

Appendix to rule 5160-15-28

ENACTED

Appendix
5160-15-28

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	
							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								
A0433	Advanced life support, level 2	\$180.00	01/01/2020				NH		NI						
							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 JH JI NH NI PH PI RH RI SH SI										U6; UA, UB
A0436	Mileage, rotary-wing ambulance	\$7.75 per statute mile	01/01/2020	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 EN EP ER EI U4 EI U7	GD GE GH GJ GN GP GR GI U4 GI U7	HD HE HG HH HJ HN HP HR HI U4 HI U7	JD JE JG JH JN JP JR JI U4 JI U7	ND NE NG NH NJ NN NP NR NI U4 NI U7	PD PE PG PH PJ PN PP PR PI U4 PI U7	RD RE RG RH RJ RN RP RI U4 RI U7	U4 ID U4 IG U4 IH U4 IJ U4 IP U7 ID U7 IG U7 IH U7 IJ U7 IP	U3; U6; UA, UB	
S0209	Mileage, wheelchair van	\$1.00 per mile	01/01/2020											
T2001	Attendant, wheelchair van	\$12.00	01/01/2020											

⁽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.