



State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: ALL TRANSPORTATION PROVIDERS
FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION
BY: ROSE M. ARMIJO, PROGRAM MANAGER, BENEFITS BUREAU
SUBJECT: MEDICAID TRANSPORTATION HCPCS CODES

In order to assure that all Medicaid managed claims are filed with consistent Healthcare Common Procedure Coding System (HCPCS) codes, the attached tables for non-emergency transportation, ground ambulance and air ambulance have been prepared for your use. Please begin using the specified codes on claims for dates of services beginning April 1, 2006.

Please direct any fee-for-service questions to Rose Armijo at 827-6200. Thank you very much.

MEDICAID TRANSPORTATION HCPCS CODES – AIR AMBULANCE

CODE	MODIFIER	DESCRIPTION	MEDICAID FEE SCHEDULE
A0430 - Amb. service, conventional air, 1-way (fixed wing)	92 – 2 Patients 93 – 3 or More Patients	Multiplies calculated allowed charge times percentage maintained on system parameters 50% of base rate 33% of base rate	\$765.16 1 unit = 1 base rate
A0431 - Amb. service, conventional air, 1-way (rotary wing)	92 – 2 Patients 93 – 3 or More Patients	Same as above	\$844.04 1 unit = 1 base rate
A0435 - Fixed wing air mileage, per statute mile	92 – 2 Patients; 93 – 3 or More Patients	Same as above	\$2.86 1 unit = 1 mile
A0436 - Rotary wing air mileage, per statute mile	92 – 2 Patients 93 – 3 or More Patients	Same as above	\$4.43 1 unit = 1 mile
A0999 - All negotiated out- of-state transportation	92 – 2 Patients 93 – 3 or More Patients	Same as above	Lowest bidded amount - (bundled rate)
A0424 - Extra amb. attendant, ground or air	92 – 2 Patients 93 – 3 or More Patients	Same as above	Per MCO, not paid by FFS

MEDICAID TRANSPORTATION HCPCS CODES – GROUND AMBULANCE

HCPCS CODE	MODIFIER	DESCRIPTION	MEDICAID FEE SCHEDULE
A0426 - Amb. Service, ALS, non-emergency transport	DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX	Modifiers identify origin and destination of transport. Refer to Medicaid Transportation Policy 8.324.7 for covered services and service limitations and components included in base rate.	\$121.16 1 unit = 1 base rate
A0426 – A0429; A0380, A0390	92 – 2 Patients in Same Ambulance 93 – 3 or More Patients in Same Ambulance	Multiplies calculated allowed charge times percentage maintained on system parameters	50% of base rate; 33% of base rate
A0427 – Amb. Srvs., ADL, ER transport	Same modifiers for all ground ambulance	Same as above	\$271.86 1 unit = 1 base rate
A0428 – Amb. Srvs., BLS, non-ER transport	Same modifiers for all ground ambulance	Same as above	\$121.16 1 unit = 1 base rate
A0429 – Amb. Srvs., BLS, ER transport	Same modifiers for all ground ambulance	Same as above	\$262.01 1 unit = 1 base rate
A0380 – BLS Mileage	Same modifiers for all ground ambulance	Same as above	\$2.96 1 unit = 1 mile
A0390 – ALS Mileage	Same modifiers for all ground ambulance	Same as above	\$2.96 1 unit = 1 mile
A0998 (replaced T2006) – Amb. response & treatment, no transport	QL	Patient declared dead upon amb. arrival; OR basic life support assessment of recipient’s condition made, but no treatment rendered	\$45 1 unit = 1 base rate

MEDICAID TRANSPORTATION HCPCS CODES – GROUND AMBULANCE

HCPCS CODE	MODIFIER	DESCRIPTION	MEDICAID FEE SCHEDULE
A0998	UA	Amb. team renders advanced life support according to medical protocol; patient not transported	\$96 1 unit = 1 base rate
A0998	UB (replaced 52 on 4/01/06)	Amb. team renders basic life support according to medical protocol; patient not transported	\$75 1 unit = 1 base rate
A0998	UD – ALS U8 – BLS	– Patient expired at scene despite treatment by amb. team	ALS - \$271.86 BLS - \$262.01 1 unit = 1 base rate
A0424 - Extra amb. attendant, ground or air	DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX, 92, 93		Per MCO, not paid by FFS

MEDICAID TRANSPORTATION HCPCS CODES – NON-EMERGENCY

HCPCS CODE	REQUIRED MODIFIER	DESCRIPTION/INSTRUCTIONS	MEDICAID FEE SCHEDULE
A0100 - Non-ER transp. - taxi	DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX	Non-emergency transportation taxi - to be used to transport client only; mileage can only be calculated when client in vehicle. Modifiers identify origin and destination of transport. Refer to Medicaid Transportation Policy 8.324.7 for covered services and service limitations.	\$1.46/mile – \$200 limit paid per 1-way trip 1 unit = 1 mile; bill per 1-way trip
A0100	UK	Modifier identifies 1 st family member transported to client (participating in therapy) - The physician must attest to the need for family therapy in writing.	\$1.46/mile – \$200 limit paid per 1-way trip Same as above
A0100	U2, U3, U4	Modifiers identify 2 nd , 3 rd & 4 th family members transported to client (participating in therapy) - The physician must attest to the need for family therapy in writing.	\$0.50/mile - \$100 limit paid per 1-way trip Same as above
A0130 - Non-ER transp. – w/c van	DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX	Non-emergency transportation: w/c van - to be used to transport client only; mileage can only be calculated when client in vehicle. Modifiers identify origin and destination of transport. Refer to Medicaid Transportation Policy 8.324.7 for covered services and service limitations.	\$1.46/mile - \$200 limit paid per 1-way trip 1 unit = 1 mile; bill per 1-way trip
A0130	UK	Modifier identifies 1 st family member transported to client (participating in therapy) - The physician must attest to the need for family therapy in writing.	\$1.46/mile - \$200 limit paid per 1-way trip Same as above

MEDICAID TRANSPORTATION HCPCS CODES – NON-EMERGENCY

HCPCS CODE	REQUIRED MODIFIER	DESCRIPTION/INSTRUCTIONS	MEDICAID FEE SCHEDULE
A0130	U2, U3, U4	Modifiers identify 2 nd , 3 rd & 4 th family members transported to client (participating in therapy) - The physician must attest to the need for family therapy in writing.	\$0.50/mile - \$100 limit paid per 1-way trip Same as previous page
S0215 - Non-ER transp.- mileage/per mile	None required	Non-emergency transportation; mileage, per mile – to be used for identification of dry runs	Per MCO, not paid by FFS
T2001 – Non-ER transp. – Pt. attendant/escort	DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX	Non-emergency transportation; patient attendant/escort; mileage can only be calculated when client in vehicle. Modifiers identify origin and destination of transport. The physician must attest to the need for an attendant in writing. Refer to Medicaid Transportation Policy 8.324.7 for covered services and service limitations.	\$0.50/mile – \$100 limit paid per 1-way trip 1 unit = 1 mile; bill per 1-way trip
T2001	TK, U3, U4	Modifiers identify 2 nd , 3 rd & 4 th patient attendants/escorts.	Per MCO, not paid by FFS
Meals/ Lodging			
A0180 – Non-ER transp. – lodging	No modifier required	There must be written attestation from the physician of the need for care out of the community.	\$43.14 1 unit = 1 night
A0190 - Non-ER transp.;; meals – recipient	No modifier required	There must be written attestation from the physician of the need for care out of the community.	\$6.26 1 unit = 1 meal
A0200 - Non-ER transp.;; ancillary; lodging – escort	UK – Attendant for In-patient Recipient U1 – Attendant in Separate Room	There must be written attestation from the physician of the need for care out of the community and the need for an attendant.	\$43.14 1 unit = 1 night
A0210 - Non-ER transp.;; ancillary; meals - escort	U1, U2, U3 – Modifiers identify 1 st , 2 nd , & 3 rd attendants	There must be written attestation from the physician of the need for care out of the community and the need for an attendant.	\$6.26 FFS only pays for 1 attendant 1 unit = 1 meal

MEDICAID TRANSPORTATION HCPCS CODES – NON-EMERGENCY

HCPCS CODE	REQUIRED MODIFIER	DESCRIPTION/INSTRUCTIONS	MEDICAID FEE SCHEDULE
	Alternate Transportation Codes		
A0090 - Non-ER transp., per mile – vehicle provided	UC	Mileage reimbursement to client – only provided if client must go out of community. There must be written attestation from the physician of the need for care out of the community.	\$0.28/mile 1 unit = 1 mile
A0090	U9	Vehicle Repair	Per MCO, not paid by FFS
A0110 - Non-ER transp. & bus, intra- or interstate carrier	UC – Client; U1, U2, U3 – Modifiers identify 1 st , 2 nd , & 3 rd attendants	There must be written attestation from the physician of the need for care out of the community.	Individual pricing – Currently MCO benefit only
A0120 - Non-ER transp. – city transit, bus passes	UC – Client; U1, U2, U3 – Modifiers identify 1 st , 2 nd , & 3 rd attendants		Individual pricing – Currently MCO benefit only
A0140 - Non-ER transps – Commercial air	UC – Client; U1, U2, U3 – Modifiers identify 1 st , 2 nd , & 3 rd attendants		Individual pricing 1 unit = 1 ticket
A0170 – Transp. ancillary; parking fees, tools, other	No modifier required		Individual pricing – Currently MCO benefit only
T2002 - Car rental	No modifier required		Individual pricing – Currently MCO benefit only
T2004 - Non-ER transportation – Train, Non-aircraft	UC – Client; U1, U2, U3 – Modifiers identify 1 st , 2 nd , & 3 rd attendants		Individual pricing 1 unit = 1 ticket