Tracks to Transportation
Presented by
EDS Provider Field Consultants
Agenda

- Transportation Code Set
- Ambulance Transportation
- Non-Ambulance Transportation
- Commercial Ambulatory Service
- Additional Attendant
- Family Member Transportation
- Taxi
- Accompanying Parent or Assistant
- Prior Authorization
- Special Clients
- Co-payments
- Frequently Asked Questions
- Questions
Session Objectives

At the end of this session, provider will:

- Understand the specific codes used by transportation providers
- Understand claim filing procedures for Ambulance Transportation and Non-Ambulance Transportation
- Understand the requirements for an Additional Attendant
- Become aware of code sets for Taxi – Specialty 263
- Understand the policy for an Accompanying Parent or Assistant
- Understand the requirements for Prior Authorization
- Understand billing for Dialysis and Nursing Home Patients
- Understand billing for co-payments
Transportation Code Set

- The IHCP established a transportation code set to ensure appropriate reimbursement for transportation codes.
- Providers must ensure that they are enrolled as the correct provider type and specialty.
Twenty One-Way Trip Limitation

- The Indiana Health Coverage Program limits transportation to 20 one-way trips per member, per rolling calendar year
- Providers must request prior authorization (PA) for members who exceed 20 one-way trips if the member requires frequent medical intervention
Ambulance Transportation
Provider Specialty 260

- A0427 (procedure code)
  - Advanced Life Support (ALS)
    Emergency Transport, Level 1, 1 or more interventions
- A0426
  - ALS Non-Emergency Transport, Level 1, 1 or more interventions
Ambulance Transportation
Provider Specialty 260

- A0428
  - Basic Life Support (BLS), Non-Emergency Transport
- A0429
  - BLS, Emergency Transport
- A0225
  - Neonatal Transport
  - Ambulance service, base rate one way
Ambulance Transportation
Provider Specialty 260

- The IHCP modified codes to allow providers to bill for ambulatory or non-ambulatory services when ALS or BLS services are not medically necessary.
- Ambulance providers must continue billing mileage according to vehicle type.

Note: If an ambulance is not medically necessary for the trip and less expensive transportation is suitable, an ambulance code should not be billed.
<table>
<thead>
<tr>
<th>Previous Code</th>
<th>Replacement Code as of May 1, 2005</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0426 U3</td>
<td>T2003</td>
<td>ALS non-emergency transport; level 1 (Commercial ambulatory)</td>
</tr>
<tr>
<td>A0426 U5</td>
<td>A0130</td>
<td>ALS non-emergency transport; level 1 (Non-ambulatory)</td>
</tr>
<tr>
<td>A0428 U3</td>
<td>T2003</td>
<td>BLS non-emergency transport; (Commercial ambulatory)</td>
</tr>
<tr>
<td>A0428 U5</td>
<td>A0130</td>
<td>BLS non-emergency transport; (Non-ambulatory)</td>
</tr>
</tbody>
</table>
# Ambulance Transportation

**Provider Specialty 260**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0425</td>
<td>Ground mileage, per statute mile</td>
</tr>
<tr>
<td>U1</td>
<td>Level 1 (ALS)</td>
</tr>
<tr>
<td>U2</td>
<td>Level 2 (BLS)</td>
</tr>
<tr>
<td>A0420</td>
<td>Ambulance service - waiting time</td>
</tr>
<tr>
<td>U1</td>
<td>ALS one-half (1/2) hour increments</td>
</tr>
<tr>
<td></td>
<td>Ambulance service - waiting time</td>
</tr>
<tr>
<td></td>
<td>BLS one-half (1/2) hour increments</td>
</tr>
</tbody>
</table>
Ambulance Transportation
Mapping Mileage

- Transportation providers may document mileage using mapping software programs or odometer readings.
- Documentation must include the date the transportation service was performed and the specific starting and destination address.
- If the provider uses mapping software, the documentation must indicate the shortest route.
Air Ambulance

• Air ambulance code descriptions are defined as one way trips
• Air ambulance providers do not submit for mileage reimbursement
• Air ambulance providers are reimbursed by the type of wing that is approved
• Providers should submit a request for PA for the type of wing the member is being transported in.
  • A0430 fixed wing
  • A0431 rotary wing
• Attachments should be included to identify the destination and the procedure code included on the attachment
Non-Ambulance Transportation
Provider Specialty 265

- Non-ambulance transportation is not a covered benefit under Hoosier Healthwise Package C.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0130</td>
<td>Wheelchair – Non-ambulatory, base rate</td>
</tr>
<tr>
<td>A0130 TT</td>
<td>Wheelchair – Non-ambulatory, multiple passenger, base rate</td>
</tr>
<tr>
<td>A0130 TK</td>
<td>Wheelchair – Non-ambulatory, accompanying parent or attendant, base rate</td>
</tr>
</tbody>
</table>
## Non-Ambulance Transportation
### Provider Specialty 265

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0425 U5</td>
<td>Mileage</td>
</tr>
<tr>
<td>A2007 U5</td>
<td>Waiting time in one-half (1/2) hour increments</td>
</tr>
</tbody>
</table>
### Commercial Ambulatory Service
#### Provider Specialty 264

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2003</td>
<td>Commercial Ambulatory Service – base rate</td>
</tr>
<tr>
<td>T2004</td>
<td>Commercial Ambulatory Service – multiple passenger</td>
</tr>
<tr>
<td>T2001</td>
<td>Commercial Ambulatory Service – accompanying parent or assistant, base rate</td>
</tr>
</tbody>
</table>
## Commercial Ambulatory Service
### Provider Specialty 264

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0425 U3</td>
<td>CAS Mileage</td>
</tr>
<tr>
<td>T2007 U3</td>
<td>Level 3 CAS Waiting time - in one-half (1/2) hour increments</td>
</tr>
</tbody>
</table>
Additional Attendant

Procedure code A0424 = additional attendant ALS or BLS

- An additional attendant may be necessary to help load a member
- Code is exempt from prior authorization and 20-trip limit
- Additional attendant must be employed by billing provider
- Additional attendant is not required to remain for the trip
- Provider must document need for this service
- This service and all services are subject to post-payment review
- A maximum of two units allowed (one attendant is usually sufficient)
- Providers may only use this code with ambulance and non-ambulatory base codes
Family Member Transportation
Provider Specialty 266

• A0090
  – Mileage for family member automobile transportation
  – Reimburses 28 cents per mile
### Taxi Provider Specialty 263

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0100 U4</td>
<td>Non-emergency transportation – taxi, suburban</td>
</tr>
<tr>
<td>A0100 UA</td>
<td>Taxi – 0-5 miles</td>
</tr>
<tr>
<td>A0100 UB</td>
<td>Taxi – 6-10 miles</td>
</tr>
<tr>
<td>A0100 UC</td>
<td>Taxi – 11 miles and up</td>
</tr>
</tbody>
</table>
## Taxi

**Provider Specialty 263**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0100 TT UA</td>
<td>Taxi – 0 to 5 miles, multi-passenger</td>
</tr>
<tr>
<td>A0100 TT UB</td>
<td>Taxi – 6 to 10 miles, multi-passenger</td>
</tr>
<tr>
<td>A0100 TT UC</td>
<td>Taxi – non-regulated, multi-passenger, 11 miles or more</td>
</tr>
</tbody>
</table>
## Taxi
### Provider Specialty 263

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0100 TK UA</td>
<td>Taxi – 0 to 5 miles, accompanying parent or assistant</td>
</tr>
<tr>
<td>A0100 TK UB</td>
<td>Taxi – 6 to 10 miles, accompanying parent or assistant</td>
</tr>
<tr>
<td>A0100 TK UC</td>
<td>Taxi – non-regulated, accompanying parent or assistant, 11 miles or more</td>
</tr>
</tbody>
</table>
Accompanying Parent Policy

• If medically necessary for the condition of the member, an adult may accompany members younger than 18.

• Procedure codes used for accompanying parent are exempt from the 20-trip limit.

• When the base code requires PA, and the provider has not requested or obtained approval for PA, the code will deny for the 20-trip limit.
Accompanying Assistant Policy

• The member must have a medical condition that substantiates the need for an assistant to travel with or remain at the site of medical service.

• Procedure codes used for accompanying assistant are exempt from the 20-trip limit.

• When the base code requires PA, and the provider has not requested or obtained approval for PA, the code will deny for the 20-trip limit.
Accompanying Parent or Assistant
Removal from 20-Trip Limit

- Mileage accompanying parent and member assistant codes are excluded from the 20-trip limit.
- Base codes are counted, but an accompanying parent or assistant code billed with a base rate would not count against the 20-trip limit.
Prior Authorization
New PA Contractor

**Through October 31, 2007**, mail PA requests to:

Health Care Excel Prior Authorization Department
P. O. Box 531520
Indianapolis, IN  46253-1520

- Obtain emergency PA by calling the HCE Prior Authorization Department at (317)347-4511 or (800) 457-4518.

**On and after November 1, 2007**, mail PA requests to:

ADVANTAGE Health Plan-FFS
P.O. Box 40789
Indianapolis, Indiana 46240

- Or call 1-800-269-5720
- For risk-based managed care members, request PA from the appropriate managed care organization (MCO)
Prior Authorization
Requirements

• Trips exceeding 20 one-way trips per rolling 12-month period require PA.
• Trips of 50 miles or more one way require PA.
• Exceptions include:
  – Emergency ambulance services
  – Transportation to or from a hospital for the purpose of an admission or discharge
  – Dialysis and nursing home patients
Prior Authorization
Requirements

- Transportation rendered by any provider to or from a non-designated, out-of-state area requires PA:
  - Initial requests may be made by telephone or in writing; however, telephone requests must be followed up in writing.
  - Requests must include a description of anticipated care and a brief description of the clinical circumstances necessitating the need for transportation by air or to another state.
Prior Authorization
Requirements

• Air ambulance transportation services rendered by a provider located in non-designated out-of-state area requires PA.

• The Local Office of the Division of Family Resources in the county where the member resides, not the OMPP, prior authorizes in-state train or bus services.
Prior Authorization
Risk-Based Managed Care

Providers must direct transportation service requests for risk-based managed care (RBMC) members to the appropriate managed care organization (MCO).
Prior Authorization
Risk-Based Managed Care

- Managed Health Services (MHS)
  - 1-877-647-4848
  - www.managedhealthservices.com

- MDwise
  - 1-800-356-1204
  - www.mdwise.org

- Anthem
  - 1-866-406-7187
  - www.anthem.com
Prior Authorization
PA Request Form Information

• If a transportation provider attempts to obtain the physician’s signature or member’s medical information and is unsuccessful, the provider may complete the PA form and sign it.

• The PA Unit closely monitors this practice for misuse of policy.
Prior Authorization

PA Request Form Information

• Signature stamps
  – Providers may use signature stamps on the PA request form

Dr. John Smith
Special Clients
Dialysis and Nursing Home Patients

• The IHCP does not require PA for the 20-trip limit for this member population when transportation providers file claims with the following diagnoses:
  – Nursing home residents = V70.5
  – Dialysis patients = V56.0, V56.1, or V56.8
Special Clients
Dialysis and Nursing Home Patients

- When billing for dialysis and nursing home patients, indicate the proper diagnosis in form field 21 on the CMS-1500 claim form and indicate a corresponding 1 in form field 24E.
- Providers who do not use one of the previous codes may experience claim denials for the 20-trip limit.
## Co-payments Amounts

<table>
<thead>
<tr>
<th>Co-Payment Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.50</td>
<td>Services for which the IHCP pays $10.00 or less</td>
</tr>
<tr>
<td>$1.00</td>
<td>Services for which the IHCP pays $10.01 to $50.00</td>
</tr>
<tr>
<td>$2.00</td>
<td>Services for which the IHCP pays $50.01 or more</td>
</tr>
</tbody>
</table>
Co-payments
Exemptions

• A member younger than 18 years old
• An assistant or accompanying adult traveling with a member younger than age 18
• An emergency is indicated in form field 24C on the CMS-1500 claim form and the procedure code is defined as a co-payment code, but the member’s condition requires emergency status
Co-payments
Exemptions

• Pregnancy indicated in form field 24H
• A place of service code indicates a medical institution (for example: acute care hospital, intermediate care facility for the mentally retarded, or other medical institution)
• A place of service code on the detail indicates a nursing facility and the level of care is also indicated in the member’s history file on IndianaAIM
Modifications to Duplicate Logic

• IndianaAIM now reads all five digits of the procedure code and all modifiers

• Applicable to claims and replacement claims received on or after September 27, 2007

• Applicable to the following claim types:
  – Medical
  – Medical Crossover Part B
  – Outpatient
  – Outpatient Crossover C
  – Home Health

• Effective August 1, 2007:
  – Crossover claims billed on a CMS-1500 claim form no longer deny with edits 5007 (exact duplicate, header), or 5008 (suspect duplicate, header)
  – These claims now emulate the possible, and exact duplicate logic applied to medical claims, which apply the 5000 (possible duplicate), and 5001 (exact duplicate) edits
Modifications to Duplicate Logic

Example:

10/25/07   T2003 RP
10/25/07   A0425 U3 RP
10/25/07   T2003 PR
10/25/07   A0425 U3 PR

The second and fourth detail lines will no longer deny as a duplicate to the first and third detail lines.
Frequently Asked Questions

• Why does a return trip deny as a duplicate?
  – Bill a round trip on one detail line using a 2 in the units column of form field 24G on the CMS-1500 claim form.
Frequently Asked Questions

• Why is the co-payment deducted from my claim twice?
  – Do not enter co-payment amounts in form field 29 on the CMS-1500 claim form. The IHCP systematically deducts the co-payment from claim payment.
Frequently Asked Questions

• Why do I receive denials for the 20-trip limit when I transport a nursing facility patient?
  – To bypass the 20-trip limit denial, you must use diagnosis code V70.5 when transporting a nursing facility patient.
Frequently Asked Questions

• Why is a co-payment deducted when the patient is pregnant?
  – To bypass the co-payment edit, indicate a P in form field 24H on the CMS-1500 claim form.
Frequently Asked Questions

- **Why is a co-payment deducted when I transport a patient to the hospital for admission?**
  - Indicate the appropriate place of service in form field 24B on the CMS-1500 claim form.
Frequently Asked Questions

• If I make two trips in one day, why does the second trip deny as a duplicate?
  – The IHCP will pay claims for both trips if you bill them on one detail line on the CMS-1500 claim form. **Indicate four units in form field 24G.**
  
  *Note: Maintain documentation for the two separate trips.*
Frequently Asked Questions

• Why are 10 miles of each one-way trip deducted from my mileage?
  – The initial 10 miles are built into the base rate. Mileage is only reimbursed for 11 miles or more.
  – Providers should bill the total miles on the claim
  – IndianaAIM will automatically calculate the appropriate mileage reimbursement
Frequently Asked Questions

• Why does my claim deny for duplicate when I resubmit a claim that did not pay on one detail line?
  – If a claim is in a paid status, the claim must be adjusted, or replaced via web interChange to receive additional payment.
Helpful Tools
Avenues of Resolution

- IHCP Web site at www.indianamedicaid.com
- *IHCP Provider Manual* (Web, CD-ROM, or paper)
- Customer Assistance
  - 1-800-577-1278, or
  - (317) 655-3240 in the Indianapolis local area
- Written Correspondence
  - P.O. Box 7263
    Indianapolis, IN  46207-7263
- Provider Relations Field Consultant
  - View a current territory map and contact information online at www.indianamedicaid.com
Questions
EDS Provider Field Consultants
EDS
950 N. Meridian St., Suite 1150
Indianapolis, IN 46204