



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter TRN-35
September 2018

TO: Transportation Providers Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
RE: *Transportation Manual (2018 HCPCS)*

This letter transmits revisions to the service codes in the *Transportation Manual*. The Centers for Medicare & Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2018. For dates of service on or after January 1, 2018, you must use the new codes in order to obtain reimbursement. Updated service codes are listed below.

- A0170 Transportation ancillary; parking fees, tolls, other (Used only for ferry charges) A copy of the invoice or receipt showing the actual fee paid cost must be attached to the claim form. (IC)
- A0999 Unlisted ambulance service (Used for transporting bariatric patients only; requires prior authorization from the MassHealth Transportation Program Unit.) Adequate information to determine the need for the transportation requested and that the member will receive a medically necessary service covered by MassHealth at the trip's destination; and if recurring transportation is requested, the expected duration of the need for transportation (specific time period not to exceed six months for acute illness; one year for chronic illness) (IC)

Please submit request for A0999 to the following address:

MassHealth Transportation Program Unit, 7th Floor
Delivery Systems Operations
100 Hancock Street
Quincy, MA 02171

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/service-details/eohhs-regulations. The regulation title for Transportation Services is 130 CMR 407.000.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth-transmittal-letters.

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Transportation Manual

Pages vi, 6-1 and 6-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Transportation Manual

Pages vi, 6-1 and 6-2 — transmitted by Transmittal Letter TRN-34

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601 Service Codes and Descriptions: Wheelchair Van Services

Service

Code Modifier Service Description

Ground Mileage

S0215 Nonemergency transportation; mileage, per mile (Wheelchair vans must use this code for mileage. Do not use A0425.)

S0215 TS Nonemergency transportation; mileage, per mile (when more than two one-way trips are being billed for the same member on the same date of service) (Wheelchair vans must use this code for mileage. Do not use A0425.)

Wheelchair Van Services

A0130 Nonemergency transportation: wheelchair van

A0130 TS Nonemergency transportation: wheelchair van (when more than two one-way trips are being billed for the same member on the same date of service)

A0130 TK Nonemergency transportation; wheelchair van (extra patient or passenger, non-ambulance) (No mileage fee allowed.)

A0130 TK-TS Nonemergency transportation; wheelchair van (when more than two one-way trips are being billed for the same member on the same date of service) (extra patient or passenger, non-ambulance) (No mileage fee allowed.)

T2001 Nonemergency transportation; patient attendant/escort (Use for second attendant.)

T2001 TS Nonemergency transportation; patient attendant/escort (when more than two one-way trips are being billed for the same member on the same date of service) (Use for second attendant.)

Other – Ancillary Services

A0170 Transportation ancillary; parking fees, tolls, other (**Used only for ferry charges**) A copy of the ferry receipt(s) showing the actual fee paid must be attached to the claim. This code may be billed in addition to the transportation code on the same claim. (IC)

602 Service Codes and Descriptions: Ambulance Services

Service

Code Modifier Service Description

Ground Mileage

A0425 Ground mileage, per statute mile (Ambulances must use this code for mileage. Do not use S0215.)

Ambulance Service, Specialty Care Transport

A0434 Specialty care transport (interfacility transportation)

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602 Service Codes and Descriptions: Ambulance Services (cont.)

Service

Code Modifier Service Description

Ambulance Service, Advanced Life Support

A0426		Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0426	TS	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1) (when more than two one-way trips are being billed for the same member on the same date of service)
A0427		Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 – emergency)
A0427	TS	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 – emergency) (when more than two one-way trips are being billed for the same member on the same date of service)
A0430		Air ambulance, conventional air services, transport, one way (fixed wing)
A0431		Air ambulance, conventional air services, transport, one way (rotary wing)
A0433		Advanced life support, level 2 (ALS 2)
A0433	TS	Advanced life support, level 2 (ALS 2) (when more than two one-way trips are being billed for the same member on the same date of service) Ambulance Service, Basic Life Support

Ambulance Service, Basic Life Support

A0428		Ambulance service, basic life support, nonemergency transport (BLS)
A0428	TS	Ambulance service, basic life support, nonemergency transport (BLS) (when more than two one-way trips are being billed for the same member on the same date of service)
A0429		Ambulance service, basic life support, emergency transport (BLS – emergency)
A0429	TS	Ambulance service, basic life support, emergency transport (BLS – emergency) (when more than two one-way trips are being billed for the same member on the same date of service)

Other – Ancillary Services

A0170		Transportation ancillary; parking fees, tolls, other (Used only for ferry charges) A copy of the ferry receipt(s) showing the actual fee paid must be attached to the claim. This code may be billed in addition to the transportation code on the same claim. (IC)
A0999		Unlisted ambulance service (Used for transporting bariatric patients only; requires prior authorization from the MassHealth agency.) Adequate information to determine the need for the transportation requested and that the member will receive a medically necessary service covered by MassHealth at the trip’s destination; and if recurring transportation is requested, the expected duration of the need for transportation (specific time period not to exceed six months for acute illness; one year for chronic illness)

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603 Service Codes and Descriptions: Other Licensed Carriers

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
A0140		Nonemergency transportation and air travel (private or commercial), intra- or interstate
A0140	TS	Nonemergency transportation and air travel (private or commercial), intra- or interstate (when more than two one-way trips are being billed for the same member on the same date of service)

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