



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Transmittal Letter TRN-37  
May 2020

**TO:** Transportation Providers Participating in MassHealth  
**FROM:** Amanda Cassel Kraft, Acting Medicaid Director  
**RE:** *Transportation Services Manual* (COVID-19 Updates to Subchapter 6)

This letter transmits revisions to the service codes in the *Transportation Manual*. MassHealth has updated Subchapter 6 to add Healthcare Common Procedure Coding System (HCPCS) code A0120. Notwithstanding any regulation to the contrary, including but not limited to 130 CMR 407.407: Selective Contracting, MassHealth will reimburse transportation providers for medically necessary non-emergency wheelchair van transportation for a person under investigation or known to have COVID-19, regardless of whether or not the person being transported has a mobility disability or is using a wheelchair. The updated service code is listed below.

A0120 Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems. (Each way. Used only for non-emergency wheelchair van transport for a person under investigation or known to have COVID-19.)

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](http://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](http://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](mailto: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](mailto: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 and 6-1 through 6-4

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Transportation Manual

Page vi — transmitted by Transmittal Letter TRN-35

Pages 6-1 through 6-4 — transmitted by Transmittal Letter TRN-36

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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**

A0120                      Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems. (Used only for non-emergency wheelchair van transport for a person under investigation or known to have COVID-19)

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 ( <b>Used only for ferry charges</b> ) 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) |
| A0998 |  | Ambulance response and treatment; no transport (Used for medically necessary visits to patients to obtain and transport specimens for COVID-19 diagnostic testing). This code should be billed with modifier SS (Seen at Scene). No mileage may be billed.                   |

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

A0999 Unlisted ambulance service (Used for transporting patients who require special resources to be safely transported, including but not limited to bariatric patients; requires prior authorization from the MassHealth agency.) Adequate information is needed 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 should be provided (specific time period not to exceed six months for acute illness; one year for chronic illness). (I.C.)

603 Service Codes and Descriptions: Other Licensed Carriers

Service

Code      Modifier      Service Description

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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