



Automated Medical Payments

# Medicaid Bulletin

## Colorado Title XIX

Fiscal Agent



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### Medicaid Fiscal Agent Information on the Internet

<http://coloradomedicaid.acs-inc.com>

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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: Medical Transportation  
Providers

March 2003

Reference: B0300149

This bulletin replaces Medicaid Bulletins B0100098 (05/01) & B0100099 (05/01).  
Bulletins B0100098 & B0100099 should be discarded.

The Colorado Medicaid Program uses the Center for Medicare and Medicaid Services (CMS) Healthcare Common Procedural Coding System (HCPCS) to identify Medicaid services. HCPCS includes codes in the *Physicians' Current Procedural Terminology* (CPT), codes developed by CMS and Medicare, and "local" codes developed specifically for the Colorado Medicaid Program.

This is the CMS and local code bulletin for Medical Transportation services. CPT codes and the codes in this bulletin are **effective for services provided on and after January 1, 2003**. This document is a replacement of Medicaid Bulletins B0100098 (05/01) & B0100099 (05/01). Insert this bulletin into the Medicaid Provider Manual for reference. Coding updates and revisions will also be published in Medicaid bulletins.

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**Introduction**

Colorado Medicaid transportation providers must submit claims electronically through the WINASAP 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 5 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.

**Electronic Claims:** Submit interactive claims for transportation services on the electronic 1500-transportation format using correct HCPCS codes.

**Paper Claims:** If paper claim submission is required, providers must submit charges on the appropriate 1500 claim form using appropriate HCPCS codes.

**Code Column:** Centers for Medicare and Medicaid Services (CMS) and local codes generally 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 CMS 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: All providers must use PD modifiers with transportation HCPCS codes to identify the pickup and destination location. PD modifiers are constructed by combining 2 letters from the following listing to form a two-character modifier. The first letter represents the pickup location and the second represents the destination.

Modifier	Description
-D	Diagnostic or therapeutic site other than “P” or “H” (laboratory, radiology, ambulatory surgical center, etc.)
-E	Residential, domiciliary, or custodial facility (ICF) that is not a skilled nursing facility
-H	Hospital
-N	Skilled Nursing Facility
-P	Physician’s office
-R	Client’s residence
-S	Scene of accident or acute event

Modifier	Description
-U	Unclassified location. Use only if no other modifier is appropriate. Providers must maintain records documenting the actual location and must produce the records upon request.
-X	Intermediate stop at physician’s office on the way to the hospital (Destination code only)
-AS	Trip to and/or from an out-of-state hospital. Note: <i>When “AS” is used no other modifier is needed. The “AS” modifier includes both the pickup and destination.</i>
-TQ	Basic life support transport by a volunteer ambulance provider. This modifier is for informational purposes only.

**-GM** HCPCS modifier “GM” is a valid indicator for multiple patients on one ambulance trip. The Colorado Medicaid program does not currently require the use of this modifier. This modifier is for informational purposes only.

**Narrative Column:** Indicates 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 vans - one-way. One unit = a single one-way trip.)

**Rate Column:** Displays the state maximum allowable reimbursable rates for medical transportation services.

**Trip Report Column:** Identifies the requirements for a trip report or transportation certification. 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** Indicates certification of medical necessity or a trip report documenting the medical necessity. The State Designated Entity (County) **and/or** the State Designated Entity’s Contracted Transportation Broker (Contracted Broker) **and** the transportation provider must maintain this documentation. Transportation PAR records and trip reports must be available for audit & inspection upon request. The trip report field for non-emergency medical transportation service must be marked on the electronic billing software claim. This field must be marked but the report does not need to be attached with a paper claim for non-emergency medical transportation unless otherwise specified.

If the claim is for 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 the interactive billing software or identified in software specifications. If the claim is submitted on paper, a copy of the trip report or certification must be attached to the claim. For emergency transportation services the transportation provider must also maintain the certification of the medical necessity or a trip report documenting the medical necessity.

**PAR Column:** Indicates the prior authorization status of the identified service. (Note: ALL non-emergency transportation services MUST be prior authorized by the State Designated Entity or the Contracted Broker, unless otherwise indicated.)

**C = County** An authorization from the County Department of Social/Human Services (State Designated Entity) or the Contracted Broker must be obtained before the service is provided. The State Designated Entity or the Contracted Broker must submit claims for services for reimbursement. The State Designated Entity or Contracted Broker has authority to deny claims that they have not prior authorized. State approval not required.

**S = State** A Prior Authorization Request (PAR) form must be submitted to the Colorado Department of Health Care Policy and Financing (HCPF) by the State Designated Entity (County) or the State Designated Entity’s Contracted Broker and approved before the service is provided. All claims for services will be denied if they have not been prior authorized. The State does not accept electronic PAR submission for transportation services.

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

Prior Authorization Requests (PAR) 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. Prior authorization does not provide benefit for an item or service. All applicable Medicaid billing and eligibility requirements must be met, including prior authorization, if indicated, 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 benefits for an item or service, all applicable Medicaid billing requirements, including prior authorization, if indicated, must be met.

Over-the-Cap prior authorization requests should be submitted to: Colorado Department of Health Care Policy and Financing  
Transportation Administrator  
1575 Sherman St.  
Denver, CO 80203  
Phone: 303-866-5622  
Fax: 303-866-2573

All other prior authorization requests requiring State review should be submitted to: Colorado Foundation for Medical Care  
Attn: Medicaid Transportation PARs  
PO Box 17300  
Denver, CO 80217-0300  
Phone: 303-695-3300

**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 12/31/2002 are invalid for billing services provided on or after 01/01/2003. Newly added codes become effective on the date shown. Example: Codes showing an effective date of 01/01/2003 may be submitted for services provided on or after 01/01/2003.

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 ambulance providers may submit claims for these services directly to the fiscal agent for reimbursement. 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, stretcher, 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 Advanced 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 one unit only.

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

Electronic claims for non-payable procedure codes are rejected.

Code	Narrative	Rate	Trip Report	PAR	Comments
<b><u>Emergency Transportation Service Codes</u></b>					
A0225	Emergency ambulance service, neonatal transport, base rate	130.38	Y	N	Includes supplies. 1 unit = one-way trip. Use A0422 for oxygen administration. Use 0425 for mileage.
A0427	Ambulance service, ALS, emergency transport, level 1 (ALS1-Emergency)	131.46	Y	N	Includes supplies. 1 unit = one-way trip. Use A0422 for oxygen administration. Use A0425 for mileage.
A0429	Ambulance service, BLS emergency transport (BLS emergency)	90.07	Y	N	Includes supplies. 1 unit = one-way trip. Use A0422 for oxygen administration. Use A0425 for mileage.
A0430	Ambulance service, conventional air services, transport, one-way (fixed wing)	1848.09	Y	N	All-inclusive service includes mileage.
A0431	Ambulance service, conventional air services, transport, one-way (rotary wing)	1727.36	Y	N	All-inclusive service includes mileage.
A0433	ALS, level 2 (ALS2)	157.76	Y	N	Includes supplies. 1 unit = one-way trip. Use A0422 for oxygen administration. Use A0425 for mileage.
A0434	Specialty Care Transport (SCT)	180.14	Y	N	Includes supplies. 1 unit = one-way trip. Use A0422 for oxygen administration. Use A0425 for mileage.
Q3019	ALS vehicle used, Emergency Transport, No ALS level services furnished	90.07	Y	N	Effective 04/01/03. Includes supplies. 1 unit = one-way trip. Use A0422 for oxygen administration. Use A0425 for mileage. Usage of this code is restricted to hospital-to-hospital transfers required for continuation of care. May also be used to transport client from the scene of injury or illness when ambulance has been requested by other public safety agency (i.e. fire or police dept.) May NOT be used in place of appropriate BLS codes.

Code	Narrative	Rate	Trip Report	PAR	Comments
<b>Mileage</b>					
A0021	Emergency ambulance service, out-of-state, mileage	1.28	Y	N	1 unit = one mile.
A0425	Ground mileage, per statute mile	1.28	Y	N	1 unit = one mile.
<b>Oxygen &amp; unlisted services</b>					
A0422	Ambulance (ALS/BLS) oxygen and oxygen supplies, life sustaining situation	11.46	Y	N	Reimbursement allowable for oxygen and supplies when administered. 1 unit = one-way trip.
A0999	Unlisted ambulance service	By Report	Y	S	Fully describe service. Must be submitted on a paper claim. Attach a copy of the Prior Authorization to the claim. Should not be used for services that are included in the base rate.

**Non-Emergency Medical Transportation**

Transportation for Medicaid clients to and from a medical provider is a benefit when the medical service provided is a benefit of the Colorado Medicaid Program and transportation is prior approved by the State Designated Entity (County) or the Contracted Broker. Transportation must be to the nearest Medicaid provider. The benefit is only payable when the client is in the vehicle.

The State Designated Entity (County) or the State Designated Entity’s Contracted Broker administers Non-Emergency transportation benefits. This includes authorizing transportation or obtaining State authorization when necessary, submission of the claim to the fiscal agent and distribution of the reimbursed funds to the appropriate providers. It is also the responsibility of the State Designated Entity or the Contracted Broker to explore and utilize the least costly, medically appropriate means of transportation for each client. The client must be given freedom of choice between competitively priced, medically appropriate providers.

Non-emergency medical transportation includes private vehicle, bus, mobility van, wheelchair van, taxi, ambulance, train and air travel. It also includes over-the-cap transportation (authorized by the State transportation administrator), ancillary services (escort, meals and lodging) and out-of-state transportation (authorized by CFMC). Both the State Designated Entity or Contracted Broker **and** the provider must maintain records of all appropriate documentation on file. These records must be maintained for a period of 6 years and must be available and produced for audit and inspection upon request.

**Billing Information**

Non-emergency medical transportation is transportation to and/or from non-emergency, generally pre-planned medical treatment. This transportation must be to the nearest Medicaid provider for an approved, medically necessary Medicaid benefit or service and must not be for the convenience of the client or the client’s designated representative. All non-emergency medical transportation services require a trip report that records the medical necessity of the transport and must be retained by the non-emergency medical transportation provider and the State Designated Entity or Contracted Broker as part of the transportation record for audit purposes. The trip report field for non-emergency medical transportation services must be marked in the electronic software for an electronic claim. This field must be marked but the report does not need to be submitted as an attachment with a paper claim, unless otherwise specified. **The State Designated Entity or Contracted Broker must submit all non-emergency transportation claims to the fiscal agent. These claims cannot be submitted directly by the provider. Any claims submitted directly by the transportation provider will be denied.**

Non-emergency medical transportation is reimbursed by the trip. Bill one 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. When billing for a trip with multiple segments, all segments must be combined and the total number of units per round trip must be no more than 2 units. If multiple providers are used it is the responsibility of the State Designated Entity or the Contracted Broker to bill appropriately and to reimburse each provider.

A diagnosis is required on all claims. Enter 780 for all claims. Do not fill unused spaces with zeros. The diagnosis must be referenced to each detail line by placing a “1” in the diagnosis indicator field.

**Private Vehicle**

Transportation by private vehicle does not require State prior authorization. Any provider who does not meet the Public Utilities Commission (PUC) guidelines as a common or contract carrier or wheelchair van must bill as a private vehicle.

**Bus**

Transportation by bus does not require State prior authorization. When submitting claims for bus fare, please include receipt or other documentation demonstrating the cost of the ticket.

**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 costly means of transportation. A mobility van may bill using wheelchair van codes **ONLY** when the client is a physician certified wheelchair user **and** the vehicle has been modified with appropriate wheelchair equipment. If these requirements are not met, the mobility van may not bill using wheelchair van codes.

HCPCS code A0120 represents mobility van transportation of one client. Use the mobility van multiple rider codes for transportation of multiple clients,. Multiple rider service is the transportation of two or more individuals with origins and/or destinations within the same vicinity. 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*).

Mobility vans cannot bill using taxi codes. Mobility vans cannot bill as wheelchair vans except as mentioned above.

Mobility vans may bill over-the-cap transportation when the trip is beyond the local community of the point of pickup. This is generally about 12 miles. When a mobility van transport is more than the local community (about 12 miles), it should be billed using the T2003 over-the-cap code (effective 04/01/03, prior to this date use X6015). When a mobility van provides over-the-cap transportation to more than one client, special multiple rider exceptions apply. The client traveling the greatest distance is reimbursed at the full rate of the trip. A second rider is then reimbursed at one half the rate for the distance traveled by this client. The reimbursement for the third rider, as well as any additional riders, is one quarter the rate of the distance traveled by those clients.

***People service organizations or non-profit transportation systems must submit documentation to the Transportation Administrator to calculate an appropriate reimbursement rate comparable to that of other subsidized trips. Failure to do so will result in the transportation provider being restricted to reimbursement at the same nominal fee paid by private individuals.***

**Wheelchair Van Transportation**

Wheelchair van services are a benefit when the client's condition precludes the utilization of less costly means of transportation. Wheelchair van transportation is only for wheelchair-confined clients, as certified by a physician, within a vehicle that has been modified to accommodate the wheelchair. Wheelchair van services may not be utilized for patient convenience. 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 office of the provider and the State Designated Entity or the Contracted Broker. Oxygen administration is allowed when medically necessary and is billed separately. Reimbursement for oxygen includes administration and supplies. Wheelchair vans must bill using mobility van codes if the client is not a physician certified wheelchair user, in which case, the mobility van must also meet Public Utility Commission (PUC) requirements for mobility van services. Wheelchair vans may not bill using taxi or ambulance codes. Wheelchair vans may bill as mobility vans when appropriate, but only if they are compliant with PUC regulations. Wheelchair vans may bill using the T2003 over-the-cap code (effective 04/01/03, prior to this date use X6015) when the fee for the transport exceeds \$50.00.

**Taxi**

Taxi service is a benefit of the Medicaid transportation program only after all less costly modes of transportation have been investigated and found to be inappropriate for the client's condition. Taxi transport may bill using the T2003 over-the-cap code (effective 04/01/03, prior to this date use X6015) when the Usual and Customary Charge exceeds \$50.00. The over-the-cap reimbursement is then calculated using the current reimbursement rate.

### **Non-Emergency Ambulance**

Non-emergency ambulance transportation is a Medicaid benefit only when the client's condition requires an ambulance for safe transport of the client. Non-emergency ambulance transportation is the use of an ambulance vehicle to transport bed-bound clients for non-emergency, pre-planned medical treatment. Ambulance services must not be utilized for patient or caregiver convenience. Non-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. 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 office of the provider and the State Designated Entity or the Contracted Broker. Oxygen administration is allowed when medically necessary and is billed separately. Reimbursement for oxygen includes administration and supplies.

***Non-emergency ambulance transportation MUST be prior authorized by the State Designated Entity or Contracted Broker. Non-emergency ambulance claims MUST be submitted to the State Designated Entity or Contracted Broker for reimbursement. The transportation provider MAY NOT submit non-emergency ambulance transportation claims directly to the fiscal agent for reimbursement.***

(Note: Q3020, ALS Vehicle Used, Non-Emergency Transport, No ALS Level Service Furnished, effective 04/01/03, may be used without prior authorization. However, usage of this code is restricted to hospital-to-hospital transfers required for continuation of care. This code may also be used to transport a client from the scene of injury or illness when the ambulance transfer has been requested by another public safety agency, such as a fire, sheriff's or police department. **Q3020 may not be used for pre-planned services and may not be used for nursing facility transfers.** Claims must be submitted to the State Designated Entity or Contracted Broker for reimbursement. Claims submitted directly to the fiscal agent will be denied.)

### **Base rates are all-inclusive services**

All-inclusive services include all functions normally considered part of the non-emergency service (i.e., general vehicle costs, attendants, stretcher, medications, non-reusable supplies, and monitoring equipment). Oxygen, if required, is billed separately. Non-emergency base rates are billable as one-way trips, but two units may be billed for a round trip. 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 Advanced 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 one unit per one-way trip.

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

### **Air/Train**

Air and train transport are benefits of the Medicaid program only when less costly, medically appropriate means of transportation are not available. Submit ticket stub with claim or receipt documenting the purchase price. Requires State prior authorization.

### **Ancillary Services**

All ancillary services (escort, meals, lodging) require State prior authorization. When submitting claims for ancillary services, please include receipts.

### **Over-the-Cap**

Over-the-cap transportation services require State approval. Documentation requirements for over-the-cap authorization must include information demonstrating that the mode of transportation is the most appropriate and least costly for the client's condition and that the trip is medically necessary. The State Designated Entity or Contracted Broker must document that the care required by the client is not available in the client's local community and that the client is seeing the nearest Medicaid provider for a Medicaid service. ***When requesting over-the-cap prior authorization specify the mode of transportation being employed. Any Prior Authorization Request not containing this information will be denied.***

Code	Narrative	Rate	Trip Report	PAR	Comments
<b><u>Non-Emergency Transportation Service Codes</u></b>					
A0080	Non-emergency transportation by private vehicle	0.13	Y	C	Owned or driven by volunteer with no vested or personal interest. 1 unit = one mile.
A0090	Non-emergency transportation by private vehicle	0.13	Y	C	Owned or driven by individual with vested interest (client, family member, neighbor, etc.). 1 unit = one mile.
A0160	Non-emergency transportation by private vehicle		Deleted		Deleted 06/31/2002. See A0080.
A0170	Non-emergency transportation by private vehicle		Deleted		Deleted 06/31/2002. See A0080.
A0100	Non-emergency transportation by taxi	UCC*	Y	C	1 unit = one-way trip.
A0110	Bus (local or long distance)	UCC*	Y	C	1 unit = one-way trip. Modifier not required.
A0120	Non-emergency transportation, mobility van, mini-bus, mountain area transports and other non-profit transportation systems, one way	12.20	Y	C	Transportation for <b>one</b> client, not wheelchair-confined, when the service vehicle is <i>other than</i> a taxi. 1 unit = one-way trip. Mileage cannot be billed separately.
X6022	Mobility van transport, 2 riders, one-way	7.71	Y	C	1 unit = one-way trip.
X6023	Mobility van transport, 3 riders, one-way	6.85	Y	C	1 unit = one-way trip.
X6024	Mobility van transport, 4 riders, one-way	6.43	Y	C	1 unit = one-way trip.
X6025	Mobility van transport, 5 riders, one-way	6.18	Y	C	1 unit = one-way trip.
X6026	Mobility van transport, 6 riders, one-way	6.00	Y	C	1 unit = one-way trip.
X6027	Mobility van transport, 7 riders, one-way	5.87	Y	C	1 unit = one-way trip.
X6028	Mobility van transport, 8 riders, one-way	5.79	Y	C	1 unit = one-way trip.
X6029	Mobility van transport, 9 riders, one-way	5.72	Y	C	1 unit = one-way trip.
X6030	Mobility van transport, 10 riders, one-way	5.65	Y	C	1 unit = one-way trip.
A0130	Non-emergency transportation, wheelchair van, base rate	15.19	Y	C	Client must be wheelchair confined. 1 unit = one-way trip. Bill mileage separately using S0209.
A0140	Non-emergency transportation by train or air	UCC*	Y	S	Modifier not required.
A0180	Client lodging	28.26	Y	S	Per day. Modifier not required.
A0190	Client meals	12.44	Y	S	Per day. Modifier not required.
A0200	Escort lodging	28.26	Y	S	Per day. Modifier not required.
A0210	Escort meals	12.44	Y	S	Per day. Modifier not required.
X6015	Special client transportation		Deleted		Deleted 03/31/03. See T2003.
X6017	Escort transportation by bus		Deleted		Deleted 03/31/03. See T2001.
X6019	Escort transportation by train or air		Deleted		Deleted 03/31/03. See T2001.
T2001	Non-emergency transportation; Patient attendant/escort	UCC*	Y	S	Effective 04/01/03. Per one way trip. Modifier not required. Replaces X6017 & X6019. Submit ticket stub with claim or receipt documenting the purchase price.
T2003	Non-emergency transportation; Encounter/trip	By Report	Y	S	Effective 04/01/03. Exceeds established payment maximum. Per one way trip.

\*UCC: Usual and Customary Charge (private pay rate)



Code	Narrative	Rate	Trip Report	PAR	Comments
<b>Non-emergency ambulance</b>					
A0426	Ambulance service, ALS, non-emergency transport level 1 (ALS1)	78.40	Y	C	Includes supplies. 1 unit = one-way trip. Use A0422 for oxygen administration. Use A0425 for mileage.
A0428	Ambulance service, BLS, non-emergency transport (BLS)	78.35	Y	C	Includes supplies. 1 unit = one-way trip. Use A0422 for oxygen administration. Use A0425 for mileage.
Q3020	ALS vehicle used, non-emergency transport, no ALS level service furnished	78.35	Y	N	Effective 04/01/03. 1 unit = one-way trip. Use A0422 for oxygen administration. Use A0425 for mileage. Usage of this code is restricted to hospital-to-hospital transfers required for continuation of care. May also be used to transport client from the scene of injury or illness when ambulance has been requested by other public safety agency (i.e. fire or police dept.) May NOT be used for pre-planned services. May <b>not</b> be use for Nursing Facility transfers.
<b>Mileage</b>					
A0425	Ground mileage, per statute mile	1.28	Y	C	1 unit = one mile. (Exception: No Prior Authorization required when used in conjunction with Q3020, however, State Designated Entity or Contracted Broker will review for accuracy before paying claim.)
X6005	Wheelchair van, mileage		Deleted		Deleted 03/31/03. See S0209.
S0209	Wheelchair van, mileage	0.61	Y	C	Effective 04/01/03. 1 unit = one mile.
<b>Oxygen, supplies &amp; miscellaneous</b>					
A0422	Ambulance (ALS/BLS) oxygen supplies, life sustaining situation	11.46	Y	N	Reimbursement allowable for oxygen and supplies when administered. 1 unit = one-way trip.
A0999	Unlisted ambulance services	By Report	Y	S	Fully describe service. Must be submitted on a paper claim. Attach a copy of the Prior Authorization to the claim. Should not be used for services that are included in the base rate.
X6007	Wheelchair van, oxygen	11.68	Y	N	Oxygen administration only. 1 unit = one-way trip.

Additional information regarding Medicaid Medical Transportation may be found in the Medicaid transportation rules located at 10 CCR 2505-10§8.680. Access this information on the web at [www.chcpf.state.co.us](http://www.chcpf.state.co.us). Click the link to Departmental Reference Material. From the reference material page click the link to Staff Manual Volume 8 Medical Assistance (State Rules Concerning Medicaid). Once on the State Rules page, you may click the link to 8.680 Transportation.