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1. Transportation Services

This section covers information related to transportation services available under Idaho Medicaid programs. Transportation Services include the following types of transportation:

- Ambulance
- Non-Emergent Medical Transportation (NEMT)
- Non-Medical Transportation

2. Ambulance Services

This section covers all emergency and non-emergency ambulance transportation services.

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](#)
- [Glossary](#)

2.1. Provider Qualifications

Ambulance service providers in any state are eligible to participate in the Idaho Medicaid Program. They must be licensed in the state where they are based and enroll as an Idaho Medicaid provider prior to submitting claims for services.

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

2.2. Eligible Participants

All Idaho Medicaid participants are eligible to receive ambulance services unless otherwise indicated.

2.2.1. Hospice Participants

Ambulance services related to the terminal illness that placed the participant on hospice are the responsibility of the hospice agency. Ambulance services unrelated to the terminal illness may be billed with a GW modifier directly to Idaho Medicaid without an authorization.

2.2.2. 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 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. Emergency Services

An emergency is a medical condition manifesting itself by acute symptoms of sufficient severity that an average person could reasonably expect 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.

2.3.1.1. References: Emergency Services

"Definitions: A Through H." *IDAPA 16.03.09, "Medicaid Basic Plan Benefits,"* Sec. 010.24. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

2.3.2. Non-Emergency Ambulance 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.

2.3.3. Levels of Service

Reimbursement is set by the level of service, which is determined by the lowest certification in Idaho with the service in their scope of practice. For a complete list of the skills and duties allowed, refer to the Board of Medicine Rules for EMS personnel, [IDAPA 16.01.03 Emergency Medical Services \(EMS\) - Agency Licensing Requirements](#). Care may be provided by personnel with a higher level of certification, but no additional payment will be made.

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](#).

Prior to rendering services, providers must inform participants when services are not covered under Medicaid. Idaho Medicaid strongly encourages the provider to have the participant sign an informed consent regarding any non-covered services. If the participant chooses to obtain services not covered by Medicaid, it is the participant's responsibility to pay for the services.

2.3.3.1. Basic Life Support (BLS)

BLS (HCPCS A0428 and A0429) includes all acts and duties that may be performed by a certified Emergency Medical Technician - Basic (EMT-B). 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.

2.3.3.2. Advanced Life Support (ALS) Level I

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. 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.

2.3.3.3. Advanced Life Support (ALS) Level II

ALS Level II (HCPCS A0433) includes the transportation by ambulance and the medically necessary administration of at least three (3) separate administrations of one (1) or more medications by intravenous push/bolus or continuous infusion, or one (1) of the following: 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.

2.3.3.4. Critical Care Transport (CCT)

Critical Care Transport (CCT) (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. See the [Post Authorization](#) and [Prior Authorization](#) section under Reimbursement for more information.

2.3.3.5. 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 should be submitted with a Modifier II for a flat fee. See the [Post Authorization](#) and [Prior Authorization](#) section under Reimbursement for more information.

2.3.4. Air Ambulance

Air ambulance (HCPCS A0430 and A0431) 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. See the [Post Authorization](#) and [Prior Authorization](#) section under Reimbursement for more information.

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.
- The participant's condition and other circumstances necessitate the use of air ambulance.

2.3.5. 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 Reimbursement 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.

2.3.6. 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 Reimbursement for more information.

2.3.7. Mileage

Ambulance providers and suppliers must report mileage units (HCPCS A0425, A0435 and 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. If the level of service provided requires an authorization so does the mileage. See the [Post Authorization](#) and [Prior Authorization](#) section under Reimbursement for more information.

2.3.8. 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 (2) base rate payments and loaded mileage are allowed. Use modifier 76 on the second base rate procedure code to prevent denials for duplicate claims. Modifier 76 should not be included on either loaded mileage.

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.

2.3.9. 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.

2.3.10. 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 (1) 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.

2.3.11. 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. See the [Post Authorization](#) and [Prior Authorization](#) section under Reimbursement for more information.

2.3.12. 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 Reimbursement for more information.

2.4. Reimbursement

Idaho Medicaid reimburses transportation providers on a fee-for-service basis set by the level of service provided. Usual and customary fees are paid up to the Medicaid maximum allowance. Components of Basic Life Support (BLS) or Advanced Life Support (ALS) care are included in the level of service and are not separately billable. This includes services such as starting an IV or administering oxygen, non-disposable equipment, disposable equipment and medications.

See the [General Billing Instructions](#), Idaho Medicaid Provider Handbook regarding reconsideration and appeals, billing, co-pays, 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.

2.4.1. Claim Submission

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

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 UB04 claim form using revenue codes **540-549**. Claims must include an invoice of charges. See the [Hospital](#), Idaho Medicaid Provider Handbook *Appendix C*. for additional information.

2.4.2. 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.

2.4.3. Prior Authorizations

To obtain prior authorization for non-emergency ambulance services:

- Make the request a minimum of twenty-four (24) hours before any scheduled appointment time.
 - Allow for weekends and State holidays.
- Call our Medical Program Specialist toll free at 1 (800) 362-7648 or in the Boise area at 1 (208) 287-1157. You will need to provide 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
 - Medical reason for transport
- Fax the following to 1 (877) 314-8781
 - Participant's medical history and most recent physical information
 - Progress reports
 - Discharge summary (if available)
 - Other information that may be needed for physician review of medical necessity
- After hours, if there are any questions or further information that may be needed, please call and leave all the information on the voicemail, along with a return name and phone number.

After a request has been processed, DHW will initiate a NOD for Medical Benefits to the participant and the transportation provider indicating which procedures are authorized or denied. The procedure codes authorized on the notice must match the procedure codes submitted on claims.

2.4.4. 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
- Hospital based ambulances must also submit an invoice

After a request has been processed, DHW will initiate a NOD for Medical Benefits to the participant and the transportation provider indicating which procedures are authorized or denied. The procedure codes authorized on the notice must match the procedure codes submitted on claims.

2.4.5. 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.

2.5. References: Ambulance Services

"Medical Transportation Services" IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sec. 860-879, Department of Administration, State of Idaho,
<https://adminrules.idaho.gov/rules/current/16/160309.pdf>.

3. Non-Emergent Medical Transportation (NEMT)

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 or call 1 (877) 503-1261 for more information.

3.1. References: Non-Emergent Medical Transportation Services

"Medical Transportation Services" IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sec. 860-879, 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
- Covered Services and Limitations
- Reimbursement
- Prior authorization
- NMT Services: References

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 st 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.

4.6. 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>.

5. Section Modifications

Version	Section/ Column	Modification Description	Publish Date	SME
13.0	All	Published version	6/13/19	TQD
12.9	4.-4.6 Non-Medical Transportation (NMT)	New Section	6/13/19	W Deseron E Garibovic
12.8	3. Non-Emergent Medical Transportation (NEMT)	Added information about covered service.	6/13/19	W Deseron E Garibovic
12.7	2.4.4 Post Authorizations	Updated for clarity.	6/13/19	W Deseron E Garibovic
12.6	2.3.4 Air Ambulance	Clarified when a post authorization would be necessary.	6/13/19	W Deseron E Garibovic
12.5	2.3.3 Levels of Service	Added information about downgrading and non-covered services.	6/13/19	W Deseron E Garibovic
12.4	2.3.1 Emergency Services	Updated definition to match IDAPA 16.03.09.	6/13/19	W Deseron E Garibovic
12.3	2.3 Covered Services and Limitations	Added table of billable codes.	6/13/19	W Deseron E Garibovic
12.2	2. Ambulance Services	Renamed section to better identify service. Added other handbooks that are required.	6/13/19	W Deseron E Garibovic
12.1	1. Transportation Services	Added information about contents of handbook.	6/13/19	W Deseron E Garibovic
12.0	All	Published version	5/31/2018	TQD
11.1	All	Reformatted, cleaned up language, added clarifications, and information about covered and non-covered services.	5/31/2018	W Deseron D Baker E Garibovic
11.0	All	Published version	2/20/18	TQD
10.2	2.3.2.3 Customary Fees	Updated ICF/IID acronym	2/20/18	D Baker E Garibovic
10.1	2.2.9 Non-Emergency Medical Transportation (NEMT)	Updated with new transportation vendor information	2/20/18	D Baker E Garibovic
10.0	All	Published version	3/9/17	TQD
9.4	2.4.3 Ambulance Procedure Codes	Minor updates for clarity	3/9/17	K Eidemiller E Garibovic
9.3	2.3.12 Request for Hearing	Removed section	3/9/17	K Eidemiller E Garibovic
9.2	2.3.2.8 Dates of Service	Removed section	3/9/17	K Eidemiller

Version	Section/ Column	Modification Description	Publish Date	SME
				E Garibovic
9.1	2.3.1 Overview	Changed "Medicaid Ambulance Review" to "IDAPA"	3/9/17	K Eidemiller E Garibovic
9.0	All	Published version	2/27/17	TQD
8.9	2.4.4 Requests for Retrospective Review/Authorization	Removed section	2/27/17	K Eidemiller D Baker E Garibovic
8.8	2.4.1.1 Treat and Release 2.4.1.2 Respond and Evaluate	Changed "authorized" to "appropriate"; removed information about downgrading a claim	2/27/17	K Eidemiller D Baker E Garibovic
8.7	2.4.1 Overview	Various updates to verbiage	2/27/17	K Eidemiller D Baker E Garibovic
8.6	2.3.13.1 Obtaining Prior Authorization (PA)	Specified "non-emergent" transports	2/27/17	K Eidemiller D Baker E Garibovic
8.5	2.3.5.1 Levels of Service	Updated for clarity	2/27/17	K Eidemiller D Baker E Garibovic
8.4	2.3.2.9 Emergency Transportation Providers	Added information regarding emergency procedure codes and PA requirements effective 2/1/17	2/27/17	K Eidemiller D Baker E Garibovic
8.3	2.3.1 Overview 2.3.2.3 Customary Fees 2.3.2.6 Submitting Claims to Idaho Medicaid 2.3.4.1 Air Ambulance	Changed "Medicaid Ambulance Review" to "Medical Care Unit"	2/27/17	K Eidemiller D Baker E Garibovic
8.2	2.2.6 Critical Care Transport (CCT)	New section	2/27/17	K Eidemiller D Baker E Garibovic
8.1	2.2.1 Emergency Services	Clarified definition of emergency	2/27/17	K Eidemiller D Baker E Garibovic
8.0	All	Published version	11/17/16	TQD
7.1	2.3.7 Multiple Runs in One Day	Updates regarding modifier 76	11/17/16	W Deseron E Garibovic
7.0	All	Published version	5/31/16	TQD
6.1	2.2.8 Non-Emergency Medical Transportation (NEMT)	Updated with new NEMT vendor information	5/31/16	D Baker
6.0	All	Published version	07/07/14	TQD
5.1	2.2.3. Basic Life Support; 2.2.4. Advanced Life Support	Updated reference to IDAPA rule	07/07/14	A Coppinger C Taylor
5.0	All	Published version	04/25/14	TQD
4.3	2.4.2 Co-Payment for Non-Emergency Use of Ambulance Transportation Services	Updated co-payment amount to \$3.65.	04/25/14	C Taylor
4.2	2.3.1 Overview	Spelled out prior authorization in first paragraph	04/25/14	C Taylor

Version	Section/ Column	Modification Description	Publish Date	SME
4.1	2.2.8 Non-Emergency Medical Transportation	Updated link to AMR	04/25/14	A Coppinger C Taylor
4.0	All	Published version	10/25/13	TQD
3.1	2.3.2.3	Changed ICF/MR to ICF/ID	10/25/13	H McCain
3.0	All	Published version	10/20/11	TQD
2.1	2.3.2.9 Emergency Transportation Providers	Added section per DHW request	10/20/11	R Sosin
2.0	All	Published version	08/30/10	TQD
1.2	All	Updated sections for clarity and ease of use	08/30/10	T Kinzler
1.1	All	Updated numbering for sections to accommodate Section Modifications	08/30/10	C Stickney
1.0	All	Initial document – Published version	05/07/10	Molina/TQD