



MEDICAID PRIOR AUTHORIZATION AND UTILIZATION MANAGEMENT

FOCUS STUDY:

Transportation Prior Authorization



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ADVANTAGE Health Solutions, Inc.

June 2014

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INTRODUCTION

ADVANTAGE Health Solutions administers the Prior Authorization (PA) program for the Indiana Medicaid Traditional and Care Select population. ADVANTAGE is committed to assisting The Office of Medicaid Policy and Planning (OMPP) in promoting efficient use of quality health care services at the least cost through intensive studies of data and practice patterns and reporting the results of such studies with recommendations for improving the health care system.

The 2014 Focus study is a baseline study of Prior Authorization requests for Transportation. The study provides a discourse on Neonate Transportation, Air Ambulance, Utilization of Service Codes (i.e. level of service requested) and a review of in state versus out of state providers.

The study includes analysis of Transportation Prior Authorization data for recipients in the Fee-for-Service (FFS) and Care Select (CS) program. The Prior Authorization data was collected for transportation requests from January 1, 2013 through March 31, 2014, spanning five quarters.

BACKGROUND

Page 6 of the OMPP Medical Policy Manual provides the following regarding Prior Authorization:

“The primary objective of PA review is to allow payment for treatments and services which are medically necessary, appropriate, and cost-effective, and to reduce over-utilization and/or abuse of services. The decision to authorize, modify, suspend, or deny a given request is based upon medical reasonableness and medical necessity, as well as other criteria set forth in the IAC.”

[OMPP Medical Policy Manual p. 6]

The Prior Authorization Requirements for Transportation are outlined on page 862-863 of the OMPP Medical Policy Manual and provide the following:

“PA is required for the following transportation services:

- *Trips exceeding 20 one-way trips per member, per rolling 12-month period, with certain exceptions.*
- *Trips of 50 miles or more on way, including all codes associated with the trip (wait time, parent or attendant, additional attendant, and mileage.)*
- *Interstate transportation or transportation services rendered by a provider located out-of-state in a non-designated area.*
- *Train or bus services require PA.*
- *Airline or air ambulance services requires PA.*

PA requests must include a brief description of the anticipated care and description of the clinical circumstances necessitating the need for the transportation. PA requests are reviewed and a PA decision letter is sent to the member and the requesting provider.

Transportation is limited to 20 one-way trips per member, per rolling calendar year. Providers must request PA for members who exceed 20 one-way trips if frequent medical intervention is required. Examples of situations that require frequent medical intervention include, but are not limited to, prenatal care, chemotherapy, and other therapy services. PA may be granted up to one year following the date of service. However, some services, listed below, are exempt from the 20 one-way trip limitations:

- *Emergency transportation services*
- *Hospital admission or discharge*
- *Members on renal dialysis*

- *Accompanying parent or attendant*
- *Additional attendant”*

[OMPP Medical Policy Manual p. 862-863]

Transportation PAs are unique in that prior authorization may be granted up to one year **following** the date of service. Per IAC 5-3-9 (4) listed in Figure A, transportation is the only service category that will allow prior authorization after services have begun other than in the circumstances outlined in Figure A below.

Figure A

405 IAC 5-3-9 Prior authorization after services have begun

Authority: IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-15-30-1

Sec. 9. Prior authorization will be given after services have begun or supplies have been delivered only under the following circumstances:

- (1) Pending or retroactive recipient eligibility. The prior authorization request must be submitted within twelve (12) months of the date of the issuance of the recipient's Medicaid card.
- (2) Mechanical or administrative delays or errors by the contractor or county office of family and children.
- (3) Services rendered outside Indiana by a provider who has not yet received a provider manual.
- (4) Transportation services authorized under 405 IAC 5-3-9. The prior authorization request must be submitted within twelve (12) months of the date of service.**
- (5) The provider was unaware that the recipient was eligible for services at the time services were rendered. Prior authorization will be granted in this situation only if the following conditions are met:
 - (A) The provider's records document that the recipient refused or was physically unable to provide the recipient identification (RID or Medicaid) number.
 - (B) The provider can substantiate that the provider continually pursued reimbursement from the patient until Medicaid eligibility was discovered.
 - (C) The provider submitted the request for prior authorization within sixty (60) days of the date Medicaid eligibility was discovered.

(Office of the Secretary of Family and Social Services; 405 IAC 5-3-9; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3305; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; readopted filed Oct 28, 2013, 3:18 p.m.: 20131127-IR-405130241RFA)

CRITERIA

CRITERIA – INDIANA ADMINISTRATIVE CODE:

Article 5 Medicaid Services

Rule 30. Transportation Services

Rule 30. Transportation Services

405 IAC 5-30-1 Reimbursement restrictions

Authority: IC 12-15-1-10; IC 12-15-6-5; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15-6

Sec. 1. Medicaid reimbursement is available for emergency and nonemergency transportation, subject to the following restrictions:

(1) Except when medical necessity for additional trips is demonstrated and documented through the prior authorization process, reimbursement is available for a maximum of twenty (20) one-way trips per recipient, per rolling twelve (12) month period of time. The following services are exempt from the numeric cap and do not require prior authorization, except as specified in subdivision (2):

(A) Emergency ambulance services.

(B) Transportation to or from a hospital for the purpose of an inpatient admission or discharge. This includes interhospital transfers when the recipient has been discharged from one (1) hospital for the purpose of admission to another hospital.

(C) Transportation for patients on renal dialysis or those residing in nursing homes.

(D) Accompanying parent or recipient attendant, or both.

(E) Return trip from the emergency room in an ambulance, if use of ambulance is medically necessary for the transport.

(2) Prior authorization is required for all trips of fifty (50) miles or more one (1) way.

(3) Service must be for transportation to or from an Indiana Medicaid covered service, or both. The recipient being transported for treatment must be present in the vehicle in order for Medicaid reimbursement to be available. Providers must comply with all applicable Medicaid documentation requirements, as set forth in provider manuals or bulletins, in effect on the date of service.

(4) Transportation must be unavailable from a non-Medicaid reimbursed source, with the exception of Medicaid payments for family member mileage. This source may include, but is not limited to, the following:

(A) A recipient owned vehicle.

(B) A volunteer organization.

(C) Willing family or friends.

(5) Transportation must be the least expensive type of transportation available that meets the medical needs of the recipient.

(6) The county office of family and children in the county in which the recipient resides must authorize all in-state train, bus,

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or family member transportation services. The recipient or a party acting on the recipient's behalf must make the request for any required authorization to the county office. For purposes of this rule, in-state includes out-of-state designated areas.

(7) When a recipient needs airline, air ambulance, interstate transportation, or transportation services from a provider located out-of-state in a nondesignated area, the county office or the physician must forward the request for authorization by telephone or in writing to the contractor. Telephone requests must be followed up in writing. The request must include a description of the anticipated care and a brief description of the clinical circumstances necessitating the need for transportation by air or to another state, or both. The contractor will review the request. If authorized, the transportation provider will receive the authorization to arrange the transportation. Copies of the prior authorization decision are sent to the recipient and the rendering provider.

(8) A provider is not entitled to Medicaid reimbursement in any amount that exceeds what the provider accepts as payment in full, (including any coupon, cash discount, or other type of discount) for the same or equivalent services provided to any non-Medicaid customer.

(Office of the Secretary of Family and Social Services; 405 IAC 5-30-1; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3357; filed Sep 27, 1999, 8:55 a.m.: 23 IR 321; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; readopted filed Oct 28, 2013, 3:18 p.m.: 20131127-IR-405130241RFA)

405 IAC 5-30-1.5 Reimbursement rates for transportation services

Authority: 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

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(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; readopted filed Oct 28, 2013, 3:18 p.m.: 20131127-IR-405130241RFA*)

405 IAC 5-30-2 Copayments for transportation services

Authority: IC 12-15-1-10; IC 12-15-6-5; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15-6

Sec. 2. In accordance with IC 12-15-6, a copayment will be required for transportation services as follows:

- (1) The copayment shall be made by the recipient and collected by the provider at the time the service is rendered. Medicaid reimbursement to the provider shall be adjusted to reflect the copayment amount for which the recipient is liable.
- (2) In accordance with 42 CFR 447.15, effective October 1, 1991, not including tertiary citations therein, the provider may not deny services to any eligible individual on account of the individual's inability to pay the copayment amount. Under this federal requirement, this service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the copayment.
- (3) The provider shall collect from the recipient a copayment amount equal to the following:
 - (A) Fifty cents (\$0.50) for services for which Medicaid pays ten dollars (\$10) or less.
 - (B) One dollar (\$1) for services for which Medicaid pays ten dollars and one cent (\$10.01) to fifty dollars (\$50).
 - (C) Two dollars (\$2) for services for which Medicaid pays fifty dollars and one cent (\$50.01) or more.
 - (D) No copayment will be required for an accompanying adult traveling with a minor recipient or for an attendant.

(4) The following transportation services are exempt from the copayment requirement:

- (A) Emergency ambulance services.
- (B) Services furnished to individuals less than eighteen (18) years of age.
- (C) Services furnished to pregnant women.
- (D) Services furnished to individuals who are inpatients in hospitals, nursing facilities, intermediate care facilities for the mentally retarded, or other medical institutions.

(Office of the Secretary of Family and Social Services; 405 IAC 5-30-2; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3358; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; readopted filed Oct 28, 2013, 3:18 p.m.: 20131127-IR-405130241RFA)

405 IAC 5-30-3 Noncovered transportation services

Authority: IC 12-15-1-10; IC 12-15-6-5; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15-6

Sec. 3. Medicaid reimbursement is not available for the following transportation services:

- (1) One-way trips exceeding twenty (20) per recipient, per rolling twelve (12) month period of time, except when medical necessity for additional trips is demonstrated and documented through the prior authorization process. The services identified in section 1(1) of this rule are exempt from the numeric cap and do not require prior authorization, except as specified in section 1(2) of this rule.
- (2) Trips of fifty (50) miles or more one (1) way unless prior authorization is obtained.
- (3) The first thirty (30) minutes of waiting time for any type of Medicaid covered conveyance, including ambulance.
- (4) Nonemergency transportation provided by any of the following:
 - (A) A volunteer with no vested or personal interest in the recipient.
 - (B) An interested individual or neighbor of the recipient.
 - (C) A case worker or social worker.
- (5) Ancillary nonemergency transportation charges, including, but not limited to, the following:
 - (A) Parking fees.
 - (B) Tolls.
 - (C) Recipient meals or lodging.
 - (D) Escort meals or lodging.
- (6) Disposable medical supplies, other than oxygen, when provided by a transportation provider.
- (7) Transfer of durable medical equipment, either from the recipient's residence to place of storage, or from the place of storage to the recipient's residence.
- (8) Charges for use of red lights and siren in emergency ambulance call.
- (9) All interhospital transportation services, except when the recipient has been discharged from one (1) hospital for the purpose of admission to another hospital.
- (10) Delivery services for prescribed drugs, including transportation of a recipient to or from a pharmacy to pick up a prescribed drug.

(Office of the Secretary of Family and Social Services; 405 IAC 5-30-3; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3358; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; readopted filed Oct 28, 2013, 3:18 p.m.: 20131127-IR-405130241RFA)

405 IAC 5-30-4 Prior authorization

Authority: IC 12-15-1-10; IC 12-15-6-5; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15-6

Sec. 4. Prior authorization is required for the following transportation services:

- (1) Train or bus services.
- (2) Family member services.

- (3) Airline or air ambulance and transportation services rendered by a provider located out-of-state in a nondesignated area.
- (4) Transportation rendered by any provider to or from an out-of-state nondesignated area.
- (5) Trips exceeding twenty (20) one-way trips per recipient, per rolling twelve (12) month period of time, except as specified in section 1 of this rule.

- (6) Trips of fifty (50) miles or more one (1) way.

(Office of the Secretary of Family and Social Services; 405 IAC 5-30-4; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3359; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; readopted filed Oct 28, 2013, 3:18 p.m.: 20131127-IR-405130241RFA)

405 IAC 5-30-5 Ambulance services

Authority: IC 12-15-1-10; IC 12-15-6-5; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15-6

Sec. 5. Medicaid reimbursement is available for medically necessary emergency and nonemergency ambulance services subject to the following:

- (1) Medicaid will reimburse both basic and advanced life support emergency ambulance services; however, advanced life support ambulance services are covered only when such level of service is medically necessary, and a basic emergency ambulance is not appropriate due to the medical condition of the recipient being transported.
- (2) Medicaid reimbursement is available for specialized neonatal ambulance services used exclusively for interhospital transfers of high risk and premature infants only when the recipient has been discharged from one (1) hospital for the purpose of admission to another hospital and only when such neonatal ambulances are recognized by emergency medical services.
- (3) Ambulance services are subject to maximum allowable fees. Medicaid reimbursement is available for the following ambulance services:
 - (A) Loading fee.
 - (B) Loaded mileage, which shall be paid for each mile of the trip.
 - (C) Oxygen.
 - (D) Waiting time, except for the first thirty (30) minutes, and only when the trip exceeds fifty (50) miles one (1) way and prior authorization has been obtained from the Medicaid contractor.

(Office of the Secretary of Family and Social Services; 405 IAC 5-30-5; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3359; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; readopted filed Oct 28, 2013, 3:18 p.m.: 20131127-IR-405130241RFA)

405 IAC 5-30-6 Intrastate wheelchair/nonambulatory services

Authority: IC 12-15-1-10; IC 12-15-6-5; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15-6

Sec. 6. Intrastate wheelchair/nonambulatory services are reimbursable when a recipient must travel in a wheelchair to or from an Indiana Medicaid covered service. Wheelchair/nonambulatory services are subject to maximum allowable fees. Reimbursement is available as follows:

- (1) Base rate means the flat fee paid by Medicaid for all trips, regardless of trip length.
- (2) In addition to the base rate, mileage payments are available for loaded miles in excess of a specified number of miles as determined by the state.
- (3) Waiting time is reimbursable only when the recipient must travel fifty (50) miles or more one (1) way and prior authorization has been obtained from the Medicaid contractor. Waiting time is reimbursable only for those cases in which the vehicle is parked outside the provider of medical service awaiting the return of the recipient to the vehicle. The first thirty (30) minutes of waiting time are not covered by Medicaid.

(Office of the Secretary of Family and Social Services; 405 IAC 5-30-6; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3359; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; readopted filed

Oct 28, 2013, 3:18 p.m.: 20131127-IR-405130241RFA)

405 IAC 5-30-7 Intrastate commercial ambulatory services

Authority: IC 12-15-1-10; IC 12-15-6-5; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15-6

Sec. 7. Intrastate commercial ambulatory services are reimbursable when an ambulatory recipient must travel to or from an Indiana Medicaid covered service. Commercial ambulatory services are those services provided to ambulatory recipients by any means other than the services described in sections 8 through 10 of this rule. This classification includes profit and not-for-profit entities using van, taxi, or bus type vehicles. Commercial ambulatory services are subject to maximum allowable fees. Reimbursement is available as follows:

- (1) Taxi providers operating within their legal boundaries in accordance with state law whose rates are regulated by local ordinance must bill the lower of their metered or zoned rate, as established by local ordinance, or the maximum allowed rate.
- (2) Taxi providers operating within their legal boundaries in accordance with state law whose rates are not regulated by local ordinance are reimbursed the lower of their submitted charge or a maximum allowable fee based on trip length.
- (3) No additional mileage payments above the maximum rate are available for taxi services.
- (4) Nontaxi commercial ambulatory service providers are reimbursed a base rate for all trips regardless of trip length, plus mileage payments for loaded miles in excess of a specified number of miles as determined by the state.
- (5) The first thirty (30) minutes of waiting time is not covered by Medicaid. Waiting time is covered only when the recipient must travel fifty (50) miles or more one (1) way and prior authorization has been obtained from the Medicaid contractor. Waiting time is reimbursable only for those cases in which the vehicle is parked outside the provider of medical service awaiting the return of the recipient to the vehicle.

(Office of the Secretary of Family and Social Services; 405 IAC 5-30-7; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3359; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; readopted filed Oct 28, 2013, 3:18 p.m.: 20131127-IR-405130241RFA)

405 IAC 5-30-8 Reimbursement for additional passengers

Authority: IC 12-15-1-10; IC 12-15-6-5; IC 12-15-21-2; IC 12-15-21-3

Affected: IC 12-13-7-3; IC 12-15-6

Sec. 8. Medicaid reimbursement is available for second or subsequent passengers in a single vehicle at one-half (½) the base rate allowance for wheelchair/nonambulatory services and commercial ambulatory services when provided in such vehicles. No additional payment will be made for mileage or waiting time for second or subsequent passengers. Additional Medicaid reimbursement is not available for multiple passengers when the provider involved does not bill non-Medicaid customers for like services. Medicaid will not make additional payment for multiple passengers in ambulance or family member vehicles. The following are the circumstances under which providers may bill for multiple passengers in a single vehicle:

- (1) When a minor recipient is in need of medical services and an adult must accompany him or her, payment will be made under the commercial ambulatory services or nonambulatory services base code for the recipient and under the appropriate multiple passenger code for the accompanying adult. Payment will not be made for the transportation of an individual to accompany a competent adult to obtain medical services.
- (2) When an adult recipient is in need of medical services and because of his condition must have an assistant to travel with him or her and/or stay with him in the place of medical service, the commercial ambulatory services or the nonambulatory services base code will be reimbursed for the recipient and the accompanying multiple passenger code will be reimbursed for the assistant.
- (3) When more than one (1) recipient is transported simultaneously from the same county to the same vicinity for medical services, the full base code (commercial ambulatory services or nonambulatory services) will be reimbursed for the first recipient, plus mileage and waiting codes, where appropriate. Payment for the second and subsequent recipients is available for one-half (½) the base rate allowance. Mileage and waiting codes may not be billed.

(Office of the Secretary of Family and Social Services; 405 IAC 5-30-8; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3360; readopted filed

CRITERIA – OMPP MEDICAL POLICY MANUAL:

Section 94: Transportation Services

Section 95: Rotary Wing Air Transportation

Section 94: Transportation Services

Introduction

This section serves as a general summary of the IHCP's policies regarding transportation services. Additional information specific to this topic may be found in the *IHCP Provider Manual*, program notices, or the IAC.

IHCP

For members enrolled in the Hoosier Healthwise RBMC program, the HIP, the HIP-ESP Plan, or any other plan, providers must contact the member's MCE or plan administrator for more specific guidelines regarding their specific policies and PA procedures.

IHCP members enrolled in *Care Select* receive the same benefit coverage and are subject to the same limitations as members enrolled in traditional Medicaid FFS program. Please refer to *Chapter 1* of the *IHCP Provider Manual* for detailed information about the FFS, *Care Select*, and RBMC delivery systems.

Package C Transportation Services

Hoosier Healthwise Package C members are eligible to receive emergency ambulance services, subject to the prudent layperson's definition of emergency found in *407 IAC 1-1-6*. Non-emergency ambulance transportation between medical facilities is a covered service when ordered by the treating physician.

Description of Service

This section serves as a general summary of the IHCP's policies regarding transportation services. More specific information may be found in the *IHCP Provider Manual*, program notices, the IAC, or other sources, as appropriate.

Transportation services enable IHCP members to get to and from medically necessary services. General categories within this section include types of transportation services; definition of a trip; PA requirements and exemptions; covered services; provider requirements; and the transportation code set.

Reimbursement Requirements

Registration Requirements

Commercial or Common Ambulatory and Non-Ambulatory Providers

- All for profit only CAS and NAS providers are required to certify annually through the Indiana Motor Carrier Services (MCS) and obtain a Motor Carrier Certification.

- Providers must keep a copy of the certification for their records.

Taxi Providers

- Providers must have documentation showing operating authority from a local governing body (city taxi or livery license), if applicable.
- Providers must keep copies of documentation for their records.

Ambulance

- Providers must have an Emergency Medical Services (EMS) Commission certification.
- Providers must keep a copy of the certification for their records.
- In accordance with *IC 16-1-31*, vehicles and staff that provide ambulance services must be certified by the EMS Commission to be eligible for reimbursement for transports involving either advanced life support or basic life support services. Failure to maintain the EMS Commission certification on all vehicles involved in transporting members results in termination of the IHCP Provider Agreement.

Bus

- Providers must have a MCS certificate from the Indiana Department of Revenue.
- Providers must keep a copy of the certification for their records.

Family Member

- Providers must have an authorization letter from the local OFC (contact caseworker).
- Providers must keep a copy of the authorization letter for their records.

Air Ambulance

- Providers must have an EMS Commission Air Ambulance certification.
- Providers must keep a copy of the certification for their records.

Chapter 4 of the IHCP Provider Manual includes detailed information about enrollment requirements and responsibilities. Providers who fail to maintain the required registration documentation may be referred to the appropriate governing agencies.

The IHCP reimburses transportation services to and from IHCP-covered services. The IHCP defines a trip as transporting a member from the initial point of pick-up to the drop-off point at the final destination. The member being transported must be present in the vehicle in order for IHCP reimbursement to be available. The transportation provided must be the least expensive type of transportation that meets the medical needs of the member.

Additionally, providers are expected to transport members along the shortest, most efficient route to and from a designation. IHCP reimbursement is available for emergency and non-emergency transportation services, subject to program restrictions. The limitations and restrictions, set out in the IC, the IAC, and IHCP newsletters, bulletins, and banners, are summarized in this section.

Covered Transportation Services

Advanced Life Support

The IHCP provides coverage for medically necessary emergency and nonemergency advanced life support (ALS) ambulance services when the level of services rendered meets the Indiana Emergency Medical Services Commission's (EMSC) definition for advanced life support. The EMSC and *Title 836* of the *IAC* define ALS as follows:

"Care given at the scene of an accident, act of terrorism, or illness, care given during transport, or care given at the hospital by a paramedic, emergency medical technician-intermediate, and care that is more advanced than the care usually provided by an emergency medical technician or an emergency medical technician-basic advanced."

Thus, advanced life support may include any of the following acts of care:

- Defibrillation
- Endotracheal intubation
- Parenteral injection of appropriate medications
- Electrocardiogram (ECG) interpretation
- Emergency management of trauma and illness

ALS services are covered only when the level of service is medically necessary, and basic life support (BLS) services are not appropriate due to the medical conditions of the member being transported. Base rate, mileage, and wait time are reimbursed. The codes for the base rate include reimbursement for supplies and oxygen and, thus are not separately reimbursed.

In accordance with IC 16-31, vehicles and staff that provide emergency services must be certified by the EMSC to be eligible for reimbursement for transports involving either ALS or BLS services.

Basic Life Support

The IHCP provides coverage for medically necessary emergency and nonemergency BLS ambulance services when the level of services rendered meets the EMSC definition of basic life support. The EMSC defines BLS as the following:

- Assessment of emergency patients

- Administration of oxygen
- Use of mechanical breathing devices
- Application of anti-shock trousers
- Performance of CPR
- Application of dressings and bandage materials
- Application of splinting and immobilization devices
- Use of lifting and moving devices to ensure safe transport
- Use of an automatic or semiautomatic defibrillator
- Administration of epinephrine through an auto-injector
- An emergency medical technician-basic advanced may perform the following:
 - ECG interpretation
 - Manual external defibrillation
 - IV fluid therapy

Thus, basic life support services do not include invasive medical care techniques or advanced life support. The IHCP provides reimbursement for medically necessary emergency and non-emergency BLS ambulance services when the level of service rendered meets the EMSC definition of BLS. Base rate, mileage, wait time, and oxygen are separately reimbursable.

Commercial or Common Ambulatory Service

The IHCP provides reimbursement for transportation of ambulatory (walking) members to or from an IHCP-covered service. Common Ambulatory Service (CAS) transportation may be provided in any type of vehicle; however, providers must bill all transportation services according to the level of service rendered. Thus, if transportation of an ambulatory member is provided by an ambulance, but no ALS or BLS services are medically necessary for the transport of the member, the ambulance provider must bill the CAS charges.

Non-Ambulatory Services (NAS) (Wheelchair Van)

Non-Ambulatory Services (NAS) or wheelchair services are reimbursable when a member must travel in a wheelchair to or from an IHCP-covered service. Providers must bill all transportation services according to the level of services rendered. Thus, claims for ambulatory members transported in a vehicle equipped to transport non-ambulatory members must be billed according to the CAS level of service and rate, and not billed according to the vehicle type.

Taxi Transportation

The IHCP provides reimbursement for transportation of a member to or from an IHCP-covered service via taxi. Taxi providers may operate under authority from a local governing body (city taxi or delivery license). Taxi providers whose rates are regulated by local ordinance must bill the metered or zoned rate, as established by local ordinance, and are reimbursed up to the maximum allowable fee. Taxi providers whose rates are not regulated by local ordinance are reimbursed the lower of their submitted charge or the maximum allowable fee based on trip length. Mileage is not reimbursable.

Family Member Transportation

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 local county office of the Division of Family Resources (DFR) in which the member resides must authorize all family member transportation.

Other Transportation Services

Medicaid reimbursement is available for other transportation services, including but not limited to intrastate bus or train transportation. Medicaid payment for other transportation services will be the fee usually and customarily charged the general public, subject to federal, state, or local law, rule, or ordinance. Intrastate bus or train services (including services provided in designated areas) require authorization by the county office, and interstate bus or train services require authorization from the contractor. Authorization may be given for use of monthly bus passes in situations where a recipient has an ongoing medical need, so that purchase of the bus pass is cost effective when compared to the cost of other modes of transportation. Such authorization shall be given only if the recipient has agreed to use this mode of transportation. To be reimbursed, the bus or train company providing services must be enrolled as a Medicaid provider.

Non-covered Transportation Services

Reimbursement is not available for the following transportation services:

- One-way trips exceeding 20 per member, per rolling 12-month period, except when medical necessity for additional trips is documented through the PA process
- Trips of 50 miles or more one way, unless PA is obtained
- First 30 minutes of waiting time for any type of conveyance, including ambulance
- Non-emergency transportation provided by any of the following:
 - A volunteer with no vested or personal interest in the member
 - An interested individual or neighbor of the member

- A caseworker or social worker
- Ancillary, non-emergency transportation charges including, but not limited to, the following:
 - Parking fees
 - Tolls
 - Member meals or lodging
 - Escort meals or lodging
- Disposable medical supplies, other than oxygen, provided by a transportation provider
- Transfer of durable medical equipment, either from the member's residence to a place of storage or from a place of storage to the member's residence
- Use of red lights and siren for an emergency ambulance call
- All inter-hospital transportation services, except when the member has been discharged from one hospital for admission to another hospital
- Delivery services for prescribed drugs, including transporting a member to or from a pharmacy to pick up a prescribed drug

Prior Authorization Requirements

PA is required for the following transportation services:

- Trips exceeding 20 one-way trips per member, per rolling 12-month period, with certain exceptions.
- Trips of 50 miles or more one way, including all codes associated with the trip (wait time, parent or attendant, additional attendant, and mileage).
- Interstate transportation or transportation services rendered by a provider located out-of-state in a non-designated area.
- Train or bus services require PA.
- Airline or air ambulance services require PA.

PA requests must include a brief description of the anticipated care and description of the clinical circumstances necessitating the need for the transportation. PA requests are reviewed and a PA decision letter is sent to the member and the requesting provider.

Transportation is limited to 20 one-way trips per member, per rolling calendar year. Providers must request PA for members who exceed 20 one-way trips if frequent medical intervention is required. Examples of situations that require frequent medical intervention include, but are not limited to, prenatal care, chemotherapy, and other therapy services. PA may be granted up to

one year following the date of service. However, some services, listed below, are exempt from the 20 one-way trip limitations:

- Emergency transportation services
- Hospital admission or discharge
- Members on renal dialysis
- Members residing in nursing home
- Accompanying parent or attendant
- Additional attendant

Emergency Transportation Services

Emergency ambulance transportation is exempt from the 20 one-way trip limitations. Providers must indicate that the transportation was an emergency by using the Y indicator in Field 24I on the *CMS-1500* or in the Emergency Indicator on the 837P. However, air ambulance and interstate transportation services do require PA. Additionally, any transportation service provided by a provider located in an out-of-state, non-designated area requires PA.

Hospital Admission or Discharge

Transportation services for transporting a member to a hospital for admission or for transporting the member home following discharge from the hospital are exempt from the 20 one-way trip limitations. This includes inter-hospital transportation when the member is discharged from one hospital for the purpose of admission to another hospital. The transportation modifiers must be used to indicate the place of origin and destination for each service. However, transporting an IHCP member to or from a hospital for any reason unrelated to an admission or discharge is not exempt from the 20-trip limitation.

Members on Renal Dialysis or Members Residing in Nursing Homes

Members on renal dialysis and members residing in nursing homes are exempt from the 20 one-way trip limitations. Claims for members undergoing dialysis or members in nursing homes must be filed with one of the ICD-9-CM diagnosis codes listed in Table 94.1. The ICD-9-CM diagnosis code should be entered on the *CMS-1500* or 837P, and a “1” should be placed in Field 24E of the *CMS-1500* claim form or the Diagnosis Code Pointer on the 837P to indicate that the first diagnosis code applies. ICD-9-CM diagnosis codes for transportation renal dialysis patients and patients residing in nursing homes are summarized in Table 94.1.

Table 94.1 – ICD-9-CM Diagnosis Codes for Transportation of Renal Dialysis Patients and Patients Residing in Nursing Homes

Diagnosis Code	Usage
V56.0, V56.1, or V56.8	Patient undergoing renal dialysis

V70.5	Patient residing in nursing facility
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Accompanying Parent/Attendant

Procedure codes for an accompanying parent or attendant are not applied to the member's 20 one-way trip limitations. PA is required for an accompanying parent or attendant only when the trip exceeds 50 miles one-way.

Additional Attendant

Procedure codes A0424 – *Extra ambulance attendant, ground (ALS or BLS) or air (rotary or fixed wing)* and A0130 U6 – *Non-emergency transportation; wheelchair van, additional attendant* are not applied to the member's 20 one-way trip limitation. PA is required for procedure codes A0424 and A0130 U6 when the trip exceeds 50 miles one-way.

Billing Requirements

For billing purposes, a trip is defined as *transporting a member from the initial point of pick-up to the drop off point at the final destination*. If the member is transported to multiple points in succession, the provider may not bill for a trip between each point of the destination. A stop along the way is not considered a separate trip. Some examples are included below:

Example 1: A vehicle picks up a member at home and transports the member to the physician's office. This is a one-way trip.

Example 2: A vehicle picks up a member from home and transports the member to the physician's office. The provider leaves, and later, the same vehicle picks the member up from the physician's office and transports the member back to the member's home. This is considered two one-way trips.

Example 3: A vehicle picks the member up from the physician's office and transports the member to the laboratory for a blood draw, waits outside the laboratory for the member, and then transports the member home. This is a one-way trip, even though there was a stop along the way. A stop along the way is not considered a separate trip.

Example 4: A vehicle picks up Member A at the member's home and begins to transport the Member A to the dialysis center. Along the way, a stop is made to pick up Member B at a nursing home, and both Member A and Member B are transported to the dialysis center. The stop at the nursing home is not considered a separate trip, and the transportation of Member A from home to the dialysis center is considered a one-way trip.

Transportation must be the least expensive type of transportation available that meets the medical needs of the member. Trips must be billed according to the level of service rendered and not according to the vehicle type. Providers must bill for all transportation services provided to the same member on the same date of service on one claim form.

Additionally, it is the provider's responsibility to verify that the member is being transported to or from a covered service. It is the provider's responsibility to maintain documentation that supports each trip and/or service provided. Transportation providers put themselves at risk of recoupment of payment if the required documentation is not maintained or covered services cannot be verified.

When submitting claims, providers must ensure that each claim is supported with the following documentation on the driver's ticket or run sheet:

- Complete date of service, including day, month, and year of service in the format MM/DD/YY
- Complete member name and address of pick-up, including street address, city, county, state, and zip code
- Member ID number
- Member signature – if the member is unable to sign, the driver should document that “the patient was unable to sign” and state the reason for the inability.
- Waiting time, including the actual start and stop time of the waiting period, such as wait time from 1 to 3:20 p.m.
- Service providers complete name and address, including street address, city, county, state, and zip code. If the service provider's name is abbreviated on the driver's ticket, the provider must document the complete provider name or maintain a facility abbreviation listing. This will help expedite the post-payment review process.
- Name of the driver who provided transportation service
- Vehicle odometer reading at the beginning and end of the trip, or mileage from mapping software, including the date the transportation service was provided and the specific starting and destination address. If mapping software is used, it must indicate the shortest route. All providers, including taxi providers, must document mileage using either odometer readings or mapping software. Taxi providers must document the distance traveled to support the metered or zoned rate, or the mileage code billed.
- Indication whether the trip was one -way or round trip
- Indication of CAS or NAS transportation
- The name and relationship of any accompanying parent or attendant to support the accompanying parent or attendant code billed, if applicable. When an attendant or parent is billed as part of the transport, the parent or attendant must also sign the driver's ticket.

If the provider makes a round trip for the same member, on the same date of service, and at the same level of base code, both runs should be submitted on the same detail with two units of

service to indicate a round trip. Additionally, all mileage for the trip must be billed on the one detail, with the total number of miles associated for the round trip.

If the provider transports a member on the same date of service, but at different trip levels – for example, the ‘to’ trip was a CAS trip, and the ‘return’ trip was a NAS trip with mileage for each base– these base trips must be billed on two different claim forms with the corresponding mileage for each base.

In the Units field on the *CMS-1500* or Service Unit Count Field on the 837P, the provider must use a “1” with the base unit code to indicate a one-way trip and a “2” to indicate a two-way trip.

A transportation modifier must be used to indicate the place of origin and destination for each service. The first character indicates the transport’s place of origin, while the second character indicates the designation. Modifiers are summarized in Table 94.2.

Table 94.2 – Transportation Modifiers

Modifier	Description
DD	From diagnostic or therapeutic site to diagnostic or therapeutic site
DE	From diagnostic or therapeutic site to residential, domiciliary or custodial facility
DG	From diagnostic or therapeutic site to hospital-based dialysis facility
DH	From diagnostic or therapeutic site to hospital
DI	From diagnostic or therapeutic site to site of transfer between modes of ambulance transport
DJ	From diagnostic or therapeutic site to non-hospital-based dialysis facility
DN	From diagnostic or therapeutic site to skilled nursing facility
DP	From diagnostic or therapeutic site to physician’s office
DR	From diagnostic or therapeutic site to residence
DX	From diagnostic or therapeutic site to intermediate stop at physician’s office en route to the hospital
ED	From residential, domiciliary, custodial facility to diagnostic or therapeutic site
EE	From residential, domiciliary, custodial facility to residential, domiciliary or custodial facility
EG	From residential, domiciliary, custodial facility to hospital-based dialysis facility
EH	From residential, domiciliary, custodial facility to hospital
EI	From residential, domiciliary, custodial facility to site of transfer between modes of ambulance transport
EJ	From residential, domiciliary, custodial facility to non-hospital-based dialysis facility
EN	From residential, domiciliary, custodial facility to skilled nursing facility

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EP	From residential, domiciliary, custodial facility to physician's office
ER	From residential, domiciliary, custodial facility to residence
EX	From residential, domiciliary, custodial facility to intermediate stop at physician's office en route to the hospital
GD	From hospital-based dialysis facility to diagnostic or therapeutic site
GE	From hospital-based dialysis facility to residential, domiciliary or custodial facility
GG	From hospital-based dialysis facility to hospital-based dialysis facility
GH	From hospital-based dialysis facility to hospital
GI	From hospital-based dialysis facility to site of transfer between modes of ambulance transport
GJ	From hospital-based dialysis facility to non-hospital-based dialysis facility
GN	From hospital-based dialysis facility to skilled nursing facility
GP	From hospital-based dialysis facility to physician's office
GR	From hospital-based dialysis facility to residence
GX	From hospital-based dialysis facility to intermediate stop at physician's office en route to the hospital
HD	From hospital to diagnostic or therapeutic site
HE	From hospital to residential, domiciliary or custodial facility
HG	From hospital to hospital-based dialysis facility
HH	From hospital to hospital
HI	From hospital to site of transfer between modes of ambulance transport
HJ	From hospital to non-hospital-based dialysis facility
HN	From hospital to skilled nursing facility
HP	From hospital to physician's office
HR	From hospital to residence
HX	From hospital to intermediate stop at physician's office en route to the hospital
ID	From site of transfer between modes of ambulance transport to diagnostic or therapeutic site
IE	From site of transfer between modes of ambulance transport to residential, domiciliary or custodial facility
IG	From site of transfer between modes of ambulance transport to hospital-based dialysis facility
IH	From site of transfer between modes of ambulance transport to hospital
II	From site of transfer between modes of ambulance transport to site of transfer

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	between modes of ambulance transport
IJ	From site of transfer between modes of ambulance transport to non-hospital-based dialysis facility
IN	From site of transfer between modes of ambulance transport to skilled nursing facility
IP	From site of transfer between modes of ambulance transport to physician's office
IR	From site of transfer between modes of ambulance transport to residence
IX	From site of transfer between modes of ambulance transport to intermediate stop at physician's office en route to the hospital
JD	From non-hospital-based dialysis facility to diagnostic or therapeutic site
JE	From non-hospital-based dialysis facility to residential, domiciliary or custodial facility
JG	From non-hospital-based dialysis facility to hospital-based dialysis facility
JH	From non-hospital-based dialysis facility to hospital
JI	From non-hospital-based dialysis facility to site of transfer between modes of ambulance transport
JJ	From non-hospital-based dialysis facility to non-hospital-based dialysis facility
JN	From non-hospital-based dialysis facility to skilled nursing facility
JP	From non-hospital-based dialysis facility to physician's office
JR	From non-hospital-based dialysis facility to residence
JX	From non-hospital-based dialysis facility to intermediate stop at physician's office en route to the hospital
ND	From skilled nursing facility to diagnostic or therapeutic site
NE	From skilled nursing facility to residential, domiciliary or custodial facility
NG	From skilled nursing facility to hospital-based dialysis facility
NH	From skilled nursing facility to hospital
NI	From skilled nursing facility to site of transfer between modes of ambulance transport
NJ	From skilled nursing facility to non-hospital-based dialysis facility
NN	From skilled nursing facility to skilled nursing facility
NP	From skilled nursing facility to physician's office
NR	From skilled nursing facility to residence
NX	From skilled nursing facility to intermediate stop at physician's office en route to the hospital
PD	From physician's office to diagnostic or therapeutic site
PE	From physician's office to residential, domiciliary or custodial facility
PG	From physician's office to hospital-based dialysis facility

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PH	From physician's office to hospital
PI	From physician's office to site of transfer between modes of ambulance transport
PJ	From physician's office to non-hospital-based dialysis facility
PN	From physician's office to skilled nursing facility
PP	From physician's office to physician's office
PR	From physician's office to residence
PX	From physician's office to intermediate stop at physician's office en route to the hospital
RD	From residence to diagnostic or therapeutic site
RE	From residence to residential, domiciliary or custodial facility
RG	From residence to hospital-based dialysis facility
RH	From residence to hospital
RI	From residence to site of transfer between modes of ambulance transport
RJ	From residence to non-hospital-based dialysis facility
RN	From residence to skilled nursing facility
RP	From residence to physician's office
RR	From residence to residence
RX	From residence to intermediate stop at physician's office en route to the hospital
SD	From scene of accident or acute event to diagnostic or therapeutic site
SE	From scene of accident or acute event to residential, domiciliary or custodial facility
SG	From scene of accident or acute event to hospital-based dialysis facility
SH	From scene of accident or acute event to hospital
SI	From scene of accident or acute event to site of transfer between modes of ambulance transport
SJ	From scene of accident or acute event to non-hospital-based dialysis facility
SN	From scene of accident or acute event to skilled nursing facility
SP	From scene of accident or acute event to physician's office
SR	From scene of accident or acute event to residence
SX	From scene of accident or acute event to intermediate stop at physician's office en route to the hospital

Mileage

Transportation providers are expected to transport members along the shortest, most efficient route to and from a destination. All transportation providers must document mileage on the

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driver's ticket using odometer readings or mapping software programs. Reimbursement is available for mileage, in addition to the base rate, under the following circumstances:

- Ambulance providers are reimbursed for loaded mileage for each mile of the trip, regardless of the type or level of service being billed. Ambulance providers must bill the most appropriate codes for the level of service provided. Thus, if the level of service does not meet the EMSC definition of ALS or BLS services, ambulance providers must bill using the appropriate CAS or NAS codes. However, ambulance providers are still permitted to bill HCPCS A0425 U1 or A0425 U2 to be reimbursed for mileage.
- CAS and NAS providers are reimbursed for loaded mileage when the member is transported more than 10 miles one way.
- Taxi providers are not separately reimbursed for mileage and are not required to submit mileage with their claims. However, mileage must be documented on the driver's ticket using odometer readings or mapping software.
- Although the first 10 miles of a CAS or NAS trip are automatically deducted from each one-way trip, CAS and NAS providers must bill for all mileage, including the first 10 miles, to ensure proper reimbursement. For trips less than 10 miles, the provider is not required to bill mileage; however, if mileage is billed, the mileage will process as a denied line item.
- Trips and associated mileage in excess of 50 miles one way require PA. If PA has not been obtained, reimbursement for mileage, the base rate, and any other transportation services related to the trip are denied. Providers must bill for all transportation services provided to the same member on the same date of service on one claim form.
- Providers must report mileage using HCPCS code A0425 and the appropriate U modifier for transportation services, in conjunction with ALS, BLS, CAS, or NAS base rates. Mileage must not be fragmented. Mileage for round trips must be submitted on one detail line using the appropriate code listed in Table 94.3.

Table 94.3 – Mileage Codes and Descriptions

Code	Description
A0425 U1	ALS ground mileage, per statute mile
A0425 U2	BLS ground mileage, per statute mile
A0425 U3	CAS ground mileage, per statute mile
A0425 U5	NAS ground mileage, per statute mile

- Authorized family members may be reimbursed for actual loaded mileage multiplied by the rate per mile established by the Indiana legislature for state employees.

Providers must bill the IHCP for whole units only. Partial mileage units must be rounded to the nearest whole unit. For example, if the provider transports a member between 15.5 miles and 16.0 miles, the provider must bill 16 miles. If the provider transports the member between 15.0 and 15.4 miles, the provider must bill 15 miles.

Multiple Passengers

When two or more members are transported simultaneously from the same county to the same vicinity for medical services, the second and subsequent member transported for medical services in a single CAS or NAS vehicle is reimbursed at one-half the base rate. The full base code, mileage, and waiting time are reimbursed for the first member only. For example, no mileage should be billed in conjunction with HCPCS code T2004 – *Non-emergency transport; commercial carrier, multi-pass, individualized service provided to more than one patient in the same setting*.

The IHCP does not provide reimbursement for multiple passengers in ambulances or family member's vehicles. Additional reimbursement is not available for multiple passengers when the billing provider does not bill non-IHCP customers for these services. The correct billing codes for multiple passengers are summarized in Table 94.4.

Table 94.4 – HCPCS Coding Transportation for Multiple Passengers

Type of Transportation	First Member	Second and Subsequent Members
Taxi, non-regulated, 6 to ten miles	T2003 for base rate A0425 U3 for mileage T2007 U3 for waiting time, if applicable	T2004 for base rate No reimbursement for mileage No reimbursement for waiting time
NAS	A0130 for base rate A0425 U5 for mileage T2007 U5 for waiting time, if applicable	A0130 TT for base rate No reimbursement for mileage No reimbursement for waiting time
Taxi, non-regulated, zero to five miles	A0100 UA (no mileage)	A0100 TT UA (no mileage)
Taxi, non-regulated, six to 10 miles	A0100 UB (no mileage)	A0100 TT UB (no mileage)
Taxi, non-regulated, 11 or more miles	A0100 UC (no mileage)	A0100 TT UC (no mileage)

Prior approval for a base code includes both the base code and the multiple passenger code that corresponds to the approved base code. When last minute changes in scheduling modify the service from a single passenger to a multiple passenger, the provider must use the appropriate code.

Accompanying Parent or Accompanying Attendant

When members younger than 18 years old need an adult to accompany them to a medical service or when adult members need an attendant to travel or stay with them for a medical service, the provider should bill the appropriate accompanying parent or attendant code, as listed below. The provider must bill both the base code and the accompanying parent or attendant code using the member's information.

Table 94.5 – HCPCS Codes for Accompanying Parent or Attendant

Type of Transportation	Base Code	Accompanying Parent/Attendant
Commercial ambulatory services	T2003	T2001
NAS	A0130	A0130 TK
Taxi, non-regulated, zero to five miles	A0100 UA	A0100 TK UA
Taxi, non-regulated, six to 10 miles	A0100 UB	A0100 TK UB
Taxi, non-regulated, 11 or more miles	A0100 UC	A0100 TK UC

The following are guidelines for billing the accompanying parent or attendant codes:

- The procedure code for the base rate and the accompanying parent or attendant is billed under the IHCP member's identification number (RID).
- Additional reimbursement is not available for the accompanying parent or attendant when the billing provider does not bill non-IHCP customers for like services.
- The provider must maintain documentation on the driver's ticket to support that the accompanying parent or attendant was transported with the IHCP member. This documentation must include the name, signature, and relationship of the accompanying parent or attendant to the member.

Additional Attendant

Transportation providers sometimes need an additional attendant to help load a member. An additional attendant is needed in situations where the driver cannot load the member without help, such as when a wheelchair-bound member lives upstairs, and the residence has no wheelchair ramp. This code is not subject to the 20-trip limit; however, if the trip exceeds 50 miles one-way, PA is required for all procedure codes, including additional attendant codes. The additional attendant who assists must be an employee of the billing provider and is not required to remain for the trip.

Providers must document the need for an additional attendant on the driver's ticket. The documentation is subject to post-payment review. The additional attendant is limited to a maximum of two extra units, although usually, one attendant is sufficient. Reimbursement for an additional attendant is limited to NAS or wheelchair van and ambulance transportation. For ambulance providers, the additional attendant is the third or fourth attendant, as ambulances

are required to have two attendants. Billing codes for additional attendants are summarized in Table 94.6.

Table 94.6 – HCPCS Codes for Additional Attendant

Type of Transportation	HCPCS Code	Description
Non-ambulatory or wheelchair van transportation	A0130 U6	Non-ambulatory transportation; wheelchair van, U6 = additional attendant
Ambulance transportation (ALS and BLS)	A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged) (requires medical review)

Waiting Time

Waiting time in excess of 30 minutes is reimbursable only when the vehicle is parked outside the office of the medical service provider, when it is awaiting the return of the member to the vehicle, and when the member is transported 50 miles or more one-way. PA must be obtained for all codes associated with trips of 50 miles or more one-way, including waiting time. The IHCP does not cover the first 30 minutes of waiting time; however, the total waiting time must be included on the claim, or the claim will not be paid appropriately.

For all procedure codes used to bill waiting time, one unit of service is billed for every 30 minutes of waiting time. When the provider has waited between 15 and 30 minutes, partial 30-minute increments should be rounded up to the next unit. For example, if the provider has waited 45 minutes, the units of service billed would be two or 2.0. Partial 30-minute increments less than 15 minutes must be rounded down. For example, if the provider has waited one hour and 10 minutes, the units of service billed for waiting time would be two or 2.0. Documentation, including start and stop times, must be maintained on the driver's ticket to support the waiting time billed.

Emergency Transportation Services

Providers must bill emergency services by using the Y indicator in Field 24C on the CMS-1500 or in the Emergency Indicator on the 837P to indicate that the service rendered was an emergency service. Air ambulance and interstate transportation services require PA. In addition, any transportation services provided by a provider located in an out-of-state, non-designated area require PA.

Neonatal Ambulance Transportation

Reimbursement is available for specialized neonatal ambulance services specially equipped for inter-hospital transfers of high-risk or premature infants only when the member has been discharged from one hospital for admission to another hospital. Procedure code A0225 –

Ambulance service, neonatal transport, base rate, emergency transport, one-way must be used only for neonatal ambulance transport.

Oxygen and Oxygen Supplies

Procedure code A0422 – *Ambulance (ALS or BLS) oxygen, and oxygen supplies, life sustaining situation* must not be billed with ALS codes A0426, A0427, and A0433. These base codes for ALS transport include the reimbursement for supplies and oxygen in an ALS situation.

Procedure code A0422 can be billed with BLS codes A0428 or A0429, if medically necessary. Emergency medical technicians (EMTs) and paramedics must document the medical necessity for oxygen use in the medical record maintained by the provider.

Member Co-payments

Transportation services require a copayment. According to *42 CFR 447.15*, providers may not deny services to any member due to the member's inability to pay the co-payment amount on the date of service. Pursuant to this federal requirement, this service guarantee does not apply to a member who is able to pay, nor does a member's inability to pay eliminate his or her liability for the co-payment. It is the member's responsibility to inform the provider that he or she cannot afford to pay the co-payment on the date of service. The provider may bill the member for co-payments not paid on the date of service. Providers are advised to review *405 IAC 5-30-2* for complete co-payment information.

The determination of the member's co-payment amount is to be based on the reimbursement for the base rate or loading fee only. No copayment is required for an accompanying parent or attendant. Transportation providers may collect a co-payment amount from the IHCP member equal to those listed in Table 94.7.

Table 94.7 – Transportation Copayments

Transportation Service	Member Copayment
Transportation services that pay \$10.00 or less	\$0.50 each one-way trip
Transportation services that pay \$10.01 to \$50.00	\$1.00 each one-way trip
Transportation services that pay \$50.01 or more	\$2.00 each one-way trip

The following services are exempt from the copayment requirement:

- Emergency ambulance services
- Services furnished to members younger than 18 years old
- Services furnished to pregnant women
- Services furnished to members who are in hospitals, NFs, ICF/IIDs, or other medical institutions. This includes instances where members are being transported for admission or discharge.

- Transportation services provided under a MCE to its Hoosier Healthwise enrollees

Transportation Code Sets

A complete list of ambulance transportation codes is included in Table 94.8.

Table 94.8 – 264 Commercial Ambulatory Service (CAS) Provider Code Set – 264 CAS Provider

HCPSC Code	Description
A0425 U3	Ground mileage, per statute mile, CAS
T2003	Non-emergency transportation, encounter/trip (CAS)
T2004	Non-emergency transportation, commercial carrier, multi-pass (CAS)
T2001	Non-emergency transportation, patient attendant/escort (CAS)
T2007 U3	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments, CAS

Table 94.9 – Non-Ambulatory Service (NAS) Provider Code Set – 265 NAS Provider

HCPSC Code	Description
A0425 U5	Ground mileage, per statute mile, NAS
A0130	Non-emergency transportation, wheel chair van base rate
A0130 TK	Non-emergency transportation, wheel chair van base rate; extra patient or passenger, non-ambulance
A0130 TT	Non-emergency transportation, wheel chair van base rate; individualized service provided to more than one patient in same setting
A0130 U6	Non-emergency transportation, wheel chair van base rate; additional attendant
T2007 U5	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; NAS
A0425 U3	Ground mileage, per statute mile; CAS
T2003	Non-emergency transportation, encounter/trip (CAS)
T2004	Non-emergency transportation, commercial carrier, multi-pass (CAS)
T2001	Non-emergency transportation, patient attendant/escort (CAS)
T2007 U3	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; CAS

Reminder: Ambulatory members transported in a vehicle equipped to transport non-ambulatory members must be billed according to the CAS level of service and rate, and not billed according to the vehicle type. Thus, CAS codes are included in the NAS provider code set.

Table 94.10 – Ambulance Provider Code Set – 260 Ambulance (ALS and BLS) Providers

HCP Code	Description
A0422	Ambulance (ALS and BLS) oxygen and oxygen supplies, life-sustaining situation
A0425 U1	Ground mileage, per statute mile; ALS
A0425 U2	Ground mileage, per statute mile; BLS
A0420 U1	Ambulance waiting time ALS, one-half (1/2) hour increments
A0420 U2	Ambulance waiting time BLS, one-half (1/2) hour increments
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)
A0427	Ambulance service, advanced life support, emergency, level 1 (ALS1-emergency)
A0428	Ambulance service, basic life support, non-emergency transport; (BLS)
A0429	Ambulance service, basic life support, emergency transport, (BLS-emergency)
A0433	Advanced ALS (Level 2)
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one-way
A0999	Unlisted ambulance service
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (rotary and fixed wing)
T2003	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1); CAS
A0130	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1); NAS
T2003	Ambulance service, basic life support, non-emergency transport; CAS
T2003	Ambulance service, basic life support, non-emergency transport; NAS
T2003	Non-emergency transportation, encounter/trip (CAS)
A0130	Non-emergency transportation, wheel chair van base rate (NAS)
T2007 U3	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; CAS
A0130 U6	Non-emergency transportation, wheel chair van base rate; additional attendant
T2007 U5	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; NAS

Reminder: Transportation must be billed according to the level of service rendered. Therefore, CAS and NAS codes are included in the Ambulance (ALS and BLS) Provider Code Set.

Section 94

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Table 94.11 – Air Ambulance Code Set – 261 Air Ambulance

HCPCS Code	Description
A0140	Non-emergency transportation and air travel (private or commercial), intra or interstate
A0430	Ambulance service, conventional air service transport, one way (fixed wing)
A0431	Ambulance service, conventional air service, transport, one way (rotary wing)
A0999	Unlisted ambulance service

Table 94.12 – Taxi Code Set – 263 Taxi Provider

HCPCS Code	Description
A0100 UA	Taxi, rates non-regulated, 0-5 miles
A0100 UB	Taxi, rates non-regulated, 6-10 miles
A0100 UC	Taxi, rates non-regulated, 11 or more miles
A0100 TK UA	Taxi, rates non-regulated, 0-5 miles for accompanying parent/attendant
A0100 TK UB	Taxi, rates non-regulated, 6-10 miles for accompanying parent/attendant
A0100 TK UC	Taxi, rates non-regulated, 11 or more miles for accompanying parent/attendant
A0100 TT UA	Taxi, rates non-regulated, 0-5 miles for multiple passengers
A0100 TT UB	Taxi, rates non-regulated, 6-10 miles for multiple passengers
A0100 TT UC	Taxi, rates non-regulated, 11 or more miles for multiple passengers
A0100 U4	Non-emergency transportation; taxi, suburban territory

Table 94.13 – Family Member Transportation Provider Code Set – 266 Family Member Provider

HCPCS Code	Description
A0090	Non-emergency transportation, per mile-vehicle provided by individual (family member, self, neighbor) with vested interest

Table 94.14 – Bus Provider Code Set – 262 Bus Provider

HCPCS Code	Description
A0110	Non-emergency transportation and bus, intra or interstate carrier

Rules, Citations and Sources

405 IAC 5-3-9(4) – Prior authorization after services have begun

405 IAC 5-4-2 – Provider agreement requirements for transportation services

Section 94

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Revision Date: May 2013

Version 1.1

405 IAC 5-4-3 – Enrollment of a family member as a transportation provider

405 IAC 5-5-1 – Out-of-state services; general

405 IAC 5-5-2 – Prior authorization requirements for out-of-state services

405 IAC 5-30 – Transportation Services

IHCP Provider Manual

Note: For the most updated information regarding the IHCP Provider Manual, bulletins, and banners, please visit <http://www.indianamedicaid.com/ihcp/index.asp>.

Related Medical Topics

Transportation Services – Rotary Wing Air Transportation

Section 95: Transportation Services – Rotary Wing Air Transportation

Introduction

This section serves as a general summary of the IHCP's policies regarding rotary wing air transportation services. Additional information specific to this topic may be found in the *IHCP Provider Manual*, program notices, or the IAC.

IHCP

For members enrolled in the Hoosier Healthwise RBMC program, the HIP, the HIP-ESP Plan, or any other plan, providers must contact the member's MCE or plan administrator for more specific guidelines regarding their specific policies and PA procedures.

IHCP members enrolled in *Care Select* receive the same benefit coverage and are subject to the same limitations as members enrolled in traditional Medicaid FFS program. Please refer to *Chapter 1* of the *IHCP Provider Manual* for detailed information about the FFS, *Care Select*, and RBMC delivery systems.

Package C Transportation Services

Hoosier Healthwise Package C members are eligible to receive emergency ambulance services, subject to the prudent layperson's definition of emergency found in *407 IAC 1-1-6*. Non-emergency ambulance transportation between medical facilities is a covered service when ordered by the treating physician.

Description of Service

Rotary air ambulance is furnished when the member's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate.

Generally, transport by rotary wing air ambulance may be necessary because the member's condition requires rapid transport to a treatment facility, and either great distances or other obstacles preclude such rapid delivery by ground transport to the nearest appropriate facility. Transport by rotary wing air ambulance may also be necessary because the member is inaccessible by a ground or water vehicle.

Transportation by air ambulance is only covered for transport to a hospital. Air ambulance services are not covered for transport to a facility that is not an acute care hospital. Transport to a nursing facility, a physician's office, or a beneficiary's home by rotary air ambulance is not reimbursable.

Reimbursement Requirements

Registration Requirements

Air Ambulance

- Providers must have EMS Commission Air Ambulance certification.
- Providers must keep a copy of the certification for their records.

Chapter 4 of the *IHCP Provider Manual* includes detailed information about enrollment requirements and responsibilities. Providers who fail to maintain the required registration documentation may be referred to the appropriate governing agencies.

Base Rate, Mileage, and Wait Time

The Indiana Health Coverage Programs (IHCP) provides reimbursement for both a base rate and mileage. The base rate is an all inclusive rate including coverage of processes, treatments, and services that are an integral part of care while in transit, including but limited to, oxygen, drugs, supplies, and extra attendants. The air ambulance mileage rate is calculated to the nearest suitable hospital per actual loaded (patient onboard) miles flown and is expressed in statute miles (not nautical miles). Wait time is not separately reimbursable.

Medical Necessity

Rotary air ambulance transport is a covered service when the member has a potentially life-threatening condition that does not permit the use of another form of transportation. IHCP reimburses rotary air transportation services to a hospital facility under medical appropriate circumstances. Medical necessity is only established when the member's condition is such that the time needed to transport a member by ground, or the instability of transportation by ground, poses a threat to the member's survival or seriously endangers the member's health. The list below includes examples of medical conditions in which rapid transport may be necessary. This list does not guarantee reimbursement nor is it intended to be all inclusive. Diagnosis only does not serve as justification for reimbursement.

- Intracranial bleeding requiring neurosurgical intervention
- Cardiogenic shock
- Burns requiring treatment in a burn center
- Conditions requiring treatment in a Hyperbaric Oxygen Unit
- Multiple severe injuries
- Life-threatening trauma

Air transport must be to the nearest suitable hospital. If the air transport was medically necessary but the member could have been treated at a nearer hospital than one to which they

were transported, the air transportation mileage reimbursement is limited to the rate for the distance from the point of pickup to the nearer hospital.

Severe Weather

If the flight is aborted due to bad weather, or other circumstance beyond the pilot's control, any time before the beneficiary is loaded onboard, i.e. prior to or after take-off to point of pick up, IHCP will not reimburse for the flight. If the flight is aborted after the beneficiary is loaded, the appropriate air base mileage and rural adjustment is available.

Member Death

If the member dies before being transported, then no Medicaid payment may be made. Thus, in a situation where the member dies, whether any payment is made depends on the time at which the member is pronounced dead by an individual authorized by the State to make such pronouncements. If the time of death pronouncement is prior to take-off to point of pick-up with notice to dispatcher and time to abort the flight, no payment is made. This included scenarios in which the air ambulance has taxied to the runway, and/or has been cleared for takeoff, but has not actually taken off. If member is pronounced after takeoff to point of pickup, but before the member is loaded, the appropriate air base rate with no mileage is reimbursed. The provider should use the QL modifier when submitting such a claim. When the member is pronounced after the member is loaded onboard, but prior to or upon arrival at the receiving facility, reimbursement is such as if the member had not died.

Multiple Patients

Additional reimbursement is not available for multiple passengers in a rotary air ambulance.

Hospital to Hospital Transfer

Air ambulance transport is covered for transfer of a patient from one hospital to another if the medical appropriateness criteria is met, i.e. transportation by ground ambulance would endanger the member's health, and the transferring hospital does not have adequate facilities to provide the medical services needed by the patient. Example of such specialized medical services that are generally not available at all types of facilities may include, but are not limited to, burn care, cardiac care, trauma care, and critical care. A patient transported from one hospital to another hospital is covered only if the hospital to which the patient is transferred is the nearest one with appropriate facilities. Reimbursement is not available for transport from a hospital capable of treating the patient because the patient and/or family prefer a specific hospital or physician.

Accompanying Parent/ Attendant

Separate reimbursement is not available for an accompanying parent/ attendant in a rotary air ambulance.

Prior Authorization Requirements

Prior authorization (PA) is required for airline or air ambulance services. A PA request must include a brief description of the care and description of the clinical circumstances necessitating the need for the transportation. Emergency ambulance transportation is exempt from the 20 one-way trip limitation.

Providers must indicate that the transportation was an emergency by using the **Y** indicator in **Field 24C** on the *CMS-1500* or in the **Emergency Indicator** on the *837P*.

Billing Requirements

When submitting a claim, providers must ensure that each claim is supported with the following documentation on the driver's ticket or run sheet:

- Complete date of service, including day, month, and year of service in the format MM/DD/YY
- Complete member name and address of pick-up, including members street address, city, county, state, and zip code
- Member identification number
- Member signature - If the member is unable to sign, the driver should document that "the patient was unable to sign" and the reason for the inability
- Complete service provider name and address, including street address, city, county, state, and zip code. If the service provider's name is abbreviated on the driver's ticket, the provider must document the complete provider name or maintain a facility abbreviation listing. This will help to expedite the post-payment review process.
- Name of the driver who provided transportation service
- Vehicle odometer reading at the beginning and end of the trip or mileage, including the date the transportation service was provided and the specific starting and destination address.
- Indication of a one-way trip

In the **Units** field on the *CMS-1500* or **Service Unit Count** field on the *837P*, the provider must use a **1** with the base unit code to indicate a one-way trip.

Providers must bill emergency services by using the **Y** indicator in **Field 24I** on the *CMS-1500* or in the **Emergency Indicator** on the *837P*, to indicate that the service rendered was an emergency. Air ambulance transportation services require PA. In addition, any transportation services provided by a provider located in an out-of-state, non-designated area require PA.

Base Rate

The IHCP reimburses a base rate for rotary air ambulance transportation given the necessary criteria are met. Providers should bill *A0431 - Ambulance service, conventional air service, transport, one way (rotary wing)*.

Mileage

Providers should bill *A0436 - Rotary wing air mileage, per statute mile*. Transportation providers are expected to transport members along the shortest most efficient route to the nearest suitable hospital. All rotary air transportation providers must document mileage on the driver's ticket using odometer readings. Rotary air ambulance providers are reimbursed for loaded mileage for **each statute mile** of the trip. Providers must bill IHCP for whole units only. Partial mileage units must be rounded to the nearest whole unit. For example, if the provider transports a member between 15.5 miles and 16.0 miles, the provider must bill 16 miles. If the provider transports the member between 15.0 and 15.4 miles, the provider must bill 15 miles.

Rotary Air Transport Code Set

Providers should bill the appropriate codes for the base rate and mileage as summarized in Table 95.1 below.

Table 95.1 - Single Member Rotary Air Ambulance Codes

Provider Specialty: 261 Air Ambulance	
HCPSC Code	Description
A0431	Ambulance service, conventional air service, transport, one way (rotary wing)
A0436	Rotary wing air mileage, per statute mile

Member Co-Pays

Emergency rotary air transportation is exempt from the co-payment requirement.

Rules, Citations and Sources

405 IAC 5-3-9(4) – Prior authorization after services have begun

405 IAC 5-4-2 – Provider agreement requirements for transportation services

405 IAC 5-4-3 – Enrollment of a family member as a transportation provider

405 IAC 5-5-1 – Out-of-state services; general

405 IAC 5-5-2 – Prior authorization requirements for out-of-state services

405 IAC 5-30 – Transportation Services

Medical Policy Manual

Office of Medicaid Policy & Planning



IHCP Provider Manual

Note: For the most updated information regarding the IHCP Provider Manual, bulletins, and banners, please visit <http://www.indianamedicaid.com/ihcp/index.asp>.

Related Medical Topics

Transportation Services

CRITERIA – IHCP PROVIDER BULLETIN:

IHCP BT200505 Transportation Billing Guidelines

March 8, 2005



PROVIDER BULLETIN

BT 200505

MARCH 8, 2005

To: All Transportation Providers

Subject: Transportation Billing Guide

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Note: This billing guide replaces the information published in the Transportation Coverage and Billing Procedures subsection of Chapter 8 of the Indiana Health Coverage Programs (IHCP) Provider Manual, published July 2004. Future changes will be communicated through newsletters, bulletins, and banner page articles. Providers must monitor all future publications for possible changes.

Types of Transportation Services and Definitions

Advanced Life Support – ALS

The Indiana Emergency Medical Services Commission (EMSC), *Title 836 of the Indiana Administrative Code (IAC)*, defines advanced life support (ALS) as follows:

- Care given at the scene of an accident, act of terrorism, or illness, care given during transport, or care given at the hospital by a paramedic, emergency medical technician-intermediate, and care that is more advanced than the care usually provided by an emergency medical technician or an emergency medical technician-basic advanced.

The term *advanced life support* may include any of the following acts of care.

- Defibrillation
- Endotracheal intubation
- Parenteral injection of appropriate medications
- Electrocardiogram interpretation
- Emergency management of trauma and illness

The IHCP provides reimbursement for medically necessary emergency and non-emergency ALS ambulance services when the level of service rendered meets the EMSC definition of ALS. Provider registration requirements for ambulance providers, including air ambulance, are listed on page 14 of this billing guide.

Note: In accordance with Indiana Code (IC) 16-1-31, vehicles and staff that provide emergency services must be certified by the EMSC to be eligible for reimbursement for transports involving either ALS or basic life support (BLS) services.

Basic Life Support – BLS

BLS is defined by the EMSC as the following:

- Assessment of emergency patients

- Administration of oxygen
- Use of mechanical breathing devices
- Application of antishock trousers
- Performance of cardiopulmonary resuscitation (CPR)
- Application of dressings and bandage materials
- Application of splinting and immobilization devices
- Use of lifting and moving devices to ensure safe transport
- Use an automatic or semiautomatic defibrillator
- Administration of epinephrine through an auto-injector
- An emergency medical technician-basic advanced may perform the following.
 - Electrocardiogram interpretation
 - Manual external defibrillation
 - Intravenous fluid therapy

The term *basic life support* and BLS services do not include invasive medical care techniques or advanced life support. The IHCP provides reimbursement for medically necessary emergency and non-emergency BLS ambulance services when the level-of-service rendered meets the EMSC definition of BLS. Provider registration requirements for ambulance providers, including air ambulance, are listed on page 14 of this billing guide.

Note: More information about coverage and billing of ambulance services is included on page 10 of this billing guide.

Commercial or Common Ambulatory Service – CAS

The IHCP provides reimbursement for transportation of ambulatory (walking) members to or from an IHCP-covered service. Commercial or Common Ambulatory Service (CAS) transportation may be provided in any type of vehicle; however, providers must bill all transportation services according to the level of service rendered. For example, if transportation of an ambulatory member is provided by an ambulance, but no ALS or BLS services are medically necessary for the transport of the member, the ambulance provider must bill the CAS charges. Base rate, waiting time, and mileage are separately billable and reimbursed for CAS transportation. Provider registration requirements for commercial or common ambulatory carriers are listed on page 14 of this billing guide.

Non-Ambulatory Service (Wheelchair Van) – NAS

Non-ambulatory services (NAS) or wheelchair services are reimbursable when a member must travel **in a wheelchair** to or from an IHCP-covered service. Claims for ambulatory members transported in a vehicle equipped to transport non-ambulatory members must be billed according to the CAS level of service and rate, and not billed according to the vehicle type. Base rate, waiting time, and mileage are separately billable and reimbursed for NAS transportation. Provider registration requirements for commercial non-ambulatory providers are listed on page 14 of this billing guide.

Taxi

Taxi providers transport ambulatory members and may operate under authority from a local governing body (city taxi or livery license). Taxi providers whose rates are regulated by local ordinance must bill

the metered or zoned rate, as established by local ordinance, and are reimbursed up to the maximum allowable fee. Taxi providers whose rates are not regulated by local ordinance are reimbursed the lower of their submitted charge or the maximum allowable fee based on trip length. Taxi providers are not separately reimbursed for mileage above the maximum allowable rate for the trip; however, mileage must be documented on the driver's ticket by odometer readings or mapping software. Registration requirements for taxi providers are listed on page 14 of this billing guide.

Definition of a Trip

For billing purposes, a *trip* is defined as transporting a member from the initial point of pick-up to the drop off point at the final destination. Transportation must be the least expensive type of transportation available that meets the medical needs of the member. Trips must be billed according to the level of service rendered and not according to the vehicle type. Providers must bill for all transportation services provided to the same member on the same date of service on one claim form.

If the provider makes a round trip for the same member, same date of service, and same level of base code, both runs should be submitted on the same detail with two units of service to indicate a round trip. Additionally, all mileage for the trip must be billed on the one detail with the total number of miles associated for the roundtrip.

If the provider transports a member on the same date of service, but different trip levels, for example the 'to' trip was a CAS trip, and the 'return' trip was a NAS trip with mileage for each base. These base trips must be billed on two different claim forms with the corresponding mileage for each base.

*Note: In the **Units** field on the CMS-1500 or **Service Unit Count** field on the 837P, the provider must use a **1** with the base unit code to indicate a one-way trip and a **2** to indicate a two-way trip. The transportation modifiers must be used to indicate the place of origin and destination for each service.*

Multiple Destinations

If the member is transported to multiple points in succession, the provider may not bill for a trip between each point of the destination. The following examples offer explanations of this concept:

- **Example 1:** A vehicle picks up a member at home and transports the member to the physician's office. This is a one-way trip.
- **Example 2:** A vehicle picks up a member from home and transports the member to the physician's office. The provider leaves, and later the same vehicle picks the member up from the physician's office and transports the member back to the member's home. This is considered two one-way trips.
- **Example 3:** A vehicle picks the member up from the physician's office and transports the member to the laboratory for a blood draw, waits outside the laboratory for the member, and then transports the member home. This is a one-way trip, even though there was a stop along the way. A stop along the way is not considered a separate trip.
- **Example 4:** A vehicle picks up Member A at the member's home and begins to transport the Member A to the dialysis center. Along the way, a stop is made to pick up Member B at a nursing home and both Member A and Member B are transported to the dialysis center. The stop at the nursing home is not considered a separate trip and the transportation of Member A from home to the dialysis center is considered a one-way trip.

Note: Information about the policy for multiple passengers is included in Table 1.3 on page 8 of this billing guide.

Prior Authorization

Prior authorization (PA) is required for the following transportation services:

- Trips exceeding 20 one-way trips per member, per rolling 12-month period, with certain exceptions as described in this billing guide
- Trips of 50 miles or more one way, **including** all codes associated with the trip (wait time, parent or attendant, additional attendant, and mileage)
- Interstate transportation or transportation services rendered by a provider located out-of-state in a non-designated area.
- Train or bus services
- Airline or air ambulance services

PA requests must include a brief description of the anticipated care and description of the clinical circumstances necessitating the need for the transportation. HCE reviews the PA requests and sends copies of the decisions to the members and the rendering providers. Transportation providers may request authorization for members that exceed 20 one-way trips. Examples of situations that require frequent medical intervention include, but are not limited to, prenatal care, chemotherapy, and certain other therapy services. Additional trips are not approved for routine medical services. PA may be granted up to one year following the date of service.

Twenty One-Way Trip Limitation and Exemptions

Transportation is limited to 20 one-way trips per member, per rolling calendar year. Providers must request PA for members who exceed 20 one-way trips if frequent medical intervention is required. However, some services are exempt from the 20 one-way trip limitation. Information about those services is included in the following sections.

Emergency Transportation Services

Emergency ambulance transportation is exempt from the 20 one-way trip limitation. Providers must indicate that the transportation was an emergency by using the **Y** indicator in **Field 24I** on the *CMS-1500* or in the **Emergency Indicator** on the *837P*. Additional information about ambulance transportation services, including emergency transportation, is included on page 10 of this billing guide.

Hospital Admission or Discharge

Transportation services for transporting a member to a hospital for admission or for transporting the member home following discharge from the hospital are exempt from the 20 one-way trip limitation. This includes inter-hospital transportation when the member is discharged from one hospital for the purpose of admission to another hospital. The transportation modifiers must be used to indicate the place of origin and destination for each service.

*Note: Transporting an IHCP member to or from a hospital for any reason unrelated to an admission or discharge is **not** exempt from the 20-trip limitation.*

Members on Renal Dialysis or Members Residing in Nursing Homes

Members on renal dialysis and members residing in nursing homes are exempt from the 20 one-way trip limitation. Claims for members undergoing dialysis or members in nursing homes must be filed with one of the diagnosis codes listed in Table 1.1. The diagnosis code should be entered on the *CMS-1500* or *837P*, and a **1** should be placed in **Field 24E** of the *CMS-1500* claim form or the **Diagnosis Code Pointer** on the *837P*, to indicate that the first diagnosis code applies.

Note: Transportation providers are only required to complete this field on the claim form for claims being submitted for dialysis or nursing home patients. Failure to complete this field correctly may result in the claim being denied when the member meets the 20 one-way trip limitation.

Table 1.1 – Diagnosis Codes for Transportation of Renal Dialysis Patients and Patients Residing in Nursing Homes

Diagnosis Code	Usage
V56.0, V56.1, or V56.8	Patient undergoing renal dialysis
V70.5	Patient residing in nursing facility

Accompanying Parent or Attendant

Procedure codes for accompanying parent or attendant are not applied to the member's 20 one-way trip limitation. Prior authorization is required for an accompanying parent or attendant only when the trip exceeds 50 miles one-way. Additional information about the accompanying parent or attendant policy is included on page 8 of this billing guide.

Additional Attendant

Procedure codes *A0424 – Extra ambulance attendant, ground (ALS or BLS) or air (rotary or fixed wing)* and *A0130 U6 – Non-emergency transportation; wheelchair van, additional attendant*, are not applied to the member's 20 one-way trip limitation. Prior authorization is required for procedure codes *A0424* and *A0130 U6* when the trip exceeds 50 miles one-way. Additional information about the additional attendant policy is included on page 9 of this billing guide.

Mileage

Transportation providers are expected to transport members along the shortest most efficient route to and from a destination. All transportation providers must document mileage on the driver's ticket using odometer readings or mapping software programs. Reimbursement is available for mileage, in addition to the base rate, under the following circumstances:

- Ambulance providers are reimbursed for loaded mileage for **each mile** of the trip regardless of the type level of service being billed.
- CAS and NAS providers are reimbursed for loaded mileage when the member is transported more than ten miles one way.

- Taxi providers are not reimbursed for mileage and are not required to submit mileage with their claim. However, mileage must be documented on the driver's ticket using odometer readings or mapping software, as outlined in the documentation requirements section of this billing guide.
- Although the first 10 miles of a CAS or NAS trip are automatically deducted from each one-way trip, CAS and NAS providers must bill for **all** mileage, including the first 10 miles to ensure proper reimbursement. For trips less than 10 miles, the provider is not required to bill mileage; however, if mileage is billed, the mileage will process as a denied line item.
- Trips and associated mileage in excess of 50 miles one way require PA. If PA has not been obtained, reimbursement for mileage, the base rate, and any other transportation services related to the trip are denied. Providers must bill for all transportation services provided to the same member on the same date of service on one claim form.
- Providers must report mileage using procedure code A0425 and the appropriate U modifier for transportation services in conjunction with ALS, BLS, CAS, or NAS base rates. Mileage must not be fragmented. Mileage for round trips must be submitted on one detail line using the appropriate code listed in Table 1.2.
- Effective July 1, 2004, procedure code S0215 – *Non-emergency transportation; mileage, per mile*, was made non-reimbursable. Providers must bill the appropriate mileage code listed in Table 1.2. In addition, procedure code S0215 must not be reported with the codes listed in Table 1.2, or providers may be reimbursed incorrectly.

Table 1.2 – Mileage Codes and Descriptions

Code	Description
A0425 U1	ALS ground mileage, per statute mile
A0425 U2	BLS ground mileage, per statute mile
A0425 U3	CAS ground mileage, per statute mile
A0425 U5	NAS ground mileage, per statute mile

Mileage Units and Rounding

Providers must bill the IHCP for whole units only. Partial mileage units must be rounded to the nearest whole unit. For example, if the provider transports a member between 15.5 miles and 16.0 miles, the provider must bill 16 miles. If the provider transports the member between 15.0 and 15.4 miles, the provider must bill 15 miles.

Multiple Passengers

When two or more members are transported simultaneously from the same county to the same vicinity for medical services, the second and subsequent member transported for medical services in a single CAS or NAS vehicle is reimbursed at one-half the base rate. The full base code, mileage, and waiting time are reimbursed for the first member only. For example, no mileage should be billed in conjunction with T2004 - *Non-emergency transport; commercial carrier, multi-pass, individualized service* provided to more than one patient in the same setting.

The IHCP does not provide reimbursement for multiple passengers in ambulances or family member vehicles. Additional reimbursement is not available for multiple passengers when the billing provider does not bill non-IHCP customers for these services. Table 1.3 shows the correct coding methods for multiple passengers.

Table 1.3 Coding Transportation for Multiple Passengers

Type of Transportation	First Member	Second and Subsequent Members
Commercial Ambulatory Services	T2003 for base rate A0425 U3 for mileage T2007 U3 for waiting time, if applicable	T2004 for base rate No reimbursement for mileage No reimbursement for waiting time
Non-Ambulatory Services	A0130 for base rate A0425 U5 for mileage T2007 U5 for waiting time, if applicable	A0130 TT for base rate No reimbursement for mileage No reimbursement for waiting time
Taxi, non-regulated, 0-5 miles	A0100 UA (no mileage)	A0100 UA TT (no mileage)
Taxi, non-regulated, 6-10 miles	A0100 UB (no mileage)	A0100 UB TT (no mileage)
Taxi, non-regulated, 11 or more miles	A0100 UC (no mileage)	A0100 UC TT (no mileage)

Note: PA for a base code includes both the base code and the multiple passenger code that corresponds to the approved base code. When last minute changes in scheduling modify the service from a single passenger to a multiple passenger, the provider must use the appropriate code.

Accompanying Parent or Attendant

Accompanying parent – When members younger than 18 years of age needs an adult to accompany them to a medical service, the provider should bill the appropriate accompanying parent or attendant code.

Accompanying attendant – When adult members need an attendant to travel or stay with them for a medical service, the provider should bill the appropriate accompanying parent or attendant code.

The following are guidelines for billing the accompanying parent or attendant codes:

- The procedure code for the base rate and the accompanying parent or attendant is billed under the IHCP member's identification number (RID).
- Additional reimbursement is not available for accompanying parent or attendant when the billing provider does not bill non-IHCP customers for like services.
- The provider must maintain documentation on the driver's ticket to support that the accompanying parent or attendant was transported with the IHCP member. This documentation must include the name, signature, and relation of the accompanying parent or attendant.

Table 1.4 lists the base rates and the applicable accompanying parent or attendant code. The provider must bill both the base code and the accompanying parent or attendant code using the member's information.

Table 1.4 – Procedure Codes for Accompanying Parent or Attendant

Type of Transportation	Base Code	Accompanying Parent/Attendant
Commercial Ambulatory Services	T2003	T2001
Non-Ambulatory Services	A0130	A0130 TK
Taxi, non-regulated, 0-5 miles	A0100 UA	A0100 UA TK
Taxi, non-regulated, 6-10 miles	A0100 UB	A0100 UB TK
Taxi, non-regulated, 11 or more miles	A0100 UC	A0100 UC TK

Additional Attendant

Transportation providers sometimes need an additional attendant to help load a member. An additional attendant is needed in situations where the driver cannot load the member without help, such as when wheelchair-bound member lives upstairs and the residence has no wheelchair ramp. This code is not subject the 20-trip limit; however, if the trip exceeds 50 miles one-way, prior authorization is required for all procedure codes, including additional attendant codes. The additional attendant who assists must be an employee of the billing provider and is not required to remain for the trip.

Providers must document the need for an additional attendant on the driver's ticket. The documentation is subject to post-payment review. The additional attendant is limited to a maximum of two extra units; although, usually one attendant is sufficient. Reimbursement for an additional attendant is limited to NAS or wheelchair van and ambulance transportation. For ambulance providers, the additional attendant is the third or fourth attendant, as ambulances are required to have two attendants.

Prior to the January 1, 2004, providers were instructed to use procedure code Z5023 – *Additional attendant transportation*. Local code Z5023 was crosswalked to national code A0424 – *Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)*. Procedure code A0424 did not include NAS or wheelchair van transportation. Effective immediately, procedure code A0130 U6 – *Non-ambulatory transportation; wheelchair van, additional attendant* is covered for NAS or wheelchair van additional attendant transportation. Procedure code A0130 U6 is covered retroactively to January 1, 2004, when the local code Z5023 was end-dated. Procedure code A0424 will continue to be covered for ambulance transportation when an additional attendant is required. Table 1.5 includes the procedure codes for additional attendant.

Table 1.5 – Procedure Codes for Additional Attendant

Type of Transportation	Procedure Code	Description
Non-ambulatory or wheelchair van transportation	A0130 U6	Non-ambulatory transportation; wheelchair van, U6 = additional attendant
Ambulance transportation (ALS and BLS)	A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)

Waiting Time

Waiting time in excess of 30 minutes is reimbursable only when the vehicle is parked outside the medical service provider, awaiting the return of the member to the vehicle **and** if the member is transported 50 miles or more one-way. PA must be obtained for all codes associated with trips of 50 miles or more one-way, including waiting time. The IHCP does not cover the first 30 minutes of waiting time; however, the total waiting time must be included on the claim, or the claim will not be paid appropriately.

For all procedure codes used to bill waiting time, one unit of service is billed for every 30 minutes of waiting time. When the provider has waited between 15 to 30 minutes, partial 30-minute increments should be rounded up to the next unit. For example, if the provider has waited 45 minutes, the units of service billed would be two or 2.0. Partial 30-minute increments less than 15 minutes, must be rounded down. For example, if the provider has waited one hour and ten minutes, the units of service billed for waiting time would be two or 2.0. Documentation, including start and stop times, must be maintained on the driver's ticket to support the waiting time billed.

Ambulance Transportation Services

The IHCP covers both emergency and non-emergency ALS and BLS ambulance transport services. Emergency ambulance services are exempt from the 20 one-way trip limit and do not require PA. In addition, emergency ambulance services are exempt from the copayment requirement. Providers must bill emergency services by using the **Y** indicator in **Field 24I** on the *CMS-1500* or in the **Emergency Indicator** on the *837P*, to indicate that the service rendered was an emergency. As a reminder, transportation must be the least expensive type of transportation available that meets the medical needs of the member.

Note: Air ambulance and interstate transportation services require PA. In addition, any transportation services provided by a provider located in an out-of-state, non-designated area require PA.

Level of Service Rendered Versus Level of Response

All transportation services must be billed according to the level of service rendered and not the provider's level of response or vehicle type. The IHCP provides reimbursement for the both emergency and non-emergency ambulance services; however, ALS services are only covered when the level of service is medically necessary and BLS services are not appropriate due to the medical conditions of the member being transported. Ambulance providers should refer to the Indiana EMSC definitions of ALS and BLS services listed in *Title 836 of the IAC*. Ambulance providers must bill the IHCP according to the level of service rendered. The following examples explain the level of service policy:

- Example 1: ALS personnel and ambulance are dispatched. On arrival, the member is found to need emergency medical transport, but no ALS services. The BLS emergency transport code must be used. Subsequently, if no emergency is present, the non-emergency BLS ambulance transport code should be used to transport the member.
- Example 2: An ambulance is called to transport a member to a scheduled appointment. Upon arrival it is discovered that the member can instead be transported by a CAS service or wheelchair van. The ambulance provider can either call for the appropriate vehicle or transport the patient in the ambulance. If the ambulance provider transports the member, the appropriate CAS or NAS transportation code(s) must be used to bill the IHCP.

A complete listing of ambulance transportation codes is included in Table 1.11. The procedure codes listed in Tables 1.6 and 1.7 are valid for ambulance providers when used to bill for CAS or NAS level of service. Effective May 1, 2005, procedure codes A0426 U3, A0428 U3, A0426 U5, and A0428 U5 will no longer be reimbursable. Ambulance providers must bill the most appropriate CAS or NAS code listed in Tables 1.6 and 1.7 if the level of service does not meet the EMSC definition of ALS or BLS services. Ambulance providers are still permitted to bill A0425 U1 or A0425 U2 to be reimbursed for mileage.

Table 1.6 – Valid CAS Codes for Ambulance Providers

Procedure Code	Reimbursement	Description
T2003	\$10.00	Non-emergency transportation, encounter/trip
T2007 U3	\$4.25	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; CAS
A0426 U3	\$10.00	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1); CAS
A0428 U3	\$10.00	Ambulance service, basic life support, non-emergency transport; CAS

Table 1.7 – Valid NAS Codes for Ambulance Providers

Procedure Code	Reimbursement	Description
A0130	\$20.00	Non-emergency transportation, wheel chair van base rate
A0130 U6	\$5.00	Non-emergency transportation, wheel chair van base rate; additional attendant
T2007 U5	\$4.25	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; NAS
A0426 U5	\$20.00	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1); NAS
A0428 U5	\$20.00	Ambulance service, basic life support, non-emergency transport; NAS

Note: Effective May 1, 2005, procedure codes A0426 U3, A0426 U5, A0428 U3, and A0428 U5 are no longer reimbursable. Procedure codes T2003 and T2007 U3 must be billed by ambulance providers when the level of service rendered is that of a CAS provider. Procedure codes A0130, A0130 U6, and T2007 U5 must be billed by ambulance providers when the level of service rendered is that of a NAS or wheelchair van provider. Ambulance providers are still permitted to bill A0425 U1 or A0425 U2 to be reimbursed for mileage.

Ambulance Mileage

Only loaded ambulance mileage is reimbursed for each mile of the trip. The provider's documentation must contain mileage from mapping software or odometer readings indicating starting and ending trip mileage. Ambulance mileage must be billed using A0425 U1 – *Ground mileage, per statute mile; ALS* or A0425 U2 – *Ground mileage, per statute mile; BLS*. The U1 and U2 modifier are used to differentiate between ALS and BLS mileage. Claims billed without the U1 or U2 modifier will deny, and providers will be required to resubmit with the appropriate modifier.

Neonatal Ambulance Transportation

Reimbursement is available for specialized neonatal ambulance services especially equipped for inter-hospital transfers of high-risk or premature infants only when the member has been discharged from one hospital for admission to another hospital. Procedure code A0225 – *Ambulance service, neonatal transport, base rate, emergency transport, one-way* must be used only for neonatal ambulance transport.

Oxygen and Oxygen Supplies

Procedure code A0422 – Ambulance (ALS or BLS) oxygen, and oxygen supplies, life sustaining situation **must not be billed** with ALS codes A0426, A0427, and A0433. These base codes for ALS transport include the reimbursement for supplies and oxygen in an ALS situation.

Procedure code A0422 can be billed with BLS codes A0428 or A0429, if medically necessary. Emergency Medical Technicians (EMTs) and paramedics must document the medical necessity for oxygen use in the medical record maintained by the provider.

Member Copayments

Transportation services require a copayment. Providers are advised to review 405 IAC 5-30-2 for complete copayment narratives.

The determination of the member's copayment amount is to be based on the reimbursement for the base rate or loading fee only. No copayment is required for an accompanying parent or attendant. Transportation providers may collect a copayment amount from the IHCP member equal to those listed in Table 1.8.

Table 1.8 – Transportation Copayments

Transportation Service	Member Copayment
Transportation services that pay \$10.00 or less	\$0.50 each one way trip
Transportation services that pay \$10.01 to \$50.00	\$1 each one way trip
Transportation services that pay \$50.01 or more	\$2 each one way trip

Exemptions to Copayments for Transportation Services

The following services are exempt from the copayment requirement:

- Emergency ambulance services
- Services furnished to members younger than 18 years old
- Services furnished to pregnant women
- Services furnished to members who are in hospitals, nursing facilities (NFs), intermediate care facilities for the mentally retarded (ICFs/MR), or other medical institutions. This includes instances where a member is being transported for the purpose of admission or discharge.
- Transportation services provided under a Managed Care Organization (MCO) to its Hoosier Healthwise enrollees

Federal Guidelines for Copayment Policy

According to 42 CFR 447.15, providers may not deny services to any member due to the member's inability to pay the copayment amount on the date of service. Pursuant to this federal requirement, this service guarantee does not apply to a member who is able to pay, nor does a member's inability to pay eliminate his or her liability for the copayment. It is the member's responsibility to inform the provider that he or she cannot afford to pay the copayment on the date of service. The provider may bill the member for copayments not paid on the date of service.

Package C Transportation Services

Hoosier Healthwise Package C members are eligible to receive emergency ambulance services, subject to the prudent layperson definition of emergency in *407 IAC 1-1-6*. Non-emergency ambulance transportation between medical facilities is a covered service when ordered by the treating physician.

Risk Based Managed Care Hoosier Healthwise Services

Transportation services for risk-based managed care (RBMC) members are the responsibility of the MCO. Providers must contact the appropriate MCO for more information about transportation guidelines for RBMC members.

Non-covered Transportation Services

Reimbursement is not available for the following transportation services:

- One-way trips exceeding 20 per member, per rolling 12-month period, except when medically necessity for additional trips is documented through the PA process
- Trips of 50 miles or more one way, unless PA is obtained
- First 30 minutes of waiting time for any type of conveyance, including ambulance
- Non-emergency transportation provided by any of the following:
 - A volunteer with no vested or personal interest in the member
 - An interested individual or neighbor of the member
 - A caseworker or social worker
- Ancillary, non-emergency transportation charges including, but not limited to, the following:
 - Parking fees
 - Tolls
 - Member meals or lodging
 - Escort meals or lodging
- Disposable medical supplies, other than oxygen, provided by a transportation provider
- Transfer of durable medical equipment, either from the member's residence to place of storage, or from the place of storage to the member's residence
- Use of red lights and siren for an emergency ambulance call
- All inter-hospital transportation services, except when the member has been discharged from one hospital for admission to another hospital
- Delivery services for prescribed drugs, including transporting a member to or from a pharmacy to pick up a prescribed drug

Documentation Requirements for Transportation Services

Each claim must be supported with the following documentation on the driver's ticket or run sheet:

- Complete date of service, including day, month, and year of service, such as 3/15/04
- Complete member name and address of pick-up, including street address, city, county, state, and ZIP
- Member identification number

- Member signature – If the member is unable to sign, the driver should document that “the patient was unable to sign” and the reason for the inability
- Waiting time including the actual start and stop time of the waiting period, such as wait time from 1 p.m. to 3:20 p.m.
- Complete service provider name and address, including street address, city, county, state, and ZIP

Note: If the service provider's name is abbreviated on the driver's ticket, the provider must document the complete provider name or maintain a facility abbreviation listing. This will help to expedite the post-payment review process.

- Name of the driver who provided transportation service
- Vehicle odometer reading at the beginning and end of the trip or mileage from mapping software, including the date the transportation service was provided and the specific starting and destination address. If mapping software is used, it must indicate the shortest route.

Note: All providers, including taxi providers, must document mileage using either odometer readings or mapping software. Taxi providers must document the distance traveled to support the metered or zoned rate or mileage code billed.

- Indication of a one-way or round trip
- Indication of CAS or NAS transportation
- Name and relationship of any accompanying parent or attendant to support the accompanying parent or attendant code billed, if applicable

Note: When an attendant or parent is billed as part of the transport, the parent or attendant must also sign the driver's ticket.

It is the provider's responsibility to verify that the member is being transported to or from a covered service. It is the provider's responsibility to maintain documentation that supports each transport and/or service provided. Transportation providers put themselves at risk of recoupment of payment if the required documentation is not maintained or covered services cannot be verified.

Registration Requirements

- **Commercial or Common Ambulatory and Non-Ambulatory Providers**
 - All for profit only CAS and NAS providers are required to certify annually through the Indiana Motor Carrier Services (MCS) and obtain a Motor Carrier Certification.
 - Providers must keep a copy of the certification for their records.
- **Taxi Providers**
 - Providers must have documentation showing operating authority from a local governing body (city taxi or livery license), if applicable.
 - Providers must keep a copy of the documentation for their records.
- **Ambulance**
 - Providers must have an Emergency Medical Services (EMS) Commission certification.
 - Providers must keep a copy of the certification for their records.
 - In accordance with *IC 16-1-31*, vehicles and staff that provide ambulance services must be certified by the EMS Commission to be eligible for reimbursement for transports involving either advanced life support or basic life support services. Failure to maintain the EMS Commission certification on all vehicles involved in transporting members results in termination of the *IHCP Provider Agreement*.

- **Bus**
 - Providers must have a MCS certificate from the Indiana Department of Revenue.
 - Providers must keep a copy of the certification for their records.
- **Family Member**
 - Providers must have an authorization letter from the local Office of Family and Children (OFC) (contact caseworker).
 - Providers must keep a copy of the authorization letter for their records.
- **Air Ambulance**
 - Providers must have EMS Commission Air Ambulance certification.
 - Providers must keep a copy of the certification for their records.

Chapter 4 of the *IHCP Provider Manual* includes detailed information about enrollment requirements and responsibilities. Providers who fail to maintain the required registration documentation may be referred to the appropriate governing agencies.

Transportation Code Sets

Effective July 1, 2004, transportation providers are limited to specific codes based on the provider specialty listed on the provider enrollment file. Tables 1.9 through 1.15 list the procedures codes allowed for each transportation provider specialty. Each table lists the transportation HCPCS code (or local code), the national code(s), reimbursement rates, and the procedure code description for each provider specialty. As a reminder, local HCPCS codes were end-dated effective December 31, 2003. The applicable national HCPCS code is listed for each end-dated local code. Due to several coverage changes that were made in 2004, the coverage dates are indicated, where applicable.

Commercial Ambulatory Service Provider

Table 1.9 – CAS Provider Code Set

264 Commercial Ambulatory Service (CAS) Provider				
Transportation HCPCS Code	Rate	National HCPCS Code	Rate	Description
S0215 (Non-reimbursable effective June 30, 2004)	\$1.25	A0425 U3 (January 1, 2004 – present)	\$1.25	Ground mileage, per statute mile; CAS
X3028 (End-dated December 31, 2003)	\$10.00	T2003 U9 (January 1, 2004 – June 30, 2004) T2003 (July 1, 2004 – present)	\$10.00	Non-emergency transportation, encounter/trip (CAS)
X3029 (End-dated December 31, 2003)	\$5.00	T2004 TT (January 1, 2004 – June 30, 2004) T2004 (July 1, 2004 – present)	\$5.00	Non-emergency transportation, commercial carrier, multi-pass (CAS)
X3030 (End-dated December 31, 2003)	\$5.00	T2001 TK (January 1, 2004 – June 30, 2004) T2001 (July 1, 2004 – present)	\$5.00	Non-emergency transportation, patient attendant/escort (CAS)

(Continued)

Table 1.9 – CAS Provider Code Set

264 Commercial Ambulatory Service (CAS) Provider				
Transportation HCPCS Code	Rate	National HCPCS Code	Rate	Description
Y9009 (End-dated December 31, 2003)	\$4.25	T2007 U3 (January 1, 2004 – present)	\$4.25	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; CAS

Note: As of July 1, 2004, T2003 U9, T2004 TT, and T2001 TK no longer require a modifier. Additional information is available in IHCP provider newsletter, NL200409, published September 15, 2004.

Non-Ambulatory Service Provider

Note: Ambulatory members transported in a vehicle equipped to transport non-ambulatory members must be billed according to the CAS level of service and rate, and not billed according to the vehicle type. CAS codes are included in the NAS provider code set and listed at the end of Table 1.10.

Table 1.10 – NAS Provider Code Set

265 Non-Ambulatory Service (NAS) Provider				
Transportation HCPCS Code	Rate	National HCPCS Code	Rate	Description
S0215 (Non-reimbursable effective June 30, 2004)	\$1.25	A0425 U5 (January 1, 2004 – present)	\$1.25	Ground mileage, per statute mile; NAS
Y9001 (End-dated December 31, 2003)	\$20.00	A0130 (January 1, 2004 – present)	\$20.00	Non-emergency transportation, wheel chair van base rate
X3039 (End-dated December 31, 2003)	\$10.00	A0130 TK (January 1, 2004 – present)	\$10.00	Non-emergency transportation, wheel chair van base rate; extra patient or passenger, non-ambulance
Y9201 (End-dated December 31, 2003)	\$10.00	A0130 TT (January 1, 2004 – present)	\$10.00	Non-emergency transportation, wheel chair van base rate; individualized service provided to more than one patient in same setting
Z5023 (End-dated December 31, 2003)	\$5.00	A0130 U6 (January 1, 2004 – present)	\$5.00	Non-emergency transportation, wheel chair van base rate; additional attendant
Y9009 (End-dated December 31, 2003)	\$4.25	T2007 U5 (January 1, 2004 – present)	\$4.25	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; NAS
S0215 (Non-reimbursable effective June 30, 2004)	\$1.25	A0425 U3 (January 1, 2004 – present)	\$1.25	Ground mileage, per statute mile; CAS

(Continued)

Table 1.10 – NAS Provider Code Set

265 Non-Ambulatory Service (NAS) Provider				
Transportation HCPCS Code	Rate	National HCPCS Code	Rate	Description
X3028 (End-dated December 31, 2003)	\$10.00	T2003 U9 (January 1, 2004 – June 30, 2004) T2003 (July 1, 2004 – present)	\$10.00	Non-emergency transportation, encounter/trip (CAS)
X3029 (End-dated December 31, 2003)	\$5.00	T2004 TT (January 1, 2004 – June 30, 2004) T2004 (July 1, 2004 – present)	\$5.00	Non-emergency transportation, commercial carrier, multi-pass (CAS)
X3030 (End-dated December 31, 2003)	\$5.00	T2001 TK (January 1, 2004 – June 30, 2004) T2001 (July 1, 2004 – present)	\$5.00	Non-emergency transportation, patient attendant/escort (CAS)
Y9009 (End-dated December 31, 2003)	\$4.25	T2007 U3 (January 1, 2004 – present)	\$4.25	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; CAS

Note: Ambulatory members transported in a vehicle equipped to transport non-ambulatory members must be billed according to the CAS level of service and rate, and not billed according to the vehicle type. CAS codes are included in the NAS provider code set and are listed in Table 1.10.

Ambulance (ALS and BLS) Provider

Note: Transportation must be billed according to the level of service rendered. Therefore, CAS and NAS codes are included in the Ambulance (ALS and BLS) provider code set and are listed in Table 1.11. More information about coverage and billing of ambulance services is included on page 10 of this billing guide.

Table 1.11 – Ambulance Provider Code Set

260 Ambulance (ALS and BLS) Provider				
Transportation HCPCS Code	Rate	National HCPCS Code	Rate	Description
A0070 (End-dated December 31, 2003)	\$15.00	A0422 (January 1, 2004 – present)	\$15.00	Ambulance (ALS and BLS) oxygen and oxygen supplies, life-sustaining situation
A0390 (Non-reimbursable effective March 31, 2004)	\$4.00	A0425 U1 (April 1, 2004 – present)	\$4.00	Ground mileage, per statute mile; ALS
(Continued)				
A0380 (Non-reimbursable effective March 31, 2004)	\$3.50	A0425 U2 (April 1, 2004 – present)	\$3.00	Ground mileage, per statute mile; BLS

Table 1.11 – Ambulance Provider Code Set

260 Ambulance (ALS and BLS) Provider				
Transportation HCPCS Code	Rate	National HCPCS Code	Rate	Description
A0420 (Non-reimbursable effective March 31, 2004)	\$20.00	A0420 U1 (April 1, 2004 – present)	\$20.00	Ambulance waiting time ALS, one-half (1/2) hour increments
A0420 (Non-reimbursable effective March 31, 2004)	\$20.00	A0420 U2 (April 1, 2004 – present)	\$20.00	Ambulance waiting time BLS, one-half (1/2) hour increments
A0426 (No changes)	\$85.00	A0426 (No changes)	\$85.00	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)
A0427 (No changes)	\$150.00	A0427 (No changes)	\$150.00	Ambulance service, advanced life support, emergency, level 1 (ALS1-emergency)
A0428 (No changes)	\$85.00	A0428 (No changes)	\$85.00	Ambulance service, basic life support, non-emergency transport; (BLS)
A0429 (No changes)	\$100.00	A0429 (No changes)	\$100.00	Ambulance service, basic life support, emergency transport, (BLS-emergency)
A0433 (No changes)	\$150.00	A0433 (No changes)	\$150.00	Advanced ALS (Level 2)
A0434 (Non-reimbursable effective March 31, 2004)	\$158.30	A0225 (April 1, 2004 – present)	\$150.00	Ambulance service, neonatal transport, base rate, emergency transport, one-way
A0999 (No changes)	Manual	A0999 (No changes)	Manual	Unlisted ambulance service
Z5023 (End-dated December 31, 2003)	\$5.00	A0424 (January 1, 2004 – present)	\$5.00	Extra ambulance attendant, ground (ALS or BLS) or air (rotary and fixed wing)
N/A	N/A	A0426 U3 (January 1, 2004 – May 1, 2005) Use T2003 effective May 1, 2005.	\$10.00	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1); CAS
N/A	N/A	A0426 U5 (January 1, 2004 – May 1, 2005) Use A0130 effective May 1, 2005.	\$20.00	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1); NAS
(Continued)				
N/A	N/A	A0428 U3 (January 1, 2004 – May 1, 2005) Use T2003 effective May 1, 2005.	\$10.00	Ambulance service, basic life support, non-emergency transport; CAS

Table 1.11 – Ambulance Provider Code Set

260 Ambulance (ALS and BLS) Provider				
Transportation HCPCS Code	Rate	National HCPCS Code	Rate	Description
N/A	N/A	A0428 U5 (January 1, 2004 – May 1, 2005) Use T2003 effective May 1, 2005.	\$20.00	Ambulance service, basic life support, non-emergency transport; NAS
N/A	N/A	T2003 (Replacement code for A0426 U3 and A0428 U3, effective May 1, 2005.)	\$10.00	Non-emergency transportation, encounter/trip (CAS)
N/A	N/A	A0130 (Replacement code for A0426 U5 and A0428 U5, effective May 1, 2005.)	\$20.00	Non-emergency transportation, wheel chair van base rate (NAS)
N/A	N/A	T2007 U3 (Use this code for waiting time when the transport is a CAS level of service.)	\$4.25	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; CAS
Z5023 (End-dated December 31, 2003)	\$5.00	A0130 U6 (January 1, 2004 - present)	\$5.00	Non-emergency transportation, wheel chair van base rate; additional attendant
N/A	N/A	T2007 U5 (Use this code for waiting time when the transport is a NAS level of service.)	\$4.25	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; NAS

Note: Transportation must be billed according to the level of service rendered. Therefore, CAS and NAS codes are included in the Ambulance (ALS and BLS) provider code set and are listed in Table 1.11. More information about coverage and billing of ambulance services is included on page 10 of this billing guide.

Air Ambulance

Table 1.12 – Air Ambulance Code Set

261 Air Ambulance				
Transportation HCPCS Code	Rate	National HCPCS Code	Rate	Description
A0140 (No changes)	Manual	A0140 (No changes)	Manual	Non-emergency transportation and air travel (private or commercial), intra or interstate
(Continued)				
A0430 (No changes)	Manual	A0430 (No changes)	Manual	Ambulance service, conventional air service transport, one way (fixed wing)
A0431 (No changes)	Manual	A0431 (No changes)	Manual	Ambulance service, conventional air service, transport, one way (rotary wing)
A0999 (No changes)	Manual	A0999 (No changes)	Manual	Unlisted ambulance service

Taxi Provider

Table 1.13 – Taxi Code Set

263 Taxi Provider				
Transportation HCPCS Code	Rate	National HCPCS Code	Rate	Description
X3031 (End-dated December 31, 2003)	\$6.00	A0100 UA (January 1, 2004 – present)	\$6.00	Taxi, rates non-regulated, 0-5 miles
X3032 (End-dated December 31, 2003)	\$10.00	A0100 UB (January 1, 2004 – present)	\$10.00	Taxi, rates non-regulated, 6-10 miles
X3033 (End-dated December 31, 2003)	\$15.00	A0100 UC (January 1, 2004 – present)	\$15.00	Taxi, rates non-regulated, 11 or more miles
X3034 (End-dated December 31, 2003)	\$3.00	A0100 TK UA (January 1, 2004 – present)	\$3.00	Taxi, rates non-regulated, 0-5 miles for accompanying parent/attendant
X3036 (End-dated December 31, 2003)	\$5.00	A0100 TK UB (January 1, 2004 – present)	\$5.00	Taxi, rates non-regulated, 6-10 miles for accompanying parent/attendant
X3038 (End-dated December 31, 2003)	\$7.50	A0100 TK UC (January 1, 2004 – present)	\$7.50	Taxi, rates non-regulated, 11 or more miles for accompanying parent/attendant
X3035 (End-dated December 31, 2003)	\$3.00	A0100 TT UA (January 1, 2004 – present)	\$3.00	Taxi, rates non-regulated, 0-5 miles for multiple passengers
X3037 (End-dated December 31, 2003)	\$5.00	A0100 TT UB (January 1, 2004 – present)	\$5.00	Taxi, rates non-regulated, 6-10 miles for multiple passengers
Y9210 (End-dated December 31, 2003)	\$7.50	A0100 TT UC (January 1, 2004 – present)	\$7.50	Taxi, rates non-regulated, 11 or more miles for multiple passengers
Y9010 (End-dated December 31, 2003)	\$15.00	A0100 U4 (January 1, 2004 – present)	\$15.00	Non-emergency transportation; taxi, suburban territory

Family Member Transportation Provider


Table 1.14 – Family Member Transportation Provider Code Set

266 Family Member Provider				
Transportation HCPCS Code	Rate	National HCPCS Code	Rate	Description
Y9012 (End-dated December 31, 2003)	\$0.28	A0090 (January 1, 2004 – present)	\$0.28	Non-emergency transportation, per mile-vehicle provided by individual (family member, self, neighbor) with vested interest

Bus Provider

Table 1.15 – Bus Provider Code Set

262 Bus Provider				
Transportation HCPCS Code	Rate	National HCPCS Code	Rate	Description
N/A	N/A	A0110	Max fee \$25.00 (January 1, 2004 – June 30, 2004) Manual (June 30, 2004 – present)	Non-emergency transportation and bus, intra or interstate carrier



INDIANA PRIOR REVIEW AND AUTHORIZATION REQUEST

<p>(# REQUIRED IF MEDICAID PROVIDER) PMP ()</p> <p>Requesting Provider # _____ Phone _____</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/ZIP _____</p>	<p>INTERNAL USE ONLY</p> <table style="width: 100%; font-size: small;"> <tr> <td>(1) HOME HEALTH</td> <td>(8) AUDIOLOGY</td> <td>(14) RESPIRATORY THERAPY (RT)</td> </tr> <tr> <td>(2-3) HOSP., OUT PT</td> <td>(9) SPEECH</td> <td>(15) DENTAL SERVICES</td> </tr> <tr> <td>(4) PHYSICIAN</td> <td>(10) MENTAL HEALTH SERVICES</td> <td>(16) OPTOMETRIC SERVICES (OD)</td> </tr> <tr> <td>(5) REHAB.</td> <td>(11) DURABLE MEDICAL EQUIPMENT</td> <td>(17) PODIATRY SERVICES</td> </tr> <tr> <td>(6) TRANSPLANT</td> <td>(12) OCCUPATIONAL THERAPY (OT)</td> <td>(18) CHIROPRACTIC SERVICES</td> </tr> <tr> <td>(7) TRANSPORTATION</td> <td>(13) PHYSICAL THERAPY (PT)</td> <td>(19) PHARMACEUTICAL SERVICES</td> </tr> </table>	(1) HOME HEALTH	(8) AUDIOLOGY	(14) RESPIRATORY THERAPY (RT)	(2-3) HOSP., OUT PT	(9) SPEECH	(15) DENTAL SERVICES	(4) PHYSICIAN	(10) MENTAL HEALTH SERVICES	(16) OPTOMETRIC SERVICES (OD)	(5) REHAB.	(11) DURABLE MEDICAL EQUIPMENT	(17) PODIATRY SERVICES	(6) TRANSPLANT	(12) OCCUPATIONAL THERAPY (OT)	(18) CHIROPRACTIC SERVICES	(7) TRANSPORTATION	(13) PHYSICAL THERAPY (PT)	(19) PHARMACEUTICAL SERVICES
(1) HOME HEALTH	(8) AUDIOLOGY	(14) RESPIRATORY THERAPY (RT)																	
(2-3) HOSP., OUT PT	(9) SPEECH	(15) DENTAL SERVICES																	
(4) PHYSICIAN	(10) MENTAL HEALTH SERVICES	(16) OPTOMETRIC SERVICES (OD)																	
(5) REHAB.	(11) DURABLE MEDICAL EQUIPMENT	(17) PODIATRY SERVICES																	
(6) TRANSPLANT	(12) OCCUPATIONAL THERAPY (OT)	(18) CHIROPRACTIC SERVICES																	
(7) TRANSPORTATION	(13) PHYSICAL THERAPY (PT)	(19) PHARMACEUTICAL SERVICES																	

<p>Rendering Provider # _____ Phone _____</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/ZIP _____</p>	<p>PCCM () MCO () 590 ()</p> <p>RID No. _____ DOB _____</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/ZIP _____</p>
--	---

MEDICAL DIAGNOSIS: (USE OF ICD-9-CM DIAGNOSTIC CODE REQUIRED)

Primary _____

Secondary _____

Is this a request for continuing service? Yes ☐ No ☐ (No gap in certification) ☐

Will DME be: Purchased: ☐ Rented: ☐ Repaired: ☐ Length of time DME required: _____

Has service or medical supply been previously provided? Yes ☐ Date _____ No ☐

WARNING: ANY AUTHORIZATION IS VALID ONLY IF THE MEMBER IS ELIGIBLE ON THE DATE SERVICE WAS PROVIDED.

DATES OF SERVICE		SERVICE CODE (REQUIRED)	MODIFIER (S)	REQUESTED SERVICE	TAXONOMY	POS	UNITS	DOLLARS
START MMDDCCYY	STOP MMDDCCYY							

Clinical Summary (include Prognosis and Rehabilitation Potential) A current plan of treatment and progress notes as to the necessity, effectiveness, and goals of therapy services (PT, OT, RT, SP, Audiology, Psychotherapy, Home Health, and Transportation) must be attached.

Signature of Requesting Provider _____ Date _____

(original signature required) The above sections must be completed or the request will be rejected.

FORWARD TO:
HCE Prior Authorization Department
P.O. Box 531520
Indianapolis, IN 46253-1520

Date of Submission _____

EDS-September 2003 / PAU-0001

Figure 1.1 – Prior Authorization Form

INDIANA OFFICE OF MEDICAID POLICY AND PLANNING DOCUMENTATION FOR MEDICAID-FINANCED TRANSPORTATION SERVICES	
Transportation Provider and Address:	Date of Service _____
	Round Trip _____
	One Way _____
	Mileage Odometer start: _____
	Odometer end: _____
	Odometer start return trip: _____
	Odometer end return trip: _____
	Wait Time from _____ a.m./p.m.
	to _____ a.m./p.m.
Driver's name: _____	
Member Name: _____	CAS Transport _____
Member (or Pick-up) Address: _____	NAS Transport _____
Member RID Number: _____	Accompanying parent/attendant _____
Member Signature: _____	
Destination: Hospital _____	
Doctor's Office _____	
Other _____	
	(Please specify)
Service Provider Name _____	
	(Name of hospital, doctor, etc.)
Service Provider Address: _____	

I certify that the above indicated member was transported to my place of business to receive Indiana Medicaid services.	
_____	_____
Representative of Service Provider	Date
Signature (Optional)	

Figure 1.2 – Example Documentation Form for Medicaid-Financed Transportation Services

DATA – TRANSPORTATION PRIOR AUTHORIZATIONS:

Data Range: January 1, 2013 – March 31, 2014

Monthly Transportation PA Line Count

PAs worked 1/1/2013 - 3/31/2014

PA Line Count						
Worked Month	APPROVED	DENIED	MODIFIED	NO PA REQUIRED	REJECTED	Grand Total
201301	6,492	872	532	17	18	7,931
201302	6,263	668	465	2	15	7,413
201303	7,310	681	731	-	9	8,731
201304	6,789	650	519	7	11	7,976
201305	7,200	591	350	-	17	8,158
201306	6,574	565	460	2	18	7,619
201307	7,001	665	417	3	26	8,112
201308	5,993	607	400	1	17	7,018
201309	6,655	714	409	-	26	7,804
201310	6,579	939	457	-	10	7,985
201311	7,296	752	472	3	8	8,531
201312	5,902	497	534	6	6	6,945
201401	6,921	608	539	5	8	8,081
201402	5,308	447	489	3	3	6,250
201403	6,172	578	530	1	8	7,289
Grand Total	98,455	9,834	7,304	50	200	115,843

PA Line Count Percentage					
Worked Month	APPROVED	DENIED	MODIFIED	NO PA REQUIRED	REJECTED
201301	81.86%	10.99%	6.71%	0.21%	0.23%
201302	84.49%	9.01%	6.27%	0.03%	0.20%
201303	83.72%	7.80%	8.37%	0.00%	0.10%
201304	85.12%	8.15%	6.51%	0.09%	0.14%
201305	88.26%	7.24%	4.29%	0.00%	0.21%
201306	86.28%	7.42%	6.04%	0.03%	0.24%
201307	86.30%	8.20%	5.14%	0.04%	0.32%
201308	85.39%	8.65%	5.70%	0.01%	0.24%
201309	85.28%	9.15%	5.24%	0.00%	0.33%
201310	82.39%	11.76%	5.72%	0.00%	0.13%
201311	85.52%	8.81%	5.53%	0.04%	0.09%
201312	84.98%	7.16%	7.69%	0.09%	0.09%
201401	85.65%	7.52%	6.67%	0.06%	0.10%
201402	84.93%	7.15%	7.82%	0.05%	0.05%
201403	84.68%	7.93%	7.27%	0.01%	0.11%
Grand Total	84.99%	8.49%	6.31%	0.04%	0.17%

Transportation PA Line Count by Service Code

PAs worked 1/1/2013 - 3/31/2014

Service Code	PA Line Count
T2003 - N-ET; ENCOUNTER/TRIP	55,063
A0425 - GROUND MILEAGE	31,659
T2007 - NON-EMER TRANSPORT WAIT TIME	9,928
A0130 - NONER TRANSPORT WHEELCH VAN	6,332
T2004 - N-ET; COMMERC CARRIER PASS	4,850
T2001 - N-ET; PATIENT ATTEND/ESCORT	2,570
A0428 - BLS	1,585
A0100 - NONEMERGENCY TRANSPORT TAXI	1,125
A0426 - ALS 1	660
A0431 - ROTARY WING AIR TRANSPORT	615
A0436 - ROTARY WING AIR MILEAGE	569
A0427 - ALS1-EMERGENCY	266
A0422 - AMBULANCE 02 LIFE SUSTAINING	163
A0429 - BLS-EMERGENCY	118
A0433 - ALS 2	99
A0420 - AMBULANCE WAITING 1/2 HR	76
A0424 - EXTRA AMBULANCE ATTENDANT	52
A0225 - NEONATAL EMERGENCY TRANSPORT	37
A0434 - SPECIALTY CARE TRANSPORT	18
A0999 - UNLISTED AMBULANCE SERVICE	10
A0435 - FIXED WING AIR MILEAGE	10
A0430 - FIXED WING AIR TRANSPORT	6
T1016 - CASE MANAGEMENT	6
93041 - RHYTHM ECG TRACING	6
A0382 - BASIC SUPPORT ROUTINE SUPPLS	4
T2030 - ASSIST LIVING WAIVER/MONTH	4
A0398 - ALS ROUTINE DISPOSBLE SUPPLS	3
T2000 - Unknown	2
96374 - THER/PROPH/DIAG INJ IV PUSH	2
J2250 - INJ MIDAZOLAM HYDROCHLORIDE	1
J3010 - FENTANYL CITRATE INJECITON	1
94002 - VENT MGMT INPAT INIT DAY	1
T2006 - AMB RESPONSE & TRT, NO TRANS	1
J2405 - ONDANSETRON HCL INJECTION	1
Grand Total	115,843

Monthly Neonatal Emergency Transport PA Line Count

PAs worked 1/1/2013 - 3/31/2014

Service Code	A0225
In-State vs. Out of State	In State

PA Line Count				
Worked Month	APPROVED	DENIED	MODIFIED	Grand Total
201301	1	-	1	2
201302	1	1	-	2
201303	1	-	-	1
201304	4	-	-	4
201305	2	-	-	2
201306	2	-	-	2
201307	1	-	-	1
201308	2	-	-	2
201309	2	-	1	3
201310	2	-	-	2
201311	1	-	-	1
201312	5	-	-	5
201401	3	1	-	4
201402	1	1	-	2
201403	3	-	1	4
Grand Total	31	3	3	37

Service Code	A0225
In-State vs. Out of State	In State

PA Line Count Percentage			
Worked Month	APPROVED	DENIED	MODIFIED
201301	50%	0%	50%
201302	50%	50%	0%
201303	100%	0%	0%
201304	100%	0%	0%
201305	100%	0%	0%
201306	100%	0%	0%
201307	100%	0%	0%
201308	100%	0%	0%
201309	67%	0%	33%
201310	100%	0%	0%
201311	100%	0%	0%
201312	100%	0%	0%
201401	75%	25%	0%
201402	50%	50%	0%
201403	75%	0%	25%
Grand Total	84%	8%	8%

Monthly Air Ambulance PA Line Count

PAs worked 1/1/2013 - 3/31/2014

Service Category	Air Ambulance
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PA Line Count					
Worked Month	APPROVED	DENIED	MODIFIED	REJECTED	Grand Total
201301	79	14	-	-	93
201302	59	6	1	-	66
201303	51	4	3	-	58
201304	61	15	4	-	80
201305	65	6	1	1	73
201306	79	5	1	6	91
201307	62	6	7	2	77
201308	80	7	1	3	91
201309	78	7	1	2	88
201310	77	22	3	-	102
201311	65	12	2	-	79
201312	65	2	1	-	68
201401	63	17	-	-	80
201402	57	9	2	-	68
201403	74	9	2	1	86
Grand Total	1,015	141	29	15	1,200

Service Category	Air Ambulance
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PA Line Count Percentage				
Worked Month	APPROVED	DENIED	MODIFIED	REJECTED
201301	85%	15%	0%	0%
201302	89%	9%	2%	0%
201303	88%	7%	5%	0%
201304	76%	19%	5%	0%
201305	89%	8%	1%	1%
201306	87%	5%	1%	7%
201307	81%	8%	9%	3%
201308	88%	8%	1%	3%
201309	89%	8%	1%	2%
201310	75%	22%	3%	0%
201311	82%	15%	3%	0%
201312	96%	3%	1%	0%
201401	79%	21%	0%	0%
201402	84%	13%	3%	0%
201403	86%	10%	2%	1%
Grand Total	85%	12%	2%	1%

Monthly Air Ambulance PA Line Count - In State vs. Out of State

PAs worked 1/1/2013 - 3/31/2014

Service Category	Air Ambulance
In-State vs. Out of State	In State

PA Line Count					
Worked Month	APPROVED	DENIED	MODIFIED	REJECTED	Grand Total
201301	71	10	-	-	81
201302	57	5	1	-	63
201303	45	4	3	-	52
201304	56	15	4	-	75
201305	62	6	1	-	69
201306	72	5	1	3	81
201307	57	6	7	2	72
201308	75	6	1	3	85
201309	66	7	-	2	75
201310	68	19	3	-	90
201311	55	12	2	-	69
201312	58	2	1	-	61
201401	58	13	-	-	71
201402	45	7	2	-	54
201403	63	7	2	-	72
Grand Total	908	124	28	10	1,070

Service Category	Air Ambulance
In-State vs. Out of State	In State

PA Line Count Percentage				
Worked Month	APPROVED	DENIED	MODIFIED	REJECTED
201301	88%	12%	0%	0%
201302	90%	8%	2%	0%
201303	87%	8%	6%	0%
201304	75%	20%	5%	0%
201305	90%	9%	1%	0%
201306	89%	6%	1%	4%
201307	79%	8%	10%	3%
201308	88%	7%	1%	4%
201309	88%	9%	0%	3%
201310	76%	21%	3%	0%
201311	80%	17%	3%	0%
201312	95%	3%	2%	0%
201401	82%	18%	0%	0%
201402	83%	13%	4%	0%
201403	88%	10%	3%	0%
Grand Total	85%	12%	3%	1%

Service Category	Air Ambulance
In-State vs. Out of State	Out of State

PA Line Count					
Worked Month	APPROVED	DENIED	MODIFIED	REJECTED	Grand Total
201301	8	4	-	-	12
201302	2	1	-	-	3
201303	6	-	-	-	6
201304	5	-	-	-	5
201305	3	-	-	1	4
201306	7	-	-	3	10
201307	5	-	-	-	5
201308	5	1	-	-	6
201309	12	-	1	-	13
201310	9	3	-	-	12
201311	10	-	-	-	10
201312	7	-	-	-	7
201401	5	4	-	-	9
201402	12	2	-	-	14
201403	11	2	-	1	14
Grand Total	107	17	1	5	130

Service Category	Air Ambulance
In-State vs. Out of State	Out of State

PA Line Count Percentage				
Worked Month	APPROVED	DENIED	MODIFIED	REJECTED
201301	67%	33%	0%	0%
201302	67%	33%	0%	0%
201303	100%	0%	0%	0%
201304	100%	0%	0%	0%
201305	75%	0%	0%	25%
201306	70%	0%	0%	30%
201307	100%	0%	0%	0%
201308	83%	17%	0%	0%
201309	92%	0%	8%	0%
201310	75%	25%	0%	0%
201311	100%	0%	0%	0%
201312	100%	0%	0%	0%
201401	56%	44%	0%	0%
201402	86%	14%	0%	0%
201403	79%	14%	0%	7%
Grand Total	82%	13%	1%	4%

Transportation PA Line Count by Service Category

PAs worked 1/1/2013 - 3/31/2014

PA Line Count						
Service Code	APPROVED	DENIED	MODIFIED	REJECTED	NO PA REQUIRED	Grand Total
ALS						
A0426	526	115	13	6	-	660
A0427	201	54	8	1	2	266
A0433	77	21	1	-	-	99
BLS						
A0428	904	629	40	12	-	1,585
A0429	68	42	3	5	-	118
Non-Emergency Transport						
A0100	977	31	117	-	-	1,125
A0130	5,093	782	450	3	4	6,332
T2003	47,278	4,397	3,299	66	23	55,063
T2004	4,048	291	500	11	-	4,850
Grand Total	59,172	6,362	4,431	104	29	70,098

PA Line Count Percentage					
Service Code	APPROVED	DENIED	MODIFIED	REJECTED	NO PA REQUIRED
ALS					
A0426	79.70%	17.42%	1.97%	0.91%	0.00%
A0427	75.56%	20.30%	3.01%	0.38%	0.75%
A0433	77.78%	21.21%	1.01%	0.00%	0.00%
BLS					
A0428	57.03%	39.68%	2.52%	0.76%	0.00%
A0429	57.63%	35.59%	2.54%	4.24%	0.00%
Non-Emergency Transport					
A0100	86.84%	2.76%	10.40%	0.00%	0.00%
A0130	80.43%	12.35%	7.11%	0.05%	0.06%
T2003	85.86%	7.99%	5.99%	0.12%	0.04%
T2004	83.46%	6.00%	10.31%	0.23%	0.00%
Grand Total	84.41%	9.08%	6.32%	0.15%	0.04%

Transportation PA Line Count by Requesting Provider

PAs worked 1/1/2013 - 3/31/2014

Monthly PA Line Count			
Worked Month	In State	Out of State	Total
201301	7,667	264	7,931
201302	7,160	253	7,413
201303	8,379	352	8,731
201304	7,682	294	7,976
201305	7,826	332	8,158
201306	6,924	695	7,619
201307	7,701	411	8,112
201308	6,569	449	7,018
201309	7,292	512	7,804
201310	7,535	450	7,985
201311	7,501	1,030	8,531
201312	6,441	504	6,945
201401	7,909	172	8,081
201402	5,962	288	6,250
201403	7,052	237	7,289
Total	109,600	6,243	115,843

PA Line Count by Requesting Provider			
Requesting Provider	In State	Out of State	Total
COMMUNITY TRANSPORT SERVICE LLC	12,486	-	12,486
EATON EMERGENCY UNIT	8,574	-	8,574
SUNSHINE TRANSPORTATION L.L.C.	7,692	-	7,692
SAFEWAY TAXI	5,988	-	5,988
OLDER AMERICANS SERVICE	5,628	-	5,628
SPIRIT MEDICAL TRANSPORT, LLC	-	5,123	5,123
TRIPLE A EXPRESS	3,728	-	3,728
Unknown	2,755	2	2,757
LIFESPAN RESOURCES INC	2,564	-	2,564
KNOX COUNTY EMS	2,389	-	2,389
CARE-A-VAN	2,361	-	2,361
LENDING A HELPING HAND TRANSPORTATION	2,074	-	2,074
LIVING WELL IN WABASH COUNTY COA INC	1,903	-	1,903
PAST, LLC	1,664	-	1,664
CLASSIC MEDICAB TRANSPORTATION	1,634	-	1,634
COMMUNITY ACTION PROGRAM INC/ MAC VANS	1,475	-	1,475
STEADFAST TRANSPORTATION L.L.C.	1,435	-	1,435
KOKOMO CAB LLC	1,427	-	1,427
FIRST CHANCE CENTER - TRANSPORTATION	1,400	-	1,400
D HALTER AND ASSOC LLC	1,361	-	1,361
PROMPT MEDICAL TRANSPORTATION INC	1,182	-	1,182
CASS COUNTY COUNCIL ON AGING INC	1,093	-	1,093
HORSE LADY'S MEDICAL TRANSPORTATION LLC	920	-	920
CARE AMBULANCE SERVICE LLC	872	-	872
FRANKLIN CO SENIOR CITIZENS SERVICES	852	-	852
EDINBURGH TRANSIT AUTHORITY	845	-	845

Requesting Provider	In State	Out of State	Total
MED-A-PORT INC	829	-	829
GIBSON TAXI INC	-	823	823
CARDINAL SERVICES INC OF IN-TRANS WINON	811	-	811
JRS JUNIOR NON MEDICAL TRANSPORTATION	788	-	788
SULLIVAN COUNTY MEDICAL TRANSPORT INC	785	-	785
HEARTLAND AMBULANCE SERVICE, LLC	768	-	768
RURAL METRO AMBULANCE RICHMOND	713	-	713
COMPASSIONATE MED TRANSPORATION SVS LLC	702	-	702
ALDERSON DONNA	687	-	687
SENIOR & FAMILY SERVICES INC	685	-	685
MIGHTY CAB LLC	676	-	676
TEAM CKD TRANSPORT	669	-	669
CLARIAN HEALTH PARTNERS, INC (CHP)	642	-	642
TRANS-CARE AMBULANCE	629	-	629
CHILDPLACE - TRANSPORTATION	616	-	616
FULTON CO COUNCIL ON AGING	612	-	612
J & S MEDICAB, INC	606	-	606
MIAMI COUNTY YMCA	604	-	604
PULASKI CO HUMAN SERVICES	571	-	571
CARDINAL SERVICES INC OF IN-TRANS KOSCI	569	-	569
R-R TAXI	564	-	564
INDIANAPOLIS YELLOW CAB	559	-	559
TRI-STATE TRANSPORTATION	529	-	529
HANCOCK COUNTY SENIOR SERVICES INC	515	-	515
SOUTHERN INDIANA RESOURCE SOLUTIONS INC	506	-	506
RIVER CITY TAXI	502	-	502
SUPERIOR AIR-GROUND AMBULANCE SERVICE, INC	492	-	492
GIBSON COUNTY COUNCIL ON AGING	472	-	472
OAKLAWN PSYCHIATRIC CENTER INC-TRANSP	432	-	432
HOME MEDICAB SERVICE	418	-	418
STEUBEN CO COUNCIL ON AGING INC	400	-	400
FAYETTE COMM COUNCIL ON AGING&AGED INC	398	-	398
NON EMERGENCY TRANSPORTATION LLC	389	-	389
SUNSHINE VANS	376	-	376
BENSON TRANSPORT LLC	366	-	366
JIMMIE W POWERS	344	-	344
PROMPT AMBULANCE CENTRAL INC	332	-	332
LIFESPRING INC	330	-	330
LIFE TIME RESOURCES - TRANSP	330	-	330
DARS TRANSPORTATION	328	-	328
CARROLL CAB HOLDINGS INC	327	-	327
PHI INC	322	-	322
ALI TRANSPORTATION LLC	321	-	321
TYCE TASHA M	309	-	309
BETTYE J MCCORMICK SENIOR CENTER DBA	291	-	291
DEVELOPMENTAL SERVICES	288	-	288
HILLTOP TAXI MEDICAL TRANSPORT LLC	278	-	278
E.M.A.S.INC	255	-	255
ASPIRE INDIANA INC	254	-	254
BAKER TRANSPORTATION	247	-	247
TRI COUNTY AMBULANCE SERVICE INC	246	-	246

Requesting Provider	In State	Out of State	Total
COMMUNITY SERVICES OF STARKE CO INC	245	-	245
NORRIS MEDICAL TRANSPORTATION SERVICES	244	-	244
HUNTINGTON CO COUNCIL ON AGING INC	223	-	223
NOBLE CO COUNCIL ON AGE	218	-	218
INTEGRITY CARE LLC	216	-	216
RUSH COUNTY SENIOR CITIZENS SERVICES IN	211	-	211
CUMMINS BEHAVIORAL HEALTH SYSTEMS INC	209	-	209
MERCY AMBULANCE OF EVANSVILLE	204	-	204
SOUTHERN HILLS COUNSELING CENTER INC	201	-	201
GRANT-BLACKFORD MENTAL HEALTH	200	-	200
ACCESS UNITED TRANPORTATION, LLC	192	-	192
RIDE EXPRESS OF INDY	191	-	191
PARENTS AND FRIENDS INC	186	-	186
MEDI-LINK SERVICES	180	-	180
MARKSMEN CAB CO	178	-	178
AREA 10 AGENCY ON AGING-TRANSPORTATION	173	-	173
JACKSON COUNTY AMBULANCE SERVICE	165	-	165
THREE RIVERS AMBULANCE AUTHORITY	160	-	160
TOP NOTCH TRANSPORTATION LLC	159	-	159
HELPING HAND CHAUFFEUR SERVICE INC	157	-	157
TRI-COUNTY AMBULANCE INC	145	-	145
ELITE MEDICAL TRANSPORTATION LLC	141	-	141
TAXI EXPRESS	141	-	141
LAGRANGE COUNTY COUNCIL ON AGING	140	-	140
JASPER CO COMM SERVICES	137	-	137
FAYETTE MEMORIAL HOSPITAL- AMBULANCE	136	-	136
DISTINCTIVE TRANSPORTATION SERVICES	132	-	132
ALLIANCE EMS	128	-	128
EDGEWATER SYSTEMS FOR BALANCED LIVING	127	-	127
HENRY CO SHERIFFS DEPARTMENT EMS	124	-	124
MIDWEST AMBULANCE SERVICE INC	120	-	120
BLACKFORD COMMUNITY HOSPITAL INC	113	-	113
MERIDIAN SERVICES CORP	113	-	113
DUKES HEALTH SYSTEM LLC	109	-	109
COMMUNITY TRANSPORTATION NETWORK INC	109	-	109
DEKALB COUNTY COUNCIL ON AGING, INC	107	-	107
IOM HEALTH SYSTEM LP	107	-	107
CABELL, WANDA	105	-	105
KENTUCKIANA TRANSPORT LLC	105	-	105
LIFE MED INC	102	-	102
WELLS COUNTY COUNCIL ON AGING-TRANS	102	-	102
POSEY CO COUNCIL ON AGING	100	-	100
REGIONAL MENTAL HEALTH CENTER	98	-	98
BY HIS GRACE TRANSPORTATION LLC	97	-	97
PARKVIEW HOSPITAL, INC.	93	-	93
SATIN DOLL TRANSPORT LLC	92	-	92
NORTHEASTERN CENTER INC	90	-	90
D. HALTER & ASSOC.LLC	89	-	89
BLUE RIVER SERVICES - TRANS	86	-	86
LITTLE COMPANY OF MARY HOSPITAL OF INDIANA, INC	85	-	85
KINGS DAUGHTERS HOSPITAL	85	-	85

Requesting Provider	In State	Out of State	Total
YELLOW AMBULANCE SERVICE	-	84	84
INDIANA UNIVERSITY HEALTH INC	83	-	83
KIMBERLY H SIMMONS	81	-	81
RURAL IND TRANSPORTATION SERV INC	81	-	81
ABLE AMBULANCE INC	80	-	80
AIR EVAC EMS INC	80	-	80
AMERICARE AMBULANCE SERVICE OF INDIANA	80	-	80
BCUZ WE CARE TRANSPORTATION	78	-	78
BOONE COUNTY SENIOR SERVICES	78	-	78
TANKSLEYS TRANSPORTATION SERVICE LLC	76	-	76
EMPOWERMENT NON EMERGENCY MEDICAL TRANSPORTATION INC.	76	-	76
UNION COUNTY TRANSIT	75	-	75
DUBLIN VOL FIRE DEPT, INC	74	-	74
AIR METHODS CORPORATION PBS	-	74	74
3 C'S TRANSPORTATION LLC	73	-	73
DECATUR CO MEM HOSPITAL-TRANSPORTATION	69	-	69
TANOAH BEAVERS	66	-	66
LIFESPAN RESOURCES	63	-	63
SEALS AMBULANCE SERVICE INC	62	-	62
KEVIN FLOWERS	59	-	59
WHITLEY CO COUNCIL ON AGING & AGED, INC	58	-	58
ADAMS CO COUNCIL ON AGING	58	-	58
TUQUL LEROY	58	-	58
PAUL PHILLIPPE RESOURCE CENTER	57	-	57
ARICEK D MASON	57	-	57
MERIDIAN SERVICES	56	-	56
NORTON HEALTHCARE ATT MANAGED CARE DEPT	-	56	56
SOUTH BEND FIRE DEPT EMS	55	-	55
BENTON CO EMERGENCY AMBULANCE SERVICE	55	-	55
TRANSCARE AMBULANCE	54	-	54
ACTION AMBULANCE	48	-	48
GREENE COUNTY AMBULANCE SERVICE	47	-	47
MEMORIAL HOSP OF SB-DME	44	-	44
COMAIER SERVICES INC	44	-	44
OPPORTUNITY ENTERPRISES, INC.	44	-	44
MAINSTREAM TRANSPORTATION AUTHORITY INC	44	-	44
CITY CARE-A-VAN ANGOLA INC	43	-	43
LIFE NET INC	-	42	42
WELLS COUNTY EMS INC	42	-	42
FULTON COUNTY EMS	42	-	42
INDIANA UNIV HEALTH BLOOMINGTON INC	41	-	41
QCA INC	39	-	39
ST MARY'S EMERGENCY MEDICAL SERVICES IN	38	-	38
COMPANION TRANSPORTATION	34	-	34
LIFE AMBULANCE	33	-	33
LIFELINE YOUTH & FAMILY SERVICES INC	32	-	32
STATEWIDE TRANSFER AMBULANCE AND RESCUE INC	32	-	32
PUTNAM CO OPERATION LIFE, INC.	32	-	32
HARRISON COUNTY HOSPITAL	30	-	30
BEDFORD REGIONAL MED CTR-AMBULANCE	30	-	30
PERSONAL CARE AMBULANCE TRANSPORT LLC	30	-	30

Requesting Provider	In State	Out of State	Total
MARION GENERAL HOSPITAL	29	-	29
MEDICARE PATIENT SWING BED UNIT SUBPART	29	-	29
DALTON MEDICAL TRANSPORT	27	-	27
NEWTON COUNTY COUNCIL ON AGING	26	-	26
COMMUNITY HOSPITAL OF LAGRANGE CO INC	25	-	25
SAINT JOSEPH HOSPITAL & HEALTH CENTER	23	-	23
RUSH MEMORIAL HOSPITAL	21	-	21
INDIANA UNIVERSITHY HEALTH PAOLI INC	20	-	20
HILLCROFT SERVICES INC	19	-	19
PERSONAL TOUCH MEDICAL TRANSPORTATION	19	-	19
JAY COUNTY EMERGENCY MEDICAL SERVICE	18	-	18
HANDY VAN TRANSPORT	18	-	18
CULBERSON AMBULANCE SERVICE INC	17	-	17
ST VINCENT HOSPITAL	17	-	17
ADVANCED CARE TRANSPORT LLC	16	-	16
SUPERIOR AIR AMBULANCE SERVICE INC	-	16	16
SCOTT COUNTY AUDITOR	16	-	16
ALLIED COMMUNITY TRANSPORTATION LLC	14	-	14
PERRY COUNTY MEMORIAL HOSPITAL-AMB	14	-	14
HUNTINGTON MEMORIAL HOSPITAL AMBULANCE	14	-	14
INDY RIDE TRANSPORT INC	14	-	14
ST MARYS MEDICAL CENTER OF EVANSVILLE	13	-	13
BOOMERS MOBILITY SERVICES INC	12	-	12
RES-Q TRANSPORT	12	-	12
MARKS FRIENDLY CAB	11	-	11
CARROLL COUNTY SENIOR & FAMILY SERVICE	11	-	11
A TOP DOG TRANSPORT INC	10	-	10
WHEELYCARE TRANSPORTATION LLC	9	-	9
RURAL-METRO OF SOUTHERN OHIO INC	-	8	8
PATEL MUKUND B	8	-	8
CHILDREN & FAMILY SERVICES INC	7	-	7
CITY OF WABASH	6	-	6
CURTIS UNIV AMBULANCE	-	6	6
TENDER HANDS TRANSPORTATION LLC	6	-	6
COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.	6	-	6
SWITZERLAND CO EMS	6	-	6
ACCEL EMS	6	-	6
TIPPECANOE CO COUNCIL	5	-	5
OPERATION HOPE INC	5	-	5
OWEN COUNTY EMERGENCY MEDICAL SERVICES	5	-	5
MULGETA ETSUBDINK S	5	-	5
PIKE COUNTY MEDICAL TRANSPORT LLC	5	-	5
ST VINCENT HOSPITAL-TRANSPORTATION	4	-	4
THE TOLEDO HOSPITAL	-	4	4
RANDOLPH COUNTY EMS	4	-	4
MERIDIAN HEALTH SERVICES CORP	4	-	4
UNITY TAXI LLC	3	-	3
PERRY CO MEMORIAL HOSPITAL	3	-	3
PRIMESOURCE HEALTHCARE	3	-	3
BLUE RIVER MEDICAR	3	-	3
WILNEACE T. GRANT	3	-	3

Requesting Provider	In State	Out of State	Total
MEDICAL TRANSPORT SERVICES LLC	3	-	3
MEMORIAL HOSPITAL OF SOUTH BEND INC	3	-	3
SENIOR MOBILITY	3	-	3
COLUMBUS REGIONAL HOSP	3	-	3
TENDER CARE HOME HEALTH SERVICES INC	3	-	3
WHITLEY COUNTY EMS	3	-	3
COLUMBUS REGIONAL HOSPITAL	3	-	3
MUAWANA TRANSPORT LLC	3	-	3
FRANCISCAN ST FRANCIS HLTH-MOORESVILLE	3	-	3
ADAMS COUNTY EMS	3	-	3
HEALTH AND HOSPITAL CORPORATION OF MARION CO DBA WISHARD HEA	2	-	2
COMPASS TRANSPORT LLC	2	-	2
PIKE CO EMER MED SERV	2	-	2
VAN HORN VACATIONS LLC	2	-	2
PRIMELIFE ENRICHMENT, INC	2	-	2
DECATUR CO MEM HOSPITAL	2	-	2
LA PORTE COUNTY EMERGENCY MEDICAL SERVICE	2	-	2
PERRY CO COUNCIL ON AGING	2	-	2
HORNER DIANE K	2	-	2
LIFENET INC	-	2	2
MCKECHNIE SARA A	-	1	1
FOUR WAY AMBULANCE EMERGENCY SERVICE INC	1	-	1
SHAMSI NASIR A	1	-	1
SINGH HARMOHAN	1	-	1
IROQUOIS MEMORIAL HOSP & RESIDENT HOME	-	1	1
CLARIAN HEALTH PARTNERS, INC	1	-	1
AMERICARE AMBULANCE SERV OF MUNCIE LLC	1	-	1
DEKALB MEM EMER MED SER (AMBULANCE)	1	-	1
KEENEY AMBULANCE & TRANSPORT SERVICE LLC	1	-	1
L & G TRANSPORTATION LP	1	-	1
CITY OF LAWRENCE FIRE DEPARTMENT	1	-	1
SOUTHWESTERN BEHAVIORAL HEALTHCARE INC	1	-	1
MIAMI VALLEY HOSPITAL	-	1	1
DEKALB MEMORIAL HOSPITAL	1	-	1
WOESTE ROBERTA F	1	-	1
INDUSTRIAL MEDICAL SERVICES	1	-	1
TRANS-CARE INC	1	-	1
BROWNE THOMAS	1	-	1
WE CARE A VAN	1	-	1
Total	109,600	6,243	115,843

FINDINGS

Transportation Prior Authorization requests worked from January 1, 2013 - March 31, 2014:

The purpose of this analysis was to:

- Identify the approval rate for transportation requests
- Determine the overall percentage of Transportation requests received from out of state providers versus in state providers
- Provide OMPP with a comprehensive assessment of Prior Authorization requests for Transportation.

ADVANTAGE received 115,843 PA requests for Transportation from January 1, 2013 through March 31, 2014. The data documents a collective approval rate of 85% for all Transportation requests. 15% of the requests resulted in a modification or denial. Of the 115,843 requests received, only 5% (6,243) of these requests were received from out of state providers.

Conclusions/Recommendations:

Based on our review, we feel the 85% approval rating supports the need for continued Prior Authorization of Transportation requests. The percentage of in state provider requests in proportion to the out of state provider requests are notable and further conclusions will be outlined during the in state versus out of state analysis.

Neonate Transportation Prior Authorization Requests:

The purpose of this analysis was to:

- Determine the percentage of neonate PA requests received from out of state providers versus in state providers
- Identify the approval rate for Neonate transportation PA requests
- Provide OMPP with an overall assessment of Prior Authorization requests for Neonate transportation.

ADVANTAGE received 37 requests for Neonate Transportation (procedure code A0225) from January 1, 2013 through March 31, 2014. The data revealed 100% of these requests were received from in state providers and the approval rate for these requests was 100%. The initial data demonstrates six PAs were noted to be either modified or denied. However, an in-depth review determined these PAs were either denied as a duplicate to a previously approved

PA or modified from the original request based upon a system update received from the provider.

An examination of the Indiana Health Coverage Programs (IHCP) criteria related to Neonate Transportation finds that there is no IHCP definition of Neonate. Additionally, review of the reference table from Indiana AIM displayed in Figure B below indicates Procedure code A0225 has no associated age restrictions. According to the American Medical Association Current Procedural Terminology, Neonates are defined as 28 days or younger.

Figure B

The screenshot shows a software window titled "HCPC Procedure Inquiry" with a menu bar (File, Edit, Applications, Options). The main area displays details for procedure code A0225. At the top, the "Procedure Identification Code" is A0225. Below it, the "Effective Date" is 1900/01/01 and the "End Date" is 2299/12/31, with "Row 1 of 1" indicated. The "Procedure Description" section shows "EOMB: AMBULANCE SERVICE, NEONATAL TR" and "Description: AMBULANCE SERVICE, NEONAT". A larger text box contains "AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY". There is a "Modified Description:" field. Below this is a "LIMITS/RESTRICTIONS" section for "Row 1 of 1", showing "Effective Date: 1900/01/01", "End Date: 2299/12/31", "Pricing: Transportation", "Sex: Both", "Age: 0 to 999 Years", "Units: 0 to 999", "ASC:", "Follow up Days: 0", and various checkboxes for "Lifetime:", "TPL:", "Family Plan:", "CLIA Exempt:", "Attachment:", "Confidential:", "ICIC:", and "Pregnancy:". To the right is a "Modifiers" section with a "Modifier Description" field and a list of "Other Restrictions" including "Diagnosis:", "PA:", "Program Coverage:", "Place of Service:", "Provider Specialty:", "Revenue:", "Tooth:", and "NDC:". At the bottom, there is a "Next HCPC" section with a "Procedure Identification Code" field and an "Inquire" button, and "New" and "Exit" buttons.

Conclusion/Recommendations:

Based on our review, it is recommended that an age limitation be placed on this code for claims payment purposes and that IHCP provide a definition of neonate which would identify the appropriate age limitations and reduce any potential for inappropriate utilization of this code. This would help educate providers to utilize the appropriate code. It would further assist HP to verify the correct procedure code has been submitted during claims review and would enable them to assign the appropriate edits to make certain the correct reimbursement is applied. The age limitation and defined parameters would be beneficial to ensure the applicable code is utilized that corresponds to the appropriate age of the member and make certain the appropriate reimbursement rate is applied.

Air Ambulance Prior Authorization Requests:

The purpose of this analysis was to:

- Identify the approval rate for Air Ambulance transportation requests
- Determine the percentage of Air Ambulance PA requests received from out of state providers versus in state providers
- Provide OMPP with an overall assessment of Prior Authorization requests for Air Ambulance

ADVANTAGE received 1,200 PA requests for Air Ambulance from January 1, 2013 through March 31, 2014. The data revealed an overall approval rate of 85% and 15% of the requests resulted in modifications or denials.

Of the 1,200 requests received, 89% of these requests were from in state providers with an 85% approval rate. 11% of these requests were received from out of state providers with an approval rate of 82%.

Conclusions/Recommendations:

Based on our review, the 85% approval rate supports the need for continued Prior Authorization of Air Ambulance PA requests. It is also noted that there was no appreciable variance between the approval percentages for the in state versus out of state providers.

Utilization of Service Codes for Transportation PA Requests (i.e. Level of Service):

The purpose of this analysis was to:

- Identify the approval rate for each level of service
- Determine the percentage of requests received for Non-emergency transportation, Basic life support (BLS) and Advanced life support (ALS)
- Provide OMPP with an assessment regarding the utilization of services for Non-emergency transportation, BLS and ALS requests.

Of the Non-Emergency Transport service codes, there is an average approval rating of 84% with 16% of the requests resulting in modifications or denials. In comparison, BLS has a 57% approval rating and 38% of the requests resulting in denials. ALS has a 78% approval rating and 20% of the requests resulting in denials.

Per IHCP Bulletin BT200505, “All transportation services must be billed according to the level of service rendered and not the provider’s level of response or vehicle type. The IHCP provides reimbursement for both emergency and non-emergency ambulance services; however, ALS services are only covered when the level of service is medically necessary and

BLS services are not appropriate due to the medical condition of the member being transported.”

Page 859- 860 of the OMPP Medical Policy Manual provides the following concerning ALS and BLS:

“The IHCP provides coverage for medically necessary emergency and nonemergency advanced life support (ALS) ambulance services when the level of services rendered meets the Indiana Emergency Medical Services Commission’s (EMSC) definition for advanced life support. The EMSC and Title 836 of the IAC define ALS as follows:

“Care given at the scene of an accident, act of terrorism, or illness, care given during transport, or care given at the hospital by a paramedic, emergency medical technician-intermediate, and care that is more advanced than the care usually provided by an emergency medical technician or an emergency medical technician-basic advanced.”

Thus, advanced life support may include any of the following acts of care:

- *Defibrillation*
- *Endotracheal intubation*
- *Parenteral injection of appropriate medications*
- *Electrocardiogram (ECG) interpretation*
- *Emergency management of trauma and illness*

ALS services are covered only when the level of service is medically necessary, and basic life support (BLS) services are not appropriate due to the medical conditions of the member being transported.”

“The IHCP provides coverage for medically necessary emergency and nonemergency BLS ambulance services when the level of services rendered meets the EMSC definition of basic life support. The EMSC defines BLS as the following:

- *Assessment of emergency patients*
- *Administration of oxygen*
- *Use of mechanical breathing devices*
- *Application of anti-shock trousers*
- *Performance of CPR*
- *Application of dressings and bandage materials*

- *Application of splinting and immobilization devices*
- *Use of lifting and moving devices to ensure safe transport*
- *Use of an automatic or semiautomatic defibrillator*
- *Administration of epinephrine through an auto-injector*
- *An emergency medical technician-basic advanced may perform the following:*
 - *ECG interpretation*
 - *Manual external defibrillation*
 - *IV fluid therapy*

Thus, basic life support services do not include invasive medical care techniques or advanced life support. The IHCP provides reimbursement for medically necessary emergency and non-emergency BLS ambulance services when the level of service rendered meets the EMSC definition of BLS.”

[OMPP Medical Policy Manual p. 859-860]

In an effort to provide a comprehensive reporting of the overall utilization of transportation services, we have included a separate reporting of the total number of Prior Authorization requests by the Service Code. Of the 115,843 Transportation Service Codes submitted, 55,063 of those were for Non-emergency transportation; encounter/trip each way regardless of vehicle type (procedure code T2003). This accounts for 48% of the service codes submitted. In contrast, ambulance service, basic life support, nonemergency transport; BLS (A0428) only accounted for 1.4% and ambulance service, advanced life support, nonemergency, level 1 (ALS1) (A0426) for 0.6% of the service codes submitted.

Conclusions/Recommendations:

Based on our review, the approval ratings for each level of service support the need to continue Prior Authorization for these service categories. Based on the percentage of requests that continue to be modified and/or denied, we recommend ongoing review of these service categories to ensure the appropriate level of service rendered has been billed rather than the level of response provided.

The documentation demonstrates the need for additional provider education regarding the assignment of the appropriate level of service rendered. We suggest a stratified approach that includes utilizing Bulletins, Banners or Newsletters and HP Provider Representatives. In addition, ADVANTAGE will begin to incorporate information into our quarterly provider educational workshops.

Transportation Prior Authorizations by Requesting Provider:

The purpose of this analysis was to:

- Determine the percentage of transportation Prior Authorization requests received from out of state providers versus in state providers.
- Provide OMPP with an overall assessment of transportation Prior Authorization requests for out of state providers.

ADVANTAGE received 115,843 PA requests for Transportation from January 1, 2013 through March 31, 2014. Of the 115,843 requests received, 6,243 (5%) of these requests were received from out of state providers.

In analyzing the data, 5,123 (82%) of the total out of state provider PAs received were from Spirit Medical. Previously, as noted in Figure C, Spirit Medical was designated as an out of state provider. A current review of Indiana AIM indicates this provider now has two locations listed under their Legacy Provider Identifier (LPI) as of November 2013. The service address noted in Location B under their LPI is Richmond, Indiana as displayed in Figure E. As such, this provider now has the same PA requirements as an in state provider.

Figure C

Provider Service Location
File Edit Applications Options

LPI: 200869810 A NPI: 1326121104 Revalidate NPI Reporting Tool

Name: SPIRIT MEDICAL TRANSPORT LLC

County: **OUT-OF-STATE** Org Code: Corporation Auto RA Date: 0000/00/00
Locality: Out-of-State Peer Group: Revalidation Processing Date: 2019/01/07
Billing Service: Revalidation End Date: 2019/02/06
Active Mng Care Svc Loc: ☐ Open Lien: ☐ No Mass Mail: ☐ ECC Cert. Date: 2299/12/31
Suppress Check: 0000/00/00

Dental providers only
Accepting New Patients: Accepting Special Needs Patients:
Limited Mobility Services Available: Intellectual Disability Services Available:
Sedation Services Available:

Service Location Eligibility

Program	Effective Date	End Date	End Reason
Medicaid	2007/02/16	2016/01/01	Recertification
Package C			

Provider Type

Type	License Num	Primary Specialty
26		260

Type Specialty Maintenance

Provider Tax IDs

Tax ID	Eff Date	End Date
205655479	2007/02/16	2299/12/31

Provider Specialties

Specialty	Subspty	Eff Date	End Date
260		2007/02/16	2016/01/01
264		2008/02/26	2016/01/01
265		2008/02/26	2016/01/01

Name Address Svc Loc Elig Tax ID Maint EFT Account NCPDP Xref

CLIA Edit Exempt DEA Medicare Bill Save Exit

Figure D

Provider Service Location
File Edit Applications Options

LPI: 200869810 B NPI: 1326121104 Revalidate NPI Reporting Tool

Name: SPIRIT MEDICAL TRANSPORT LLC

County: WAYNE Org Code: Corporation Auto RA Date: 0000/00/00
 Locality: Urban Peer Group: Revalidation Processing Date: 2018/09/10
 Billing Service: Revalidation End Date: 2018/10/10
 Active Mng Care Svc Loc: ☐ Open Lien: ☐ No Mass Mail: ☐ ECC Cert. Date: 2299/12/31
 Suppress Check: 0000/00/00

Dental providers only
 Accepting New Patients: Accepting Special Needs Patients:
 Limited Mobility Services Available: Intellectual Disability Services Available:
 Sedation Services Available:

Service Location Eligibility

Program	Effective Date	End Date	End Reason
Medicaid	2013/10/10	2016/01/01	Recertification
Package C	2013/10/10	2016/01/01	Recertification

Provider Type

Type	License Num	Primary Specialty
26		260

Type Specialty Maintenance

Provider Tax IDs

Tax ID	Eff Date	End Date
205655479	2013/10/10	2299/12/31

Provider Specialties

Specialty	Subspty	Eff Date	End Date
260		2013/10/10	2016/01/01
264		2013/10/10	2016/01/01
265		2013/10/10	2016/01/01

Name Address Svc Loc Elig Tax ID Maint EFT Account NCPDP Xref
 CLIA Edit Exempt DEA Medicare Bill Save Exit

Figure E

Provider Address
File Edit Applications Options

Provider ID: 200869810 Loc: B Name: SPIRIT MEDICAL TRANSPORT LLC

Name: SPIRIT MEDICAL TRANSPORT LLC Address: 5484 OHIO ROUTE 49 SOUTH GREENVILLE, OH 45331-1031 Phone: (937) 548-2800 Ext:	Title: Usage: Home Office
Name: SPIRIT MEDICAL TRANSPORT LLC Address: 5484 OHIO ROUTE 49 SOUTH GREENVILLE, OH 45331-1031 Phone: (937) 548-2800 Ext:	Title: Usage: Mail To
Name: SPIRIT MEDICAL TRANSPORT LLC Address: 5484 OHIO ROUTE 49 SOUTH GREENVILLE, OH 45331-1031 Phone: (937) 548-2800 Ext:	Title: Usage: Pay To
Name: SPIRIT MEDICAL TRANSPORT LLC Address: 904 SOUTH 9TH STREET RICHMOND, IN 47374-6238 Phone: (765) 935-9068 Ext:	Title: Usage: Service Location

New Change Name Change Address Exit

Of the 1,120 out of state requests remaining, 823 requests (73%) were submitted from Gibson Taxi Inc. which Figure F demonstrates is located in Louisville, Kentucky, a designated area. As such, this provider has the same PA requirements as an in state provider.

Figure F

Provider Service Location

File Edit Applications Options

LPI: 200115990 A NPI: Revalidate NPI Reporting Tool

Name: GIBSON TAXI INC (USDOT 661859)

County: FSSA Org Code: Corporation Auto RA Date: 0000/00/00

Locality: Rural Peer Group: Revalidation Processing Date: 2018/02/14

Billing Service: Revalidation End Date: 2018/03/16

Active Mng Care Svc Loc: ☐ Open Lien: ☐ No Mass Mail: ☐ ECC Cert. Date: 1995/06/05

Suppress Check: 0000/00/00

Dental providers only

Accepting New Patients: Accepting Special Needs Patients:

Limited Mobility Services Available: Intellectual Disability Services Available:

Sedation Services Available:

Service Location Eligibility

Program	Effective Date	End Date	End Reason
Medicaid	1997/03/20	2014/12/31	Recertification
Package C	2000/01/01	2014/12/31	Recertification

Provider Type

1 of 1	Type	License Num	Primary Specialty
26			264

Type Specialty Maintenance

Provider Tax IDs

Tax ID	Eff Date	End Date
351995294	1997/04/03	2299/12/31

Provider Specialties

Specialty	Subspty	Eff Date	End Date
264		1997/04/03	2014/12/31
265		1997/04/03	2014/12/31

Name Address Svc Loc Elig Tax ID Maint EFT Account NCPDP Xref

CLIA Edit Exempt DEA Medicare Bill Save Exit

Provider Address

File Edit Applications Options

Provider ID: 200115990 Loc: A Name: GIBSON TAXI INC (USDOT 661859)

Name: GIBSON TAXI INC Title:

Address: 2626 GARDINER LN Usage: Home Office

LOUISVILLE, KY 40205-3120

Phone: (812) 948-6620 Ext:

Name: GIBSON TAXI INC Title:

Address: 2626 GARDINER LN Usage: Mail To

LOUISVILLE, KY 40205-3120

Phone: (812) 948-6620 Ext:

Name: GIBSON TAXI INC Title:

Address: 2626 GARDINER LN Usage: Pay To

LOUISVILLE, KY 40205-3120

Phone: (812) 948-6620 Ext:

Name: GIBSON TAXI INC (USDOT 661859) Title:

Address: 2626 GARDINER LN Usage: Service Location

LOUISVILLE, KY 40205-3120

Phone: (812) 948-6620 Ext:

New Change Name Change Address Exit

Subtracting the Gibson Taxi PA requests (823) from the remaining out of state PA requests total (1,120) shows there are 297 out of state PA requests. This number represents 0.256% of the total 115,843 transportation PA requests received during the five quarter span reviewed.

Conclusions/Recommendations:

The data revealed 15% of the 115,843 Transportation requests received resulted in a modification or denial. The remaining percentages were approved as requested. Of the total transportation requests received, approximately 5% of those were from out of state providers, the majority of which have been determined to be handled the same as an in state provider. The percentages of modified or denied decisions that correspond to a “true” out of state provider are minimal at 0.256%.

Although there has been discussion related to transportation PAs requested by out of state providers, the leading out of state provider’s NPI (Spirit Medical) has become an in state provider, therefore we no longer consider this to be a concern.

SUMMARY OF FINDINGS

In summary, the 85% approval rating supports the need for continued Prior Authorization of transportation requests. In reviewing the Neonate Transportation PA requests, the recommendation is to assign an age limitation to this procedure code for the purpose of claims payment. Additionally, defining parameters for Neonate would assist providers in identifying the appropriate age limitations and reduce any potential for inappropriate utilization of this code. It would further assist HP to ensure the correct procedure code has been submitted during claims review and assign the appropriate edits to make certain the correct reimbursement is applied.

The data revealed 15% of the 115,843 Transportation requests received resulted in a modification or denial. The remaining 85% were approved as requested. Of the total transportation requests received, approximately 5% of those were from out of state providers, the majority of which have been determined to be handled the same as an in state provider. The percentages of modified or denied decisions that correspond to a “true” out of state provider are minimal. Although there has been discussion related to transportation PA requests from out of state providers, the leading out of state provider’s NPI (Spirit Medical) has become an in state provider, therefore we no longer consider this to be a concern.

One of the areas we would like to highlight is the level of service billed. Based on the percentage of requests that continue to be modified and/or denied, we recommend ongoing review of these service categories to ensure the appropriate level of service rendered has been billed rather than the level of response provided. The documentation demonstrates the need for additional supportive provider education regarding the assignment of the appropriate level of service rendered. We recommend a stratified approach that encompasses the use of Bulletins, Banners or Newsletters, HP Provider Representatives, and the ADVANTAGE Provider Relations area. As noted, ADVANTAGE will begin to incorporate information into our quarterly provider workshops.

Of note, a provider has twelve months post-service to request Prior Authorization for transportation services. This differs from any other service that requires Prior Authorization. Our recommendation is that further consideration be given to review the current timeframe to require Prior Authorization for these services.

