



Department of Medicaid

John R. Kasich, Governor

John B. McCarthy, Director

Medicaid Transmittal Letter No. 3350-16-01

DATE: January 25, 2016

TO: Providers of Ground Ambulance Services
Providers of Air Ambulance Services
Providers of Wheelchair Van Services
Chief Executive Officers, Managed Care Plans
Directors, County Departments of Job and Family Services
Other Interested Parties

FROM: John B. McCarthy, Medicaid Director

SUBJECT: Consolidation of Transportation Rules in Chapters 5160-15 and 5160-24 of the Ohio Administrative Code

The existing rules in Chapters 5160-15 and 5160-24 of the Ohio Administrative Code are combined into a single chapter, numbered 5160-15. This change takes effect on April 1, 2016.

The following rules are rescinded:

- 5160-15-01 Medical transportation services: definitions
- 5160-15-02 Medical transportation services: provider participation and documentation requirements
- 5160-15-02.8 Medical transportation services: eligible providers
- 5160-15-03 Medical transportation: covered services and limitations
- 5160-15-04 Medical transportation services: reimbursement
- 5160-15-05 Medical transportation services: ambulette services provided by ground ambulance vehicles
- 5160-24-01 Non-emergency transportation (NET): general provisions
- 5160-24-02 Non-emergency transportation (NET): administration
- 5160-24-03 Non-emergency transportation (NET): accessing NET

The following rules are adopted:

- 5160-15-01 Transportation: definitions
- 5160-15-11 Transportation: non-emergency services through a CDJFS: general provisions
- 5160-15-12 Transportation: non-emergency services through a CDJFS: requirements and limitations
- 5160-15-13 Transportation: non-emergency services through a CDJFS: administration
- 5160-15-21 Transportation: services from an eligible provider: general requirements
- 5160-15-22 Transportation: services from an eligible provider: wheelchair van services
- 5160-15-23 Transportation: services from an eligible provider: ground ambulance services
- 5160-15-24 Transportation: services from an eligible provider: air ambulance services
- 5160-15-25 Transportation: services from an eligible provider: points of transport
- 5160-15-26 Transportation: services from an eligible provider: service limitations and allowances
- 5160-15-27 Transportation: services from an eligible provider: documentation
- 5160-15-28 Transportation: services from an eligible provider: payment

Some of the revisions to the rules involve significant structural or conceptual changes:

- The consolidation of the existing rules governing fee-for-service transportation and county-administered transportation assistance into a single chapter reflects the interrelatedness of the different transportation options available under Medicaid, and it also makes the rules easier to read and understand. Within the chapter, the new rules are numbered by subject matter: Rule 5160-15-01 lists definitions used in the chapter; rules 5160-15-11, -12, and -13 deal with county-administered transportation assistance; rules 5160-15-21 through -28 deal with transportation provided on a fee-for-service basis or through a Medicaid managed care plan (MCP).
- The requirement that a County Department of Job and Family Services (CDJFS) compile and submit a report of transportation assistance each quarter is discontinued, and form JFS 04208 becomes obsolete. Each CDJFS, however, must continue to maintain sufficient documentation of transportation assistance requested by Medicaid-eligible individuals.
- Terminology is updated. In particular, the outmoded term *ambulette* is replaced by *wheelchair van* (a phrase used by the Centers for Medicare and Medicaid Services).
- In the past, a sharp distinction was drawn between "ambulette" service and transportation assistance available through a CDJFS. Because of improvements in accessibility over the past two decades, vehicles that can simultaneously transport both passengers who use mobility devices and passengers who do not use mobility devices are now common, and many CDJFS contract with transportation vendors that operate such accessible vehicles. All Medicaid-eligible individuals, therefore, may request county-administered transportation assistance. If transportation by wheelchair van is more appropriate, however, then that option is still offered to individuals who qualify.
- In payment for ground transportation, the distinction between first passenger, second passenger, and so on is eliminated. This distinction is meaningful only for the transportation of multiple passengers from one location to the same destination, and in such cases the difference in payment actually serves as a disincentive to transport more than one passenger at a time.

- The imprecise and confusing term *nonambulatory* is abandoned. Criteria for wheelchair van service now focus on the need for a mobility device.
- The list of items required to document the provision of transportation by ambulance or wheelchair van is largely replaced by a reference to the portion of the Ohio Administrative Code governing the State Board of Emergency Medical, Fire, and Transportation Services. A few Medicaid-specific items are required, such as the passenger's Medicaid identification number and signature.
- The payment rule for fee-for-service transportation now includes, as an appendix, a schedule of Medicaid maximum amounts for the various services. This information is being relocated from the main Medicaid non-institutional schedule (Appendix DD to rule 5160-1-60 of the Ohio Administrative Code).
- The maximum payment for transportation by wheelchair van (represented by HCPCS procedure code A0130) is increased by five per cent.

Some of the revisions are refinements of previous rules:

- More types of practitioners can certify the necessity of transportation by wheelchair van. Physician assistants can also certify the necessity of transportation by ambulance.
- Lengthy specifications of requirements for ambulances, wheelchair vans, and their crews are replaced by references to other portions of the Ohio Administrative Code and the Ohio Revised Code (primarily provisions governing the State Board of Emergency Medical, Fire, and Transportation Services).
- The conditions under which wheelchair van service can be provided in a ground ambulance are stated more concisely.
- A distinction is made between a workplace and a school as the endpoint of a trip (origin or destination), and new modifier combinations are established with which transportation providers can report this information on claims.
- Payment for loaded mileage is clarified for trips involving more than one passenger.
- Payment of claims is clarified for transportation services provided to individuals dually eligible for Medicare and Medicaid.
- Various dates relevant to practitioner certification are clarified.
- A stipulation is added that a certifying practitioner must be fiscally, administratively, and contractually independent from a transportation provider.
- Requirements for obtaining a practitioner certification form are clarified.
- The ODM 01960 and ODM 03452 certification forms have been streamlined and converted to fillable Portable Document Format (PDF). Whenever possible, items on the form are presented as checklist options rather than short-answer essay questions. Checklist items that must always be marked have been replaced with statements of attestation.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid (ODM) may be accessed through the main ODM web page, <http://www.medicaid.ohio.gov>.

Questions pertaining to this letter should be directed to the Ohio Department of Medicaid:

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