Appendix to rule 5160-15-28

HCPCS Code	Description	Medicaid Maximum Payment	Latest Change in Payment	Information Modifiers	Point-of-Transport Modifiers Representing Combinations of Trip Origin and Destination That Do NOT Require Manual Review
Ground Ambulance Services					
A0424	Extra attendant, ambulance	$18.00	01/01/2024	U6; UA, UB	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 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 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
A0426	Advanced life support, level 1, non-emergency	$244.50	01/01/2024	U6; UA, UB; QL	
A0428	Basic life support, non-emergency	$203.75	01/01/2024	U6; UA, UB; QL	
A0427	Advanced life support, level 1, emergency	$289.75	01/01/2024	U6; UA, UB; QL	DH EH EI GH HH HI IH JH NH NI PH RH SH SI U4|IH U7|IH
A0429	Basic life support, emergency	$244.00	01/01/2024	U6; UA, UB; QL	
A0433	Advanced life support, level 2	$349.50	01/01/2024	U6; UA, UB; QL	
A0434	Specialty care transport (1)	$413.00	01/01/2024		HH HN NH NN
A0425	Mileage, ground ambulance	$5.05 per mile	01/01/2024	U6; UA, UB	DD DE DG DH DJ DN DP DR DI|U4 DI|U7 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

HCPCS Code	Description	Medicaid Maximum Payment	Latest Change in Payment	Information Modifiers	Point-of-Transport Modifiers Representing Combinations of Trip Origin and Destination That Do NOT Require Manual Review
Air Ambulance Services					
A0430	Transport by fixed-wing ambulance	$1,860.00	01/01/2024	U6; QL	II
A0435	Mileage, fixed-wing ambulance	$3.75 per statute mile	01/01/2024	U6	
A0431	Transport by rotary-wing ambulance	$2,160.00	01/01/2024	U6; UA, UB; QL	DH DI EH EI GH GI HH HI IH II JH JI NH NI PH PI RH RI SH SI U4|IH U7|IH
A0436	Mileage, rotary-wing ambulance	$9.50 per statute mile	01/01/2024	U6; UA, UB	
Wheelchair Van Services					
A0130	Transport by wheelchair van	$31.00	01/01/2024	U3; U6; UA, UB	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 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 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
S0209	Mileage, wheelchair van	$1.30 per mile	01/01/2024	U3; U6; UA, UB	
T2001	Attendant, wheelchair van	$15.00	01/01/2024	U3; U6; UA, UB	

(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.

Note: The information in this appendix 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.

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.

QL indicates the patient was pronounced dead after the ambulance was called.