

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201057

DECEMBER 7, 2010



To transportation providers

Reduction in transportation reimbursement

The Office of Medicaid Policy and Planning (OMPP) is reducing reimbursement for transportation providers.

Reimbursement for ambulance transportation services will be reduced by 5 percent and reimbursement for non-ambulance transportation will be reduced by 10 percent effective for dates of service on or after January 1, 2011. The current and reduced fee schedule rates for ambulance transportation codes are listed in Table 1. The current and reduced fee schedule rates for non-ambulance transportation codes are shown in Table 2. The reduction will apply prior to subtracting any third-party liability (TPL) or spend-down amounts.

Providers should continue to bill as instructed in the *IHCP Provider Manual* and bulletins. Transportation providers will be able to access the reduced rates on the IHCP fee schedule at www.indianamedicaid.com on and after January 1, 2011.

The transportation fee schedule rates effective January 1, 2011, are as follows:

Table 1 – Ambulance transportation codes and new rate information

Procedure Code	Description	Current Rate	5% Rate Reduction Effective January 1, 2011
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	\$160.84	\$152.80
A0420 U1	Ambulance waiting time (ALS or BLS), one half (1/2) hour increments; ALS	\$20.00	\$19.00
A0420 U2	Ambulance waiting time (ALS or BLS), one half (1/2) hour increments; BLS	\$20.00	\$19.00
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	\$15.00	\$14.25
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged) (requires medical review)	\$5.00	\$4.75
A0425 U1	Ground mileage, per statute mile; ALS	\$4.41	\$4.18
A0425 U2	Ground mileage, per statute mile; BLS	\$3.31	\$3.14
A0426	Ambulance service, advanced life support, non-emergency transport, Level 1 (ALS1)	\$95.84	\$91.05
A0427	Ambulance service, advanced life support, emergency transport, Level 1 (ALS1-Emergency)	\$160.84	\$152.80
A0428	Ambulance service, basic life support, non-emergency transport (BLS)	\$95.84	\$91.05
A0429	Ambulance service, basic life support, emergency transport (BLS – Emergency)	\$110.84	\$105.30
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	Manual Pricing	Manual Pricing with 5% reduction
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	\$3,172.27	\$3,013.66
A0431 QL	Ambulance service, conventional air services, transport, one way (rotary wing); patient pronounced dead after ambulance called	\$3,172.27	\$3,013.66
A0433	Advanced life support, Level 2 (ALS2)	\$160.84	\$152.80
A0436	Rotary wing air mileage, per statute mile	\$21.53	\$20.45
A0999	Unlisted ambulance service	Manual Pricing	Manual Pricing with 5% reduction

Table 2 – Non-ambulance transportation codes and new rate information

Procedure Code	Description	Current Rate	10% Rate Reduction Effective January 1, 2011
A0090	Non-emergency transportation, per mile – vehicle provided by individual (family member, self, neighbor) with vested interest	\$0.40	\$0.36
A0100 UA	Non-emergency transportation; taxi; 0 – 5 miles	\$6.00	\$5.40
A0100 UB	Non-emergency transportation; taxi; 6 – 10 miles	\$10.00	\$9.00
A0100 UC	Non-emergency transportation; taxi; 11 miles or more	\$15.00	\$13.50
A0100 U4	Non-emergency transportation; taxi; suburban territory	\$15.00	\$13.50
A0100 TK UA	Non-emergency transportation; taxi; extra patient or passenger; 0 – 5 miles	\$3.00	\$2.70
A0100 TK UB	Non-emergency transportation; taxi; extra patient or passenger; 6 – 10 miles	\$5.00	\$4.50
A0100 TK UC	Non-emergency transportation; taxi; extra patient or passenger; 11 miles or more	\$7.50	\$6.75
A0100 TT UA	Non-emergency transportation; taxi; individualized service provided to more than one patient in same setting; 0 – 5 miles	\$3.00	\$2.70
A0100 TT UB	Non-emergency transportation; taxi; individualized service provided to more than one patient in same setting; 6 – 10 miles	\$5.00	\$4.50
A0100 TT UC	Non-emergency transportation; taxi; individualized service provided to more than one patient in same setting; 11 miles or more	\$7.50	\$6.75
A0130	Non-emergency transportation; wheel chair van	\$20.00	\$18.00
A0130 TK	Non-emergency transportation; wheel chair van; extra patient or passenger, non-ambulance	\$10.00	\$9.00
A0130 TT	Non-emergency transportation; wheel chair van; individualized service provided to more than one patient in same setting	\$10.00	\$9.00

Procedure Code	Description	Current Rate	10% Rate Reduction Effective January 1, 2011
A0130 U6	Non-emergency transportation; wheel chair van; extra attendant	\$5.00	\$4.50
A0425 U3	Ground mileage, per statute mile; CAS	\$1.25	\$1.13
A0425 U5	Ground mileage, per statute mile; NAS	\$1.25	\$1.13
T2001	Non-emergency transportation; patient attendant/escort	\$5.00	\$4.50
T2003	Non-emergency transportation; encounter/trip	\$10.00	\$9.00
T2004	Non-emergency transport; commercial carrier, multi-pass	\$5.00	\$4.50
T2007 U3	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; CAS	\$4.25	\$3.83
T2007 U5	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments; NAS	\$4.25	\$3.83

Questions?

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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