



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-38  
August 2020

**TO:** Transportation Providers Participating in MassHealth  
**FROM:** Amanda Cassel Kraft, Acting Medicaid Director  
**RE:** *Transportation 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 price Healthcare Common Procedure Coding System (HCPCS) code A0120 at individual consideration. 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.) (IC)

To bill MassHealth using code A0120, providers must attach to each claim the medical necessity form or other documentation sufficient to establish that the member is under investigation or known to have COVID-19.

If you wish to access 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*

Pages vi and 6-1 through 6-4 — transmitted by Transmittal Letter TRN-35

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Transportation Manual	<b>Subchapter Number and Title</b> Table of Contents	<b>Page</b> vi
	<b>Transmittal Letter</b> TRN-38	<b>Date</b> 08/01/20

6. Service Codes and Descriptions

Wheelchair Van Services .....	6-1
Ambulance Services .....	6-1
Other Licensed Carriers .....	6-3
Appendix A. Directory .....	A-1
Appendix C. Third-Party Liability Codes .....	C-1
Appendix T. CMSP Covered Codes .....	T-1
Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions .....	U-1
Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions .....	V-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules .....	W-1
Appendix X. Family Assistance Copayments and Deductibles.....	X-1
Appendix Y. EVS Codes/Messages .....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes .....	Z-1

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
	<b>Transmittal Letter</b> TRN-38	<b>Date</b> 08/01/20

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) (IC)

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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Transportation Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-2
	<b>Transmittal Letter</b> TRN-38	<b>Date</b> 08/01/20

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.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Transportation Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-3
	<b>Transmittal Letter</b> TRN-38	<b>Date</b> 08/01/20

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

<u>Service 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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Transportation Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-4
	<b>Transmittal Letter</b> TRN-38	<b>Date</b> 08/01/20

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