

Appendix to rule 5160-15-28

ENACTED

DATE: 12/09/2019 2:50 PM

Note: This information is not intended to be a comprehensive representation of all policies, claim-submission procedures, or other requirements. Please refer to Chapter 5160-15 of the Ohio Administrative Code.

HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM PAYMENT	LATEST CHANGE IN PAYMENT	POINT-OF-TRANSPORT MODIFIERS REPRESENTING COMBINATIONS OF TRIP ORIGIN AND DESTINATION THAT DO NOT REQUIRE MANUAL REVIEW									INFORMATION MODIFIERS		
Ground Ambulance Services															
A0424	Extra attendant, ambulance	\$15.00	01/01/2020	DD	DE	DG	DH	DJ	DN	DP	DR	DI U4	DI U7	U6; UA, UB	
				ED	EE	EG	EH	EJ		EP	ER				
				GD	GE		GH		GN	GP	GR	GI U4	GI U7		
A0426	Advanced life support, level 1, non-emergency	\$120.00	01/01/2020	HD	HE	HG	HH	HJ	HN	HP	HR	HI U4	HI U7		
				JD	JE		JH		JN	JP	JR	JI U4	JI U7		
				ND		NG	NH	NJ	NN	NP	NR				
A0428	Basic life support, non-emergency	\$115.00	01/01/2020	PD	PE	PG	PH	PJ	PN	PP	PR	PI U4	PI U7		
				RD	RE	RG	RH	RJ	RN	RP					
				U4 ID		U4 IG	U4 IH	U4 IJ		U4 IP					
				U7 ID		U7 IG	U7 IH	U7 IJ		U7 IP					
A0427	Advanced life support, level 1, emergency	\$170.00	01/01/2020				DH								
							EH	EI							
							GH								
A0429	Basic life support, emergency	\$120.00	01/01/2020				HH	HI							
							IH								
							JH								
							NH	NI							
A0433	Advanced life support, level 2	\$180.00	01/01/2020				PH								
							RH								
							SH	SI							
							U4 IH								
							U7 IH								
A0434	Specialty care transport ⁽¹⁾	\$190.00	01/01/2020				HH		HN						
							NH		NN						
A0425	Mileage, ground ambulance	\$2.00 per mile	01/01/2020	DD	DE	DG	DH	DJ	DN	DP	DR	DI U4	DI U7	U6; UA, UB	
				ED	EE	EG	EH	EI	EJ	EP	ER				
				GD	GE		GH		GN	GP	GR	GI U4	GI U7		
				HD	HE	HG	HH	HI	HJ	HN	HP	HR	HI U4		HI U7
							IH								
				JD	JE		JH		JN	JP	JR	JI U4	JI U7		
				ND		NG	NH	NI	NJ	NN	NP	NR			
				PD	PE	PG	PH		PJ	PN	PP	PR	PI U4		PI U7
				RD	RE	RG	RH		RJ	RN	RP				
							SH	SI							
				U4 ID		U4 IG	U4 IH	U4 IJ		U4 IP					
				U7 ID		U7 IG	U7 IH	U7 IJ		U7 IP					

HCPSC CODE	DESCRIPTION	MEDICAID MAXIMUM PAYMENT	LATEST CHANGE IN PAYMENT	POINT-OF-TRANSPORT MODIFIERS REPRESENTING COMBINATIONS OF TRIP ORIGIN AND DESTINATION THAT DO NOT REQUIRE MANUAL REVIEW										INFORMATION MODIFIERS								
Air Ambulance Services																						
A0430	Transport by fixed-wing ambulance	\$1,550.00	01/01/2020	II										U6								
A0435	Mileage, fixed-wing ambulance	\$3.00 per statute mile	01/01/2020																			
A0431	Transport by rotary-wing ambulance	\$1,800.00	01/01/2020		DH	DI																
					EH	EI																
					GH	GI																
					HH	HI																
					IH	II																
A0436	Mileage, rotary-wing ambulance	\$7.75 per statute mile	01/01/2020		JH	JI																
					NH	NI																
					PH	PI																
					RH	RI																
					SH	SI																
				U4	IH																	
				U7	IH																	
Wheelchair Van Services																						
A0130	Transport by wheelchair van	\$25.75	01/01/2020	DD	DE	DG	DH	DJ	DN	DP	DR	DI U4	DI U7									
				ED	EE	EG	EH	EJ		EP	ER											
				GD	GE		GH		GN	GP	GR	GI U4	GI U7									
S0209	Mileage, wheelchair van	\$1.00 per mile	01/01/2020	HD	HE	HG	HH	HJ	HN	HP	HR	HI U4	HI U7									
				JD	JE		JH		JN	JP	JR	JI U4	JI U7									
				ND		NG	NH	NJ	NN	NP	NR											
T2001	Attendant, wheelchair van	\$12.00	01/01/2020	PD	PE	PG	PH	PJ	PN	PP	PR	PI U4	PI U7									
				RD	RE	RG	RH	RJ	RN	RP												
				U4	ID	U4	IG	U4	IH	U4	IJ	U4	IP									
				U7	ID	U7	IG	U7	IH	U7	IJ	U7	IP									

(1) The submission of a claim for specialty care transport (SCT) is an attestation (1) that the individual was in critical condition (at immediate risk of deterioration or death) at the time of transport, (2) that a need was anticipated for on-board treatment that went beyond the scope of an EMT-paramedic with standard training, and (3) that there was someone on board with the training necessary to provide such treatment.

False attestation constitutes Medicaid fraud.

Point-of-Transport Modifiers

D is a diagnostic or therapeutic site other than a practitioner's office or a hospital, such as an alcohol and drug rehabilitation center, an ambulatory surgery center, an independent diagnostic testing facility, or a medical equipment supplier.

E is a residential, domiciliary, or custodial facility that is not a skilled nursing facility (e.g., an intermediate care facility for individuals with intellectual disabilities).

G is a dialysis facility located in a hospital.

H is a hospital.

I is a site of transfer between modes of transport, such as an airstrip or a helipad.

J is a dialysis facility not located in a hospital.

N is a skilled nursing facility (SNF).

P is a practitioner's office, which includes but is not limited to the office of an individual health professional or a group of health professionals (e.g., advanced practice registered nurses, chiropractors, dentists, occupational therapists, ophthalmologists, optometrists, opticians, podiatrists, physical therapists, physicians, physician assistants, psychiatrists, or psychologists) or a clinic.

R is a residence, either permanent or temporary, other than a residential, domiciliary, or custodial facility.

S is the scene of an accident or acute event.

U4 is a workplace.

U7 is a school.

Note: With the two-character descriptors U4 and U7, a second two-character descriptor is necessary to specify the corresponding destination or origin.

For example, a transport from an individual's place of work to a physician's office would be recorded as U4 | IP (not as U4 | P):

U4, workplace + IP, from a transfer point to a practitioner's office = from a workplace to a practitioner's office

The return trip from the physician's office to the individual's place of work would be recorded as PI | U4 (not as P | U4):

PI, from a practitioner's office to a transfer point + U4, workplace = from a practitioner's office to a workplace

U5 is an origin/destination point not otherwise specified. It does not need a second descriptor, but it does require manual review.

Information Modifiers

U3 indicates a wheelchair van service provided in an ambulance vehicle. It is used only with HCPCS codes A0130, S0209, and T2001.

U6 indicates that the healthcare service was unavailable when the vehicle arrived at the destination.

UA indicates an additional trip taken by the same individual on the same day in the same type of vehicle to or from the same type of location.

UB indicates a second additional trip taken by the same individual on the same day in the same type of vehicle to or from the same type of location.