



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



MassHealth
 Transmittal Letter TRN-40
 October 2022

TO: Transportation Providers Participating in MassHealth
FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth *Amanda Cassel Kraft*
RE: *Transportation Manual* (Removal of Wheelchair Van Service Codes in Subchapter 6)

This letter transmits revisions to the service codes in the *Transportation Manual*. MassHealth has updated Subchapter 6 to remove Healthcare Common Procedure Coding System (HCPCS) codes for wheelchair van services. Effective April 1, 2022, all wheelchair van services previously covered by MassHealth as fee-for-service transportation were made available through the Human Service Transportation (HST) Office brokerage, although for two months providers were permitted to bill MassHealth for the service codes listed below.

Effective June 1, 2022, providers can no longer bill MassHealth directly for wheelchair van transportation. To provide MassHealth wheelchair van transportation, a transportation provider must be enrolled with one or both HST transportation brokers, Montachusett Regional Transit Authority (MART) and Greater Attleboro Taunton Regional Transit Authority (GATRA). Please see [Transportation Bulletin 19](#) for more details. The service codes being removed are listed below.

| Code | Modifier | Description |
|-------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| S0215 | | Nonemergency transportation; mileage, per mile. |
| 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) |
| 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.) |

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| 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.) |
| A0170 | | Transportation ancillary; parking fees, tolls, other (Used only for ferry charges) |

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. The rates for Transportation Services can be found at 101 CMR 327.00.

MassHealth Website

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

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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 through 6-2

OBSOLETE MATERIAL

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

Transportation Manual

Pages vi, 6-1 through 6-4 — transmitted by Transmittal Letter TRN-38

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6. Service Codes and Descriptions

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601 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)

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

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)

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

Service

Code Modifier Service Description

Other – Ancillary Services

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|-------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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) |
| 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. |
| 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.) |

602 Service Codes and Descriptions: Other Licensed Carriers

Service

Code Modifier Service Description

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|-------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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) |