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To: All Transportation Providers

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Table of Contents

Table of Contents 1

Types of Transportation Services and Definitions 2

 Advanced Life Support – ALS 2

 Basic Life Support – BLS 2

 Commercial or Common Ambulatory Service – CAS 3

 Non-Ambulatory Service (Wheelchair Van) – NAS 3

 Taxi 3

Definition of a Trip 4

 Multiple Destinations 4

Prior Authorization 5

Twenty One-Way Trip Limitation and Exemptions 5

 Emergency Transportation Services 5

 Hospital Admission or Discharge 5

 Members on Renal Dialysis or Members Residing in Nursing Homes 6

 Accompanying Parent or Attendant 6

 Additional Attendant 6

Mileage 6

 Mileage Units and Rounding 7

Multiple Passengers 7

Accompanying Parent or Attendant 8

Additional Attendant 9

Waiting Time 9

Ambulance Transportation Services 10

 Level of Service Rendered Versus Level of Response 10

 Ambulance Mileage 11

 Neonatal Ambulance Transportation 11

 Oxygen and Oxygen Supplies 12

Member Copayments 12

 Exemptions to Copayments for Transportation Services 12

 Federal Guidelines for Copayment Policy 12

Package C Transportation Services 13

Risk Based Managed Care Hoosier Healthwise Services 13

Non-covered Transportation Services 13

Documentation Requirements for Transportation Services 13

Registration Requirements 14

Transportation Code Sets 15

Commercial Ambulatory Service Provider.....	15
Non-Ambulatory Service Provider	16
Ambulance (ALS and BLS) Provider.....	17
Air Ambulance	19
Taxi Provider.....	20
Family Member Transportation Provider	21
Bus Provider.....	21
Prior Authorization Form	22
Documentation Form for Medicaid-Financed Transportation Services	23

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 procedure 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 Signature (Optional)	Date

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