



THE ANSWER KEY

QUICK SOLUTIONS TO MEDICAID CLAIM SUBMISSION PROBLEMS

Note: All information was current at the time of publication but is subject to change.

Transportation Modifiers UA and UB

When it is processing transportation claims, the Medicaid Information Technology System (MITS) treats one detail (line item) as an exact duplicate of another detail if everything about both details is the same:

- The same provider
- The same Medicaid-eligible individual
- The same date of service (DOS)
- The same procedure code
- The same modifier(s)

When MITS tests for duplication (performs a “dupe check”), it denies payment for any duplicate details it finds.

Sometimes, however, duplicate details represent different trips taken by the same individual on the same day in the same type of vehicle to and from the same types of location.

To indicate that an additional trip reported on a Medicaid claim is not a duplicate, transportation providers can now use modifier UA or UB. Modifier UA means “first *additional* (i.e., second) trip”; modifier UB means “second *additional* (i.e., third) trip.”

Example: A provider transports an individual by wheelchair van to three different doctors on the same day and back home after each appointment. The respective one-way distances are ten, four, and seven miles. A claim for these three round trips could be submitted with twelve details:

<u>First Round Trip</u>	<u>Second Round Trip</u>	<u>Third Round Trip</u>
A0130 RP 1	A0130 RP UA 1	A0130 RP UB 1
S0209 RP 10	S0209 RP UA 4	S0209 RP UB 7
A0130 PR 1	A0130 PR UA 1	A0130 PR UB 1
S0209 PR 10	S0209 PR UA 4	S0209 PR UB 7

There are several important points to keep in mind about modifiers UA and UB:

- They may be used only with wheelchair van procedure codes A0130, S0209, and T2001; ground ambulance procedure codes A0424, A0425, A0426, A0427, A0428, A0429, and A0433; and rotary-wing air ambulance procedure codes A0431 and A0436.
- They should not be confused with U1 (“second passenger”) and U2 (“third passenger”).
- They should be used only when they serve a real purpose. A claim specifying a third trip is pointless if a provider submits no claims for a first and second trip.