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## Transportation Services

This section covers transportation services available under the Idaho Medicaid program. Services must be within the scope of practice, licensure and training of the provider rendering them. Transportation Services include the following types of transportation:

- Ambulance;
- Non-Emergent Medical Transportation (NEMT); and
- Non-Medical Transportation (NMT).

Sections of the Idaho Medicaid Provider Handbook applicable in specific situations are listed throughout the handbook for provider convenience. Handbook sections that always apply to this provider type include the following:

- [General Billing Instructions](#);
- [General Information and Requirements for Providers](#); and
- [Glossary](#).

Handbooks can only be used properly in context. Providers must be familiar with the handbooks that affect them and their services. The numbering in handbooks is also important to make note of as subsections rely on the content of the sections above them.

### *Example*

Section 1.2.3.a The Answer requires the reader to have also read Section 1, Section 1.2 and Section 1.2.3 to be able to properly apply Section 1.2.3.a.

References are included throughout the handbook for provider and staff convenience. Not all applicable references have been incorporated into the handbook. Not all references provided are equal in weight.

- **Case Law:** Includes references to court cases that established interpretations of law that states and providers would be required to follow.
- **CMS Guidance:** These references reflect various Centers for Medicare and Medicaid Services (CMS) publications that Idaho Medicaid reviewed in the formulation of their policy. The publications themselves are not required to be followed for Idaho Medicaid services.
- **Federal Regulations:** These references are regulations from the federal level that affected policy development. Usually these include the Code of Federal Regulations, the Social Security Act and other statutes. They are required to be followed.
- **Idaho Medicaid Publications:** These are communications from Idaho Medicaid to providers that were required to be followed when published. These are included in the handbook for historical reference. The provider handbook supersedes other communications unless the documents are listed in the Department's [Policies, Procedures, and Waivers](#) webpage in the [Medicaid policies library](#).
- **Idaho State Plan:** The State Plan is the agreement between the State of Idaho and the Centers for Medicare and Medicaid Services on how the State will administer its medical assistance program.
- **Professional Organizations:** These references reflect various publications of professional organizations that Idaho Medicaid reviewed in the formulation of their policy. Providers may or may not be required to follow these references, depending on the individual reference and its application to a provider's licensure and scope of practice.

- **Scholarly Work:** These references are publications that Idaho Medicaid reviewed in the formulation of their policy. The publications themselves are not required to be followed for Idaho Medicaid services.
- **State Regulations:** These references are regulations from the state level that affected policy development. They usually include statute and IDAPA. They are required to be followed.

## 1. Important Contacts

The [Directory](#), Idaho Medicaid Provider Handbook contains a comprehensive list of contacts. The following contacts are presented here for provider convenience.

### 1.1. Gainwell Technologies

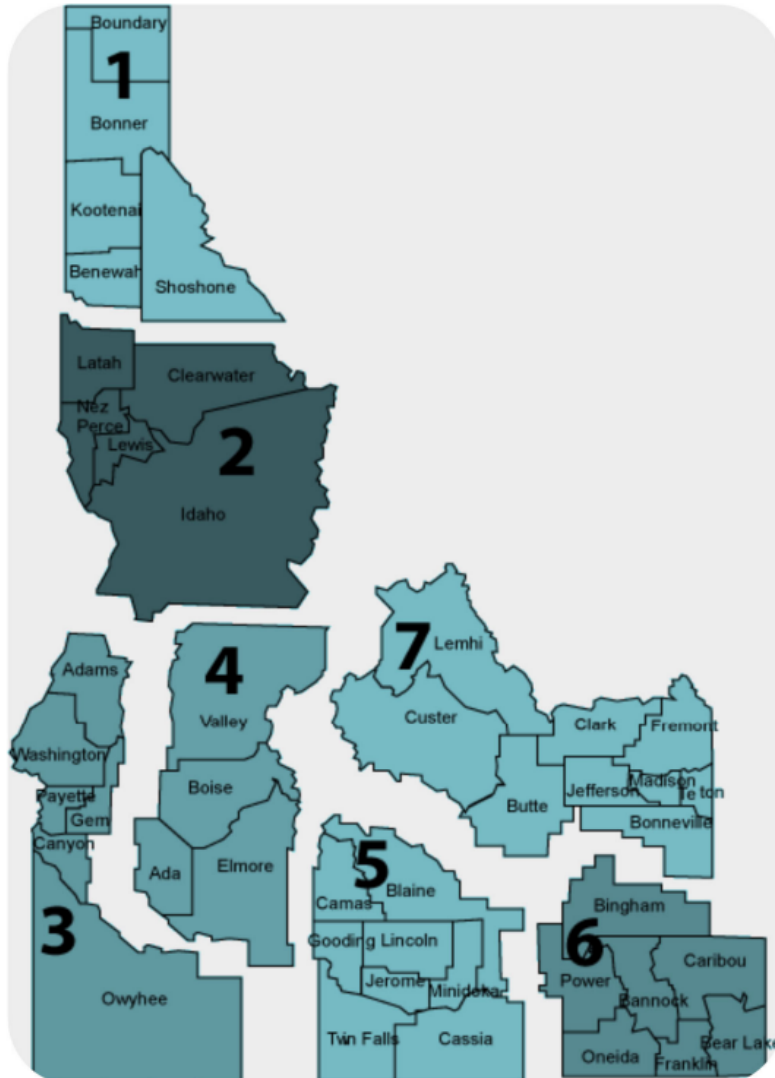
[Gainwell Technologies](#) is Idaho Medicaid's fiscal agent that handles all claims processing and customer service issues.

Gainwell Technologies Contact Information
<p>Gainwell Technologies Provider Services            P.O. Box 70082            Boise, ID 83707            Phone: 1 (888) 686-4272            Fax: 1 (877) 661-0974  <a href="mailto:IDProviderServices@gainwelltechnologies.com">IDProviderServices@gainwelltechnologies.com</a></p> <p>The Medicaid Automated Call Service (MACS) is available 24 hours a day, seven days a week. Provider service representatives are available Monday through Friday, 7:00 A.M.-7:00 P.M. MT.</p>
<p>Provider Enrollment            P.O. Box 70082            Boise, ID 83707            Phone: 1 (866) 686-4272            Fax: 1 (877) 517-2041  <a href="mailto:IDProviderEnrollment@gainwelltechnologies.com">IDProviderEnrollment@gainwelltechnologies.com</a></p>
<p>Technical Services            Phone: 1 (866) 686-4272            Fax: 1 (877) 517-2040  <a href="mailto:IDEDISupport@gainwelltechnologies.com">IDEDISupport@gainwelltechnologies.com</a></p>

## 1.2. Provider Relations Consultants

Gainwell Technologies Provider Relations Consultants help keep providers up-to-date on billing changes required by program policy changes implemented by the Division of Medicaid. Provider Relations Consultants accomplish this by:

- Conducting provider workshops;
- Conducting live meetings for training;
- Visiting a provider’s site to conduct training; and
- Assisting providers with electronic claims submission



**Region 1 and the state of Washington**

1 (208) 202-5735  
[Region.1@gainwelltechnologies.com](mailto:Region.1@gainwelltechnologies.com)

**Region 2 and the state of Montana**

1 (208) 202-5736  
[Region.2@gainwelltechnologies.com](mailto:Region.2@gainwelltechnologies.com)

**Region 3 and the state of Oregon**

1 (208) 202-5816  
[Region.3@gainwelltechnologies.com](mailto:Region.3@gainwelltechnologies.com)

**Region 4**

1 (208) 202-5843  
[Region.4@gainwelltechnologies.com](mailto:Region.4@gainwelltechnologies.com)

**Region 5 and the state of Nevada**

1 (208) 202-5963  
[Region.5@gainwelltechnologies.com](mailto:Region.5@gainwelltechnologies.com)

**Region 6 and the state of Utah**

1 (208) 593-7759  
[Region.6@gainwelltechnologies.com](mailto:Region.6@gainwelltechnologies.com)

**Region 7 and the state of Wyoming**

1 (208) 609-5062  
[Region.7@gainwelltechnologies.com](mailto:Region.7@gainwelltechnologies.com)

**Region 9 all other states (not bordering Idaho)**

1 (208) 609-5115  
[Region.9@gainwelltechnologies.com](mailto:Region.9@gainwelltechnologies.com)

### **1.3. Medicaid**

The Medical Care Unit is Idaho Medicaid's team that reviews prior authorizations for some services.

Medical Care Unit  
PO Box 83720  
Boise, ID 83720-0009  
Phone 1 (866) 205-7403  
[MedicalCareUnit@dhw.idaho.gov](mailto:MedicalCareUnit@dhw.idaho.gov)

The status of a prior authorization request submitted to the Medical Care Unit may be checked online at the [Gainwell Technologies](#) portal under "Authorization Status", using your NPI. If you have questions on a Denial, click on the Notes, which will explain the reason for the Denial.

### **1.4. Telligen, Inc**

Telligen, Inc is Idaho Medicaid's [quality improvement organization \(QIO\)](#) that reviews [prior authorization requests](#) for some services as listed on the [Numerical Fee Schedule](#). They also conducted reviews of inpatient stays and laboratory services.

Telligen  
670 E Riverpark Ln. Suite 120  
Boise, ID 83706  
Phone: 1 (866) 538-9510  
Fax: 1 (866) 539-0365  
E-mail: [idmedicaidsupport@telligen.com](mailto:idmedicaidsupport@telligen.com)

See the [QIO Provider Manual](#) for a listing of diagnoses and procedures that require PA and details regarding review processes.



## **2. Ambulance Services**

This section covers all emergency and non-emergency ambulance transportation services under the Idaho Medicaid program. Services must be within the scope of practice, licensure and training of the provider rendering them. Ambulances are categorized as either hospital based, or non-hospital based. Idaho Medicaid only considers ambulances that are owned or leased and operated by a hospital as hospital based.

## **2.1. Provider Qualifications**

Ambulance service providers in any state are eligible to participate in the Idaho Medicaid Program. Providers must have a National Provider Identification (NPI). They must be licensed in the state where they are based and enroll as an Idaho Medicaid provider prior to submitting claims for services.

Ambulance service providers are required to have their site credentialed. Should the provider have a change of address they must complete and submit a new W9 that reflects the new address, a new provider agreement and proof of the new site being credentialed before billing for goods and services provided at the new location.

Providers must follow the provider handbook and all applicable state, and federal, rules and regulations. See [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

### **2.1.1. References: Provider Qualifications**

#### **(a) State Regulations**

"Licensure Required." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 864.02.  
Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

## **2.2. Eligible Participants**

Participants with Medicaid Basic and Enhanced Plans are eligible to receive ambulance services. When billing for participants enrolled in other eligibility segments, refer to [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook for coverage. Providers must check participant eligibility prior to delivery of non-emergency services by calling Idaho Medicaid Automated Customer Service (MACS) at 1 (866) 686-4272; or through the Trading Partner Account on the Gainwell Technologies [Idaho Medicaid](#) website.

### **2.2.1. References: Eligible Participants**

#### **(a) State Regulations**

"Participant Eligibility." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 210.01. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

**2.2.2. Deceased Participants**

Ambulance service for deceased participants is covered when documented in the run sheet as follows.

- If the participant was pronounced dead after the ambulance was called but before pickup, a respond and evaluate payment may be authorized. See the [Post Authorization](#) section under Utilization Management for more information.
- If the participant was pronounced dead while in route to or upon arrival at the hospital, a base rate and mileage will be allowed.
- If the participant was pronounced dead by an authorized person before the ambulance was called, no payment will be made.

**2.2.3. Hospice Participants**

Ambulance services related to the terminal illness that placed the participant on hospice are the responsibility of the hospice agency. Effective 06/01/2018, ambulance services unrelated to the terminal illness may be billed with a GW modifier directly to Idaho Medicaid without an authorization for being on hospice. An authorization may still be required for other circumstances. See the [Utilization Management](#) section for information about [prior authorizations](#) and [post authorizations](#).

**2.2.4. References: Hospice Participants****(a) Idaho Medicaid Publications**

"Ambulance Claims for Hospice Participants." *MedicAide Newsletter*, June 2018,  
<https://www.idmedicaid.com/MedicAide%20Newsletters/June%202018%20MedicAide.pdf>.

### **2.2.5. Long Term Care Residents**

Residents of a Nursing Home or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) are only covered in an emergency situation or when [prior authorized](#) by the [Medical Care Unit](#). Payment for any non-covered service is the responsibility of the facility and ambulance providers may not bill Medicaid or the participant.

### 2.3. Covered Services and Limitations: Ambulance

Ambulance services must be medically necessary for coverage under either emergency or non-emergency services. Medical necessity is established when the participant's condition is of such severity that use of any other mode of transport would endanger the participant's life or health.

Ambulance services are considered emergency services when there is a medical condition manifesting itself by acute symptoms of sufficient severity that could reasonably be expected in the absence of immediate medical attention to result in the serious impairment or dysfunction of the body or place the life of a person in serious jeopardy. Transportation must be to the nearest, most appropriate service location for the participant's condition. The Department will review claims and provide a [post authorization](#) for services they deem an emergency.

Ambulance services not meeting the definition of an emergency service are considered non-emergency transportation. All non-emergency ambulance transports must receive a [prior authorization](#) before transport. This includes inter-facility transfers, nursing home to hospital transfers, trips to a physician's office, and transfers to the participant's home from the hospital.

Ambulance Services		
Ambulance Service	HCPCS Code	Authorization Required
Basic Life Support	A0428	Yes
	A0429	No
Advanced Life Support – Level I	A0426	Yes
	A0427	No
Advanced Life Support – Level II	A0433	No
Critical Care Transport	A0434	Yes
Respond and Evaluate	A0998-II	No*
Air Ambulance	A0430	Yes, unless an emergency
	A0431	Yes, unless an emergency
Extra Attendants	A0424	Yes
Treat and Release	A0998	Yes
Waiting Time	A0420	Yes
Mileage - Ground	A0425	Required when the level of service requires a PA
Mileage – Fixed Wing Air	A0435	Required when the level of service requires a PA
Mileage – Rotary Wing Air	A0436	Required when the level of service requires a PA

\* Providers may submit a PA request for higher levels of services that may have been provided.

### **2.3.1. References: Covered Services and Limitations – Ambulance**

#### **(a) Idaho Medicaid Publications**

Hospitals, *Information Release MA00-01* (2000). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

Physicians, Nurse Practitioners and Physician Assistants, *Information Release MA00-02* (2000). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

#### **(b) State Regulations**

"Emergency Transportation Services: Participant Eligibility." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 861. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

"Emergency Transportation Services: Procedural Requirements." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 863. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3)(j) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/>.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(4)(d) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/>.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(5)(a)(viii) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255/>.

"Medically Necessary." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 864.01. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.



### 2.3.2. Levels of Service

Reimbursement is set by the level of service, which is determined by the lowest certification in Idaho the service appears in the certification's scope of practice per the EMS Physician Commission's [Scope of Practice](#). Care may be provided by personnel with a higher level of certification, but no additional payment will be made. Supplies and medications are included in the level of service and are not separately billable. This includes, but is not limited to, services such as starting an IV or administering oxygen, non-disposable equipment, disposable equipment and medications.

Levels of care include:

- [Basic Life Support](#);
- [Advanced Life Support Level I](#);
- [Advanced Life Support Level II](#);
- [Critical Care Transport](#); and
- [Respond and Evaluate](#).

Idaho Medicaid will downgrade the requested level of service on an authorization if the requested level was not medically necessary for the participant's condition. If transportation was not medically necessary, the level of service will be downgraded to [respond and evaluate](#) or treat and release.

A treat and release payment may be appropriate at the BLS or ALS level if the participant is treated at the scene and not transported. A [post authorization](#) request is necessary for reimbursement.

If multiple ambulance providers are involved with the participant's care, only the provider transporting the participant may bill for their services. Services above the ambulance's level of service rating must be authorized by the Department. The transporting ambulance is responsible for reimbursing other ambulances involved for the cost of their equipment and personnel. As an exception air ambulance personnel assisting in ground transportation to or from the facility may bill for their services.

If the participant chooses to obtain services not covered by Medicaid, it is the participant's responsibility to pay for the services. See the [General Information and Requirements for Providers](#) for the requirements on billing a participant.

### 2.3.3. References: Levels of Service

#### (a) Idaho Medicaid Publications

Ambulance Service Providers – Emergency and Non-emergency, *Information Release MA03-17* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

#### (b) State Regulations

"Ambulance Reimbursement." *IDAPA 16.03.09*, "Medicaid Basic Plan Benefits," Sec. 865.02. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

### **2.3.4. Basic Life Support**

Basic Life Support (BLS) (HCPCS A0428 and A0429) includes all acts and duties that may be performed by a certified Emergency Medical Technician - Basic (EMT-B) per the EMS Physician Commission's [Scope of Practice](#). Common examples include patient assessment, bleeding control, spinal immobilization, and the use of oxygen and splints. A0429 may be submitted as a claim without an authorization.

### **2.3.5. References: Basic Life Support**

#### **(a) Idaho Medicaid Publications**

Ambulance Service Providers – Emergency and Non-emergency, *Information Release MA03-17* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

"Attention: EMS Providers." *MedicAide Newsletter*, February 2017, <https://www.idmedicaid.com/MedicAide%20Newsletters/February%202017%20MedicAide.pdf>.

"Attention: EMS Providers." *MedicAide Newsletter*, March 2017, <https://www.idmedicaid.com/MedicAide%20Newsletters/March%202017%20MedicAide.pdf>.

"Attention: EMS/Ambulance Providers." *MedicAide Newsletter*, December 2016, <https://www.idmedicaid.com/MedicAide%20Newsletters/December%202016%20MedicAide.pdf>.

Codes for Ambulance Providers, *Information Release MA01-02* (03/2001). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

#### **(b) State Regulations**

"Basic Life Support (BLS)." *IDAPA 16.01.02, "Emergency Medical Services (EMS) – Rule Definitions,"* Sec. 010.18. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160102.pdf>.

"General Duties of EMS Personnel." *IDAPA 16.02.02, "Idaho Emergency Medical Services (EMS) Physician Commission,"* Sec. 100. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160202.pdf>.

### **2.3.6. Advanced Life Support Level I**

Advanced life support (ALS) Level I (HCPCS A0426 and A0427) includes the transportation by ambulance and the provision of at least one (1) medically necessary ALS intervention or treatment. An ALS intervention is a procedure that is beyond the scope of practice of an EMT-B per the EMS Physician Commission's [Scope of Practice](#). Common examples include peripheral venous puncture, electrocardiogram (EKG) rhythm interpretation, and administration of various medications used in medical, respiratory, or behavioral emergencies. A0427 may be submitted as a claim without an authorization.

### **2.3.7. References: Advanced Life Support Level I**

#### **(a) Idaho Medicaid Publications**

Ambulance Service Providers – Emergency and Non-emergency, *Information Release MA03-17* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

"Attention: EMS Providers." *MedicAide Newsletter*, February 2017, <https://www.idmedicaid.com/MedicAide%20Newsletters/February%202017%20MedicAide.pdf>.

"Attention: EMS Providers." *MedicAide Newsletter*, March 2017, <https://www.idmedicaid.com/MedicAide%20Newsletters/March%202017%20MedicAide.pdf>.

"Attention: EMS/Ambulance Providers." *MedicAide Newsletter*, December 2016, <https://www.idmedicaid.com/MedicAide%20Newsletters/December%202016%20MedicAide.pdf>.

Codes for Ambulance Providers, *Information Release MA01-02* (03/2001). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

#### **(b) State Regulations**

"Advanced Life Support (ALS)." *IDAPA 16.01.02, "Emergency Medical Services (EMS) – Rule Definitions,"* Sec. 010.02. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160102.pdf>.

"General Duties of EMS Personnel." *IDAPA 16.02.02, "Idaho Emergency Medical Services (EMS) Physician Commission,"* Sec. 100. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160202.pdf>.

### **2.3.8. Advanced Life Support Level II**

Advanced life support (ALS) Level II (HCPCS A0433) includes the transportation by ambulance and the medically necessary administration of one of the following:

- At least three separate administrations of one or more medications by intravenous push/bolus or continuous infusion (excluding crystalloid fluids);
- Manual defibrillation/cardioversion;
- Endotracheal intubation;
- Central venous line;
- Cardiac pacing;
- Chest decompression;
- Surgical airway; or
- Intraosseous line.

A0433 may be submitted as a claim without an authorization.

### **2.3.9. References: Advanced Life Support Level II**

#### **(a) Idaho Medicaid Publications**

Ambulance Service Providers – Emergency and Non-emergency, *Information Release MA03-17* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

"Attention: EMS Providers." *MedicAide Newsletter*, February 2017, <https://www.idmedicaid.com/MedicAide%20Newsletters/February%202017%20MedicAide.pdf>.

"Attention: EMS Providers." *MedicAide Newsletter*, March 2017, <https://www.idmedicaid.com/MedicAide%20Newsletters/March%202017%20MedicAide.pdf>.

"Attention: EMS/Ambulance Providers." *MedicAide Newsletter*, December 2016, <https://www.idmedicaid.com/MedicAide%20Newsletters/December%202016%20MedicAide.pdf>.

#### **(b) State Regulations**

"Advanced Life Support (ALS)." *IDAPA 16.01.02, "Emergency Medical Services (EMS) – Rule Definitions,"* Sec. 010.02. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160102.pdf>.

"General Duties of EMS Personnel." *IDAPA 16.02.02, "Idaho Emergency Medical Services (EMS) Physician Commission,"* Sec. 100. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160202.pdf>.

### **2.3.10. Critical Care Transport**

Critical Care Transport (CCT) or Specialty Care Transport (HCPCS A0434), includes the provision of medically necessary supplies and services at a level of service beyond the scope of an EMT-Paramedic. CCT is the inter-facility transportation of a critically ill or injured participant that is necessary because the participant's condition requires ongoing care furnished by one or more professionals in an appropriate specialty (such as emergency or critical care nursing, emergency medicine, respiratory or cardiovascular care, or a paramedic with additional training). CCT always requires a [prior authorization](#).

### **2.3.11. References: Critical Care Transport**

#### **(a) Idaho Medicaid Publications**

"Attention: EMS Providers." *MedicAide Newsletter*, February 2017, <https://www.idmedicaid.com/MedicAide%20Newsletters/February%202017%20MedicAide.pdf>.

"Attention: EMS Providers." *MedicAide Newsletter*, March 2017, <https://www.idmedicaid.com/MedicAide%20Newsletters/March%202017%20MedicAide.pdf>.

"Attention: EMS/Ambulance Providers." *MedicAide Newsletter*, December 2016, <https://www.idmedicaid.com/MedicAide%20Newsletters/December%202016%20MedicAide.pdf>.

**2.3.12. Respond and Evaluate**

A respond and evaluate (HCPCS A0998) service code may be appropriate if the ambulance responds to the scene and evaluates the participant, but treatment or transport is determined not necessary. Claims shall be submitted with a Modifier II for a flat fee.

**2.3.13. References: Respond and Evaluate****(a) Idaho Medicaid Publications**

"Attention: EMS Providers." *MedicAide Newsletter*, February 2017,  
<https://www.idmedicaid.com/MedicAide%20Newsletters/February%202017%20MedicAide.pdf>.

"Attention: EMS Providers." *MedicAide Newsletter*, March 2017,  
<https://www.idmedicaid.com/MedicAide%20Newsletters/March%202017%20MedicAide.pdf>.

"Attention: EMS/Ambulance Providers." *MedicAide Newsletter*, December 2016,  
<https://www.idmedicaid.com/MedicAide%20Newsletters/December%202016%20MedicAide.pdf>.

**(b) State Regulations**

"Ambulance Reimbursement." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 865.02.l. Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

### **2.3.14. Air Ambulance**

Air ambulance includes fixed wing airplane (HCPCS A0430) or rotary wing helicopter (HCPCS A0431) services. Services must be [prior authorized](#) by the [Medical Care Unit](#). If an [emergency](#) situation occurs, then a [post authorization](#) may be requested. If ground ambulance services would suffice and be less costly, payment is based on the amount that would be paid for a ground ambulance. The operator of the air service must bill the Department directly. Charges cannot be submitted under the receiving facility.

Idaho Medicaid covers air ambulance services when one of the following occurs:

- The point of pickup is inaccessible by a land vehicle;
- Great distances or other obstacles are involved in getting the participant to the nearest appropriate facility and urgent medical care is needed; or
- The participant's condition and other circumstances necessitate the use of air ambulance. These include, but are not limited to:
  - Intracranial bleeding requiring neurosurgical intervention;
  - Cardiogenic shock;
  - Burns requiring treatment of a burn center;
  - Conditions requiring a hyperbaric oxygen unit;
  - Multiple severe injuries; and
  - Life-threatening trauma.

Supplies and medications are included in the reimbursement for the service and are not separately billable. This includes, but is not limited to, services such as starting an IV or administering oxygen, non-disposable equipment, disposable equipment and medications. Mileage is separately reimbursable.

Ambulance providers and suppliers must report mileage units (HCPCS A0435 or A0436) rounded up to the nearest tenth of a mile for all claims totaling less than 100 miles. For trips totaling 100 miles and greater, mileage should be rounded up to the nearest whole number. Mileage is only reimbursable if the service is authorized.

### **2.3.15. References: Air Ambulance**

#### **(a) CMS Guidance**

#### **(b) Idaho Medicaid Publications**

All Individual and Agency Transportation Providers, *Information Release MA00-51* (2000). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

"Attention: EMS Providers." *MedicAide Newsletter*, February 2017, <https://www.idmedicaid.com/MedicAide%20Newsletters/February%202017%20MedicAide.pdf>.

"Attention: EMS Providers." *MedicAide Newsletter*, March 2017, <https://www.idmedicaid.com/MedicAide%20Newsletters/March%202017%20MedicAide.pdf>.

"Attention: EMS/Ambulance Providers." *MedicAide Newsletter*, December 2016, <https://www.idmedicaid.com/MedicAide%20Newsletters/December%202016%20MedicAide.pdf>.

Codes for Ambulance Providers, *Information Release MA01-02* (03/2001). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

"Emergency Transportation Providers." *MedicAide Newsletter*, October 2011, <https://www.idmedicaid.com/MedicAide%20Newsletters/October%202011%20MedicAide.pdf>.

Non-Hospital-Based Air Ambulance Service Providers, *Information Release MA03-32* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

### **(c) State Regulations**

"Air Ambulance." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 863.03. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

"Air Ambulance." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 864.04. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

"Air Ambulance Service." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 862.03. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

"Ambulance Reimbursement." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 865.02. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>



**2.3.16. Extra Attendants**

Extra attendants (HCPCS A0424) are not reimbursed for unless medically necessary and authorized by Medicaid. See the [Post Authorization](#) and [Prior Authorization](#) section under [Utilization Management](#) for more information.

**2.3.17. References: Extra Attendants****(a) State Regulations**

"Ambulance Reimbursement." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 865.02.b. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

### **2.3.18. Ground Mileage**

Ambulance providers and suppliers must report mileage units (HCPCS A0425) rounded up to the nearest tenth of a mile for all claims totaling less than 100 miles. For trips totaling 100 miles and greater, mileage should be rounded up to the nearest whole number. Idaho Medicaid does not reimburse for unloaded miles. Idaho Medicaid does not recognize codes for mileage that differentiate between urban and rural settings.

If the level of service provided requires an authorization so does the mileage. See the [Post Authorization](#) and [Prior Authorization](#) section under [Utilization Management](#) for more information about the authorization process.

### **2.3.19. References: Ground Mileage**

#### **(a) Idaho Medicaid Publications**

All Individual and Agency Transportation Providers, *Information Release MA00-51* (2000). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

Ambulance Service Providers – Emergency and Non-emergency, *Information Release MA03-17* (2003). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

“Emergency Transportation Providers.” *MedicAide Newsletter*, October 2011, <https://www.idmedicaid.com/MedicAide%20Newsletters/October%202011%20MedicAide.pdf>.

**2.3.20. Multiple Runs in a Day**

When the ambulance transports a participant, returns to the base station, and transports the participant a second time on the same date, two base rate payments and loaded mileage are allowed. Use modifier 76 on the second base rate procedure code and second mileage code to prevent denials for duplicate claims.

When the ambulance transports a participant, the participant is transferred to another facility, and the ambulance does not return to the base station, only one base rate, waiting time, and loaded mileage are allowed.

**2.3.21. References: Multiple Runs in a Day****(a) Idaho Medicaid Publications**

"Ambulance Mileage Modifier." *MedicAide Newsletter*, July 2021,  
<https://www.idmedicaid.com/MedicAide%20Newsletters/July%202021%20MedicAide.pdf>.

**(b) State Regulations**

"Ambulance Reimbursement." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 865.02.j. Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

**2.3.22. Physician in Attendance**

When a physician is in attendance, the documentation should justify the necessity and specialty type of the physician. The physician is responsible for the billing of their specific services provided. The attending physician's NPI must be entered into the UB-04 claim form in box 76 for non-emergency trips. Emergency trips do not require an NPI in the attending physician field.

**2.3.23. References: Physician in Attendance****(a) State Regulations**

"Ambulance Reimbursement." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 865.02.c. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

**2.3.24. Round Trip**

A round trip is billed when the ambulance does not return to base station. Round trips are only allowed to transport inpatient participants between facilities for specialized treatment. The treatment must not be available at the facility the participant is an inpatient, and only transportation to the nearest capable facility is permitted. Claims should be billed for one base rate, round-trip loaded miles, and waiting time (limited to one and one-half hours). When the ambulance does not wait but returns to the base station between trips, see the [Multiple Runs in a Day](#) section.

**2.3.25. References: Round Trip****(a) State Regulations**

"Ambulance Reimbursement." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 865.02.d. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

"Ambulance Reimbursement." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 865.02.k. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

**2.3.26. Waiting Time**

Waiting time (HCPCS A0420) is not paid unless ordered by a physician, medically necessary and authorized by Medicaid. See the [Post Authorization](#) and [Prior Authorization](#) section under [Utilization Management](#) for more information.

**2.3.27. References: Waiting Time****(a) State Regulations**

"Ambulance Reimbursement." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 865.02.d. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

## **2.4. Utilization Management**

Utilization management is the process of ensuring that services provided to Medicaid participants are medically necessary and meet the requirements of rules and regulations. Utilization management includes:

- [Retrospective Review](#);
- [Post Authorizations](#); and
- [Prior Authorizations](#).
  - [The Medical Care Unit](#).

**2.4.1. Retrospective Review**

The Medical Care Unit regularly reviews a random sample of claims to ensure rule compliance, accuracy, correct billing, and other quality measures. Claims will be recouped that are determined not to meet Idaho Medicaid requirements.

When reviewing ambulance claims for quality assurance, the Medical Care Unit considers the following:

- The requested level of service is equal to or below the level of EMS certification of the personnel providing care in the patient compartment of the vehicle.
- The certification level of the provider is documented on the patient care record.
- The type of care provided corresponds with the level of service requested.

**2.4.2. References: Retrospective Review****(a) State Regulations**

"Services Subject to Review." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 863.01. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.



### **2.4.3. Post Authorizations**

If extenuating circumstances, such as an emergency, do not permit a [prior authorization](#) request before a service is rendered, a post authorization request may be submitted. Fax the following information to 1 (877) 314-8781 in order to request post authorization:

- Claim Form: CMS-1500 or UB-04 as appropriate;
- Patient Care Report (PCR);
- EOB, if applicable;
- Other information that may be needed for physician review of medical necessity; and
- Hospital based ambulances must also submit an invoice.

Medicaid issues a written notification of approval or denial for all written requests. Participants will receive a mailed notice of decision with information on their appeal rights and how to request a hearing if they disagree with the Department's decision. Providers receive notifications based on their profile's preferences. If the participant or provider disagrees with the Department's decision they can consider requesting a reconsideration or file an appeal.

When authorized services or items are billed, authorization numbers must be included on the appropriate claim line. Effective May 1, 2014, the claim line will be denied if the number is not present. Some authorizations may also include modifiers as part of the approval. If the modifier listed in the authorization is missing from the claim line it will deny. The AUTH number and any required modifier are found on the paper Notice of Decision (NOD) letter or online through the Trading Partner Account (TPA) under View Authorizations.

### **2.4.4. References: Post Authorizations**

#### **(a) State Regulations**

"Services Subject to Review." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 863.01. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

### 2.4.5. Prior Authorizations

A prior authorization (PA) is a written, faxed or electronic approval from the Department that permits payment or coverage of an item or service that is only covered by such an authorization. Some items and services always require a PA, but others may only require a PA under these circumstances:

- The participant has exhausted their benefit;
- The participant does not meet the established criteria, but can demonstrate a medical need; or
- The participant has an alternative benefit such as EPSDT or waiver that can only be accessed through a prior authorization.

Items and services that require a PA must receive approval before they can be delivered to the participant except as otherwise noted. It is the provider's responsibility to verify the participant's eligibility on the date of service and to request any required PA. PA requirements specific to a service or item are listed throughout the handbook for the provider's convenience. If extenuating circumstances, such as an emergency, do not permit a prior authorization request before a service is rendered, a [post authorization](#) request may be submitted. For information regarding if a prior authorization is required, providers can:

- Check participant eligibility and PA requirements through your Trading Partner Account at [www.idmedicaid.com](http://www.idmedicaid.com); and
- Check the Idaho Medicaid [Numerical Fee Schedule](#) available online for items that always require a PA and the authorizing entity.

Participants with Medicare as their primary insurance do not require a PA from Idaho Medicaid for Medicare approved items and services. If the services are not covered by Medicare, or the participant has another primary payor, Medicaid prior authorizations are required as if the participant had Medicaid primary.

A request for a PA or an approved authorization for services does not guarantee payment. All other Department requirements must be fulfilled. Authorizations only confirm medical necessity criteria for the item or service based on the documentation submitted. The Department's review of prior authorizations includes general criteria requirements in addition to any item specific criteria. They do not review if a provider or place of service is appropriate or any other considerations. Reimbursement is dependent on the participant being eligible on the date authorized services are rendered and the request must meet any other requirements such as:

- Meet medical necessity as established in section 011 or 880 of IDAPA 16.03.09, "Medicaid Basic Plan Benefits";
- Meet all policy requirements;
- Be appropriate and effective treatment for the participant's current medical condition;
- Be furnished by providers with the appropriate credentials;
- Be the most cost-effective method of meeting the participant's medical needs; and
- Meet all federal and state regulations.

Medicaid issues a written notification of authorization or denial for all written requests for PA. Participants will receive a mailed notice of decision with information on their appeal rights and how to request a hearing if they disagree with the Department's decision. Providers receive notifications based on their profile's preferences. If the participant or provider disagrees with the Department's decision they can consider requesting a reconsideration or file an appeal.

Approved authorizations are valid only for the period between the start and stop dates. If the service is going to be delivered outside of the approved dates, a new PA request must be

submitted. Requests should be made before the expiration of the previous request to avoid breaks in care.

When authorized services or items are billed, PA numbers must be included on the appropriate claim line. Effective May 1, 2014, the claim line will be denied if the PA number is not present. Some authorizations may also include modifiers as part of the approval. If the modifier listed in the authorization is missing from the claim line it will deny. The PA number and any required modifier are found on the paper Notice of Decision (NOD) letter or online through the Trading Partner Account (TPA) under View Authorizations.

Payment will be denied for any medical item or service that requires a PA from Idaho Medicaid's designated authorizing entity, but the item or service was provided prior to obtaining authorization. In addition, the provider may not bill the Medicaid participant for services not reimbursed by Medicaid because the PA was not obtained in a timely manner or because the provider failed to verify that a PA was required.

If an individual was not eligible for Medicaid at the time items requiring a PA were provided but was subsequently found eligible pursuant to [IDAPA 16.03.05.051.03](#), a request must be submitted with all required documentation within 30 days of the date the provider became aware of the individual's Medicaid eligibility. The medical item or service will be reviewed by the Department retroactively using the same medical necessity guidelines that apply to other prior authorization requests. If approved, the provider should refund to the participant any amount previously collected for the item or service.

Prior authorization requirements apply to out-of-state providers the same as in-state services. See the [General Billing Instructions](#), Idaho Medicaid Provider Handbook for more information on billing prior authorized services.

## **2.4.6. References: Prior Authorizations**

### **(a) Federal Regulations**

Excessive Claims or Furnishing of Unnecessary or Substandard Items and Services, 42 CFR 1001.701 (2019). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol5/pdf/CFR-2019-title42-vol5-sec1001-701.pdf>.

"State Plans for Medical Assistance." Social Security Act, Sec. 1902(a)(10)(d) (1935). Social Security Administration, [https://www.ssa.gov/OP\\_Home/ssact/title19/1902.htm](https://www.ssa.gov/OP_Home/ssact/title19/1902.htm).

Sufficiency of Amount, Duration, and Scope, 42 CFR 440.230(d) (2019). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec440-230.pdf>.

### **(b) Idaho Medicaid Publications**

Hospitals, *Information Release MA00-01* (2000). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

"Modifiers and Prior Authorization (PA)." *MedicAide Newsletter*, October 2015, <https://www.idmedicaid.com/MedicAide%20Newsletters/October%202015%20MedicAide.pdf>.

Physicians, Nurse Practitioners and Physician Assistants, *Information Release MA00-02* (2000). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

"Prior Authorization Number on Claims." *MedicAide Newsletter, February 2014*, <https://www.idmedicaid.com/MedicAide%20Newsletters/February%202014%20MedicAide.pdf>.

**(c) State Regulations**

"Services Subject to Review." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 863.01. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

### 2.4.7. The Medical Care Unit

The Medical Care Unit is Idaho Medicaid's team that reviews [prior authorization requests](#) for ambulance services as listed on the [Numerical Fee Schedule](#). Prior authorizations must be submitted with documentation supporting the request, and any additional items within the item specific criteria. Requests for codes that do not have a price on file on the [Idaho Medicaid Numerical Fee Schedule](#) must include pricing documentation with their request. See the [General Billing Instructions](#), Idaho Medicaid Provider Handbook regarding acceptable documentation for manually priced goods and services.

Prior authorizations can be initiated by calling toll-free at 1 (800) 362-7648, and providing the following information:

- Participant name, date of birth, and Medicaid ID number;
- Whether or not the participant has Medicare or other third-party insurance;
- Transfer date and time;
- Level of service – BLS, ALS, Spec/Neo;
- Pick up point and destination;
- Discharging physician and receiving physician;
- Admit date and diagnosis; and
- Medical reason for transport.

The Medical Care Unit does not accept requests via e-mail. Submit documentation to complete requests began by phone through the trading partner account or fax at least one business day before the scheduled trip to:

Medical Care Unit  
PO Box 83720  
Boise, ID 83720-0009  
Fax 1 (877) 314-8781

The following documentation must be included with the request:

- Participant's medical history and most recent physical information;
- Progress reports;
- Discharge summary (if available); and
- Other information that may be needed for physician review of medical necessity.

Medicaid staff may request additional documentation to establish medical necessity for the item. The requested documentation must be received by the Medical Care Unit within two working days or the request may be denied.

The status of a prior authorization request submitted to the Medical Care Unit may be checked online at the [Gainwell Technologies](#) portal under "Authorization Status", using your NPI. If you have questions on a Denial, click on the Notes, which will explain the reason for the Denial. A notice of decision will be mailed to the participant once the review is complete.

Modifications, including transfers to another provider, may be requested via the trading partner account or by calling or faxing with the prior authorization number, requested change and justification. Submit any additional documentation if the change is not supported by the original submission. Requests from a provider other than the original requestor must have documentation from the participant or their legal guardian approving the change otherwise a new prior authorization is required.

## **2.5. Documentation Requirements**

Documentation requirements applicable in specific situations are listed throughout the handbook for provider convenience. General documentation requirements are also required and found in the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook.

Documentation must be made available to Department personnel acting in their official capacity immediately upon request. Services without documentation are not eligible for reimbursement. Providers should only submit records requested by the Department. Documentation sent unsolicited, or not for a service requiring prior authorization, will not be reviewed by the Department. Unreviewed documentation does not constitute approval or authorization of a service.

### **2.5.1. References: Documentation Requirements**

#### **(a) State Regulations**

"Review of Records." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 230.05. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

## 2.6. Reimbursement

Providers must be enrolled to receive reimbursement from Idaho Medicaid. Idaho Medicaid reimburses transportation providers on a fee-for-service basis set by the level of service provided. Providers must bill their usual and customary fees, which would be the same rate billed to the general public. Usual and customary fees are paid up to the Medicaid maximum allowance listed in the [Numerical Fee Schedule](#).

All ambulance claims must be submitted with appropriate documentation, including the Patient Care Report (PCR), and an Explanation of Benefits (EOB) if applicable.

Non-hospital-based ambulance providers may bill electronically or on the CMS-1500 claim form.

Hospital based ambulance providers may bill electronically or on the UB-04 claim form using revenue codes **540-549**. Claims must include an invoice of charges. See the [Hospital](#), Idaho Medicaid Provider Handbook for additional information.

See the [General Billing Instructions](#), Idaho Medicaid Provider Handbook regarding reconsideration and appeals, billing, prior authorization, and requirements for billing all other third party resources before submitting claims to Medicaid.

See the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook for information on when billing a participant is allowable including co-pays.

### 2.6.1. References: Reimbursement

#### (a) CMS Guidance

"New Point of Origin Code for Transfer from a Designated Disaster Alternate Care Site." *MLN Matters MM11836*, June 2020, Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.cms.gov/files/document/mm11836.pdf>.

#### (b) Idaho Medicaid Publications

"Attention: EMS Providers." *MedicAide Newsletter*, February 2017, <https://www.idmedicaid.com/MedicAide%20Newsletters/February%202017%20MedicAide.pdf>.

"Attention: EMS Providers." *MedicAide Newsletter*, March 2017, <https://www.idmedicaid.com/MedicAide%20Newsletters/March%202017%20MedicAide.pdf>.

"Attention: EMS/Ambulance Providers." *MedicAide Newsletter*, December 2016, <https://www.idmedicaid.com/MedicAide%20Newsletters/December%202016%20MedicAide.pdf>.

House Bill 260 Budget Reductions – Provider Payments, Information Release MA11-19 (05/26/2011). Division of Medicaid, Department of Health and Welfare, State of Idaho, <https://healthandwelfare.idaho.gov>.

**(c) State Regulations**

"Usual Charges." IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sec. 864.03. Department of Administration, State of Idaho,

<https://adminrules.idaho.gov/rules/current/16/160309.pdf>



### **2.6.2. Co-Payment for Non-Emergency Use of Services**

Ambulance providers may bill Medicaid participants a \$3.65 (three dollars and sixty-five cents) co-payment for inappropriate ambulance service utilization when the following conditions are met.

- The Department of Health and Welfare (DHW) determines that the Medicaid participant's medical condition did not require emergency ambulance transportation.
- DHW determines the Medicaid participant is not exempt from making co-payments according to Federal statute.

DHW will notify both the ambulance provider and the Medicaid participant on the Notice of Decision (NOD) letter when a participant may be billed for a co-payment. Collection of the co-payment is at the discretion of the provider and is not required by Idaho Medicaid.

### **2.6.3. References: Co-Payment for Non-Emergency Use of Services**

#### **(a) Idaho Medicaid Publications**

Co-Payment for Non-Emergency Use of Ambulance Transportation Services, Information Release MA07-04 (01/08/2007). Division of Medicaid, Department of Health and Welfare, State of Idaho, <https://healthandwelfare.idaho.gov>.

#### **(b) State Regulations**

"Co-payments." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 862.04. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

### 3. Non-Emergent Medical Transportation (NEMT)

Non-Emergent Medical Transportation (NEMT) services include transportation to appointments and services related to a medical need. All non-emergency, non-ambulance medical transportation services are handled by Medical Transportation Management (MTM). Refer to [www.mtm-inc.net/idaho](http://www.mtm-inc.net/idaho) or call 1 (877) 503-1261 for more information.

#### 3.1.1. References: Non-Emergent Medical Transportation Services

##### (a) Idaho Medicaid Publications

All Commercial and Non-Commercial Medicaid Transportation Providers (Agency/Individuals/Non-Medical Home and Community-based Services (HCBS) Waiver Providers), *Information Release MA00-45* (2000). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

All Non-Commercial Medicaid Transportation Providers (Agency/Individuals/Non-Medical Waiver Providers), *Information Release MA00-43* (2000). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

Changes to Non-Emergency Transportation Provider Qualifications and Duties, *Information Release MA08-03* (2008). Division of Medicaid, Department of Health and Welfare, State of Idaho, <http://healthandwelfare.idaho.gov>.

##### (b) State Regulations

"Non-Emergency Medical Transportation Services" *IDAPA 16.03.09*, "Medicaid Basic Plan Benefits," Sec. 870-873, Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

## 4. Non-Medical Transportation (NMT)

This section covers Idaho Medicaid NMT services which give participants on the Aged and Disabled (A&D) and Adult Developmental Disabilities (DD) waivers, who have no other means of transportation, an opportunity to engage in normal day-to-day, non-medical activities such as going to the grocery store or attending a worship service.

This section also includes the following information:

- [NMT Provider Qualifications](#);
- [Participant Eligibility](#);
- [Coverage and Limitations](#);
- [Reimbursement](#); and
- [Prior authorization](#).

#### **4.1. NMT Provider Qualifications**

NMT services are provided by Individual, Agency, and Commercial transportation providers. NMT providers are responsible for checking participant eligibility for the waiver participants they are transporting.

See [Agency Professional](#), “Non-Medical Transportation – A&D Waiver” and “Non-Medical Transportation – DD Waiver” for more information.

## **4.2. Participant Eligibility**

Idaho Medicaid participants who qualify for A&D or Adult DD waiver benefits may receive NMT services to gain access to the community and other waiver or waiver-related services required by the Plan of Care. This service is in addition to NEMT services and does not replace them.

See [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook, for more information.

### 4.3. Coverage and Limitations

Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge or public transit providers will be utilized. Waiver transportation is provided by a commercial, agency, or individual transportation provider.

Waiver NMT services are limited to 1,800 miles per year.

As part of NMT services, commercial bus passes may be purchased for a waiver participant. Bus passes are manually priced for the cost of the pass and prior authorized only for public transportation providers who have a valid contract with the Department.

HCPCS	Modifier	Description
A0080		Waiver Agency Transportation
A0080		Waiver Individual Transportation
A0080		Commercial Transportation Provider (1 <sup>st</sup> mile each trip)
A0080	76	Commercial Transportation Provider (All subsequent miles)
A0110		Commercial Bus Pass

#### **4.4. Reimbursement**

See [General Billing Instructions](#), Idaho Medicaid Handbook for more information.

## **4.5. Prior Authorization**

All Waiver NMT services require prior authorization by DHW (or its designee) before the transportation occurs. Claims will not be paid unless the necessary PA was obtained prior to the transport.

### **4.5.1. References: NMT Services**

"Non-Medical Transportation" IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sec. 326.04 (A&D) and 703.05 (Adult DD). Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.



## Appendix A. Transportation Services, Provider Handbook Modifications

This table lists the last three years of changes to this handbook as of the publication date.

Transportation Services, Provider Handbook Modifications				
Version	Section/ Column	Modification Description	Publish Date	SME
15.0	All	Published version	08/16/2023	TQD
14.6	2.3.7. Physician in Attendance	Clarify when NPI is required on a claim.	08/08/2023	W Deseron A Welch
14.5	2.3.3.(a)(i) CMS Guidance	Deleted section. Reference no longer valid.	08/08/2023	W Deseron A Welch
14.4	2.3.2.(e)(i)(i) CMS Guidance	Deleted section. Reference no longer valid.	08/08/2023	W Deseron A Welch
14.3	2.3.2.(d)(i)(i) CMS Guidance	Deleted section. Reference no longer valid.	08/08/2023	W Deseron A Welch
14.2	2.3.1. References: Covered Services and Limitations – Ambulance	Update references.	08/08/2023	W Deseron A Welch
14.1	Transportation Services	Update language for readability.	08/08/2023	W Deseron A Welch
14.0	All	Published version	7/19/2021	TQD
13.59	Appendix A.	Renamed section Transportation Services, Provider Handbook Modifications. Clarified only 3 years of changes are listed.	7/9/2021	W Deseron E Garibovic
13.58	3.1. References: Non-Emergent Medical Transportation Services	New section.	7/9/2021	W Deseron E Garibovic
13.57	3. Non-Emergent Medical Transportation (NEMT)	Clarified acronym.	7/9/2021	W Deseron E Garibovic
13.56	2.5. References: Ambulance Services	Section deleted. Content put into individual sections.	7/9/2021	W Deseron E Garibovic
13.55	2.6.2(a) References: Co-Payment for Non-Emergency Use of Services	New section.	7/9/2021	W Deseron E Garibovic
13.54	2.4.1. Claim Submission	Section deleted. Content incorporated into Reimbursement.	7/9/2021	W Deseron E Garibovic
13.53	2.6.1. References: Reimbursement	New section.	7/9/2021	W Deseron E Garibovic
13.52	2.6. Reimbursement	Clarified enrollment requirement and rate setting. Incorporated Claim Submission section.	7/9/2021	W Deseron E Garibovic
13.51	2.5.1. References: Documentation Requirements	New section.	7/9/2021	W Deseron E Garibovic
13.50	2.5. Documentation Requirements	New section.	7/9/2021	W Deseron E Garibovic
13.49	2.4.4. The Medical Care Unit	New section.	7/9/2021	W Deseron E Garibovic

Transportation Services, Provider Handbook Modifications				
Version	Section/ Column	Modification Description	Publish Date	SME
13.48	2.4.3(a) References: Prior Authorizations	New section.	7/9/2021	W Deseron E Garibovic
13.47	2.4.3. Prior Authorizations	Clarified use and billing.	7/9/2021	W Deseron E Garibovic
13.46	2.4.2(a) References: Post Authorizations	New section.	7/9/2021	W Deseron E Garibovic
13.45	2.4.2. Post Authorizations	Clarified use and billing.	7/9/2021	W Deseron E Garibovic
13.44	2.4.1(a) References: Retrospective Review	New section.	7/9/2021	W Deseron E Garibovic
13.43	2.4. Utilization Management	New section.	7/9/2021	W Deseron E Garibovic
13.42	2.3.9(a) References: Waiting Time	New section.	7/9/2021	W Deseron E Garibovic
13.41	2.3.9. <input type="checkbox"/> Waiting Time	Non-substantive word change.	7/9/2021	W Deseron E Garibovic
13.40	2.3.8(a) References: Round Trip	New section.	7/9/2021	W Deseron E Garibovic
13.39	2.3.7(a) References: Physician in Attendance	New section.	7/9/2021	W Deseron E Garibovic
13.38	2.3.6(a) References: Multiple Runs in a Day	New section.	7/9/2021	W Deseron E Garibovic
13.37	2.3.6. <input type="checkbox"/> Multiple Runs in a Day	Added use of modifier 76 to mileage.	7/9/2021	W Deseron E Garibovic
13.36	2.3.5(a) References: Ground Mileage	New section.	7/9/2021	W Deseron E Garibovic
13.35	2.3.5. <input type="checkbox"/> Mileage	Renamed section Ground Mileage. Removed air ambulance information.	7/9/2021	W Deseron E Garibovic
13.34	2.3.4(a) References: Extra Attendants	New section.	7/9/2021	W Deseron E Garibovic
13.33	2.3.4. <input type="checkbox"/> Extra Attendants	Non-substantive word change.	7/9/2021	W Deseron E Garibovic
13.32	2.3.3(a) References: Air Ambulance	New section.	7/9/2021	W Deseron E Garibovic
13.31	2.3.3. <input type="checkbox"/> Air Ambulance	Clarified potential coverage and billing requirements.	7/9/2021	W Deseron E Garibovic
13.30	2.3.11Treat and release.	Section deleted. Content incorporated into Levels of Service section.	7/9/2021	W Deseron E Garibovic
13.29	2.3.2(f)(i) References: Respond and Evaluate	New section.	7/9/2021	W Deseron E Garibovic
13.28	2.3.2(f) Respond and Evaluate	Clarified use of II modifier is required.	7/9/2021	W Deseron E Garibovic
13.27	2.3.2(e)(i) References: Critical Care Transport	New section.	7/9/2021	W Deseron E Garibovic W Deseron E Garibovic
13.26	2.3.2(e) Critical Care Transport (CCT)	Renamed section Critical Care Transport . Clarified includes Specialty Care Transport.	7/9/2021	W Deseron E Garibovic

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13.25	2.3.2(d)(i) References: Advanced Life Support Level II	New section.	7/9/2021	W Deseron E Garibovic
13.24	2.3.2(d) Advanced Life Support (ALS) Level I I	Renamed section Advanced Life Support Level II. Clarified where to find scope of practice and what rises to level of service.	7/9/2021	W Deseron E Garibovic
13.23	2.3.2(c)(i) References: Advanced Life Support Level I	New section.	7/9/2021	W Deseron E Garibovic
13.22	2.3.2(c) Advanced Life Support (ALS) Level I	Renamed section Advanced Life Support Level I. Clarified where to find scope of practice.	7/9/2021	W Deseron E Garibovic
13.21	2.3.2(b)(i) References: Basic Life Support	New section.	7/9/2021	W Deseron E Garibovic
13.20	2.3.2(b) Basic Life Support (BLS)	Renamed section Basic Life Support. Clarified where to find scope of practice.	7/9/2021	W Deseron E Garibovic
13.19	2.3.2(a) References: Levels of Service	New section.	7/9/2021	W Deseron E Garibovic
13.18	2.3.2. ☐Levels of Service	Clarified where to find scope of practice. Incorporated Treat and Release section. Added information about multiple providers.	7/9/2021	W Deseron E Garibovic
13.17	2.3.2 Non-Emergency Ambulance Transportation	Section deleted. Content incorporated into Covered Services and Limitations: Ambulance.	7/9/2021	W Deseron E Garibovic
13.16	2.3.1 Emergency Services	Section deleted. Content incorporated into Covered Services and Limitations: Ambulance.	7/9/2021	W Deseron E Garibovic
13.15	2.3.1. References: Covered Services and Limitations – Ambulance	New section.	7/9/2021	W Deseron E Garibovic
13.14	2.3. Covered Services and Limitations: Ambulance	Incorporated Emergency Services and Non- Emergency Ambulance Transportation sections.	7/9/2021	W Deseron E Garibovic
13.13	2.2.3(a) References: Hospice Participants	New section.	7/9/2021	W Deseron E Garibovic
13.12	2.2.3. ☐Hospice Participants	Clarified date effective for GW modifier and auth requirement.	7/9/2021	W Deseron E Garibovic
13.11	2.2.1. References: Eligible Participants	New section.	7/9/2021	W Deseron E Garibovic
13.10	2.2. Eligible Participants	Clarified eligibility.	7/9/2021	W Deseron E Garibovic
13.9	2.1.1. References: Provider Qualifications	New section.	7/9/2021	W Deseron E Garibovic

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13.8	2.1. Provider Qualifications	Clarified enrollment requirements.	7/9/2021	W Deseron E Garibovic
13.7	2. Ambulance Services	Clarified types of ambulance companies.	7/9/2021	W Deseron E Garibovic
13.6	1.4. Telligen, Inc	New section.	7/9/2021	W Deseron E Garibovic
13.5	1.3. Medicaid	New section.	7/9/2021	W Deseron E Garibovic
13.4	1.2. Provider Relations Consultants	New section.	7/9/2021	W Deseron E Garibovic
13.3	1.1. Gainwell Technologies	New section.	7/9/2021	W Deseron E Garibovic
13.2	1. Important Contacts	New section.	7/9/2021	W Deseron E Garibovic
13.1	Transportation Services	Added handbooks that always apply and how to read references.	7/9/2021	W Deseron E Garibovic