




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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**MassHealth**  
**Transportation Bulletin 15**  
**April 2008**

**TO:** Transportation Providers Participating in MassHealth  
**FROM:** Tom Dehner, Medicaid Director   
**RE:** Specialty Care Transport (Service Code A0434)

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**Background**

MassHealth now pays for specialty-care transport (Service Code A0434). Specialty-care transport is an ambulance transport of a critically injured or ill member from one hospital to another. In order to qualify for specialty-care transport, the member must require a level of care that is beyond the scope of a paramedic, as defined in the National EMS Education and Practice Blueprint. Specialty-care transport is necessary when a person's condition requires ongoing care that must be furnished during transport by one or more health professionals in an appropriate specialty area (for example, nursing, emergency medicine, respiratory care, cardiovascular care, or care from a paramedic with additional training).

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**Documentation Requirements**

When the transport does not include additional staff from the originating facility, the ambulance provider must include documentation in the trip logs and notes, that the credentials of the paramedic on duty are appropriate as identified in the Department of Public Health's Office of Emergency Medical Services regulations. When the transport includes additional staff from the originating facility, the ambulance provider must include in the trip logs and notes, the names, titles, and signatures of the additional staff.

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**New Billing Requirements**

Effective March 1, 2008, for dates of service beginning September 1, 2005, ambulance providers can bill for specialty-care transport by using Service Code A0434. MassHealth will reprocess all claims for services provided before March 1, 2008, that were billed and denied for Service Code A0434.

For specialty-care transport services provided after September 1, 2005, that were billed and paid under a different ambulance service code, providers can submit adjustment paper claims or a void/replace transaction under HIPAA guidelines for those claims within 12 months from the date of service, or within 18 months from the date of service if there is an explanation of benefits (EOB) from a primary insurer attached to the claim.

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***New Billing  
Requirements***  
(cont.)

For such claims that are beyond 12 months from the date of service, or beyond 18 months from the date of service if there is an EOB from a primary insurer attached to the claim, the provider needs to file an appeal to MassHealth's Final Deadline Appeal Board. The Final Deadline Appeal Board has exclusive jurisdiction to review appeals submitted by providers of claims for payment that were, as a result of a MassHealth error, denied or underpaid, and that cannot otherwise be timely resubmitted.

For additional information on the appeal submission process, please see the information about appeals of erroneously denied or underpaid claims in the MassHealth billing regulations (beginning at 130 CMR 450.323).

For all reprocessed and adjusted claims, providers will need to include the documentation requirements as noted above.

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***Questions***

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

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