Transportation Training

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Strong Families - South Dakota's Foundation and Our Future

Agenda: Transportation Providers

➢ Enrollment

➢ Community Transportation

➢ Ambulance

➢ Wheelchair

➢ Billing

➢ Common Claims Issues

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Provider Enrollment

➤ Transportation providers must be enrolled with SD Medicaid to render services

➤ Enrollment type of FAOIP - Facility/Agency/Organization/Institution/Pharmacy

➤ Requires Supporting documentation:

- – Provider Agreement
- – Supplemental Disclosure
- – Transportation Addendum
- – Financial institution documentation for EFT
- – License (conditional)
- – Other (conditional)

Provider Enrollment

➢ Community Transportation requirements

- – Use taxonomy code 343900000X
- – Must be non-profit organization per SD Secretary of State or government entity
- – Vehicle must be licensed by non-profit or government

Provider Enrollment

➢ Taxonomy codes distinguish eligible services

- – Community = 343900000X

- – Land Ambulance = 3416L0300X

- – Air Ambulance = 3416A0800X

- – Wheelchair = 343800000X

Points in Common for all Transportation Providers

➢ If more than one recipient is being transported all but one recipient need a TK modifier.

➢ Only one mileage allowance is payable for each trip regardless of the number of recipients.

➢ Origin and destination must be on the claim. Either the street address or the physicians/facility name.

➢ We do not pay for any person accompanying the recipient.

➢ An attendant by definition has to be a MD, CNP, PA, RN, LPN, Paramedic, EMT or other medical professional who provides medical care or supervision.

➢ Round to the nearest whole mile. Do not list partial miles.

➢ No payment is made for meals and lodging.

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Wheelchair

➢ Only transport recipients whose only means of mobility is the wheelchair.

➢ You can only bill for miles outside city limits.

➢ You cannot bill for unloaded miles.

➢ For out-of-town rides with two or more recipients, only one receives the mileage.

➢ We suggest using a driver's log with signature of Dr. or RN to verify the appointment.

➢ We suggest using a driver's log that includes the odometer reading to justify the mileage.

➢ QM modifier. When called to pick up after discharge at a hospital.

➢ A0422 oxygen can only be billed if the supply of the transportation provider is used. This should only happen during stretcher van transportation or if recipient runs out of oxygen during regular wheelchair transportation.

Wheelchair – Securement Devices

➢ A vehicle used for wheelchair transportation must be equipped with a wheelchair securement device and a wheelchair occupant restraint system for each wheelchair and occupant being transported. Each wheelchair securement device must be installed and used according to the manufacturer's instruction. Each wheelchair occupant restraint system must provide pelvic and upper torso restraint and must comply with the requirements of 49 CFR § 571.222, S5.4.1 to S5.4.4, inclusive (October 1, 1997). The driver or the attendant must ensure that the wheelchair occupant restraint system is fastened around the wheelchair user before the driver sets the vehicle in motion.

Stretcher van transportation

➢ Covered for services that do not require an ambulance but wheelchair transportation is not sufficient.

➢ QM modifier cannot be billed with stretcher van base rate.

➢ Only loaded miles can be billed.

➢ A0422 oxygen can only be billed if the supply of the transportation provider is used.

Community Transportation

- ➤ We suggest using a driver's log with signature of Dr. or RN to verify the appointment.
- ➤ We suggest to using a driver's log that includes the odometer reading to justify the mileage.
- ➤ Loaded mileage is allowed if the trip extends beyond the city limits and is more than 20 miles one way.
- ➤ Unloaded mileage is only allowed if a trip expands beyond the city limits and is more than 20 miles one way **and** the driver is returning to the point of origin after delivering the recipient or is traveling to a medical institution to pick up a discharged recipient.
- ➤ No payment is made for recipients residing in a nursing home. Such service is included in the facility's cost.
- ➤ A0425, we received approval to remove the Medically Unlikely Edits (MUE).

Ambulance (Ground)

➢ Recipients must be transported **locally or to the nearest medical provider** that is equipped or trained to provide the necessary service.

➢ Ground ambulance service to or from a medical provider or between medical facilities are covered **when other means of transportation would endanger the life or health** of the patient.

➢ Ground ambulance services **are not taxi services.**

➢ Mileage may not be billed for more than one recipient per trip.

➢ If mileage is less than one mile bill as one mile.

➢ A0394 IV drug therapy supplies may only be billed if the IV was started by the ambulance crew with ambulance supplies **or** additional IV solution was used from the ambulance own supply.

Ambulance (Ground)….continued..

➢ A0396 esophageal intubation supplies may only be billed if the ambulance crew did the intubation with supplies from the ambulance.

➢ A0384 defibrillation supplies may only be billed if the supplies have been used for defibrillation. It is not to be billed if used as/with cardiac monitor.

➢ If the ground ambulance transports a patient to the airport and the flight crew provides all the services only BLS may be billed for the ground ambulance.

➢ If an ambulance is licensed as an ALS provider but the services provided are only BLS then only BLS services can be billed.

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Ambulance (Air)

➢ Must be medically necessary.

➢ Can only bill if recipient is on board and transported.

➢ The written physician's order requiring this specific level of transport must be retained in the provider's records.

Billing

- ➢ All transportation providers should bill with the billing NPI in 33a and 24 J and the taxonomy code in 33b and 24J shaded area with the ZZ qualifier in 24 i..

- ➢ Make sure you are registered for our Medicaid Portal. Paper remittance Advices are no longer mailed.

Common Billing Issues

➢ Only four one-way trips can be billed per day for a recipient per CMS MUE edits.

➢ If more than two trips need to be billed the first line should have the base code and 2 units. The second line should have modifier 59 after the base code and 1 or 2 units.

➢ The pickup location is reported in loop and segments 285 2310E NM1 and 285 2420G NM1. The destination location is submitted in loop and segments 290 2310F NM1 and 290 2420H NM1. These loops and segments only have 80 character spaces. Claims with additional information will still need to be submitted on paper in typewritten form.

➢ On paper claims the origin and destination may be shown in locator 19 or in the shaded area of locator 24

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Modifiers

Modifier	Description
TK	Extra patient or passenger
TN	Rural/outside the provider's Customary service area
QM	Hospital arranged wheelchair van transport.

Resources

- ➢ [ARSD 67:16:25:08.01](#) Billing Requirements – Wheelchair.

- ➢ [ARSD 67:16:25:08.03](#) Billing Requirements – Air Ambulance

- ➢ [ARSD 67:16:25:08.04](#) Billing Requirements – Community Transportation Services.

- ➢ [ARSD 67:16:25:12.05](#) Claim Requirements – Modifier Codes

- ➢ [Billing Manual](#)

- ➢ [Fee Schedule](#)

- ➢ [Medicaid Portal](#)