

Provider Memorandum

Illinois Transportation Billing Guidelines for Managed Care Processing and Payment

This is a reissue of the Illinois Transportation Billing Guidelines for Managed Care Processing and Payment updates for non-emergent transportation and ambulance guidelines, as well as an announcement of change in Molina’s transportation vendor. Molina will be partnering with MTM Transportation as our new transportation vendor beginning October 1, 2020.

Transportation services are classified as either “emergent” or “non-emergent” based on the mode of transportation and the nature of the ride. Both emergent and non-emergent **medical** transportation services are comprised of ambulance and helicopter/fixed wing transports, while non-emergent transportation (NET), includes medicar, taxicab, service car, and private automobile.

Transportation Procedure Codes for Emergent and Non-Emergent Transportation

Emergent and Non-Emergent Ambulance*			
Bill to Molina			
Type of Service	Description	Type of Provider	HCPCS
Base Rate	Advanced Life Support, Level 1 – emergent	Ambulance	A0427
Base Rate	Advanced Life Support, Level 2 – emergent	Ambulance	A0433
Base Rate	Advanced Life Support, Level 1 – non-emergent	Ambulance	A0426
Base Rate	Basic Life Support – emergent	Ambulance	A0429
Base Rate	Basic Life Support – non-emergent	Ambulance	A0428
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.

Non-Emergent and Non-Ambulance Transportation		
Bill to MTM Transportation		
Type of Service	Description	HCPCS
Mileage	Private Auto – Per Trip Mileage (No Base Rate Allowed)	A0090
Base Rate	Taxicab	A0100
Base Rate	Service Car	A0120
Base Rate	Medicar (Wheelchair Van)	A0130
Mileage	Taxicab, Service Car, Medicar, Stretcher Van	A0425
Attendant	Attendant	T2001
Attendant	Attendant (Additional Attendant)	T2001 (TK)
Stretcher Van	Stretcher Van	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 (COS) 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

* COS – Category of Service.

** Bill to Molina.

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

Other Billing Guidelines Providers Should Note

- Emergency helicopter transportation claims that are denied because the patient's condition does not meet medical-necessity criteria may be reimbursed by Molina at the appropriate ground rate.
- Any time 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

- Any time 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.
- Any time 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 that 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 rates are only reimbursable for Medicare programs and are considered bundled in base rate for Medicaid programs. ("Loaded mileage" refers to the allowance of multiple passengers. "Mileage" refers to single passenger transport.)
- 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 pickup locations for members. Transportation providers billing with a GY modifier for services that are not medically necessary or are a non-covered service will not be covered under Medicare; however, they 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 Illinois Department of Healthcare and Family Services (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 advanced 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, and 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 inpatient hospital setting. In this instance, the transportation provider must seek payment from the inpatient hospital.
- Services provided by a hospital-owned/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 Emergency Department (ED) 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, 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

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) • Billing date is the date the transportation invoice was prepared using six digits in MMDDYY format • Ensure claims are complete in accordance with Centers for Medicare & Medicaid Services (CMS) and HFS requirements • Member's name • Member's Medicaid Recipient ID • The date on which the transportation service was provided using the MMDDYYYY Format • Utilize correct Healthcare Common Procedure Coding System (HCPCS) Code • Provider charge in dollars and cents • Number of sections • Total charge • Net charge • Signature of provider and date • Prior or post-authorization number (if NET transportation occurs) • Post-authorization number (if ambulance transportation occurs) • Origin and destination HCPCS place modifier: <ul style="list-style-type: none"> P – Physician's office* E – Residential facility D – Medical service (other than P or H)* G – Hospital-based End-Stage Renal Disease (ESRD) H – Hospital (inpatient or outpatient)* J – Freestanding ESRD facility N – Nursing facility R – Residence* S – Scene of accident X – Destination code only. Intermediate stop at physician's office • Five-digit ZIP code <p>* Place of Service (POS) modifiers listed above are all acceptable when billing emergency transportation services in the Medicaid and MMAI program.</p> <p>Note: Modifiers P, D, H, and R are the only acceptable modifiers when billing Medicaid for non-emergency transportation services.</p>
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<p>Claim Text Note required on all transportation claims per HFS requirements. Claims and encounters billed without this information with dates of service January 1, 2017, and after will be rejected or denied.</p>	<p>Box 19 of the paper claim form, or in the 837P format Loop 2300 (NTE) must include all of the following:</p> <ul style="list-style-type: none"> • TR (Must be on all transportation claims sent to Molina and MUST be set in first position) • 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 (as follows: HHMM, where H=hours (00 to 23) and M=minutes (00 to 59); Claim text note example MUST follow this format: TR,IL,12345678,1155,1220 • Each element must be separated by a comma • Member origin and destination name: Paper claim Box 32 (Complete Address) example: 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>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 to a maximum of eight characters. If the license plate or FAA tail number is less than eight characters, left justify and space fill to equal eight characters (i.e., TR,IL,123456 ,1155,1220).</p>
<p>Taxonomy</p>	<p>Paper claims – in Box 33B, or in 837P format - Loop 2000A PRV-03</p>
<p>Timely Filing</p>	<p>Lesser of 180 days from date of service or contractual agreement with Molina Healthcare</p>

Providers are strongly encouraged to review any individual billing guidelines provided by each MCO that may have specific system requirements in addition to the guidelines above. For instance, **TR** is a required code for transportation used exclusively by Molina.

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 Molina:

- Emergency ambulance and helicopters
- Non-emergency ambulance and non-emergency hospital-based ambulance
- Specialty care transport/critical care transport
- Department of Health Services (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 Illinois providers website: <http://www.MolinaHealthcare.com/providers/il/medicaid/Pages/home.aspx>

Note: Effective January 1, 2020, all non-emergent ambulance claims on this date of service forward should be submitted to Molina for processing.

MTM Specific Claim Billing Requirements

The following transportation claims will be coordinated and reimbursed directly through MTM Transportation. Claims can be submitted via the MTM Web Portal (access is provided during the onboarding process with MTM).

All non-emergent transport **requires** an assigned MTM reference number. Any services performed prior to obtaining an assigned MTM reference number will be denied.

Illinois providers **must** obtain an MTM reference number prior to trips for:

- Ambulatory
- Wheelchair
- Van (medicar)
- Stretcher (van)
- Taxicab
- Private auto
- Medicar
- Other forms of transportation (e.g., private vehicle, bus, train, commercial airplane, etc.)

MTM has a post-authorization process established for when rides are coordinated by a hospital and/or Long-Term Care (LTC) facility directly with the transportation provider. The transportation provider must use the MTM Web Portal to request a post-authorization number for such a ride within 20 days of the date of service for the claim to be considered for adjudication.

MTM Claim Billing address:
MTM Inc.
Attention: Claims Department
16 Hawk Ridge Drive
Lake St. Louis, MO 63367

MTM website: www.mtm-inc.net

Important Reminders

As of January 1, 2017, all transportation claims submitted to Molina or MTM Transportation **must** include must include "TR" in Box 19 of paper claim form, or in the 837P format Loop 2300 (NTE) as shown below. Time **must** follow military format: HHMM, where H=hours (00–23) and M=minutes (00–59). Each element **must** be separated by a comma.

Claim text note example **must** follow this format (as it would appear on electronic claims submissions):
NTE*ADD*TR,IL,12345678,1155,1220.

Claims and encounters billed without this information and/or deviating from this format will be rejected or denied.

For additional information, refer to [Ambulance Billing Frequently Asked Questions](#) posted under the News and Updates tab on the [Molina providers website](#).

Questions

Providers who have questions, concerns, or would like additional training—including how to use the Molina Provider Portal—may contact their Provider Network Manager or email the Provider Network Management department MHILProviderNetworkManagement@MolinaHealthcare.com.

For help identifying your Provider Network Manager, visit [Molina's Service Area page](#) at MolinaHealthcare.com.

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