



# INDIANA HEALTH COVERAGE PROGRAMS

## PROVIDER CODE TABLES

### Transportation Services Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Bulletins](#) and [IHCP Fee Schedules](#) for updates to coding, coverage and benefit information.*

*For information about using these code tables, see the [Transportation Services](#) provider reference module.*

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*Note: Providers must indicate the origin and destination modifiers with the base rate and mileage procedure codes.*

*To determine if a given procedure code requires prior authorization (PA), refer to the [Professional Fee Schedule](#). PA is required for all out-of-state transports.*

**Table 1 – Covered Procedure Codes for Ambulance Providers (Specialty 260)****Reviewed/Updated: June 7, 2024**

*Providers must bill transportation according to the level of service rendered. Therefore, this ambulance provider code set includes applicable common ambulatory service (CAS) and nonambulatory service (NAS) codes.*

<b>Procedure Code</b>	<b>Description</b>
90460*	Administration of first vaccine or toxoid component with counseling (18 years or younger)
90461*	Administration of vaccine or toxoid component with counseling (18 years or younger), each additional vaccine or toxoid component
90471*	Immunization admin
90472*	Immunization admin each add
90473*	Immunization admin oral/nasal
90474*	Immunization admin oral/nasal add
90480**	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID-19]) vaccine, single dose
96372 U1	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular; for nasal (prefilled nasal spray)
96372 U2	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular; for injection (liquid vial)
A0130	Nonemergency transportation, wheelchair van
A0130 U6	Nonemergency transportation, wheelchair van; extra attendant
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one-way
A0420 U1	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments; ALS
A0420 U2	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments; BLS
A0422	Ambulance (ALS and BLS) oxygen and oxygen supplies, life-sustaining situation
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary wing); (requires medical review)
A0425***	Ground mileage, per statute mile
A0425 U1	Ground mileage, per statute mile; ALS
A0425 U2	Ground mileage, per statute mile; BLS
A0425 U3	Ground mileage, per statute mile; CAS
A0425 U5	Ground mileage, per statute mile; NAS
A0425 SE	Ground mileage, per statute mile; state and/or federally funded programs/service
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0427	Ambulance service, advanced life support, emergency, level 1 (ALS 1-emergency)
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
A0429	Ambulance service, basic life support, emergency transport, (BLS, emergency)
A0433	Advanced life support, level 2 (ALS 2)
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance service

\* For 90460, 90461 and 90471–90474, the vaccine must be administered by a paramedic or an advanced emergency medical technician (AEMT).

\*\* For 90480 and M0201, the COVID-19 vaccine may be administered by a paramedic, an advanced emergency medical technician (AEMT) or a basic emergency medical technician (EMT).

\*\*\* A0425 without a modifier is intended to be billed for advanced life support (ALS) and basic life support (BLS) transport only.

**Table 1 – Covered Procedure Codes for Ambulance Providers (Specialty 260)**

**Reviewed/Updated: June 7, 2024**

*Providers must bill transportation according to the level of service rendered. Therefore, this ambulance provider code set includes applicable common ambulatory service (CAS) and nonambulatory service (NAS) codes.*

Procedure Code	Description
J2310	Injection, naloxone HCl, per 1 mg
J2311	Injection, naloxone hydrochloride (zimhi), 1 mg
J2329	Injection, ublituximab-xiyy, 1mg
J2371	Injection, phenylephrine hydrochloride, 20 micrograms
J2372	Injection, phenylephrine hydrochloride (Biorphen), 20 micrograms
J3490	Unclassified drugs [For naloxone prefilled nasal spray]
M0201**	Administration of pneumococcal, influenza, hepatitis B, and/or COVID-19 vaccine inside a patient’s home; reported only once per individual home per date of service when such vaccine administration(s) are performed at the patient’s home
T2003	Nonemergency transportation; encounter/trip
T2003 SE	Nonemergency transportation; encounter/trip; state and/or federally funded programs/service
T2007 SE	Transportation waiting time, air ambulance and non-emergency vehicle, one-half increments; state and/or federally funded programs/service
T2007 U3	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments; CAS
T2007 U5	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments; NAS

**Table 1 Revision History**

**June 7, 2024, update:**

Added (effective June 7, 2024): J2311

**February 29, 2024, update:**

Updated description (effective January 1, 2024): M0201

**December 28, 2023, update:**

Removed (effective November 1, 2023): 0041A, 0042A, 0044A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A

Removed (effective May 22, 2023): 0031A, 0034A

**November 30, 2023, update:**

Added (effective September 11, 2023): 90480

**October 24, 2023, update:**

Added (effective April 18, 2023): 0121A, 0141A, 0142A, 0151A, 0171A, 0172A

**September 26, 2023, update:**

Added (effective July 1, 2023): A0425 (no modifier)

**July 1, 2023, update:**

Added (effective July 1, 2023): J2329, J2371, J2372

**June 13, 2023, update:**

Removed (effective April 18, 2023): 0001A–0004A, 0011A–0013A, 0051A–0054A, 0064A, 0071A–0074A, 0081A–0083A, 0091A–0094A, 0111A–0113A

**April 25, 2023, update:**

Added (effective March 14, 2023): 0174A

Added (effective June 17, 2022): 0113A

\*\* For 90480 and M0201, the COVID-19 vaccine may be administered by a paramedic, an advanced emergency medical technician (AEMT) or a basic emergency medical technician (EMT).

**Table 1 Revision History**

**January 26, 2023, update:**

Added (effective December 8, 2022): 0164A, 0173A

**November 29, 2022, update:**

Added (effective October 19, 2022): 0044A

Added (effective October 12, 2022): 0144A, 0154A

**November 17, 2022, update:**

Added (effective August 31, 2022): 0124A, 0134A

**November 10, 2022, update:**

Added (effective July 26, 2022): 90460, 90461

**October 4, 2022, update:**

Added (effective June 17, 2022): 0091A, 0092A, 0093A

**August 25, 2022, update:**

Added (effective July 13, 2022): 0041A, 0042A

**August 9, 2022, update:**

Added (effective June 17, 2022): 0081A, 0082A, 0083A, 0111A, 0112A

**July 1, 2022, update:**

Added (effective May 17, 2022): 0074A

**May 17, 2022, update:**

Added (effective March 29, 2022): 0094A

**March 3, 2022, update:**

Added (effective January 1, 2022): 0073A

Added (effective October 29, 2021): 0051A, 0052A, 0053A, 0054A

**November 16, 2021, update:**

Added (effective October 29, 2021): 0071A, 0072A

Added (effective October 20, 2021): 0034A, 0064A

Added (effective September 22, 2021): 0004A

**September 1, 2021, update:**

Removed 20 one-way trip limit information (effective April 3, 2020)

**August 24, 2021, update:**

Added (effective August 12, 2021): 0003A, 0013A

**July 1, 2021, update:**

Added (effective June 8, 2021): M0201

**March 30, 2021, update:**

Added (effective February 27, 2021): 0031A

**March 4, 2021, update:**

Added (effective July 1, 2020): J3490, J2310, 96372 U1, 96372 U2

Added (effective March 1, 2020): A0998

Updated footnote for 0001A, 0002A, 0011A, 0012A (corrected to add basic EMT)

**December 29, 2020, update:**

Added (effective December 18, 2020): 0011A, 0012A

Added (effective December 11, 2020): 0001A, 0002A

**November 12, 2020, update:**

Added (effective October 7, 2020): 90471–90474

**Table 2 – Covered Procedure Codes for Air Ambulance Providers (Specialty 261)**

*Reviewed/Updated: October 1, 2022*

Procedure Code	Description
A0140	Nonemergency transportation and air travel (private or commercial), intra- or interstate
A0422	Ambulance (ALS and BLS) oxygen and oxygen supplies, life-sustaining situation
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary wing); (requires medical review)
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0430 QL	Ambulance service, conventional air services, transport, one way (fixed wing); patient pronounced dead after takeoff to point of pickup, but before the patient is loaded
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0431 QL	Ambulance service, conventional air services, transport, one way (rotary wing); patient pronounced dead after takeoff to point of pickup, but before the patient is loaded
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
A0999	Unlisted ambulance service
Table 2 Revision History	
<p><b>August 5, 2021, update:</b> Removed 20 one-way trip limit information (<i>effective April 3, 2020</i>)</p> <p><b>April 13, 2018, update:</b> Added (correction): A0430 QL</p>	

**Table 3 – Covered Procedure Code for Bus Providers (Specialty 262)**

*Reviewed/Updated: October 1, 2022*

Procedure Code	Description
A0110	Nonemergency transportation and bus, intra- or interstate carrier
Table 3 Revision History	
<p><b>August 5, 2021, update:</b> Removed 20 one-way trip limit information (<i>effective April 3, 2020</i>)</p>	

**Table 4 – Covered Procedure Codes for Taxi Providers (Specialty 263)**

*Reviewed/Updated: October 1, 2022*

Procedure Code	Description
A0100 UA	Nonemergency transportation; taxi; 0–5 miles
A0100 UB	Nonemergency transportation; taxi; 6–10 miles
A0100 UC	Nonemergency transportation; taxi; 11 miles and up
A0100 TK UA	Nonemergency transportation; taxi; extra patient or passenger, non-ambulance; 0–5 miles
A0100 TK UB	Nonemergency transportation; taxi; extra patient or passenger, non-ambulance; 6–10 miles
A0100 TK UC	Nonemergency transportation; taxi; extra patient or passenger, non-ambulance; 11 miles and up
A0100 TT UA	Nonemergency transportation; taxi; individualized service provided to more than one patient in same setting; 0–5 miles

**Table 4 – Covered Procedure Codes for Taxi Providers (Specialty 263)**

*Reviewed/Updated: October 1, 2022*

Procedure Code	Description
A0100 TT UB	Nonemergency transportation; taxi; individualized service provided to more than one patient in same setting; 6–10 miles for multiple passengers
A0100 TT UC	Nonemergency transportation; taxi; individualized service provided to more than one patient in same setting; 11 miles and up
A0100 U4	Nonemergency transportation; taxi; suburban territory
Table 4 Revision History	
<i>August 5, 2021, update:</i> Removed 20 one-way trip limit information ( <i>effective April 3, 2020</i> )	

**Table 5 – Covered Procedure Codes for Common Carrier – Ambulatory Providers (Specialty 264)**

*Reviewed/Updated: October 1, 2022*

Procedure Code	Description
A0425 U3	Ground mileage, per statute mile; CAS
A0425 SE	Ground mileage, per statute mile; state and/or federally funded programs/service
T2001	Nonemergency transportation, patient attendant/escort
T2003	Nonemergency transportation, encounter/trip
T2003 SE	Nonemergency transportation, encounter/trip; state and/or federally funded programs/service
T2004	Nonemergency transportation, commercial carrier, multi-pass
T2004 XE	Nonemergency transportation, commercial carrier, multi-pass; separate encounter
T2007 U3	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; CAS
T2007 SE	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; state and/or federally funded programs/service
Table 5 Revision History	
<i>August 5, 2021, update:</i> Removed 20 one-way trip limit information ( <i>effective April 3, 2020</i> )	
<i>April 2, 2020, update:</i> Added back code without modifier (correction): T2004	
<i>October 1, 2017, update:</i> Added modifier to code (correction): T2004 XE	

**Table 6 – Covered Procedure Codes for Common Carrier – Nonambulatory Providers (Specialty 265)**

*Reviewed/Updated: October 1, 2022*

Procedure Code	Description
A0130	Nonemergency transportation, wheelchair van
A0130 TK	Nonemergency transportation, wheelchair van; extra patient or passenger, non-ambulance
A0130 TT	Nonemergency transportation, wheelchair van; individualized service provided to more than one patient in same setting
A0130 U6	Nonemergency transportation, wheelchair van; extra attendant
A0425 U3	Ground mileage, per statute mile; CAS
A0425 U5	Ground mileage, per statute mile; NAS
A0425 SE	Ground mileage, per statute mile; state and/or federally funded programs/service
T2001	Nonemergency transportation; patient attendant/escort
T2003	Nonemergency transportation; encounter/trip
T2003 SE	Nonemergency transportation; encounter/trip; state and/or federally funded programs/service
T2004	Nonemergency transportation, commercial carrier, multi-pass
T2004 XE	Nonemergency transport; commercial carrier, multi-pass; separate encounter
T2007 U3	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments; CAS
T2007 U5	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments; NAS
T2007 SE	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments; state and/or federally funded programs/service
Table 6 Revision History	
<p><b>August 5, 2021, update:</b> Removed 20 one-way trip limit information (effective April 3, 2020)</p> <p><b>April 2, 2020, update:</b> Added back code without modifier (correction): T2004</p> <p><b>October 1, 2017, update:</b> Added modifier to code (correction): T2004 XE</p>	

**Table 7 – Covered Procedure Code for Family Member Transportation Providers (Specialty 266)**

*Reviewed/Updated: October 1, 2022*

Procedure Code	Description
A0090	Nonemergency transportation, per mile-vehicle provided by individual (family member, self, neighbor) with vested interest
Table 7 Revision History	
<p><b>August 5, 2021, update:</b> Removed 20 one-way trip limit information (effective April 3, 2020)</p>	

**Table 8 – Covered Procedure Codes for Transportation Network Company (TNC) Providers (Specialty 267)***Reviewed/Updated: October 1, 2022*

Procedure Code	Description
A0425 U3	Ground mileage, per statute mile; CAS
A0425 U5	Ground mileage, per statute mile; NAS
T2003	Nonemergency transportation; encounter/trip
Table 8 Revision History	
<b>August 5, 2021, update:</b> Removed 20 one-way trip limit information (effective April 3, 2020)	
<b>July 30, 2020:</b> Table created (effective July 30, 2020)	

**Table 9 – Covered Procedure Codes for Nursing Home Transportation Providers (Specialty 268)***Reviewed/Updated: October 1, 2022*

Procedure Code	Description
A0130	Nonemergency transportation, wheelchair van
A0130 TK	Nonemergency transportation, wheelchair van; extra patient or passenger, non-ambulance
A0130 TT	Nonemergency transportation, wheelchair van; individualized service provided to more than one patient in same setting
A0130 U6	Nonemergency transportation, wheelchair van; extra attendant
A0425 U3	Ground mileage, per statute mile; CAS
A0425 U5	Ground mileage, per statute mile; NAS
A0425 SE	Ground mileage, per statute mile; state and/or federally funded programs/service
T2001	Nonemergency transportation; patient attendant/escort
T2003	Nonemergency transportation; encounter/trip
T2003 SE	Nonemergency transportation; encounter/trip; state and/or federally funded programs/service
T2004	Nonemergency transportation, commercial carrier, multi-pass
T2004 XE	Nonemergency transport; commercial carrier, multi-pass; separate encounter
T2007 U3	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; CAS
T2007 U5	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; NAS
T2007 SE	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments; state and/or federally funded programs/service
Table 9 Revision History	
<b>August 5, 2021, update:</b> Removed 20 one-way trip limit information (effective April 3, 2020)	
<b>April 2, 2020:</b> Table created (effective April 2, 2020)	



**Table 10 – Procedure Code/Modifier Combinations for Billing Hospital-to-Hospital Transports**  
*Reviewed/Updated: October 1, 2022*

<b>Procedure Code</b>	<b>Description</b>
A0130 HH	Ambulance service, wheelchair nonemergency transport
A0425 U1 HH	Ground mileage, per statute mile; ALS
A0425 U2 HH	Ground mileage, per statute mile; BLS
A0425 U5 HH	Ground mileage, per statute mile; EMS wheelchair transport
A0426 HH	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0427 HH	Ambulance service, advanced life support, emergency, level 1 (ALS 1, emergency)
A0428 HH	Ambulance service, basic life support, nonemergency transport, (BLS)
A0429 HH	Ambulance service, basic life support, emergency transport, (BLS, emergency)
<b>Table 10 Revision History</b>	
<b>January 1, 2020, update:</b> Added (effective September 4, 2018): A0130 HH, A0425 U5 HH	