



Medicaid Transmittal Letter (MTL) No. 3350-19-01

DATE: December 10, 2019
TO: Eligible Medicaid Providers of Ambulance or Wheelchair Van Services
Chief Executive Officers, Managed Care Plans
Other Interested Parties
FROM: Maureen M. Corcoran, Medicaid Director
SUBJECT: Coverage and payment updates to transportation rule 5160-15-28

Ohio Administrative Code (OAC) rule 5160-15-28, "Transportation: services from an eligible provider: payment," establishes the policy for payment of a transportation service furnished by an eligible provider on a fee-for-service basis. The Medicaid maximum payment amounts for transportation services are listed in the appendix to the rule.

The passage of Am. Sub. H. B. 166 (133rd G.A.) added approximately \$20 million per year to the Medicaid budget for ambulance and wheelchair van services. Consequently, various increases have been applied to the Medicaid maximum payment amounts listed in the appendix. No change has been made to the body of the rule itself.

The appendix also shows which claims for transportation service are exempt from manual review because of the origin and destination points of a trip. Three types of trip have been added to the list of services for which a claim does NOT require manual review:

- Non-emergency transportation by ground ambulance or wheelchair van from a residential, domiciliary, or custodial facility (e.g., an intermediate care facility for individuals with intellectual disabilities, or ICF/IID) to a residential, domiciliary, or custodial facility
[HCPCS code A0426, A0428, or A0130 reported with modifier EE, along with related mileage code A0425 or S0209]
- Non-emergency transportation by ground ambulance or wheelchair van from a skilled nursing facility (SNF) to a SNF
[HCPCS code A0426, A0428, or A0130 reported with modifier NN, along with related mileage code A0425 or S0209]
- Specialty care transport (SCT) for a transfer from a hospital to a hospital, from a SNF to a hospital, from a hospital to a SNF, or from a SNF to a SNF
[HCPCS code A0434 reported with modifier HH, NH, HN, or NN]

Note: The submission of a claim for 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.

These updates take effect on January 1, 2020.

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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