


Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

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Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Independent and Hospital-Based Medical Transportation Providers **May 2001**
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This bulletin completely replaces Medicaid Bulletins B9502227 (03/95) and B0000066 (05/00).

Bulletins B9502227 & B0000066 should be discarded.

Independent and Hospital-Based Medical Transportation HCFA and Local Codes

The Colorado Medicaid Program uses the Health Care Financing Administration's (HCFA) Common Procedural Coding System (HCPCS) to identify Medicaid services provided to Medicaid clients. This is the Medical Transportation HCFA and local code bulletin.

Please be advised that some medical transportation codes have been deleted. **Read the "Comments" column carefully. Effective dates are not the same for all changes.**

Providers should use the codes listed in this bulletin when billing transportation services. Insert this bulletin into the Medicaid Provider Manual for reference.

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Please direct questions about the information in this bulletin to:

Medicaid Provider Services
303-534-0146
or 1-800-237-0757 (toll free Colorado)

Introduction

Colorado Medicaid claims must be submitted electronically through the Automated Medical Payments (AMP) system. Electronically mandated claims submitted on paper are processed, denied, and marked "Electronic Filing Required."

Exceptions to electronic filing include:

- Claims from providers who consistently submit fewer than 10 claims per month.
- Claims with service dates more than 365 days old **must** be submitted on paper with substantiating documentation.
- Claims that, by federal or state policy or regulation, require attachments.
- Reconsideration claims.

AMP claims: Submit AMP interactive transportation services on the electronic Colorado 1500 transportation format using HCPCS.

Paper claims: If paper claim submission is required, providers must submit charges on the Colorado 1500 claim form using HCPCS.

Code Column: HCFA and local codes consist of a letter followed by four numbers. Codes authorized for the Medicaid program may not correspond to codes approved for Medicare billing. This list identifies the HCFA and local codes approved for billing the Colorado Medicaid program. Transportation services and procedures not identified in this listing are not benefits of the Colorado Medicaid program.

Modifiers: Pickup/Destination (PD) Modifiers: PD modifiers must be used with transportation HCPCS codes to identify the pickup and destination locations. PD modifiers are constructed by combining 2 letters from the following listing to form a two-character modifier. The first letter represents the pickup and the second represents the destination.

Mod	Description	Mod	Description
-D	Diagnostic or therapeutic site other than "P" or "H" (laboratory, radiology, ambulatory surgical center, etc.)	-R	Client's residence
-E	Residential, domiciliary, or custodial facility (ICF) that is not a skilled nursing facility	-S	Scene of accident or acute event
-H	Hospital	-U	Unclassified location. Use only if no other modifier is appropriate. Records documenting the actual location must be retained on file and produced on request.
-N	Skilled Nursing Facility (SNF)	-X	Intermediate stop at physician's office on the way to the hospital (Destination code only)
-P	Physician's office	-AS	Trip to and/or from an out-of-state hospital. Note: When -AS is used no other modifier is needed. The -AS modifier includes both the pickup and destination.

Narrative Column: A description of the service. Read the entire entry to determine the benefit status of the item. When appropriate, the description defines the billing unit. For example: A0425 Ground mileage, per statute mile. 1 unit represents one mile. A0120 Non-emergency transportation, Mobility van ..., **one way**. 1 unit represents a single one-way trip.

Trip Report Column: Identifies the requirements for a trip report or transportation certification for emergency and non-emergency medical transportation services. A trip report or transportation certification is a record of the trip. It must document the medical necessity for the trip and the pickup and destination locations.

Y This certificate of medical necessity or a trip report documenting the medical necessity must be maintained in the transportation provider's office & produced for audit & inspection upon request. If the claim is for an emergency service and is filed electronically, to certify that required medical necessity documentation is available for audit, enter "Y" in the Transportation Certificate field as prompted by interactive *AMP* software or identified in *AMP* specifications. If the claim is submitted on paper, a copy of the trip report or certification must be attached to the claim. For non-emergency medical transportation services, the transportation provider must maintain the trip report and produce it for audit. However, the trip report for non-emergency medical transportation services does NOT need to be marked in the AMP software for an electronic claim or submitted as an attachment with a paper claim.

PAR Column: The prior authorization status of the identified service.

S = State A Prior Authorization Request (PAR) form must be submitted to the Colorado Department of Health Care Policy and Financing (HCP&F) and approved **before the service is provided**. Claims for services that have not been prior authorized are denied.

C = County An authorization from the County Department of Social/Human Services **must be obtained before the service is provided**. Claims for services that have not been prior authorized are denied.

N = No The service does not require prior authorization when provided to an eligible Medicaid client.

Prior Authorization Requests (PARs) must be approved before claims are submitted. **PAR approval does not guarantee Medicaid payment and does not serve as a timely filing waiver**. PAR approval only assures that the service has been identified as medically necessary based on the information provided. All billing and eligibility requirements must be met before reimbursement will be made. Prior authorization does not apply to Medicare crossover claims. If Medicare approves benefits, Medicaid does not require prior authorization. If Medicare does not provide benefit for an item, all applicable Medicaid billing requirements, including prior authorization if indicated, must be met.

When authorization is required at the County level, call the appropriate County office for approval procedures. A list of County telephone numbers is located in the appendix section of the provider manual. When prior authorization is required at the State level, a completed Medicaid Prior Authorization Request (PAR) form must be sent by the county to the Department of Health Care Policy and Financing.

See the Medical Transportation Specialty Provider Manual for prior authorization requirements and form completion instructions.

Comments Column: Expands on the description, identifies special billing instructions. The notation "Deleted" in the trip report column means that the code is invalid effective the day following the date shown in the "Comments" column. Example: Codes that are deleted 12/31/00 are invalid for billing services provided on or after 01/01/01. Newly added codes become effective on the date shown. Example: Codes showing an effective date of 01/01/01 may be submitted for services provided on or after 01/01/01.

Please direct questions about billing or the use of this listing to Medicaid Provider Services.

Emergency ambulance transportation

Billing information

Emergency ambulance service is a Medicaid benefit when the client's condition requires immediate attention, services are medically necessary, and provided within the scope of the provider's certification and license.

Emergency transportation services require a physician's statement of medical necessity or trip report that must be retained by the provider as part of the transportation records.

BASE RATES ARE ALL-INCLUSIVE SERVICES. All-inclusive services include all functions normally considered part of the emergency service (i.e., use of siren, flashing lights, general vehicle costs, attendants, stretchers, medications, non-reusable supplies, and monitoring equipment). Oxygen, if required, is billed separately. Emergency base rates are billable as one way trips only. Benefits are only payable while the Medicaid client is in the vehicle. Reimbursement for Basic Life Support (BLS) includes all reusable devices, non-reusable supplies, equipment, and personnel. Reimbursement for Advance Life Support (ALS) includes reusable devices, non-reusable supplies, equipment, personnel, and EKG monitoring. To avoid rejected transactions, do not submit detail lines for procedure codes that are not payable to transportation providers.

Oxygen administration is a benefit whenever medically necessary. Oxygen administration is allowable in addition to the base rate. It must be billed separately. Reimbursement includes administration and supplies. Bill 1 unit only.

Mileage is allowable in addition to the base rate when indicated in Comments column. Bill mileage with 1 unit of service for each mile.

AMP claims for non-payable procedure codes are rejected.

Code	Narrative	Trip Report	PAR	Comments
Emergency transportation				
Transportation service				
A0030	Emergency ambulance service, conventional air, base rate	Deleted		Deleted 12/31/00. See A0430.
A0040	Emergency ambulance service, helicopter, base rate	Deleted		Deleted 12/31/00. See A0431.
A0302	Ambulance service, Basic Life Support (BLS), emergency transport	Deleted		Deleted 12/31/00. See A0429.
A0308	Ambulance service, Advanced Life Support (ALS), emergency transport, no specialized ALS service rendered	Deleted		Deleted 12/31/00. See A0427.
A0310	Ambulance service, ALS, emergency transport, specialized ALS service rendered	Deleted		Deleted 12/31/00. See A0427.
A0322	Ambulance service, BLS, emergency transport, supplies included, mileage separately billed	Deleted		Deleted 12/31/00. See A0429.
A0328	Ambulance service, ALS, emergency transport, no specialized ALS services rendered, supplies included, mileage separately billed	Deleted		Deleted 12/31/00. See A0429.
A0330	Ambulance service, ALS, emergency transport, specialized ALS services rendered, supplies included, mileage separately billed	Deleted		Deleted 12/31/00. See A0427.

Code	Narrative	Trip Report	PAR	Comments
A0225	Emergency ambulance service, neonatal transport, base rate	Y	N	1 unit of service = one way trip. Use A0425 for mileage.
A0427	Ambulance service, ALS, emergency transport, level 1 (ALS1 – Emergency)	Y	N	Effective 01/01/01. Includes supplies. 1 unit = one way trip. Use A0422 for oxygen administration. Use A0425 for mileage.
A0429	Ambulance service, BLS, emergency transport (BLS emergency)	Y	N	Effective 01/01/01. Includes supplies. 1 unit = one way trip. Use A0425 for mileage.
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	Y	N	Effective 01/01/01. All-inclusive service. New rate, \$1,945.36, effective 07/01/01, includes mileage.
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Y	N	Effective 01/01/01. All-inclusive service. New rate, \$1,818.27, effective 07/01/01, includes mileage.
A0433	ALS, level 2 (ALS2)	Y	N	Effective 01/01/01. Includes supplies. 1 unit = one way trip. Use A0425 for mileage.
A0434	Specialty Care Transport (SCT)	Y	N	Effective 01/01/01. Includes supplies. 1 unit = one way trip. Use A0425 for mileage.
Mileage				
A0021	Emergency ambulance service, out of state, mileage	Y	N	1 unit of service = one mile.
A0380	BLS mileage (per mile)	Deleted		Deleted 12/31/00. See A0425.
A0390	ALS mileage (per mile)	Deleted		Deleted 12/31/00. See A0425.
X6010	Emergency ambulance service, air mileage	Deleted		Deleted 12/31/00.
A0425	Ground mileage, per statute mile	Y	N	Effective 01/01/01. 1 unit of service = one mile.
A0435	Fixed wing air mileage, per statute mile	Deleted		Deleted effective 07/01/01.
A0436	Rotary wing air mileage, per statute mile	Deleted		Deleted effective 07/01/01.
Oxygen & unlisted services				
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	Y	N	Reimbursement allowable for oxygen and supplies when administered. 1 unit of service = one way trip.
A0999	Unlisted ambulance service	Y	S	Fully describe service. Must be submitted on a paper claim. Attach a copy of the Prior Authorization to claim. Should not be used for services that are included in the base rate.

Non-emergency medical transportation

Billing information

Non-emergency medical transportation is transportation to and/or from non-emergent, pre-planned medical treatment. All non-emergency medical transportation services require a trip report that records the transport’s medical necessity and must be retained by the non-emergency medical transportation provider as part of the transportation record for audit purpose. The trip report for non-emergency medical transportation services does NOT need to be marked in the AMP software for an electronic claim or submitted as an attachment with a paper claim. Claims for non-emergency ambulance, wheelchair van, and mobility van services must be billed to the fiscal agent.

Non-emergency medical transportation is reimbursed by the trip. Bill 1 unit for a single one-way trip. Mileage is allowable in addition to the base rate for non-emergency ambulance and wheelchair van transportation. Mileage is NOT a separate benefit for mobility van transportation.

When billing round trip services for non-emergency medical transportation, bill a single detail line using the modifier appropriate to the initial trip. Enter units of service as “2” and charges to represent the total fee for both trips.

Non-emergency ambulance

Non-emergency ambulance transportation is a Medicaid benefit only when the client’s condition requires an ambulance to be transported safely. Non-emergency ambulance transportation is the use of an ambulance vehicle for non-emergent, pre-planned medical treatment.

Wheelchair van transportation

Wheelchair van services are a benefit when the client’s condition precludes the utilization of other, less expensive means of transportation. Wheelchair van transportation is only for wheelchair confined Medicaid clients. Wheelchair van services cannot be utilized for patient convenience. Wheelchair van transportation requires a physician’s statement of medical necessity or trip report that must be retained by the provider as part of the transportation records. If the claim is submitted on paper, a copy of the trip report or certification must be attached to the claim. If the claim is filed electronically, enter “Y” in the Transportation Certification field to certify that the required medical necessity documentation is maintained in the provider’s office and available for audit. Oxygen administration is allowed when medically necessary and is billed separately. Reimbursement includes administration and supplies. Wheelchair vans cannot bill using taxi or ambulance codes.

Mobility van transportation

Mobility van services are van services provided to individuals who are not wheelchair confined. Mobility van transportation is a Medicaid benefit when the client’s condition precludes the use of other, less expensive means of transportation.

Mobility van transportation **must** be authorized by the County Department of Social/Human Services **before** services are provided. The county sends a written approval confirmation notice to the provider for all authorized trips. The approval must be retained in the provider’s file and is subject to audit for a period of six years from the date of service. When billing through the AMP system, claims for mobility van services do not require a copy of the trip report or transportation certification. The trip report or certification must be maintained in the provider’s file for audit purposes.

HCPCS code A0120 represents mobility van transportation of **one** client. For transportation of multiple clients, use the mobility van multiple rider codes that follow. Mobility vans cannot bill using taxi or ambulance codes.

Code	Narrative	Trip Report	PAR	Comments
Non-emergency transportation				
Ambulance and wheelchair van service				
A0300	Ambulance service, Basic Life Support (BLS), non-emergency transport	Deleted		Deleted 12/31/00. See A0428.

Code	Narrative	Trip Report	PAR	Comments
A0304	Ambulance service, Advanced Life Support (ALS), non-emergency transport, no specialized ALS services rendered	Deleted		Deleted 12/31/00. See A0426.
A0306	Ambulance services, ALS, non-emergency transport, specialized ALS services rendered	Deleted		Deleted 12/31/00. See A0426.
A0320	Ambulance service, BLS, non-emergency transport, supplies included, mileage separately billed	Deleted		Deleted 12/31/00. See A0428.
A0324	Ambulance service, ALS, non-emergency transport, no specialized ALS services rendered, supplies included, mileage separately billed	Deleted		Deleted 12/31/00. See A0428.
A0326	Ambulance service, ALS, non-emergency transport, specialized ALS services rendered, supplies included, mileage separately billed	Deleted		Deleted 12/31/00. See A0426.
A0130	Non-emergency transportation, wheelchair van, base rate	Y	N	Client must be wheelchair confined. 1 unit of service = one-way trip. Bill mileage separately using X6005 for mileage.
A0426	Ambulance service, ALS, non-emergency transport, level I (ALSI)	Y	N	Effective 01/01/01. Includes supplies. 1 unit of service = one-way trip. Use A0422 for oxygen administration. Use A0425 for mileage.
A0428	Ambulance service, BLS, non-emergency transport (BLS)	Y	N	Effective 01/01/01. Includes supplies. 1 unit of service = one-way trip. Use A0422 for oxygen administration. Use A0425 for mileage.
Mileage				
X6000	Non-emergency ambulance, mileage	Deleted		Deleted 12/31/00. See A0425.
A0425	Ground mileage, per statute mile	Y	N	Effective 01/01/01. 1 unit of service = one mile.
X6005	Wheelchair van, mileage	Y	N	1 unit of service = one mile.
Oxygen, supplies & miscellaneous				
A0422	Ambulance (ALS or BLS) oxygen supplies, life sustaining situation	Y	N	Reimbursement allowable for oxygen and supplies when administered. 1 unit of service = one-way trip.
X6007	Wheelchair van, oxygen	Y	N	Oxygen administration only. 1 unit of service = one-way trip.

Mobility van riders

Multiple rider service is transportation of two or more individuals with origins and/or destinations within the same vicinity (½ mile diameter). Mileage is not a separate benefit. For example:

- Multiple clients picked up at the same location and transported to the same destination (*mileage is not a benefit*).
- Multiple clients picked up at the same location and transported to various locations within the same vicinity (*mileage is not a benefit*).
- Multiple clients picked up at different locations within the same vicinity and transported to the same destination (*mileage is not a benefit*).

Code	Narrative	Trip Report	PAR	Comments
A0120	Non-emergency transportation, mobility van, mini-bus, mountain area transports, and other non-profit transportation systems, one way	Y	C	Transportation for one client, not wheelchair-confined, when the service vehicle is <i>other than</i> a taxi. 1 unit of service = one-way trip. Mileage cannot be billed separately.
X6022	Mobility van transport, 2 riders, one way	Y	C	1 unit of service = one-way trip.
X6023	Mobility van transport, 3 riders, one way	Y	C	1 unit of service = one-way trip.
X6024	Mobility van transport, 4 riders, one way	Y	C	1 unit of service = one-way trip.
X6025	Mobility van transport, 5 riders, one way	Y	C	1 unit of service = one-way trip.
X6026	Mobility van transport, 6 riders, one way	Y	C	1 unit of service = one-way trip.
X6027	Mobility van transport, 7 riders, one way	Y	C	1 unit of service = one-way trip.
X6028	Mobility van transport, 8 riders, one way	Y	C	1 unit of service = one-way trip.
X6029	Mobility van transport, 9 riders, one way	Y	C	1 unit of service = one-way trip.
X6030	Mobility van transport, 10 riders, one way	Y	C	1 unit of service = one-way trip.

Coding Requirements Reference for Medicare Crossover Claims and for “Non-Crossover Medicaid-only” Claims (for clients who have only Medicaid coverage)

Please note the table is an illustration of the differences between Medicaid and Medicare transportation coding and does not list all available Medicare transportation codes.

Medicaid Bundled Codes Required for “ Non-crossover Medicaid-only” claims for clients who have Medicaid coverage only	Medicare Unbundled Codes Required by Medicare and processed by Medicaid on crossover claims for clients with Medicare & Medicaid coverage	
	Primary code	Ancillary code(s)
A0428 Ambulance service, Basic Life Support (BLS), non-emergency transport. Includes supplies. A0425 Ground mileage, per statute mile.	A0428 Ambulance service, BLS, non-emergency transport.	A0382 BLS routine disposable supplies. * A0384 BLS special disposable supplies. * A0425 Ground mileage, per statute mile.
A0429 Ambulance service, BLS, emergency transport. Includes supplies. A0425 Ground mileage, per statute mile.	A0429 Ambulance service, BLS, emergency transport.	A0382 BLS routine disposable supplies. * A0384 BLS special disposable supplies. * A0425 Ground mileage, per statute mile.
A0426 Ambulance service, Advanced Life Support non-emergency transport, level I (ALSI), includes supplies. A0425 Ground mileage, per statute mile.	A0426 Ambulance service, ALS, non-emergency transport level I (ALSI).	A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. * A0398 ALS routine disposable supplies. * A0425 Ground mileage, per statute mile.
A0427 Ambulance service, ALS, emergency transport Level I. Includes supplies. A0425 Ground mileage, per statute mile.	A0427 Ambulance service, ALS, emergency transport Level I.	A0392 ALS special disposable supplies, defibrillation. * A0394 ALS special disposable supplies/IV drug. * A0396 ALS specialized service disposable supplies; esophageal intubation. * A0398 ALS routine disposable supplies.* A0425 Ground mileage, per statute mile.
A0420 - Not a benefit *		A0420 Ambulance waiting time (ALS or BLS), one half (1/2) hour increments. *
A0422 Ambulance, oxygen & oxygen supplies, life sustaining		A0422 Ambulance, oxygen & oxygen supplies, life sustaining
X6000 Non-emergency ambulance mileage. Deleted 12/31/00. See A0425.		
* This service is not a benefit of the Colorado Medicaid Program.		
Note: Payment for Medicaid ambulance services includes all supplies. No separate, additional benefit is available for supplies.	Note: Medicare may be billed for additional services such as EKGs, injections, IV solutions, etc. In crossover processing, these additional charges are not allowed.	

