

TITLE 405 OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES

Final Rule

LSA Document #10-792(F)

DIGEST

Adds [405 IAC 5-30-1.5](#) to set forth a fee schedule for Medicaid transportation rates for emergency transportation services (ambulance services) and for nonemergency transportation services (nonambulance services), adds that the fee schedule rates for emergency transportation services (ambulance services) will be reduced by five percent, adds that the fee schedule rates for nonemergency transportation services (nonambulance services) will be reduced by 10% percent, and adds that all these rate reductions will be in effect for the period beginning upon the later of the effective date of this rule or June 27, 2011, and continuing through June 30, 2013. Amends [405 IAC 5-30-9](#) to reduce the rates by 10% for transportation service reimbursement to family members. Effective 30 days after filing with the Publisher.

[405 IAC 5-30-1.5](#); [405 IAC 5-30-9](#)

SECTION 1. [405 IAC 5-30-1.5](#) IS ADDED TO READ AS FOLLOWS:

[405 IAC 5-30-1.5](#) Reimbursement rates for transportation services

Authority: [IC 12-8-6-3](#); [IC 12-8-6-5](#); [IC 12-15](#)

Affected: [IC 12-13-7-3](#); [IC 12-15-6](#); [IC 12-15-13-6](#)

Sec. 1.5. (a) Reimbursement rates for ambulance transportation services shall be the rates listed in this subsection. Updates to covered procedure codes and rates shall be published as a provider bulletin by the office as needed. Any such updates shall be made effective no earlier than permitted under [IC 12-15-13-6\(a\)](#). The reimbursement rates for ambulance transportation services are as follows:

| Procedure Code | Rate |
|----------------|----------------|
| A0140 | Ticket Price |
| A0225 | \$160.84 |
| A0420 U1 | \$20.00 |
| A0420 U2 | \$20.00 |
| A0422 | \$15.00 |
| A0424 | \$5.00 |
| A0425 U1 | \$4.41 |
| A0425 U2 | \$3.31 |
| A0426 | \$95.84 |
| A0427 | \$160.84 |
| A0428 | \$95.84 |
| A0429 | \$110.84 |
| A0430 | \$2,788.24 |
| A0431 | \$3,172.27 |
| A0431 QL | \$3,172.27 |
| A0433 | \$160.84 |
| A0435 | \$8.07 |
| A0436 | \$21.53 |
| A0999 | Manual Pricing |

(b) Reimbursement rates for nonemergency (nonambulance) transportation services shall be the rates listed in this subsection. Updates to covered procedure codes and rates shall be published as a provider bulletin by the office as needed. Any such updates shall be made effective no earlier than permitted under [IC 12-15-13-6\(a\)](#). The reimbursement rates for nonemergency (nonambulance) transportation services are as follows:

| Procedure Code | Rate |
|----------------|--------------|
| A0100 UA | \$6.00 |
| A0100 UB | \$10.00 |
| A0100 UC | \$15.00 |
| A0100 U4 | \$15.00 |
| A0100 TK UA | \$3.00 |
| A0100 TK UB | \$5.00 |
| A0100 TK UC | \$7.50 |
| A0100 TT UA | \$3.00 |
| A0100 TT UB | \$5.00 |
| A0100 TT UC | \$7.50 |
| A0110 | Ticket Price |
| A0130 | \$20.00 |
| A0130 TK | \$10.00 |
| A0130 TT | \$10.00 |
| A0130 U6 | \$5.00 |
| A0425 U3 | \$1.25 |
| A0425 U5 | \$1.25 |
| T2001 | \$5.00 |
| T2003 | \$10.00 |
| T2004 | \$5.00 |
| T2007 U3 | \$4.25 |
| T2007 U5 | \$4.25 |

(c) Notwithstanding all other provisions of this rule, the fee schedule rates listed in this section will be reduced by five percent (5%) for emergency transportation services (ambulance services) and by ten percent (10%) for nonemergency transportation services (nonambulance services). These rate reductions will be in effect for the period beginning upon the later of the effective date of LSA Document #10-792 or June 27, 2011, and continuing through June 30, 2013.

(Office of the Secretary of Family and Social Services; [405 IAC 5-30-1.5](#); filed May 9, 2011, 3:59 p.m.: [20110608-IR-405100792FRA](#))

SECTION 2. [405 IAC 5-30-9](#) IS AMENDED TO READ AS FOLLOWS:

[405 IAC 5-30-9](#) Reimbursement for family member transportation services

Authority: [IC 12-8-6-3](#); [IC 12-8-6-5](#); [IC 12-15](#)

Affected: [IC 12-13-7-3](#); [IC 12-15-6](#)

Sec. 9. Family members enrolled as transportation providers under [405 IAC 5-4-3](#) are eligible for reimbursement for mileage only. Reimbursement is determined by the actual loaded mileage multiplied by the rate per mile established by the Indiana legislature for state employees. The county office of family and children resources in which the recipient resides must authorize all family member transportation. **Notwithstanding all other provisions of this rule, beginning upon the later of the effective date of LSA Document #10-792 or June 27, 2011, and continuing through June 30, 2013, rates calculated under this section shall be reduced by ten percent (10%).**

(Office of the Secretary of Family and Social Services; [405 IAC 5-30-9](#); filed Jul 25, 1997, 4:00 p.m.: 20 IR 3360; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: [20071010-IR-405070311RFA](#); filed May 9, 2011, 3:59 p.m.: [20110608-IR-405100792FRA](#))

LSA Document #10-792(F)

Notice of Intent: [20101229-IR-405100792NIA](#)

Proposed Rule: [20110323-IR-405100792PRA](#)

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Small Business Regulatory Coordinator: David Garner, Indiana Family and Social Services Administration, Office of Medicaid Policy and Planning, Indiana Government Center South, 402 West Washington Street, Indianapolis, IN 46204, (317) 232-2091, david.garner@fssa.in.gov

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