

## ePayment.44 - Ambulance Transport Reason Code

## Definition

The CMS Ambulance Transport Reason Code for the transport.

|                   |          |                          |       |
|-------------------|----------|--------------------------|-------|
| National Element  | No       | Pertinent Negatives (PN) | No    |
| State Element     | No       | NOT Values               | No    |
| Version 2 Element |          | Is Nillable              | No    |
| Usage             | Optional | Recurrence               | 0 : M |

## Attributes

## CorrelationID

**Data Type:** string

**minLength:** 0

**maxLength:** 255

## Code List

| Code | Description   |
|------|---|
| A    | Patient was transported to the nearest facility for care of symptoms, complaints, or both |
| B    | Patient was transported for the benefit of a preferred physician                          |
| C    | Patient was transported for the nearness of family members                                |
| D    | Patient was transported for the care of a specialist or for availability of equipment     |
| E    | Patient was transferred to a Rehabilitation Facility                                      |

## Data Element Comment

Added to improve billing with electronic claims using the ASC X12 Standard. The Ambulance Transport Code values are those determined by US Dept of HHS for the "Code indicating the type of ambulance transport". The Accredited Standards Committee X12 organization maintains the standard. See the X12 website <http://www.x12.org> or United States Health Information Knowledgebase website for more information:  
<https://ushik.ahrq.gov/ViewItemDetails?system=sdo&itemKey=133080000>