

# Chapter 27

## Non-Emergency Transportation Services

### Overview

This chapter provides information on South Country Health Alliance's (SCHA) coverage for Transportation Services.

### Definitions

- **Access Transportation Service (ATS)** – Transportation provided by a volunteer driver, common carrier (bus, taxicab, other commercial carrier or by private automobile), contract for service or direct mileage reimbursement to the recipient's driver. Also known as Common Carrier.
- **Special Transportation Services (STS)** – The transport of a recipient who, because of physical or mental impairment, is unable to safely use a common carrier requiring the transportation driver to provide direct assistance to the recipient and does not require ambulance service. "Physical or mental impairment" means a physiological disorder, physical condition, or mental disorder that prohibits access to, or safe use of, common carrier transportation.
- **Ambulance Service** – The transport of a recipient whose medical condition or diagnosis requires medically necessary services before and during transport.

### Access Transportation Service (ATS)

#### Eligible Providers

- **Participating Provider** Transportation and other related travel services are covered when the services are necessary to enable a recipient to obtain a covered health service from a participating provider.
- **Non-participating Provider** Transportation shall be paid if the service is covered under the Medical Assistance state plan, if the non-participating provider could be a participating provider if application was made and if the transportation results in proper and efficient administration of Minnesota Health Care Programs due to cost effectiveness.

#### Eligible Recipients

Access Transportation Services is a covered benefit for members on the following programs:

- Prepaid Medical Assistance (PMAP)

- Minnesota Senior Care Plus (MSC+)
- AbilityCare (SNBC)
- SeniorCare Complete (MSHO)

Access Transportation is NOT a covered service for MinnesotaCare Programs through SCHA. For additional resources or coverage for transportation the member must contact their MinnesotaCare financial worker.

### **Covered Services**

South Country Health Alliance covers the cost of the most appropriate and cost-effective forms of transportation incurred by an ambulatory recipient. Funded completely by state and federal funds, this program is administered by counties who reimburse the provider directly for cost incurred. Local human service agencies must assist recipients in finding necessary transportation when necessary to obtain covered health services. Each local human service agency has a plan detailing how it will assure that a recipient obtains necessary transportation services.

### **Non-Covered Services**

The services listed below are non-covered by South Country Health Alliance as medical transportation service costs. These services are not reimbursable by South Country Health Alliance. This list is not all inclusive:

- Transportation of a recipient to a non-covered MHCP service (e.g., grocery store, health club, church, and synagogue) and those services excluded from transportation payment.
- Extra attendant charges for PCAs accompanying recipients for whom they are providing services
- Transportation to waiver program services

### **Excluded Costs Related to Transportation**

The costs listed below are excluded by South Country Health Alliance as medical transportation service costs. These services are not reimbursable by South Country Health Alliance and cannot be billed to the recipient:

- Transportation of a recipient to a hospital or other site of health services for detention ordered by a court or law enforcement agency except when ambulance service is medically necessary
- Transportation of a recipient to a facility for alcohol detoxification that is not medically necessary
- No-load transportation except for an ambulance that responds to a medical emergency and provides medically necessary treatment to the recipient at the pickup point of the recipient. Payment is limited to charges for transportation to the point of pickup and for ancillary services
- Additional charges for luggage, stair carry of the recipient, and other airport, bus, or railroad terminal services

- Airport surcharge
- Federal or state excise or sales taxes on air ambulance service

## **Documentation Requirements**

Transportation providers must keep trip documentation including:

- Recipient name and MHCP ID number
- The date/time of pickup or return
- Address of the recipient's pick-up location
- Address of the recipient's destination
- Name of the recipient's MHCP provider destination
- Vehicle and driver identification

Keep records for five years from the date of service.

*Out-of-state medical services requiring common carrier transportation must be authorized by the county.* County agencies considering requests for out-of-state common carrier transportation must contact the Provider Call Center to verify that the medical service has been authorized. Refer to the Authorization section of this MHCP Provider Manual for more information.

## **Billing and Reimbursement**

- Use the electronic 837P format (Counties can submit either using batch files or use MN E-Connect).
- Payer ID# 41154 (if submitting batch files)
- Bill exact direct mileage, rounded only to the nearest mile (e.g., .6 miles round up; .5 miles or less truncate)
- Do not use zone or region mileage calculations
- Use commercially available software or Internet-based applications to determine the most direct mileage
- Bill loaded miles only
- Diagnosis code - 780.99
- Place of service – 99

## **Special Transportation Services (STS)**

**Special Transportation Services (STS):** The transport of a recipient who, because of physical or mental impairment, is unable to safely use a common carrier requiring the transportation driver to provide direct assistance to the recipient and does not require ambulance service. "Physical or mental impairment" means a physiological disorder, physical condition, or mental disorder that prohibits access to, or safe use of, common

carrier transportation. Also referred to as a “Door through Door” or “Station to Station” level of service.

STS allows for ambulatory, wheelchair and stretcher certifications and may include single day or multiple days, week, month and year/multiple year certification.

Special Transportation providers must be certified by MN/DOT. The special transportation provider’s driver must provide driver-assisted services. Driver-assisted services include:

- Directly assisting the recipient inside of the recipient’s residence/pick up location to exit or enter.
- Directly assisting the recipient to or from the vehicle including assistance in entering or exiting the vehicle
- Assistance in passenger securement or in securing of wheelchairs or stretchers in the vehicle
- Directly assisting the recipient to or from the recipient’s medical facility to enter or exit
- Directly assisting the recipient inside of the medical facility to or from the recipient’s appropriate medical appointment desk

A signature must be obtained by the driver at the medical facility indicating a scheduled medical appointment and that the recipient was taken to the appropriate medical appointment desk.

All STS vehicles must display identification on both sides of the vehicle, including:

- Provider’s business name
- Provider’s United States Department of Transportation (USDOT) number.
- If a USDOT number is not obtained, use the MN-DOT STS certificate number preceded by the letters “STS”.

The name and numbers must be:

- Marked in a color that sharply contrasts with the background
- Readily legible during daylight hours from a distance of 50 feet while the vehicle is stationary
- Maintained in a manner that retains the legibility of the markings. Marking may be removable devices if they meet the identification and legibility requirements.

### **Who’s eligible?**

To be eligible for STS, a recipient must be impaired physically or mentally in a manner that keeps him/her from safely accessing and using a bus, taxicab, private automobile or other common carrier. The recipient must require a high level of direct driver assistance including inside the pick-up and destination locations and meet one of the following criteria:

- Eligible for Medical Assistance (MA)
- A MinnesotaCare enrollee under the age of 21

- A pregnant woman enrolled in MinnesotaCare

### **Nursing Facility Recipients**

MA eligible recipients residing in or being discharged to or from a licensed nursing facility automatically qualify for STS level of transportation for all non-stretcher STS trips. Providers do not need to complete the Level of Need Assessment form for recipients residing in a nursing facility.

### **Limited Coverage**

- **Stretcher Services**  
The use of a stretcher is a covered service for special transportation when the medical need of the recipient requires a higher level of special medical services. Documentation of the need for the stretcher services must be kept on file by the provider.
- **Electro Current Treatment, Dialysis and Outpatient Procedures and Sedation**  
Recipients who receive Electro Current Treatment (ECT), Dialysis and Outpatient procedures with sedation are eligible for Access Transportation Services (available through the recipient's county of residence) to and from the service. Recipients may be eligible to be transported STS for the return trip.
- **Wheelchair Codes**  
A recipient who needs a wheelchair-accessible vehicle is defined as:
  - A Medical Assistance eligible recipient with severe permanent or temporary mobility impairments
  - Is unable to ambulate without a wheelchair, and
  - Whose condition requires the use of a vehicle lift or ramp as in a wheelchair-accessible van.

A wheelchair-accessible van must operate under the authority and in compliance with the official regulations of MN/DOT, and registered as such by MN/DOT.

### **Non-Covered Services**

The services listed below are non-covered medical transportation service costs. These services are not reimbursable by SCHA. This list is not all inclusive.

- Transportation of a recipient to a non-covered MHCP service (e.g., grocery store, health club, church, and synagogue) and those services excluded from transportation payment.
- STS for transporting recipients from their residence to a DT&H or Adult Day Program site and back.

### **Excluded Costs Related to Transportation**

The costs listed below are excluded by SCHA as medical transportation service costs. These services are not reimbursable by SCHA and cannot be billed to the recipient:

- Transportation of a recipient to a hospital or other site of health services for detention ordered by a court or law enforcement agency.
- Transportation of a recipient to a facility for alcohol detoxification that is not medically necessary.

- No-load (dead head mile) transportation.
- Additional charges for luggage, stair carry of the recipient, and other airport, bus, or railroad terminal services.
- Airport surcharge

**Documentation Required:**

Providers must keep trip documentation/records for five years from the date of services, including:

- Recipient name and SCHA ID number
- The date/time of pick-up or return
- Address of the recipient's pick-up location
- Address of the recipient's SCHA provider destination
- Vehicle and driver identification
- Completed STS trip log (providers may use the DHS Trip Log Sheet)
- Certificate of Need Assessment form

**Audit:**

SCHA will conduct periodic audits.

Purpose of the audit:

- Determine the appropriate level of need assessment criteria has been met.
- Required documentation (listed above) is available and on file.
- If it is determined that the level of need criteria has not been established, provider will be subject to payment recoupment.
- To determine the need for additional monitoring or authorization requirements.

**Billing:**

Use the electronic 837P format.

- Bill exact direct mileage, rounded only to the nearest mile
- Do not use zone or region mileage calculations
- Use commercially available software or Internet-based applications to determine the most direct mileage
- Bill loaded miles only

Use appropriate HCPCS codes:

- Use the HCPCS code that describes the services rendered
- Do not report non-covered miles
- Use HCPCS modifiers to:
  - Indicate both point of origin and destination for pick up and/or return trips
  - Clarify two trips on the same date. If the modifiers are the same, combine the HCPCS codes
  - Report each mileage trip on a single claim line

**Place of service code – 99**

**Procedures Codes and Modifiers:**

Each procedure code must be billed by units.

<b>Procedure Code</b>	<b>Description</b>	<b>Modifier Indicator</b>
T2003 Ambulatory	Non-emergency transportation; encounter/trip	Modifier required; reverse modifiers for return trip
S0215 Ambulatory Mileage	Non-emergency transportation; mileage, per mile	Modifier required
T2005 Stretcher	Non-emergency transportation; non-ambulatory stretcher van	Modifier required; reverse modifiers for return trip
T2049 Stretcher Mileage	Non-emergency transportation; non-ambulatory stretcher van mileage	Modifier required
T2001 Extra Attendant	Non-emergency transportation; patient attendant/escort	Modifier required; reverse modifiers for return trip
A0130 Wheelchair	Non-emergency transportation; wheelchair van	Modifier required; reverse modifiers for return trip
S0209 Wheelchair Mileage	Non-emergency transportation; wheelchair van, mileage per mile	Modifier required

**HCPCS Origin/Destination Codes** (for more than one modifier on the same line item, the first position indicates the origin and second position indicates the destination)

D -	Diagnostic or therapeutic site other than 'P' or 'H' when these are used as origin codes.
E -	Residential, domiciliary, custodial facility (other than an 1819 facility).
G -	Hospital based dialysis facility (hospital or hospital related).
H -	Hospital.
I -	Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport.
J -	Non-hospital based dialysis facility.
N -	Skilled nursing facility (SNF) (1819 facility).
P -	Physician's office (includes HMO non-hospital facility, clinic, etc.).

QM -	Ambulance service provided under arrangement by hospital.
QN -	Ambulance service furnished directly to hospital.
R -	Residence.
S -	Scene of accident or acute event.
X -	(Destination code only) Intermediate stop at physician's office en route to the hospital (includes HMO non-hospital facility, clinic, etc.).
76 -	Repeat procedure by same provider.
77 -	Repeat procedure by another provider.

### Multiple Rider Reduction

# of Riders	% Base	% Mileage
1	100	100
2	80	50
3	70	34
4	60	25
5-9	50	20