

## Chapter 21

# Transportation Services

Transportation is a covered service if provided as follows:

1. To and/or from the site of a PrimeWest Health-covered medical service
2. By an enrolled health care provider (Special Transportation Services [STS]) or local human service/tribal provider (Access Transportation Services [ATS]) and billed using the member's eight-digit PrimeWest Health ID number

PrimeWest Health covers the following categories of medical transportation services:

1. Access Transportation Services (ATS), sometimes referred to as “common carrier”
2. Ambulance Services, including emergency and non-emergency ambulance services
3. Special Transportation Services (STS), for members unable to use common transportation (e.g., a bus, taxi, or volunteer driver) because of physical or mental impairment that requires the transportation driver to provide direct assistance to the member. Direct driver assistance to the member is required in the residence/pickup location to exit/enter and at the medical facility to enter/exit to/from the appropriate medical appointment desk (station-to-station/door-through-door). This level of service is required to enable the member to obtain covered medical services.

## Definitions

**Access Transportation Service (ATS):** Transportation by volunteer driver, common carrier (bus, taxicab, other commercial carrier, or private automobile), or contract for service, or direct mileage reimbursement to the member or the member's driver. (Direct mileage reimbursement is not covered by PrimeWest Health).

**ALS:** Advanced Life Support.

**Advanced Life Support, Level 1 (ALS1):** Transportation by ground ambulance vehicle, medically necessary supplies and services, and an ALS assessment by ALS personnel or the provision of at least one ALS intervention.

**Advanced Life Support, Level 2 (ALS2):**

1. Three or more different administrations of medications by intravenous push/bolus or by continuous infusion, excluding crystalloid, hypotonic, isotonic, and hypertonic solutions (Dextrose, Normal Saline, Ringer's Lactate), or transportation and medically necessary supplies and services; and
2. The provision of at least one of the following ALS procedures: manual defibrillation/cardio version, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, introsseous line.

**Ambulance Service:** The transport of a member whose medical condition or diagnosis requires medically necessary services before and during transport.

**Ancillary Services:** Health services incident to ambulance transportation services that may be medically necessary on an individual basis, but are not routinely used and are not included in the base rate for ambulance.

**Attendant:** An employee of a special transportation provider who meets all Minnesota Department of Transportation (Mn/DOT) driver certification requirements.

**Basic Life Support (BLS):** Transportation by ground ambulance vehicle and medically necessary supplies and services, plus the provision of BLS ambulance services.

**BLS Emergency:** When medically necessary, the provision of BLS services as specified above in the context of an emergency response.

**Common Carrier Transportation:** The transport of a member by bus, taxicab, other commercial carrier, or by private automobile.

**Level of Need (LON):** Assessments, completed by the county social service office or case manager assigned to the member, necessary to determine what mode of transportation is appropriate and the most cost effective for members determined to have a special need.

**Medical Transportation:** The transport of a member for the purpose of obtaining a covered service or transporting the member after the service is provided. The types of medical transportation are common carrier, special transportation, and life support.

**Minnesota Department of Transportation (Mn/DOT):** The principal Minnesota State agency to develop, implement, administer, consolidate, and coordinate State transportation policies, plans, and programs (MS 174).

**No-Load Transportation:** A response to a request for ambulance service that does not result in the transport of a member.

**Special Transportation Services (STS):** The transport of a member who, because of physical or mental impairment, is unable to safely use a common carrier and does not require ambulance service. “Physical or mental impairment” means a physiological disorder, physical condition, or mental disorder that prohibits access to, or safe use of, common carrier transportation.

**Specialty Care Transport (SCT):** Specialty care transport means inter-facility transportation of a critically injured or ill member by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the EMT-paramedic.

## Multiple Riders

A provider may transport two or more PrimeWest Health members in one vehicle from the same or different point(s) of pickup to the same or different destination(s).

## Multiple Segments

Each complete round trip will include multiple segments.

Example: Member is picked up at point A and transported to point B service provider. The transportation provider waits, then transports the member from point B service provider to point C service provider, and then to the final destination, point A. This is three segments/units.

## Transportation between Two Facilities

Transportation is covered between two hospitals, two long-term care (LTC) facilities, or two medical/residential facilities if the transportation provider obtains a statement signed by the physician or a member of the nursing staff at the originating facility indicating the medically necessary health service is part of the member's plan of care and is not available at the originating facility. Please note the following:

1. The member has to be admitted to the final destination hospital, Skilled Nursing Facility (SNF), or medical/residential facility to be eligible for payment

## Authorization Requirements

Refer to [Service Authorization](#), Chapter 5, for general authorization requirements.

## Documentation Requirements

Transportation providers must keep trip documentation as specified in [Requirements for Providers](#), Chapter 1, including the following:

1. Member name and PrimeWest Health ID number
2. The date/time of pickup or return
3. Address of the member's pickup location
4. Address of the member's destination
5. Name of the member's PrimeWest Health provider destination
6. Vehicle and driver identification
7. For non-ambulance providers, written documentation from the health care provider serving the member is required
8. STS providers only: completed *Special Transportation Services (STS) Trip Sheet*

Keep records for five years from the date of service.

<b>Authorization and/or Documentation Requirements for Transportation Services</b>	
<b>Access transportation</b>	Local human service/tribal agencies may require authorization for the transportation services they provide or reimburse.
<b>Air ambulance</b>	All air ambulance transportation originating outside of Minnesota or going to a destination outside of Minnesota must receive authorization, if the facility where the air ambulance transportation starts or ends is a non-contracted provider or facility.
<b>Local trade area and transport to the nearest appropriate provider</b>	Local human service/tribal agencies must prior authorize access transportation services to PrimeWest Health-covered medical services received outside of their local trade area.
<b>Non-emergency ambulance trips</b>	No authorization necessary
<b>Out-of-state transportation</b>	All medical transportation originating outside of Minnesota, or going to a destination outside of Minnesota, must be authorized by the local human service/tribal agency or the out-of-state county. This does not include origination or destination points located in neighboring states when the county of the neighboring state is contiguous to Minnesota.
<b>Stretcher services</b>	The stretcher vehicle must be capable of loading a stretcher into the vehicle and must be inspected and approved by Mn/DOT.

## Out-of-State Transportation Limitation

1. Emergency transportation does not require authorization.
2. Out-of-state medical services requiring common carrier transportation must be authorized by the county.
3. Air ambulance requires an authorization from PrimeWest Health if the originating or destination site is outside of Minnesota **and** one of those sites is a non-participating facility.
4. Specialty transportation provided by a non-contracted provider requires an authorization from PrimeWest Health.

## Ambulance Transportation Services

Transport the member to the nearest facility with the appropriate level and type of care for treatment.

### Eligible Members

Eligible members for emergency and non-emergency transportation:

1. **For non-emergency ambulance transportation:** Medicaid (MA) recipients, pregnant women on any Medicaid or MinnesotaCare program, and MinnesotaCare recipients under the age of 21
2. **For emergency ambulance transportation:** All PrimeWest Health members

### Eligible Providers

Eligible providers must be licensed under MS 144E.10 and 144E.16 as a transportation service for advanced life support, basic life support, or scheduled life support.

### Coverage Criteria

PrimeWest Health covers ambulance transportation services when the member's transportation is at least one of the following:

1. In response to a 911 emergency call, a police or fire department call, or an emergency call received by the provider
2. Between two hospitals, only when the first hospital must discharge the member to another hospital because the first hospital could not care for the member
3. Medically necessary and documented
4. A transfer of an infant from an NICU level II or III nursery to a hospital within the family's local trade area if the distance from the family home to the facility caring for the infant is greater than 40 miles

If a member is pronounced dead by a legally authorized person:

1. After transportation is called, but before it arrives, service to the point of pickup is covered
2. En route, or dead on arrival, the transportation is covered
3. Before transportation is called, transportation is not covered

PrimeWest Health covers no-load transportation only if the ambulance provided medically necessary treatment to the member at the member's pickup point. Payment is limited to charges for transportation to the point of pickup and for ancillary services. Use modifier ET for this emergency service.

Effective January 1, 2006, use procedure code A0998 (ambulance response and treatment, no transport) without a modifier for no-load transportation.

## Air Ambulance Coverage Guidelines

PrimeWest Health covers air ambulance when:

1. The member has a potentially life-threatening condition that does not permit the use of another form of transportation
2. The referring facility does not have adequate facilities to provide the medical services needed by the member
3. Transport is to the nearest appropriate facility capable of providing the level of care required by the member

All air ambulance transportation originating outside of Minnesota or going to a destination outside of Minnesota must receive authorization from PrimeWest Health if either facility is not contracted with PrimeWest Health.

## Ground Ambulance Guidelines

PrimeWest Health covers ground ambulance when the following criteria are met:

1. The member has a potentially life-threatening condition that does not permit the use of another form of transportation
2. The service is medically necessary
3. The referring facility does not have adequate facilities to provide the medical services needed by the member
4. Transport is to the nearest appropriate facility by the most direct route

## Authorization for Non-emergency Ambulance Trips

PrimeWest Health does not require authorization for non-emergency ambulance transports for members.

## Special Transportation Services (STS)

**Special Transportation Services (STS)** is provided for members who are not able to safely use access transportation services, such as personal mileage reimbursement or common carrier (bus or light rail, taxi, or volunteer driver), because of physical or mental impairment. Certification for STS also requires “door-through-door” or “station-to-station” service needs to be delivered directly to the member by the STS driver.

Certification for STS is determined through a Level of Need (LON) assessment completed by the county social service office or assigned case manager for the member.

### Eligible Members

To be eligible for STS, a member must:

1. Be eligible for MA or be a MinnesotaCare member under the age of 21 or a pregnant MinnesotaCare member; **and**
2. Have a physical or mental impairment that keeps him/her from safely accessing and using a bus, taxicab, private automobile, or other common carrier.

### Eligible Providers

STS providers must be certified by Mn/DOT under MS 174.29 – 174.30. The special transportation provider’s driver must provide driver-assisted services. Driver-assisted services include the following:

1. Directly assisting the member inside of the member’s residence/pickup location to exit/enter
2. Directly assisting the member to/from the vehicle, including assistance in entering/exiting the vehicle
3. Assistance in passenger securement or in securing of wheelchairs or stretchers in the vehicle

4. Directly assisting the member to/from the member's medical facility to enter/exit
5. Directly assisting the member inside of the medical facility to/from the member's appropriate medical appointment desk

A signature must be obtained by the driver at the medical facility indicating there was a scheduled medical appointment and the member was taken to the appropriate medical appointment desk.

All STS vehicles must display identification on both sides of the vehicle, including the following:

1. Provider's business name
2. Provider's United States Department of Transportation (USDOT) number
  - a. If a USDOT number is not obtained, use the Mn/DOT STS certificate number preceded by the letters "STS"

The name and numbers must meet the following criteria:

1. Be marked in colors that sharply contrast with the background
2. Be readily legible during daylight hours from a distance of 50 feet while the vehicle is stationary
3. Be maintained in a manner that retains the legibility of the markings. Markings may be removable devices if they meet the identification and legibility requirements.

## Multiple Riders

An STS provider may transport two or more PrimeWest Health members in one vehicle from the same or different points of pickup to the same or different destinations. Base rate and mileage rate charges are prorated when multiple riders utilize the same pickup point. Destination does not affect the proration.

Number of Riders	% of Allowed Base Rate Per Person in the Vehicle	% of Allowed Mileage Rate
1	100	100
2	80	50
3	70	34
4	60	25
5 – 9	50	20
10 or more	40	10

## Nursing Facility (NF) Recipients Approved for STS Statewide

MA recipients residing in or being discharged to/from a licensed NF automatically qualify for STS level transportation for all non-stretcher STS trips. This is effective statewide. Valid recipient living arrangements are as follows:

1. **41** – NFI (Nursing Facility I) Medicare certified
2. **42** – NFII (Nursing Facility II) Non-Medicare certified
3. **44** – Short Term Stay NFI
4. **45** – Short Term Stay NFII

## Multiple Attendants

An attendant is an employee of the special transportation provider and meets all Mn/DOT driver certification requirements. Special transportation payment allows an extra attendant only in conjunction with stretcher services. Payment for an attendant, who is a person other than the driver, and non-emergency stretcher will be made at a maximum rate established by PrimeWest Health. Ambulance supply codes and the night surcharge code are not covered under special transportation.

1. Document medical necessity and submit with the claim.
2. Document the name of the extra attendant in the driver log.
3. Bill extra attendant code (T2001) and stretcher code (T2005) on the same claim.
4. Use procedure code T2049 for non-emergency stretcher mileage.

BLS and ALS base rates include two attendants.

## **Payment Limitations**

### **Stretcher Services**

The use of a stretcher is a covered service for special transportation when the medical need of the member requires a higher level of special medical services (e.g., when the member's condition requires medical supervision, medical equipment, the administration of drugs or oxygen, etc.). The stretcher vehicle must be capable of loading a stretcher (gurney) into the vehicle and must be inspected and approved by Mn/DOT. Documentation of the need for stretcher services must be kept by the transportation provider.

### **Day Training and Habilitation (DT&H) and Day Programs**

PrimeWest Health covers special transportation services for DT&H recipients when transporting eligible recipients of special transportation to and from authorized medical appointments and services.

## **Electro Current Treatment (ECT), Dialysis, and Outpatient Procedures with Sedation**

Members who receive Electro Current Treatment (ECT), dialysis, and outpatient procedures with sedation are eligible for ATS to and from the service. Members may be eligible to be transported STS for the return trip.

### **Transportation to Waiver Services**

Transportation to or from waiver services for a member on a waiver services program is not a separately billable fee-for-service STS. Transportation to and from waiver services must be entered on a service agreement. See [HCBS Waiver Services](#) and [Elderly Waiver \(EW\) and Alternate Care \(AC\) Program](#), Chapters 26 and 26A, respectively, of this manual.

### **Wheelchair Codes**

A person who needs a wheelchair-accessible vehicle is defined as an MA recipient with severe permanent or temporary mobility impairments who is unable to ambulate without a wheelchair and whose condition requires the use of a vehicle lift or ramp, as in a wheelchair-accessible van.

A wheelchair-accessible van must operate under the authority of, and in compliance with, promulgated regulations of Mn/DOT and be registered as such by Mn/DOT. The reimbursement rates for members who need a wheelchair-accessible van are higher than for those who do not need a wheelchair-accessible van. Billing under the wheelchair van codes will not be paid unless the provider records at PrimeWest Health have the wheelchair code indicators

## ATS or Common Carrier Transportation

Common carrier transportation is a covered service when it is both of the following:

1. Necessary to enable a member to obtain a covered health service from a participating provider
2. The most appropriate and cost-effective form of transportation incurred by an eligible PrimeWest Health member.

Please refer to the benefits listed in the *Evidence/Certificate of Coverage* for the particular member's group for coverage guidelines.

Members who are not eligible for special transportation services may use buses, taxicabs, private automobiles, commercial carriers, or volunteer drivers for transportation to and from medical appointments. Local county human services agencies or tribal agencies must assist members in finding necessary transportation whenever transportation is not available to obtain covered health services.

Common carrier transportation can be arranged by contacting the human services or social services department listed below. All claims associated with common carrier transportation are the responsibility of the human service or social service department that arranges the transportation.

COUNTY	LOCAL	TOLL FREE
Beltrami County Human Services	1-218-333-8023	None Available
Big Stone County Family Services	1-320-839-2555	None Available
Clearwater County Social Services	1-218-694-6164	1-800-245-6064
Douglas County Social Services	1-320-762-2302	None Available
Grant County Social Services	1-218-685-8200	1-800-291-2827
Hubbard County Social Services	1-218-732-9328	1-800-660-1666
McLeod County Social Services	1-320-864-3144	1-800-247-1756
Meeker County Social Services	1-320-693-5300	1-877-915-5300
Pipestone County Family Services	1-507-825-6720	1-888-632-4325
Pope County Family Services	1-320-634-5750	None Available
Renville County Human Services	1-320-523-3589	1-800-450-7964
Stevens County Human Services	1-320-589-7400	1-800-950-4429
Traverse County Social Services	1-320-563-8255	1-800-721-8277

PrimeWest Health is not responsible for providing common carrier transportation in any situation where the member has access to private automobile transportation (not including volunteer drivers) to non-emergency covered services. PrimeWest Health shall not be responsible for providing common carrier transportation when a member chooses a non-emergency primary care provider located 30 miles from the member's home or when a member chooses a specialty care provider that is more than 60 miles from the member's home, unless PrimeWest Health approves the travel because the non-emergency primary or specialty care service required is not available within the specified distance from the member's residence. Providing non-emergency transportation to a medical service located outside of Minnesota that has been approved by PrimeWest Health is

the responsibility of the local agency. Following the member's approved DHS Transportation Access Plans, the local agency shall remain responsible for reimbursing the member for private automobile transportation to non-emergency covered services and meals and lodging as necessary.

**Local human service agencies** coordinate and provide all common carrier transportation for MA recipients. Local human service agencies may require authorization for the transportation services they provide. Local human service agency authorization requirements will not be more restrictive than PrimeWest Health's access standards (i.e., county cannot restrict the member to the "closest provider"). PrimeWest Health members must contact their local county human services agency for policies about common carrier transportation services. Refer to the *Access Services* section of [Requirements for Providers](#), Chapter 1.

## **Electro Current Treatment, Dialysis, and Outpatient Procedures with Sedation**

Members who receive Electro Current Treatment (ECT), Dialysis, and Outpatient procedures with sedation are eligible for ATS to and from the service. Members may be eligible to be transported STS for the return trip. For STS certification of return trip only dates of service, check eligibility for a one-day certification. Refer to the *Access Services* section of [Requirements for Providers](#), Chapter 1.

The State will provide common carrier transportation services to MinnesotaCare members.

## **No-Load Transportation**

Common carrier transportation is delegated to PrimeWest Health's 13 county social services agencies. PrimeWest Health follows Minnesota Department of Human Services (DHS) guidelines regarding common carrier transportation, with the exception of no-load transportation. No-load transportation is covered when approved at the county level.

## **Non-Covered Services**

The services listed below are not covered by PrimeWest Health as medical transportation services. These services are not reimbursable by PrimeWest Health. Excluded costs related to transportation cannot be billed to the member. This list is not all inclusive.

1. Transportation of a member to a hospital or other site of health services for detention that is ordered by a court or law enforcement agency, except when life support transportation is medically necessary
2. Transportation of a member to a facility for alcohol detoxification that is not medically necessary
3. No-load transportation, with the exception of the following:
  - a. An ambulance that responds to a medical emergency and provides medically necessary treatment to the member at the member's pickup point. Payment is limited to charges for transportation to the point of pickup of the member and for ancillary services
  - b. Access transportation, also known as common carrier transportation, is covered when approved at the county level by one of PrimeWest Health's 13 county social service agencies
4. Additional charges for luggage, stair carry of the member, and other airport, bus, or railroad terminal services
5. Airport surcharge
6. Federal or state excise or sales taxes on air ambulance service
7. Transportation of a member to a non-covered PrimeWest Health service (e.g., grocery store, health club, church, synagogue) and those services excluded from transportation payment
8. Special transportation services for transporting members from their residence to a DT&H or Adult Day Program site and back again
9. Extra attendant charges for personal care assistants (PCAs) accompanying members for whom they are providing services

## Billing

1. Use the 837P claim format.
2. Bill exact direct mileage, rounded only to the nearest mile. Do not use zone or region mileage calculations. Use commercially available software or Internet-based applications to determine the most direct mileage. Bill loaded miles only. Enter pickup point and destination in the description field.
3. Use the appropriate HCPCS codes for the following:
  - a. Ambulance: use the HCPCS code that best describes the services rendered. The codes must be used to reflect the type of service provided, not the type of vehicle used.
  - b. Emergency and non-emergency transportation
  - c. Miles traveled beyond the nearest appropriate facility to meet the medical needs of the member
4. Use HCPCS modifiers to do the following:
  - a. Indicate both point of origin and destination for both pickup and return trips
  - b. Clarify two trips on the same date. If the modifiers are the same, combine the HCPC codes.
  - c. Report a maximum of one round trip per mileage claim line.
5. Submit separate claims for air and ground transport on the same date of service for the same member.

### Air Ambulance

Keep the [Air Ambulance Checklist](#) on file at your facility for all PrimeWest Health claims for air ambulance trips. PrimeWest Health may perform retrospective reviews of claims submitted. If medical necessity is not proven and proper documentation does not exist, air ambulance transportation for a member not having a potentially life-threatening condition may be recouped.

### Ground Ambulance

Keep the [Ground Ambulance Billing Checklist](#) for all PrimeWest Health claims for medical/residential facility to facility claims for ground ambulance trips. This may include, but is not limited to, hospitals, nursing facilities, physician offices, residential facilities, etc.

Use procedure code A0998 (ambulance response and treatment, no transport) without a modifier for no-load transportation.

Do not include the [Ground Ambulance Billing Checklist](#) information when billing A0998.

### Mileage Billing Changes

Bill destination and return trip on separate lines. Use the same modifiers used for the base rate.

#### Example:

Procedure Code	Modifier	Rate	Units
T2003	RP	11.50	1
S0215	RP	2.60	2
T2003	PR	11.50	1
S0215	PR	2.60	2

## Legal References

MS 144.123

MS 174.29 – 174.30; 256B.0625, subd. 17, 17a, and 18

MN Rules part 8840.5925

MN Rules part 9505.0315 and 9505.0445

Title 42 Code of Federal Regulations (CFR) Part 431.53

42 CFR 440.170(a)