

# Provider Memorandum

## Illinois Transportation Billing Guidelines for Managed Care Processing and Payment

**Note to Providers:** This reissue of the *Illinois Transportation Billing Guidelines for Managed Care Processing and Payment* Provider Memorandum updates the non-covered services on page 3, and billing requirements and billing address on page 5.

Transportation provider services are classified as either “emergency” or “non-emergency” and are based on whether or not the service is medical in nature. Both emergency and non-emergency **medical** transportation services are comprised of ambulance and helicopter/fixed wing transports, while non-emergency transportation (NET), which is not medical in nature, includes medicar, taxicab, service car, private automobile, bus, train, and commercial airplane transports.

### Transportation Procedure Codes for Emergent and Non-Emergent Transportation

*Emergent Ambulance	Type of Service	Description	Type of Provider	HCPCS
	Base Rate	Advanced Life Support , Level 1	Ambulance	A0427
	Base Rate	Advanced Life Support, Level 2	Ambulance	A0433
	Base Rate	Basic Life Support	Ambulance	A0429
	Base Rate	Specialty Care Transport / Critical Care Transport	As Appropriate	A0434
	Mileage	Ambulance	Ambulance	A0425
	Mileage	Fixed Wing (Medicare Only)	Airplane	A0435
	Mileage	Helicopter (Medicare Only)	Helicopter	A0436
	Oxygen	Oxygen	As Appropriate	A0422
	Base Rate	Fixed Wing Airplane, One Way	Airplane	A0430
	Base Rate	Helicopter or Transport crew only, One Way	Helicopter or Transport	A0431
	Base Rate	Helicopter with Transport Crew, One Way	Helicopter	A0431 (U3)

\* Medical emergency services must be indicated with a “Y” in box 24C, Loop 2400 SV1-09

DHS Civil Commitment Services	Type of Service	Description	Type of Provider	HCPCS
	Base Rate	Advanced Life Support, Level 1	Ambulance	A0426
	Base Rate	Basic Life Support, Level 2	Ambulance	A0428
	Mileage	Ambulance, Service Car	As Applicable	A0425
	Base Rate	Service Car	Service Car	A0120

Non-Emergent Ambulance	Type of Service	Description	Type of Provider	HCPCS
	Base Rate	Advanced Life Support, Level 1	Ambulance	A0426
	Base Rate	Advanced Life Support, Level 2	Ambulance	A0433
	Base Rate	Basic Life Support	Ambulance	A0428
	Mileage	Ambulance	Ambulance	A0425
	Mileage	Fixed Wing (Medicare only)	Airplane	A0435
	Mileage	Helicopter (Medicare only)	Helicopter	A0436
	Base Rate	Specialty Care Transport / Critical Care Transport	As Appropriate	A0434
	Oxygen	Oxygen	As Appropriate	A0422
	Base Rate	Fixed Wing Airplane, One Way	Airplane	A0430
	Base Rate	Helicopter or Transport Crew Only, One Way	Helicopter or Transport	A0431
	Base Rate	Helicopter with Transport Crew, One Way	Helicopter	A0431 (U3)

Non-Emergent Non-Ambulance Transportation	Type of Service	Description	Type of Provider	HCPCS
	Mileage	Private Auto - Per Trip Mileage (No Base Rate Allowed)	Non-Ambulance	A0090
	Base Rate	Taxi	Non-Ambulance	A0100
	Base Rate	Service Car	Non-Ambulance	A0120
	Base Rate	Medicar (Wheel Chair Van)	Non-Ambulance	A0130
	Mileage	Taxi, Service Car, Medicar, Stretcher Van	As Applicable	A0425
	Attendant	Attendant	Non-Ambulance	T2001
	Attendant	Attendant (additional attendant)	Non-Ambulance	T2001 (TK)
	Stretcher Van	Stretcher Van	Non-Ambulance	T2005

### Taxonomy and Category of Service Crosswalk

Providers are to utilize the taxonomy crosswalk located within Chapter 300, References, Taxonomy for 837P Guide. Claims are to be billed with the appropriate taxonomy listed for the correct Provider Type and Category of Service combination for services provided.

Service	Provider Type	HFS COS*	Taxonomy
Emergency Ambulance/Helicopter/Fixed Wing/Transport Team	70	50	341600000X**
Non-Emergency Ambulance/Helicopter/Fixed Wing/Transport Team	70	51	341600000X**
Emergency Hospital Based Ambulance/Helicopter/Transport Team	74	50	341600000X**
Non-Emergency Hospital Based Ambulance/Helicopter/Fixed Wing/Transport Team	74	51	341600000X**
Medicar	70, 71, 72, 74	52	343800000X
Service Car	70, 71, 72, 74	54	343900000X
Taxicab / Livery	72	53	344600000X
Private automobile	73	55	347C00000X
DHS Civil Commitment Services Non-Emergency Ambulance	70	51	341600000X
DHS Civil Commitment Services Non-Emergency Service Car	70, 71, 72, 74	54	343900000X

\*COS – Category of Service

\*\* HFS will accept the specialized taxonomies for ambulance transportation services (3416A0800X Air Transport, 3416L0300X Land Transport, 3416S0300X Water Transport)

#### What other billing guidelines should providers take note of?

- Emergency helicopter transportation claims that are denied because the patient's condition does not meet medically-necessary criteria may be reimbursed by Molina at the appropriate ground rate.
- Anytime more than one passenger is transported in the same vehicle for any portion of a trip, the transportation provider may only charge mileage for the first passenger, even if the passengers have differing Managed Care Organizations (MCOs). If the first passenger is dropped off and additional passengers remain to a different destination, additional miles may be billed.
- Members receiving mental health Screening, Assessment and Support Services (SASS) are eligible for transportation services.

#### Additional Attendants/Passengers:

- Anytime more than one passenger is transported in the same vehicle for any portion of a trip, the transportation provider may only charge mileage for the first passenger, even if the passengers have differing MCOs. Allowable ancillaries, such as attendants, if provided, may be charged for each passenger.
- Allowable ancillaries, if provided, may be charged (base rate only) for each passenger.
- Mileage may only be charged for the first passenger picked up. If first passenger is dropped off and additional passengers remain to a different destination, additional miles may be billed.
- The use of an attendant in the transport of a patient by a medicar, service car, or taxicab is a covered service when medically necessary and approved. Attendants will be billed to respective MCOs if multiple passengers have differing enrollment.
- Anytime more than one passenger uses an attendant and the passengers are eligible for different plans, each plan may be billed.

#### Oxygen:

- Oxygen usage is a covered service when medically necessary and administered in the transport of a patient by ambulance, helicopter or fixed wing. The use of oxygen in non-emergency transports is a covered service when medically necessary and approved.

**Air Transport:**

- Helicopter transportation providers, who own the helicopter and provide their own transport team, will be reimbursed at a maximum rate per trip or the usual and customary charges, whichever is less.
- Medical emergency helicopter services must be indicated with a "Y" in box 24C, Loop 2400 SV1-09.
- If a hospital provides the transport team but does not own the helicopter, equally divide the established reimbursement rate or the usual and customary charges of the providers, whichever is less, between the hospital and the helicopter provider.
- Oxygen is only reimbursable for Medicaid programs and is considered bundled in base rate for the Medicare-Medicaid Alignment Initiative (MMAI) program.
- Mileage and loaded mileage rate is only reimbursable for Medicare programs and is considered bundled in base rate for Medicaid programs.
- Medicaid will pay mileage for Medicare crossover claims.

**Medicaid (HealthChoice Illinois and HealthChoice Illinois MLTSS) reimbursement methodology:**

Base rate reimbursement is determined by the county in which the provider is, or the providers are, based / registered.

**Medicaid Medicare Alignment Initiative (MMAI) reimbursement methodology:**

Molina uses the Centers for Medicare and Medicaid Services (CMS) published [guidelines](#) regarding the *National Breakout of Geographic Area Definitions by Zip Code* in order to determine "urban," "rural" and "super rural" county designations to identify the appropriate rates for one-way trips greater than 17 miles. Determination will be made based upon the pick-up locations for Members. Transportation providers billing with a GY modifier for services which are not medically necessary or are a non-covered service will not be covered under Medicare, but may qualify for NET reimbursement. Otherwise beneficiaries may be responsible directly for payment.

**Authorization may be required for certain non-emergent transportation services.**

Members may be responsible for payment pursuant to [HFS guidelines](#)

**Non Covered Services:**

- Non-emergency transportation where approval is required but has not been obtained.
- Services medically inappropriate for the patient's condition (e.g., a taxicab when public transportation is available and medically appropriate or a medicar when a service car is warranted).
- Services of a paramedic, emergency medical technician, or nurse in addition to the basic life support (BLS) or advance life support (ALS) service.
- Transportation of a person having no medical need, other than an approved attendant.
- "No Show" trips (i.e., patient not transported).
- Charges for mileage other than loaded miles.
- Transportation of a person who has been pronounced dead by a physician or where death is obvious.
- Charges for waiting time, meals, lodging, parking, tolls.
- Transportation provided in vehicles other than those owned or leased and operated by the provider.
- Transportation services provided for a hospital inpatient who is transported to another medical facility for outpatient services not available at the hospital of origin and the return trip to the in-patient hospital setting. In this instance, the transportation provider must seek payment from the in-patient hospital.
- Services provided by a hospital owned and operated transportation provider where the transportation costs are reported in the hospital's cost report for the following:
  - Transportation services provided on the date of admission and the date of discharge.
  - Transportation services provided on the date that an ambulatory procedures listing (APL) service is performed or an emergency room visit is made.

**Reimbursable Services by Transportation Type:**

- Private Auto:
  - Mileage only
- Taxicab:
  - Base rate established
  - Loaded mileage rate
  - Additional passenger(s)/attendant
- Service Car:
  - Base rate established
  - Loaded mileage rate
  - Additional passenger(s)/attendant

- **Medicar:**
  - Base rate established
  - Loaded mileage rate
  - Use of a hydraulic or electric lift or ramp, wheelchair lockdowns
  - Additional passenger(s)/attendant
- **Stretcher Van:**
  - Base rate established
  - Mileage rate
  - Transportation by stretcher (when the patient's condition does not require medical supervision, medical equipment, the administration of drugs or the administration of oxygen, etc.)
  - Additional passenger(s)/attendant
- **Ambulance (ALS or BLS, Specialty Care Transport (SCT)/Critical Care Transport (CCT):**
  - Community rate or maximum rate established
  - Loaded mileage rate
  - Additional passenger(s)
  - Oxygen
- **Helicopter / Fixed Wing:**
  - Community rate or maximum rate established
  - Loaded mileage rate (only reimbursable for Medicare programs, bundled in base rate for Medicaid programs)
  - Additional passenger(s)
  - Oxygen (only reimbursable for Medicaid programs, bundled in base rate for MMAI program)
- **Unique or Exceptional Modes of Transportation:**
  - Negotiated rate with MCO

*("Loaded Mileage" refers to the allowance of multiple passengers. "Mileage" refers to single passenger transport.)*

DHS Civil Commitment Services refers to the contract held between limited authorized providers that transport beneficiaries who have certain behavioral health needs which require the use of a specialized safety car or ambulance.

### **Claim Billing Requirements**

<b>Claim Billing Requirements</b>	<ul style="list-style-type: none"> <li>• Provider Name</li> <li>• Registered and active HFS NPI Number,</li> <li>• For ATYPICAL providers ( with no NPI) a valid Medicaid ID (837P Loop 2010BB in Ref*G2, the REF-02)</li> <li>• Billing Date is the date the Transportation Invoice was prepared using the six digits, MMDDYY format</li> <li>• Ensure claims are complete in accordance with CMS and HFS requirements</li> <li>• Member's name</li> <li>• Member's Medicaid Recipient ID</li> <li>• Enter the date on which the transportation service was provided using the MMDDYYYY Format</li> <li>• Utilize correct HCPCS Code (See Table)</li> <li>• Provider charge in dollars and cents</li> <li>• Number of Sections</li> <li>• Total Charge</li> <li>• Net Charge</li> <li>• Signature/Date of Provider</li> <li>• Prior or Post Authorization Number (if NET Transportation occurs)</li> <li>• Post Authorization Number (if Ambulance Transportation occurs)</li> <li>• Origin and Destination HCPCS Place Modifier               <ul style="list-style-type: none"> <li>○ <b>P - Physician's Office*</b></li> <li>○ E - Residential Facility</li> <li>○ <b>D - Medical Service (other than P or H)*</b></li> <li>○ G - Hospital Based ESRD</li> <li>○ <b>H - Hospital (Inpatient or Outpatient)*</b></li> <li>○ J - Freestanding ESRD facility</li> <li>○ N - Nursing Facility</li> <li>○ <b>R – Residence*</b></li> <li>○ S - Scene of Accident</li> <li>○ X - Destination Code only. Intermediate Stop at Physician's office</li> </ul> </li> <li>• 5-digit zip code</li> </ul>
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	<i>Place-of-service modifiers listed above are all acceptable when billing emergency transportation services in the Medicaid and MMAI program. *The four highlighted modifiers are the only acceptable modifiers when billing for non-emergency transportation services.</i>
<b>Claim Text Note</b> Required on all transportation claims per HFS requirements. Claims and encounters billed without this information beginning with dates of service January 1, 2017, and after will be rejected or denied.	<p>Box 19 of paper claim form, or in the 837P format Loop 2300 (NTE) must include all of the following:</p> <ul style="list-style-type: none"> <li>• <b>TR (Must be on all transportation claims sent to Molina and MUST be sent in first position)</b></li> <li>• State or Province Code (Use Code source 22: States and Outlying Areas of the U.S.)</li> <li>• License Plate Number or FAA 'N' Number (Tail Number)</li> <li>• Departure and Arrival in Military Time (time as follows:HHMM, where H = hours(00-23), M-minutes (00-59); <u>Claim text note example MUST follow this format:</u> NTE*ADD*TR,IL,12345678,1155,1220 (Each element must be separated with a comma)</li> </ul> <p>Member Origin and Destination Name: Paper claim Box 32 (Complete Address) <u>Box 32 Example:</u> 200 House St., Anytown, IL 60656 to Anytown Hospital, 500 Main Street, Anytown, IL 60056 (For 837P - NM1*45 and NM1*PW - aka Pick-up and drop-off)</p> <p><i>NOTE: The State or Province Code, Origin Time and Destination Time fields must contain the length per field as listed above. Vehicle license number may vary from one (1) to a maximum of 8 characters. If the license plate or FAA tail number is less than 8 characters, left justify and space fill.</i></p>
<b>Taxonomy</b>	Paper claims - in Box 33B, or in 837P format - Loop 2000A PRV-03
<b>Timely Filing</b>	Lessor of 180 days from Date of Service or contractual agreement with Molina Healthcare

Providers are highly recommended to review any individual billing guidelines provided by each Managed Care Organization that may have specific system requirements in addition to the guidelines above.

### **Molina Specific Claim Billing Requirements**

Please check with Molina healthcare for guidelines and requirements, as well as any additional services that are billed with a GY modifier for participants in the Illinois Medicare Medicaid Alignment Initiative (MMAI) Program.

#### **The following transportation will be coordinated and reimbursed directly by mailing claims to Secure Transportation:**

- Non-emergency ambulance
- Medicar
- Taxicab
- Service car
- Other forms of transportation (e.g. private automobile, bus, train, commercial airplane, etc.)

ALL non-emergent transport requires an assigned Secure reference number. Any services performed prior to obtaining an assigned Secure reference number will be denied.

- Secure Reference Phone Number: (855) 866-5462

IL providers will need to obtain a Secure reference number prior to trips for:

- Ambulatory
- Wheelchair
- Stretcher
- Critical Care Transport originate from other than hospital or skilled nursing facility
- ALS originate from other than hospital or skilled nursing facility
- BLS originate from other than hospital or skilled nursing facility



IL providers may obtain post authorization from Secure for critical care transport, BLS or ALS services when transport originate from hospital or skilled nursing facility.

- Post authorization phone: (877) 775-7312
- Post authorization request must be submitted to Secure within 20 business days from date of service

Secure Transportation Claim Billing address:

Secure Transportation  
Partner FFS Billing  
3780 Kilroy Airport Way, Suite 220  
Long Beach, CA 90806

Secure Transportation Website:

<http://www.securetransportation.com/>

**The following transportation will be coordinated and reimbursed directly by Molina:**

- Emergency ambulance and helicopters
- Specialty Care Transport / Critical Care Transport
- DHS Civil Commitment Services Non-Emergency Ambulance
- DHS Civil Commitment Services Non-Emergency Service Car

Molina Claim Billing address:

Molina Healthcare of Illinois, Inc.  
P.O. Box 540  
Long Beach, CA 90801

Molina Website:

<http://www.MolinaHealthcare.com/providers/il/medicaid/Pages/home.aspx>

Required on all transportation claims per HFS requirements - Claims and encounters billed without this information beginning with dates of service January 1, 2017, and after will be rejected or denied.

Effective January 1, 2017, claims submitted to both Molina and Secure Transportation, the Departure and Arrival in Military Time must include "TR" in Box 19 of paper claim form, or in the 837P format Loop 2300 (NTE) as shown below. (Time in following format: HHMM, where H - hours (00-23), M - minutes (00-59))

Claim text note example MUST follow this format:

NTE\*ADD\*TR,IL,12345678,1155,1220

(Each element must be separated with a comma).