Medical Transportation Services

Introduction

Purpose

The purpose of this module is to provide information about medical transportation for Medi-Cal recipients.

Module Objectives

- Identify Medi-Cal transportation policy for Medi-Cal recipients.
- Define “emergency medical condition.”
- Detail appropriate emergency service documentation requirements.
- Explain emergency and non-emergency transportation.
- Examine ground and air medical transportation policies.
- Clarify TAR submission modifier changes for non-emergency medical transportation (NEMT) services.
- Introduce Non-Medical Transportation (NMT) Medi-Cal benefit.
- Review billing requirements for medical transportation.
- Provide medical transportation claim scenarios.

Acronyms

A list of current acronyms is located in the *Appendix* section of each complete workbook.

General Program Coverage

Medi-Cal covers ambulance and other medical transportation services only when ordinary public conveyance is medically contra-indicated and transportation is required for obtaining needed medical care.

Eligibility Requirements

To be eligible for medical transportation services, a recipient must be eligible for Medi-Cal on the date of service.

Transport Type

Authorization shall be granted or Medi-Cal reimbursement shall be approved only for the lowest cost type of medical transportation that is adequate for the recipient's medical needs, and is available at the time transportation is required (*California Code of Regulations* [CCR], Title 22, Section 51323[b]).

Maintaining Transportation Records

Medical transportation providers are required to follow federal and state requirements when billing for services, as well as maintain supporting documentation for drivers and vehicles associated with medical transportation services. Medical transportation providers must keep, maintain and have readily retrievable records to fully disclose the type and extent of services provided in addition to maintaining supporting documentation for drivers and vehicles (CCR, Title 22, Section 51476, 51476, 51231, 51231.1 and 51231.2).

"Emergency Medical Condition" Defined

An "emergency medical condition" is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which, in the absence of immediate medical attention, could reasonably be expected to result in any of the following:

- Placing the recipient's health in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction to any bodily organ or body part.

Emergency Ground Medical Transportation

Transportation to Nearest Hospital

Medi-Cal covers emergency ground transportation to the nearest hospital or acute care facility capable of meeting the recipient's needs. When the geographically nearest facility cannot meet the needs of the recipient, transportation to the closest facility that can provide the necessary medical care is appropriate under Medi-Cal. Coverage will be jeopardized if a recipient is not transported to the nearest acute hospital or acute care facility capable of meeting a recipient's emergency medical needs (contract or non-contract).

Note: In non-emergency situations, physicians and hospitals must adhere to hospital contract regulations and admit recipients to the nearest contract hospital.

Transportation to a Second Facility

Recipients are considered stable for transport when they are able to sustain transport in an ambulance staffed by an Emergency Medical Technician I (EMT I) with no expected increase in morbidity or mortality as a result of transportation.

If the recipient is an infant, the ambulance must have the necessary modular equipment.

When the nearest facility serves as the closest source of emergency care and the recipient is transferred to a more appropriate care facility, transportation from the first to the second facility is a continuation of the initial emergency trip. The exception when a transfer would not be considered a continuation of the initial emergency trip would be if the provider vehicle leaves the facility to return to its place of business or accepts another call.

Note: For complete information about ground medical transportation, refer to the *Medical Transportation – Ground* (mc tran gnd) section in the appropriate Part 2 provider manual.

Notes:

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Emergency Statement

All emergency medical transportation requires both:

- The emergency service indicator on the claim. Mark the *EMG* field (Box 24C) on the *CMS-1500* claim form or include condition code 81 (emergency indicator) on the *UB-04* claim form.
- A statement in the *Additional Claim Information* field (Box 19) of the *CMS-1500* claim form, or the *Remarks* field (Box 80) of the *UB-04* claim form or an attachment, supporting that an emergency existed. The statement may be made by the provider of transportation and must include:
  - Nature of the emergency.
  - Name of the hospital or acute care facility to which the recipient was transported. The name of the hospital is not required for claims submitted for emergency transport billed as a dry run.
  - Do not include an acronym in place of a hospital or acute care facility name. Abbreviations are acceptable.
  - Name of the physician (Doctor of Medicine [M.D.] or Doctor of Osteopathic Medicine [D.O.], accepting responsibility for the recipient). The name of the staff M.D., D.O. emergency department or medical director is acceptable. (This is not required for claims submitted for emergency transport billed as a dry run.)

Note: A physician's signature is not required.

Emergency Statement Completion Reminders

- The emergency statement must be typed or printed.
- Do not use a pre-printed checklist.
- Clearly label any attachments and enter a note in the *Additional Claim Information* field (Box 19) of the *CMS-1500* claim form referring to the attachments.

Notes:

Emergency Transport Billing Scenario

In this billing scenario, the medical transport company is billing for emergency transportation services from the recipient's home to an acute care hospital.

- **Box 19:** Include an emergency statement or on an attachment that an emergency existed. Include complete origination/destination, including the zip code when billing for mileage in the *Remarks Area* field or on an attachment.
- **Box 24C:** Include "X" indicator on all emergency claim lines.
- **Box 24D:** Use UJ modifier Night Call and time of service must be indicated in *Remarks Area.*

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 10 01 21 QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. B. C. D.
E. F. G. H.
I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10	01	21				41	X	A0429	UJ		128 08	1		NPI	
2	10	01	21				41	X	A0422			9 98	1		NPI	
3	10	01	21				41	X	A0425			53 25	15		NPI	
4															NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO. 12345
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $ 191 31
29. AMOUNT PAID $
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED *Jane Doe* DATE 10/31/21
32. SERVICE FACILITY LOCATION INFORMATION
a. NPI b.
33. BILLING PROVIDER INFO & PH # (916) 555-5555
MIDTOWN AMBULANCE
345 ELM
ANYTOWN CA 958235555
a. 0123456789 b.

PHYSICIAN OR SUPPLIER INFORMATION

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Figure 1: Emergency Transport.

Non-Emergency Ground Medical Transportation

Non-Emergency Coverage

Non-emergency medical transportation (NEMT) is covered only when a recipient's medical or physical condition does not allow travel by bus, passenger car, taxicab or another form of public or private conveyance. Transport is not covered if the care to be obtained is not a Medi-Cal benefit on the date of service.

NEMT necessary to obtain medical services is covered subject to the written authorization of a licensed practitioner consistent with their scope of practice. Additionally, if the non-physician medical practitioner is under the supervision of a physician, the ability to authorize NEMT also must have been delegated by the supervision physician through a standard written agreement.

Providers who can authorize NEMT are physicians, podiatrists, dentists, physician assistants, nurse practitioners, certified nurse midwives, physical therapists, speech therapists, occupations therapists and mental health or substance use disorder providers.

Authorization

A *Treatment Authorization Request* (TAR) is required for NEMT. A legible prescription, or order sheet signed by the physician for institutional recipients, must accompany the TAR.

Note: The TAR may require inclusion of modifiers. Up to four modifiers are allowable. Modifier 99 is not allowed in conjunction with procedure codes associated with non-emergency medical transportation.

On paper TARs the appropriate modifier is entered after the procedure code in the *NDC/UPN* or *Procedure Code* field (Box 11). For eTARs the modifier is entered in the *Modifiers* Box of the *Transportation Service Codes & Total Units* field. Details related to the services may be required in the Enter Miscellaneous TAR Information field.

In order for the claim to be reimbursed, modifiers on the TAR and the claim must match.

All TARs for NEMT must be submitted to the TAR Processing Center at one of the following addresses:

Attn: TAR Processing Center
California MMIS Fiscal Intermediary
820 Stillwater Road
West Sacramento, CA 95605-1630

Attn: TAR Processing Center
California MMIS Fiscal Intermediary
P.O. Box 13029
Sacramento, CA 95813-4029

Prescription Requirements – Institutional Recipients

The prescription, or order sheet signed by the physician, submitted with a TAR must include the following:

- Purpose of the trip.
- Frequency of necessary medical visits/trips or the inclusive dates of the requested medical transportation.
- Medical or physical condition that makes normal public or private transportation inadvisable.

Note: If transportation is requested on an ongoing basis, the chronic nature of a recipient's medical or physical condition must be indicated and a treatment plan from the physician or therapist must be included. A diagnosis alone will not satisfy this requirement.

Transport Acute Care Hospital to Long Term Care Facility

A TAR prescription or clinician signature is not required for non-emergency transportation from an acute care hospital to a long-term care facility. This is the only exception to the TAR requirement for non-emergency medical transportation. This policy applies to transportation for recipients who received acute care as hospital in-patients who are being transferred to a Nursing Facility (NF) Level A or B. All other non-emergency medical transportation services with a different origin or destination other than as stated require a TAR.

Appropriate HCPCS codes for non-emergency transportation codes are:

Table of HCPCS Codes for Non-Emergency Transportation

HCPCS Codes			
A0130	A0380	A0422	A0425
A0426	A0428	T2001	T2005

Types of Ground Transportation

Three types of vehicles provide non-emergency medical transportation: ambulances, litter vans and wheelchair vans.

Qualified Ambulance Recipients

Ambulances are generally used in emergencies but may provide non-emergency transport for certain types of recipients.

Non-emergency transport by ambulance can include:

- Transfers between facilities for recipients who require continuous IV medication or monitoring/observation.
- Transfers from an acute care facility to another acute care facility.
- Transport for recipients who have been placed on oxygen.
- Transport for recipients with chronic conditions who require oxygen if monitoring is required.

Non-Qualified Ambulance Recipients

Non-emergency transport by ambulance does not include:

- Recipients with chronic conditions who require oxygen, but do not require monitoring. Such recipients should be transported in a litter van or wheelchair van when all of the following criteria are met:
  - Cannot use public or private means of transportation.
  - Clinically stable.
  - Can transport upright in a litter van or wheelchair van.
  - Able to self-monitor oxygen delivery.
  - No other excluding conditions.

Litter Van Recipients

Recipients who qualify for litter van transport include:

- Recipients in a spica cast.
- Bed bound recipients.
- Post-operative, stable recipients who cannot tolerate sitting upright for the time required for transport from pick-up point to destination.
- Recipients with chronic conditions who require oxygen, but do not require monitoring.

Wheelchair Van Recipients

Recipients who qualify for wheelchair van transport include:

- Recipients who suffer from severe mental confusion.
- Recipients with paraplegia.
- Dialysis recipients.
- Recipients with chronic conditions who require oxygen, but do not require monitoring.

Billing Information

Emergency and Non-Emergency Services

Emergency and non-emergency billing codes should not appear on the same claim form. Claims submitted with both emergency and non-emergency billing codes will be denied.

Trips with Multiple Recipients

If more than one recipient is transported to the same destination in the same vehicle from a common loading point, the medical transportation provider must indicate on a separate attachment, with each claim submitted, the following:

- Names of each recipient.
- Medi-Cal ID numbers.

This information is not allowed to be documented in the *Additional Claim Information* field (Box 19) on the *CMS-1500* claim form or in the *Remarks* field (Box 80) on the *UB-04* claim form. For each trip with multiple recipients, the medical transportation provider must bill Medi-Cal with the appropriate HCPCS code for each recipient and only on one claim for the following: A0380, A0420 and A0425.

For more billing information, refer to the *Medical Transportation – Ground* (mc tran gnd) section in the appropriate Part 2 provider manual.

Multiple Trips for Same Recipient

Multiple trips for the same recipient are provided on the same date of service. Enter the time of day and the points of destination in the *Additional Claim Information* field (Box 19) of the *CMS-1500* claim. Without this information documented, second and subsequent trips may be denied as duplicate services.

Ground Mileage

For litter van and wheelchair van transport, use HCPCS code A0380 (BLS mileage [per mile]) for non-emergency services only.

For ambulance transportation mileage, use HCPCS code A0425 (ground mileage, per statue mile) when billing mileage for both emergency and non-emergency services.

Mileage Documentation

When billing mileage, use either A0380 or A0425 as appropriate. Be sure to show the total miles from point of recipient pick-up to destination (and return mileage for round-trip billing) in the *Days or Units* field (Box 24G). The complete origination and destination addresses, including city and ZIP code, must be indicated in the *Additional Claim Information* field (Box 19) of the *CMS-1500* claim.

If the origination or destination address is not available, the following types of origination and/or destination sites are reimbursable when accompanied with documentation that the emergency occurred in an area where no specific address is available:

- Interstate, highway or freeway.
- Indian lands and reservations.
- Bodies of water and shorelines.
- Campgrounds.
- State and national parks and recreation areas.
- Mountains.
- Deserts.
- Farms and ranch land.

Include a description of the location, either in the *Additional Claim Information* field (Box 19) or on an attachment.

Night Calls

Night calls (transportation responses between the hours of **7 p.m.** and **7 a.m.**) start at the time of the unit alert and end upon arrival at the destination with the recipient onboard. Night calls may be reimbursed in any of the following transport scenarios:

- Transport starts during the day and ends at night.
- Entire transport occurs at night.
- Transport starts at night and ends during the day.

Night Call TAR documentation

When requesting authorization for transportation services between the hours of 7 p.m. and 7 a.m., providers will need to use the appropriate HCPCS code and notation for night call service, along with the start and stop time of service in the *Medical Justification* field (Box 8C) of the TAR.

8C. *Medical Justification Field*: Emergency Transport Patient's Home 1234 Front St. to 6578 Memorial General Hospital. Start time: 9:15 p.m. Stop time 10:25 p.m. Night Call A0429 UJ

Night Call Claim Documentation

When billing for transport services between the hours of 7 p.m. and 7 a.m. providers will need to use the appropriate HCPCS code with modifier UJ (services provided at night). Indicate the start and stop time in the *Additional Claim Information* field (Box 19) of the *CMS-1500* claim form or on an attachment.

19. *Additional Claim Information Field*: Include Emergency. Transport from patient's home Start time 12:56 am 909 Oaks St. Anytown, CA 92230 to General Hospital. 401 Jay St. Anytown, CA. 95650. Stop time 1:25 am. Alcohol dependency, unresponsive. Dr. Jane Smith MD. Responsible for patient.

Dry Run

Medical ground transportation providers may be reimbursed for responding to a call (emergency or non-emergency) but not transporting the recipient (dry run). When applicable, bill for a dry run with the appropriate HCPCS code for transport and appending both modifiers DS followed by HN.

If the ground transportation response occurs between the hours of 7 p.m. and 7 a.m. (night call) and the recipient is not transported (dry run), providers may bill by appending modifier UJ and indicate in the *Additional Claim Information* field (Box 19) of the *CMS-1500* claim form the time of service. No other modifiers or service lines may be billed on the claim.

Note: For night call dry run transport, the night call starts at the time of unit alert and ends upon leaving the scene without the recipient onboard.

Dry Run – Acute Care to Long Term Care Facility

Providers may be reimbursed for responding to a transport request from an acute care hospital to a Nursing Facility (NF) Level A or B without transporting the recipient (dry run). Providers must bill using HCPCS codes listed below with modifier HN followed by modifier QN.

Providers must bill using the following HCPCS codes. No other modifiers or service lines may be billed on claim.

Table of HCPCS Codes for Dry Run from Acute Care to Long Term Care Facility

HCPCS Codes			
A0130	A0426	A0428	T2005

Note: Services do not require a TAR.

Dry Run Emergency Statements Differ

Effective retroactively for dates of service on or after April 1, 2016, when completing the emergency statement for air or ground medical transportation for dry runs, providers no longer need to include the following because a dry run transport has no accepting hospital or physician.

- Name of hospital to which a recipient was transported.
- Name of the physician accepting responsibility for the recipient.

Dry Run Mileage Reimbursement

Dry run transport and mileage are not reimbursable for the same day, same recipient and same provider unless documentation states that billed mileage was for an actual medical transport at a different time on the date of service.

Waiting Time

Providers may bill for medical ground transportation waiting time in excess of the first 15 minutes using either HCPCS code A0420 or HCPCS code T2007. Waiting time in excess of one and a half hours will not be reimbursed. Providers must document the clock time when the wait began and ended in the *Additional Claim Information* field (Box 19) of the claim or attachment. Wait time charges are to be billed only for time spent while waiting to load the recipient. Charges for any other situation will not be reimbursed.

Medical Transportation Modifiers

New TAR Submission Changes for NEMT Services

TAR Submission

Providers are able to include up to four modifiers with a service code, if applicable, when submitting a NEMT TAR. Modifiers can be included for TARs submitted electronically or paper.

Transportation service codes & Total Units

* Code	Modifiers (if applicable)				* Units	Code	Modifiers (if applicable)				Units
Code	Modifiers (if applicable)				Units	Code	Modifiers (if applicable)				Units
Code	Modifiers (if applicable)				Units	Code	Modifiers (if applicable)				Units

Figure 4: TAR Submission with Modifiers Field.

TAR and Claim Submissions

Claims submitted for NEMT services that include modifiers must include the modifiers in the *Modifiers* field(s) when submitting a TAR. All NEMT claims that include modifiers must have an approved TAR with matching modifier(s). Claims that include modifiers not supported by the TAR will be denied.

HCPCS codes and modifiers provide a more accurate picture of services rendered. Using the correct codes and modifiers is critical for receiving accurate claim reimbursements. Inappropriate or unnecessary modifier use may result in claim denial or delayed reimbursements.

Modifier 99 Disallowed

Providers are reminded that modifier 99 (multiple modifiers) is not allowed in conjunction with procedure codes associated with non-emergency medical transportation. Claims submitted with modifier 99 will be denied.

SARS Not Impacted

Service Authorization Requests (SARs) submitted by California Children's Services and Genetically Handicapped Persons Program providers are not impacted by this authorization update. Modifiers are not required on SARs.

Non-Emergency Medical Ground Transportation Billing Scenario

In this billing scenario, the medical transport company is billing for a non-emergency trip from the recipient's home to a dialysis clinic and back.

- **Box 17b:** Referring Physician's name/NPI required because written prescription from recipient's physician required non-emergency medical transport to/from dialysis clinic.
- **Box 19:** Description of trip required. Include times the recipient was picked up for each trip on an attachment. Also include complete origination/destination including the zip code when billing for mileage in the *Remarks area* field or on an attachment.
- **Box 23:** Approved TAR is required for non-emergency medical transportation.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DR BOB SMITH
17a.
17b. NPI 0123456789
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. B. C. D. E. F. G. H. I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER: 01234567891

	24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10 01 21		41		A0130			35 30	2		NPI	
2	10 01 21		41		A0380			15 60	12		NPI	
3											NPI	
4											NPI	
5											NPI	
6											NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.: 12345
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $ 50 90
29. AMOUNT PAID $
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED Jane Doe DATE 10/31/21
32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.
33. BILLING PROVIDER INFO & PH # (916) 555-5555
NON-EMERGENCY TRANSPORT
14555 HILLSIDE AVE
ANYTOWN CA 958235555
a. 1234567890 b.

PHYSICIAN OR SUPPLIER INFORMATION

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Figure 5: Non-Emergency Transport.

Non-Medical Transportation (NMT)

Effective for dates of service on or after July 1, 2018, non-medical transportation (NMT) is covered for eligible full-scope Medi-Cal fee-for-service recipients and pregnant women during pregnancy and for 60 days postpartum, including any remaining days in the month in which the 60th postpartum day falls. NMT includes transporting recipients to and from the following Medi-Cal covered services:

- Medical.
- Mental health.
- Substance abuse.
- Dental.

Welfare and Institutions Code (W&I Code) Section 14132 (ad) defines NMT as including, at minimum, round trip transportation for a recipient to obtain covered Medi-Cal services by passenger car, taxicab, or any other form of public or private conveyance.

NMT does not include the transportation of sick, injured, invalid, convalescent, infirm or otherwise incapacitated recipients by ambulances, litter vans or wheelchair vans licensed, operated and equipped in accordance with state and local statutes, ordinances or regulations, as these would be covered as NEMT services.

Enrolling as an NMT Provider

Only enrolled providers who have been approved by DHCS to render Non-Medical Transportation (NMT) services may bill for NMT. The effective date of enrollment for approved NMT services will be retroactive to the date the provider met program requirements to provide NMT services.

Transportation providers who wish to enroll for reimbursement for NMT services can do so by visiting the PAVE Provider Portal on the DHCS website. PAVE will prompt the provider to complete fields and provide the documentation needed to quality for enrollment. Applicants may complete one application to enroll for both Non-Emergency Medical Transportation (NEMT) and NMT services.

Transportation providers currently enrolled in Medi-Cal as NEMT providers who wish to provide NMT services may report this change to their enrollment in PAVE Portal. PAVE will prompt the provider to complete fields and provide the documentation needed for NEMT providers to “add” NMT services.

For additional information and application requirements, refer to the *Medical Transportation – Ground* (mc tran gnd) section in the appropriate Part 2 provider manual.

Authorization

A TAR is **not** required for NMT. The NMT provider must verify that the recipient meets the eligibility criteria and needs transportation to a Medi-Cal covered service.

Billing Non-Medical Transportation

NMT services must be billed with the following HCPCS codes:

A0120 – Non-emergency transportation, mini-bus, mountain area transports, or other transportation systems.

A0390 – ALS mileage (per mile).

Non-Medical Transportation Billing Scenario

In this billing scenario, the medical transport company is billing for a trip from the patient's home to a medical clinic and back

- **Box 19:** Include complete origination/destination and include times patient was picked up for each trip. Include zip code when billing for mileage in the *Remarks Area* field or on an attachment.
- **Box 23:** TAR is not required for NMT.
- **Box 24D:** CPT/HCPCS A0120 is for minibus, mountain area or other transportation. CPT/HCPCS A0390 is used for mileage billed on a per mile basis.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. B. C. D. E. F. G. H. I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 10 01 21		41		A0120			35 30	2		NPI	
2 10 01 21		41		A0390			15 60	12		NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO. 12345
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $ 50 90
29. AMOUNT PAID $
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED Jane Doe DATE 10/31/21
32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.
33. BILLING PROVIDER INFO & PH # (916) 555-5555
NON-EMERGENCY TRANSPORT
14555 HILLSIDE AVE
ANYTOWN CA 958235555
a. 1234567890 b.

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Figure 6: Non-Medical Transportation.

Air Medical Transportation

Provider Enrollment Requirements

Transportation providers who wish to render air medical transportation services to Medi-Cal recipients must first be certified by DHCS. Providers must also have a specific air transportation provider type, which requires certification by the Federal Aviation Administration (FAA).

Note: Providers cannot bill Medi-Cal for air medical transportations if they are only a ground medical transportation provider type.

Air Ambulance

An air ambulance is any aircraft specifically constructed, modified or equipped and used primarily for responding to emergency calls and to transport critically ill or injured recipients. Air ambulances must have two medical flight crew members who are certified or licensed in advanced life support.

Eligibility Requirements

To be eligible for medical transportation services, a recipient must be eligible for Medi-Cal on the date of service.

Transport Type

Authorization shall be granted or Medi-Cal reimbursement shall be approved only for the lowest cost type of medical transportation that is adequate for the recipient's medical needs, and is available at the time transportation is required (CCR, Title 22, Section 51323[b]).

Maintaining Transportation Records

Medical transportation providers are required to follow federal and state requirements when billing for services, as well as maintain supporting documentation for drivers and vehicles associated with medical transportation services. Medical transportation providers must keep, maintain and have readily retrievable records to fully disclose the type and extent of services provided in addition to maintaining supporting documentation for drivers and vehicles (CCR, Title 22, Section 51476, 51476, 51231, 51231.1 and 51231.2).

Emergency Air Medical Transportation

Medi-Cal covers emergency air medical transportation to the nearest hospital or acute care facility capable of meeting a recipient's needs is covered under the following conditions:

- Such transportations is medically necessary; and,
- The medical condition of the recipient precludes the use of other forms of medical transportation; or,
- The recipient's location, or the nearest hospital or acute care facility capable of meeting a recipient's medical needs, is inaccessible to ground medical transportation; or,
- Other considerations make ground medical transportation not feasible.

Services rendered by a provider other than the closest available air medical transportation provider require submission and approval of a TAR. HCPCS codes A0430 (ambulance service, conventional air services, transport, one way [fixed wing]) and A0431 (ambulance service, conventional air services, transport, one way [rotary wing]) do not require a TAR if the closest available provider renders the emergency medical transportation.

Notes:

Out-of-State Emergency Restrictions

Out-of-state emergency air medical transportation services are not reimbursable unless a TAR is obtained based on the following policy:

- Emergency air medical transporting the recipient to the nearest available facility capable of treating the recipient's needs (CCR, Title 22, Section 51323 [b] [1]).
- Only emergency hospital services are Medi-Cal benefits for recipients while they are in Mexico or Canada (CCR, Title 22, Section 51006 [b]).
- Out-of-state emergency air medical transportation services are Medi-Cal benefits without authorization only to or from specific border communities within Arizona, Nevada or Oregon.

Transportation to and from Foreign Countries

Claims for medical transportation services to or from a foreign country, including Mexico and Canada, are not covered and will not be reimbursed.

Helicopter Transportation

When submitting a TAR for helicopter transport, a statement signed by the air transport operator or chief pilot that the use of a fixed wing aircraft or combination of fixed wing aircraft and ground transport is not operationally feasible, must be included.

Out-of-state emergency air medical transportation services are only reimbursable with an approved TAR.

Notes:

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Patient on Board Miles

Air ambulance one-way recipient miles must be billed in statute miles, and not in nautical miles. Mileage must be calculated with Global Positioning System (GPS) coordinates from point of takeoff to point of landing.

The GPS coordinates of takeoff and landing points must be documented in the *Additional Claim Information* field (Box 19) on the *CMS-1500* claim form or an attachment, using the degrees, minutes and decimal minutes (DD:MM.MMM) format only.

Providers should bill for the actual miles flown, even if this exceeds the straight-line distance between point of takeoff and point of landing.

Air Mileage Greater than 999 Miles

A maximum of 999 statute miles may be billed on one claim line. For distances greater than 999 statute miles, use multiple claim lines.

Note: For complete information about air medical transportation, please refer to the *Medical Transportation – Air* (mc tran air) section in the appropriate Part 2 provider manual.

Notes:

Emergency Air Transportation Billing Scenario

In this billing scenario, an emergency air transport is being billed.

- **Box 19:** Air mileage must include (GPS) coordinates for the point of takeoff/landing using degrees, minutes and decimal minutes (DD.MM.MMM).
- **Box 24C:** Include “X” indicator in the EMG field and include emergency statement in the *Additional Claim Information* field (Box 19) or attachment.
- **Box 24G:** Max. 999 statute miles billed on one claim line. In this example, total miles are split-billed onto three claim lines.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.
15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. B. C. D. E. F. G. H. I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10	01	21				42	X	A0430			1275 00	1		NPI	
2	10	01	21				42		A0422			9 98	1		NPI	
3	10	01	21				42		A0435			14235 75	999		NPI	
4	10	01	21				42		A0435			14235 75	999		NPI	
5	10	01	21				42		A0435			8820 75	619		NPI	
6															NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $
29. AMOUNT PAID $
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED Jane Doe DATE 10/31/21
32. SERVICE FACILITY LOCATION INFORMATION
a. NPI b.
33. BILLING PROVIDER INFO & PH # (916) 555-5555
ABC AIR EMERGENCY
5412 MAYFLOWER AVE
ANYTOWN CA 958235555
a. 1234567890 b.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

Figure 7: Emergency Air Transport.

Knowledge Review

1. To receive reimbursement, a recipient must be eligible for Medi-Cal on the date of service.

   True ☐ False ☐

2. The statement of emergency must be typed or printed.

   True ☐ False ☐

3. Acronyms or abbreviations are acceptable when documenting a hospital's name on the emergency statement.

   Acronyms ☐ Abbreviations ☐

4. The only exception to not having to obtain a TAR for non-emergency transportation is transporting a recipient from Acute Care Hospital to a Long Term Care Nursing Facility Level A or B.

   True ☐ False ☐

5. Emergency and non-emergency billing codes may appear on the same claim form as long as you include documentation.

   True ☐ False ☐

6. Transportation TARs that require modifiers will now be required to be documented in the designated *Modifiers* field(s) on the TAR(s) and no longer entered in the Enter Miscellaneous TAR Information box or *Medical Justification* field.

   True ☐ False ☐

See the Appendix for the Answer Key.

Resource Information

References

The following reference materials provide Medi-Cal program and eligibility information.

Provider Manual References

Part 1

Aid Codes Master Chart (aid codes)

OBRA and IRCA (obra)

Part 2

Ancillary Codes (ancil cod)

CMS-1500 Completion (cms comp)

Medical Transportation – Air (mc tran air)

Medical Transportation – Air: Billing Codes and Reimbursement Rates (mc tran air cd)

Medical Transportation – Air: Billing Examples (mc tran air ex)

Medical Transportation – Ground (mc tran gnd)

Medical Transportation – Ground: Billing Codes and Reimbursement Rates (mc tran gnd cd)

Medical Transportation – Ground: Billing Examples (mc tran gnd ex)

Modifier Approved (modif app)

TAR and Non-Benefit List (tar and non)

TAR Completion (tar comp)

Other References

Medi-Cal website: (*www.medi-cal.ca.gov*)

Enter Notes Here