



Transportation Billing Guidelines for Claim Submission, Processing, and Payment

Transportation Provider services are classified as “emergency” or “non-emergency.” Emergency transportation services are comprised of ambulance and helicopter Providers, while non-emergency transportation (NEMT) includes medicar, taxicab, service car, private automobile, bus, train, and commercial airplane Providers. Both emergency and non-emergency transportation may utilize ambulance services.

This document serves to outline the relevant codes, taxonomies, HFS Provider types, and claims submission/billing guidelines as outlined and required by HFS for MCOs.

Failure to adhere to the guidance outlined in this notice will result in a rejected or denied claim denoted by the following remark code:

REMARK CODE	DESCRIPTION
NAMB	CLAIM SUBMITTED NOT FOLLOWING TRANSPORTATION GUIDELINES AS DEFINED BY HFS.

Transportation Procedure Codes for Emergent and Non-Emergent Transportation

	TYPE OF SERVICE	DESCRIPTION	TYPE OF PROVIDER	HCPCS
*Emergent Ambulance	Base Rate	Advanced Life Support - Emergency	Ambulance	A0427
	Base Rate	Advanced Life Support 2	Ambulance	A0433
	Base Rate	Basic Life Support - Emergency	Ambulance	A0429
	Base Rate	Specialty Care Transport / Critical Care Transport	As Appropriate	A0434
	Mileage	Ambulance	Ambulance	A0425
	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

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
	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 Companion Guide 5010 Electronic Processing. Claims are to be billed with the appropriate taxonomy listed for the category of service registered and services provided.

<https://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/5010.aspx>

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/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

* COS – Category of Service

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

Prior Authorization Requirements

Prior Authorization is NOT required for emergency transportation. Prior authorization may be required for certain transportation services. Please review www.countycare.com or contact Provider Services if need additional details.

Claims Submission

	EMERGENT CLAIMS	NON-EMERGENT CLAIMS
Paper Claims	CountyCare Health Plan P.O. Box 211592 Eagan, MN 55121-2892	CountyCare c/o First Transit 799 Roosevelt Rd. Bldg 4, Ste 200 Glen Ellyn, IL 60137 Fax: 630-873-1450
Electronic Claims	PAYOR ID 06541	N/A

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 will be reimbursed 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
- Members receiving SASS services are eligible for transportation services

Additional Attendants:

- 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. 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 may 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 if multiple attendants are used.

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 and fixed wing 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

Non Covered Services:

- Non-emergency transportation where prior 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 BLS or ALS rates.
- 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 that 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.

Claim Billing Requirements

<p>Claim Billing Requirements</p>	<ul style="list-style-type: none"> • Provider Name • Registered and active HFS NPI Number, • For ATYPICAL providers (with no NPI) a valid Medicaid ID (837P Loop 2010BB in Ref*G2, the REF-02) • Ensure claims are complete in accordance with CMS and HFS requirements • Member’s name • Member’s Medicaid Recipient ID • Enter the date on which the transportation service was provided using the MMDDYY Format • Utilize correct HCPCS Code (See Table) • Total Charge • Signature/Date of Provider • Prior or Post Authorization Number (if NEMT Ambulance Transportation occurs) • Post Authorization Number (if Ambulance Transportation occurs) • Member Origin and Destination Name: <ul style="list-style-type: none"> ◦ Paper claim example for Box 32 (Complete Address) ◦ 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 • Origin and Destination HCPCS Place Modifier <ul style="list-style-type: none"> ◦ P - Physician’s Office ◦ D - Medical Service (other than P or H) ◦ H - Hospital (Inpatient or Outpatient) ◦ R – Residence ◦ S – Scene of acute event ◦ E – Residential facility ◦ N – Skilled nursing facility ◦ X – Destination code only; intermediate stop on the way to hospital • 5 digit zip code <p>* Highlighted codes for Emergency Transportation claims</p>
<p>Claim Text Note</p> <p>Required on all transportation claims per HFS requirements.</p> <p>Claims and encounters billed without this information beginning January 1, 2017 will be rejected or denied.</p>	<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"> • State or Province Code (Use Code source 22: States and Outlying Areas of the U.S.) • License Plate Number or FAA ‘N’ Number (Tail Number) • Departure and Arrival in Military Time (time as follows: HHMM, where H = hours(00-23), M = minutes (00-59); <p><u>Claim text note example MUST follow this format:</u> NTE*ADD*IL,12345678,1155,1220 (Each element must be separated with a comma).</p> <p>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 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</p>
<p>Taxonomy</p>	<p>Paper claims - in Box 33B, or in 837P format - Loop 2000A PRV-03</p>
<p>Timely Filing</p>	<p>Lessor of 180 days from Date of Service or contractual agreement</p>
<p>Special Indicator</p>	<p>Medical emergency services must be indicated with a “Y” in box 24C, Loop 2400 SV1-09</p>
<p>HFS Reference</p>	<p>https://www.illinois.gov/hfs/SiteCollectionDocuments/837p.pdf</p>

If you have questions or concerns related to claims and billing, please contact your CountyCare Provider Services Representative or contact the Provider Services Department at 1-312-864-8200 (Toll Free 1-855-444-1661).