Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent

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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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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: Medical Transportation Providers **July 2003**

Reference: B0300159

This bulletin replaces Medicaid Bulletin B0300149
Bulletin B0300149 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 July 1,2003**. This document is a replacement of Medicaid Bulletin B0300149. Insert this bulletin into the Medicaid Provider Manual for reference. Coding updates and revisions will also be published in Medicaid bulletins.

Contents

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: *When "AS" is used no other modifier is needed. The "AS" modifier includes both the pickup and destination.*
-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. The State Designated Entity or the Contracted Broker must also maintain the signed Physician Certification.

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. To obtain prior authorization, the client's attending physician, physician assistant, nurse practitioner, therapist or other licensed mental healthcare professional must prepare a written Physician Certification. This Physician Certification must be submitted to the State Designated Entity. The Physician Certification must include the purpose of the trip, the frequency of necessary medical visits/trips or the inclusive dates of the requested medical transportation up to six months and the medical or physical condition that makes normal public or private transportation inadvisable. It must also include a request for client meals and lodging if travel cannot be completed in one calendar day. When transportation is requested on an ongoing basis, the Physician Certification must include the chronic nature of the client's medical or physical condition and a treatment plan. A diagnosis alone without a treatment plan does not satisfy this requirement. See Attachment A for a suggested Certification format. The State Designated Entity must maintain this certification. In the event an urgent transportation need arises and the State Designated Entity or Contracted Broker is not available to authorize the transportation, i.e. after business hours, the client may arrange and pay for transportation. The client may then submit a request for reimbursement to the State Designated Entity or Contracted Broker. If all medically necessary requirements are met, the State Designated Entity or Contracted Broker may reimburse the client. The State Designated Entity or County Broker may contract with a provider to provide the services with the understanding that if the authorization is denied, the provider may bill the client.)

C = County An authorization from the County Department of Human/Social 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 waver***. 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
1570 Grant 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
	Emergency Transportation Service Codes				
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. May NOT be used in place of appropriate BLS codes.
	Mileage				
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

Code	Narrative	Rate	Trip Report	PAR	Comments
	Oxygen & unlisted services				
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 client has a medical or physical condition requiring specialized transportation as documented and certified by a qualified healthcare professional. The medical service provided must be a benefit of the Colorado Medicaid Program and the transportation must be 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. Clients who are Old Age Pension (OAP) **State Only** recipients and Qualified Medicare Beneficiary (QMB) **Only** recipients are not eligible for Medicaid Non-Emergent Transportation services. OAP State Only recipients may receive transportation services through another funding source. Please contact the Department of Human Services, Aging and Adult Services for more information.

A qualified healthcare professional, including an attending physician, physician assistant, nurse practitioner, therapist or other licensed mental healthcare professional, must order the transportation in writing. Written documentation explaining the medical necessity for special transport, including client condition that prohibits client from seeking his/her own transportation via public or private conveyance and the need for specialized transportation must accompany the written order for transportation.

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 bus, mobility van, wheelchair van, ambulance, and, in extreme circumstances, may include air transport, for in-state travel. Bus, train and air travel may be utilized for out-of-state travel. It also includes over-the-cap transportation (authorized by the State transportation administrator), escort, client 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 physician ordered transportation for clients meeting medical necessity, as certified by a qualifying healthcare professional, 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, the client's designated representative or caregiver. All non-emergency medical transportation services require Physician Certification and trip report that records the medical necessity of the transport. These records 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. Span billing is prohibited. 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 is not a benefit of the Medicaid program.

Bus

When submitting claims for bus fare, please include receipt or other documentation demonstrating the cost of the ticket.

Mobility Van Transportation

Mobility van is a passenger carrying vehicle, including those designed, constructed, modified or equipped to meet the needs of passengers with medical, physical or mobility impairments and, when medically necessary, their certified escorts. Mobility van, including mobility van, mini-bus, mountain area transports and other non-profit transportation systems, means a vehicle certified as a common or contract carrier and regulated by the Public Utilities Commission (PUC) or a specialized intra-governmental agency bus substitute service or specialized mobility service. Based upon this PUC regulation, a mobility van may transport "mixed parties" without the consent of the passengers and therefore may transport several clients at the same time. Mobility van does not calculate charges based upon a meter. A taxi is NOT a mobility van. Mobility van services are transportation services provided to individuals who are not wheelchair confined. Mobility van transportation is a Medicaid benefit when the client's, physician certified, medical or physical condition precludes the use of client purchased public or private transportation or other less costly means of Medicaid 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 Medicaid clients 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 may not bill using taxi codes. Mobility vans may not 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). 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. The rider traveling the second greatest distance 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 is a vehicle that has been specifically designed, constructed, modified or equipped to meet the needs of wheelchair users. Wheelchair van services are a benefit when the client's, physician certified, medical or physical condition precludes the utilization of client purchased public or private transportation or less costly means of Medicaid 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 when the fee for the transport exceeds $50.00. Over-the-cap special multiple rider exceptions apply when billing multiple over-the-cap riders.

Taxi

Taxi service is not a benefit of the Medicaid transportation program.

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 and 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.

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 a client's, physician certified, medical or physical condition precludes the use of client purchased public or private transportation or other less costly, medically appropriate means of Medicaid transportation are not available. Air and train transport are permissible for out-of-state travel. In extreme circumstances air transport may be available for in state travel, but must be prior approved by the Department. 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. An escort is a Medicaid benefit when the client's medical or physical condition necessitates an escort, as certified by the client's physician. Meals and lodging are a benefit for the client only when travel cannot be completed in one calendar day for in-state treatment. Both client and escort are eligible for meals and lodging when the client is traveling out-of-state. The client's primary care physician must certify requests for these services. When submitting claims for ancillary services, please include receipts.

Out-of-State
When the client lives in a border community where the nearest routine medical services are located in an adjacent state, the client may travel out-of-state for routine care. In such cases, all rules and practices for in-state travel apply. For specialized treatment, the client's primary care physician must certify all requests for out-of-state travel. Documentation must include information as to why client cannot receive treatment in state. Treatment must not be available within the State of Colorado. Out-of-state requests must also include anticipated period of travel as well as the need for meals, lodging, and an escort when indicated.

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 multiple riders require over-the-cap transportation, multiple rider exceptions apply. The client traveling the greatest distance is reimbursed at the full rate of the trip. The rider traveling the second greatest distance is reimbursed at on half the rate for the distance traveled by this client. The reimbursement for the third and any additional riders is one quarter the rate of the distance traveled by those clients. ***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
	Non-Emergency Transportation Service Codes				
A0080	Non-emergency transportation by private vehicle		Deleted		Deleted 06/31/2003
A0090	Non-emergency transportation by private vehicle		Deleted		Deleted 06/31/2003
A0160	Non-emergency transportation by private vehicle		Deleted		Deleted 06/31/2002.
A0170	Non-emergency transportation by private vehicle		Deleted		Deleted 06/31/2002.
A0100	Non-emergency transportation by taxi		Deleted		Deleted 06/31/2003
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 ***one*** client, not wheelchair-confined, when the service vehicle is *other than* 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

Code	Narrative	Rate	Trip Report	PAR	Comments
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, vehicle must be modified to accommodate a wheelchair. 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. Out-of-State Only.
A0210	Escort meals	12.44	Y	S	Per day. Modifier not required. Out-of-State Only.
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. Multiple rider exceptions applicable.
*UCC: Usual and Customary Charge (private pay rate)					
	Non-emergency ambulance				
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	C	Effective 04/01/03. 1 unit = one-way trip. Use A0422 for oxygen administration. Use A0425 for mileage. May ***not*** be used in place of appropriate BLS codes.
	Mileage				
A0425	Ground mileage, per statute mile	1.28	Y	C	1 unit = one mile.
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.

Code	Narrative	Rate	Trip Report	PAR	Comments
	Oxygen, supplies & miscellaneous				
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. 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). On the State Rules page, you may click the link to 8.680 Transportation.

Medicaid Certification of Transportation Necessity

Your assistance is required in order to establish the **least costly, most appropriate transportation** for this patient. The requested information will establish the cognitive or physical limitations this client has whereby they cannot use established Public or Private Transportation in accordance with the Colo. Dep. of Health Care Policy and Financing Staff Manual Volume 8, 8.680.2C. To be valid, the **Attending Physician**, **Physician's Assistant**, **Nurse Practitioner**, **Therapist** or **other licensed mental healthcare professional** must complete and sign this certification**.** The patient is responsible to utilize the least costly, most appropriate means of transportation available. If any of the blanks have been pre-filled when you receive it, please do not accept this form.

Please return form in accordance with HIPAA Regulations

Transportation certificates are maintained according to HIPAA regulations and are required by the State for all clients requiring specialized transportation. Without appropriate documentation, the patient will **NOT** receive transportation. Please complete the entire form legibly. ***To schedule trips call*** your local County Department of Human/Social Services transportation coordinator.

Please Print or Type All Information Below

Please complete the following information in order to authorize transportation services.

1) Client Name: _____ Today's Date: _____

2) Client State Medicaid identification number: _____

3) Transportation status:

   a) Trip destination _____

   b) Purpose of the trip _____

   c) Explain fully and clearly the client's medical or physical condition that prohibits the utilization of public or private transportation and the need for specialized non-emergent transportation (Not for convenience)

   _____

   _____

   d) Type of transportation required: ☐ Wheelchair confined (permanent/temporary) & needs a lift
   ☐ Stretcher (bed confined) ☐ Mobility transportation

   Additional information to justify this type of transportation: _____

   _____

   e) Frequency of necessary medical visits (List date for single visit or inclusive dates and days for continuing treatment, maximum, 6 months) _____

   _____

   f) Escort Required ☐ Yes ☐ No If yes, list medical reason: _____

   g) Treatment plan for ongoing transportation. List chronic nature of condition and prescribed care:

   _____

   h) Client meals and/or lodging (if travel requires more than 1 day) Meals ____ days Lodging ____ days

   i) Is client seeing nearest Medicaid provider? _____

4) Primary Care Physician or Health Care Professional signature and location:

   Signature _____ Medicaid Provider ID #: _____

   Address _____

5) Contact Name _____ Telephone #: _____

Falsifying information given to the Physician or Health Care Professional by the patient or by the Physician or Health Care Professional on this document may be construed as fraud and may prevent the client from receiving further transportation services through our office.