

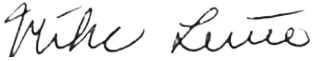


**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
*www.mass.gov/masshealth*



MassHealth  
 Transmittal Letter TRN-41  
 March 2023

**TO:** Transportation Providers Participating in MassHealth

**FROM:** Mike Levine, Assistant Secretary for MassHealth 

**RE:** *Transportation Manual* (Removal of Wheelchair Van Service Codes to Subchapter 6 and Billing for Specimen Collection for COVID-19 Diagnostic Testing Without Member Transportation)

This letter transmits revised service codes in the *Transportation Manual*. MassHealth has updated Service Codes and Descriptions (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.

Effective May 12, 2023, MassHealth will no longer reimburse transportation providers for medically necessary visits to members to obtain and transport specimens for COVID-19 diagnostic testing through HCPCS code A0998 (Ambulance response and treatment; no transport) as stated in [All Provider Bulletin 319](#) at the end of the federal public health emergency.

The service codes being removed for wheelchair van transportation 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)

<b>Code</b>	<b>Modifier</b>	<b>Description</b>
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.)

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**

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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](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, 6-1, and 6-2

### **OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

#### **Transportation Manual**

Page vi — transmitted by Transmittal Letter TRN-35  
Pages 6-1 and 6-2 — transmitted by Transmittal Letter TRN-40

<b>Commonwealth of Massachusetts</b> <b>MassHealth</b> <b>Provider Manual Series</b>  Transportation Manual	<b>Subchapter Number and Title</b> Table of Contents	<b>Page</b> vi
	<b>Transmittal Letter</b> TRN-41	<b>Date</b> 04/01/23

6. Service Codes and Descriptions	
Ambulance Services.....	6-1
Other Licensed Carriers .....	6-2
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>  Transportation Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
	<b>Transmittal Letter</b> TRN-41	<b>Date</b> 04/01/23

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

**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)

<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-41	<b>Date</b> 04/01/23

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

Service

Code      Modifier      Service Description

**Other – Ancillary Services**

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

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.