

Chapter 21

Transportation Services

Transportation is a covered service if provided

- To or from the site of a PrimeWest Health covered medical service; and
- By an enrolled health care provider, billed using the member's 8-digit PrimeWest Health ID number

Definitions

Access Transportation Service (ATS): Transportation by volunteer driver, common carrier (bus, taxicab, other commercial carrier, or by private automobile), or contract for service, or direct mileage reimbursement to the recipient or the recipient's driver.

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):

- 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, medically necessary supplies and services, and
- 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 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 recipient by bus, taxicab, other commercial carrier, or by private automobile).

Level of Need (LON): Assessments necessary to determine what mode of transportation is appropriate and the most cost effective for recipients 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 interfacility 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.

Covered Services

- Ambulance transportation services
- Special transportation services to and from covered medical services

Ambulance Transportation Services

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

Eligible Recipients

Eligible recipients for emergency and non-emergency transportation are:

- **For non-emergency ambulance transportation:** MA and GAMC recipients; and MinnesotaCare recipients under the age of 21, and pregnant women.
- **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:

- In response to a 911 emergency call, a police or fire department call, or an emergency call received by the provider;
- 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;
- Medically necessary;
- 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

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

PrimeWest Health covers no-load transportation only if the ambulance transportation provided medically necessary treatment to the member at the 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:

- The member has a potentially life-threatening condition that does not permit the use of another form of transportation;
- The referring facility does not have adequate facilities to provide the medical services needed by the member. Transport must be to the nearest appropriate facility.

All air ambulance transportation originating outside of Minnesota or going to a destination outside of Minnesota must receive authorization from PrimeWest Health.

Submit documentation with all claims for hospital-to-hospital air ambulance trips. The referring hospital must document the following for air ambulance:

- The reason the physician at the referring hospital ordered air ambulance transportation;
- The reason air ambulance transportation, rather than ground ambulance, was medically necessary;
- The patient's diagnosis (use ICD-9-CM diagnosis codes); and
- The name of the referring physician or agency.

The above noted documentation is not required if any of the following conditions necessitated air ambulance transportation (use ICD-9-CM diagnosis codes):

- Abdominal aortic aneurysm
- Acute myocardial infarction
- Acute renal failure
- Amputation (traumatic above the wrist or ankle)
- Anoxia
- Asphyxia (severe birth asphyxia with one minute APGAR score 0-3)
- Bleeding (uncontrolled or internal)
- Burns (major, 3rd degree)
- Cardiac arrest
- Cerebral edema (brain swelling due to injury or illness)
- Diaphragmatic hernia of newborn
- Drowning, near drowning
- Eclampsia of pregnancy
- Encephalitis
- Extremity fracture with absent pulses or cold and cyanotic
- Flail chest injury (ribs broken off at sternum)
- Major trauma or “polytrauma”
- Meningitis
- Neonatal respiratory distress
- Placenta previa causing hemorrhage
- Premature delivery (threatened or actual)
- Premature separation of placenta
- Respiratory arrest
- Respiratory/pulmonary insufficiency
- Spinal cord injury
- Status asthmaticus
- Status seizures
- Traumatic perforation or rupture of esophagus or trachea

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 is paid at the ambulance ground transportation rate.

Authorization for Non-Emergency Ambulance Trips

Request authorization from PrimeWest Health System for non-emergency ambulance transports for members.

Special Transportation Services (STS)

Eligible Recipients

To be eligible for STS, a recipient must:

- Be eligible for MA; a GAMC recipient eligible for MA benefits and residing in an Institute for Mental Disease; a MinnesotaCare recipient under the age of 21 or a MinnesotaCare pregnant woman; **and**
- Have a physical or mental impairment that keeps him or her from safely accessing and using a bus, taxicab, private automobile, or other common carrier.

Eligible Providers

Special transportation providers must be certified by Mn/DOT under MS 174.29 to 174.30. The special transportation provider's driver must provide driver-assisted services. Driver-assisted services include passenger pickup at and return to the individual's residence or place of business, and assistance in passenger securement or in securing of wheelchairs or stretchers in the vehicle. All STS vehicles must display identification on both sides of the vehicle, including:

- The provider's business name; and
- The provider's United States Department of Transportation (USDOT) number. If you do not have a USDOT number, the STS certificate number preceded by the letters "STS."

The name and numbers must be

- Marked in colors that sharply contrast with the background;
- Readily legible during daylight hours from a distance of 50 feet while the vehicle is stationary; and
- Maintained in a manner that retains the legibility of the markings. Markings may be removable devices if they meet the identification and legibility requirements.

SERVICE AUTHORIZATION

Special Transportation

Special transportation for persons who, because of physical or mental impairment, cannot safely use common carrier transportation and do not need an ambulance requires Service Authorization. Special circumstances may allow transportation providers to service authorize a pre-set number of transports per month for medically related visits.

Transportation providers are to call PrimeWest Provider Services at 866-431-0802, M-F from 8:00 a.m. to 4:30 p.m. and Health Connections at 888-668-4336 after hours/weekends/holidays.

Providers may call PrimeWest Provider Services for questions or concerns related to special transportation at 866-431-0802, M-F from 8:00 a.m. to 4:30 p.m. and Health Connections at 888-668-4336 after hours/weekends/holidays.

Special Transportation claims should be submitted to:

PrimeWest Health
PO Box 369
Alexandria, MN 56308

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.

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

BLS and ALS base rates include two attendants.

Common Carrier Transportation

Common carrier transportation is a covered service when it is

- Necessary to enable a member to obtain a covered health service from a participating provider, and
- The most appropriate and cost-effective forms of transportation incurred by a member.

Members who are not eligible for special transportation may use buses, taxicabs, private automobiles, commercial carriers, or volunteer drivers for transportation to and from medical appointments. Local county human services 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
Big Stone County Family Services	320-839-2555	None Available
Douglas County Social Services	320-762-2302	None Available
Grant County Social Services	218-685-4417	None Available
McLeod County Social Services	320-864-3144	800-347-1756
Meeker County Social Services	320-693-5300	877-915-5300
Pipestone County Family Services	507-825-6720	888-632-4325
Pope County Family Services	320-634-5750	None Available
Renville County Human Services	320-523-2202	None Available
Stevens County Human Services	320-589-7400	None Available
Traverse County Social Services	320-563-8255	800-721-8277

Local human service agencies coordinate and provide all Common Carrier transportation for MA and GAMC recipients. Local human service agencies may require authorization for the transportation services they provide or reimburse. Counties may reimburse the member or the provider directly for costs incurred. PrimeWest Health System members must contact their local county human services agency for policies about common carrier transportation services. Refer to Requirements for Providers (ch. 1), Access Services section.

The State will provide CCT services to MinnesotaCare recipients.

Payment Limitations

Stretcher Services

The use of a stretcher is a covered service for special transportation when the medical need of the member does not require a higher level of special medical services (e.g., when the member's condition does not require medical supervision, medical equipment, the administration of drugs or the administration of 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. Document the need for stretcher services.

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.

Local Trade Area and Transport to the Nearest Appropriate Provider

One-way mileage for STS must not exceed 40 miles, if appropriate health services are available within the local trade area. STS to a health service destination outside of the member's local trade area must be ordered by the member's attending physician and be on file with the transportation provider.

If a member travels outside his or her locality when necessary medical services are available locally, transportation costs incurred may not be reimbursed. Transportation must be to the nearest appropriate PrimeWest Health provider.

- Bill only for the most direct point-to-point mileage.
- Use commercially available software or Internet-based applications to determine the most direct mileage.
- Record origin and destination address.

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 and in compliance with promulgated regulations of Mn/DOT, and registered as such by Mn/DOT. The reimbursement rate for recipients 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 recipient is documented as a wheelchair user by MNET;
- The van providing the service is wheelchair-accessible and certified by Mn/DOT; and
- The provider records at PrimeWest Health have wheelchair code indicators.

Out-of-State Transportation Limitation

All medical transportation originating outside of Minnesota, or going to a destination outside of Minnesota, must be authorized by PrimeWest Health with the following exceptions:

- Emergency transportation.

Out-of-state medical services requiring common carrier transportation must be authorized by the county.

Transportation Services	
Access Transportation	Outside the 11-county Twin Cities metro area: Local human service agencies may require authorization for the transportation services they provide or reimburse.
Air Ambulance	All air ambulance transportation originating outside of Minnesota or going to a destination outside of Minnesota must receive authorization from PrimeWest Health.
Local Trade Area & Transport to the Nearest Appropriate Provider	MNET must authorize one-way mileage transportation for STS over 30 miles for recipients residing in the 7 county Twin Cities metro area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington) and 50 miles one-way in 4 counties of Chisago, Isanti, Sherburne & Wright. Contact MNET at 1-866-240-1972.
Non-Emergency Ambulance Trips	Request authorization from PrimeWest Health for non-emergency ambulance transports for recipients who will be transported for more than six one-way trips (three round trips) during a calendar month.
Out-of-State Transportation	All medical transportation originating outside of Minnesota, or going to a destination outside of Minnesota, must be authorized by PrimeWest Health
Stretcher Services	The stretcher vehicle must be capable of loading a stretcher into the vehicle and must be inspected and approved by Mn/DOT.

Non-covered Services

The services listed below are not covered by PrimeWest Health as medical transportation services:

- 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;
- Transportation of a member to a facility for alcohol detoxification that is not medically necessary;
- No-load transportation except as described in the ambulance transportation section of this chapter;
- Additional charges for luggage, stair carry of the member, and other airport, bus, or railroad terminal services;
- Airport surcharge;
- Federal or state excise or sales taxes on air ambulance service;
- 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;
- Special transportation services for transporting members from their residence to a DT&H or Adult Day Program site and back again;
- Extra attendant charges for PCAs accompanying members for whom they are providing services;

Billing

- Use the CMS-1500 format (paper or electronic).
- 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 box 19.
- Use appropriate HCPCS codes for:
 - 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.
 - Emergency and non-emergency transportation;
 - Miles traveled beyond the nearest appropriate facility to meet the medical needs of the member.
- Use HCPCS modifiers to:
 - Indicate both point of origin and destination for both pick up and return trips;
 - Clarify two trips on the same date. If the modifiers are the same, combine the HCPC codes; and
 - Report a maximum of one round trip per mileage claim line.
- Submit separate claims for air and ground transport on the same date of service for the same member.

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 & 18

Minnesota Rules 8840.5925

Minnesota Rules 9505.0315 and 9505.0445

42 CFR 431.53

42 CFR 440.170(a)