> <tr> <td>Z9981</td> <td>Z9989</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>	Ambulance Transport Codes List		A0382	A0398	A0422	A0424- A0425	A0430 – A0431	A0433 - A0436	Emergency Medical Condition Codes								B9689	B999	E869	F068	F10929	F19939	F29	G4489	G8929	H579	I469	I499	J9600	J984	M549	O2690	R002	R0602	R0603	R0689	R079	R092	R0989	R100	R109	R238	R4182	R4189	R4589	R509	R52	R55	R569	R58	R6889	R7309	S0590XA	T07XXXA	T148XXXA	T1490XA	T1491XA	T17300A	T300	T50904A	T59891A	T5994XA	T672XXXA	T675XXXA	T68XXXA	T699XXXA	T7500XA	T751XXXA	T754XXXA	T782XXXA	T7840XA	T8189XA	T82519A	T887XXXA	Y710	Y828	Z209	Z7401	Z779	Z9181	Z9981	Z9989						
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<p>GY Modifier</p> <p>Effective: 02/23/2022</p>	<p>Our research found that a GY modifier is NOT required on ALL ambulance claims that are not an emergency (specified with an ET modifier).</p> <p>There can be non-emergency ambulance services that are still medically necessary, and these would not be billed with an ET or GY modifier.</p> <p>** The only time the <u>GY modifier</u> is to be used is when the ambulance provider determines that transport is not medically necessary, and they have informed the member of that, and still end up transporting the member.</p>																																																																																								

	<p>CMS policy states, the GY modifier is used to indicate the services are “statutory exclusions”, “categorical exclusions”, or “technical denials”. Services billed with this modifier are not separately payable. Deny any claim line with GY modifier.</p>
<p>Denied: Diagnosis codes on the claim do not support the billed procedure code</p> <p>Effective: 02/23/2022</p>	<p>IF A0427 (ALS), A0429 (BLS), or A0999 (Specialized vehicle transport) is billed and any of the approved diagnosis codes are not present on the claim header, then deny with reason: The Diagnosis Codes on the claim do not support the billed procedure code.</p>
<p>Denied: When billed without ET Modifier</p> <p>Effective: 02/23/2022</p>	<p>IF A0427, A0429 (Emergency ambulance service), or A0999 (Specialized vehicle transport) will deny if billed without the ET Modifier.</p>

For additional information, please visit the [TMHP website](#) for full detailed information.

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