

Provider Memorandum

Illinois Transportation Billing Guidelines for Managed Care Processing and Payment

MeridianHealth (Meridian) links members to healthcare services through a collaborative partnership with its transportation vendor, Ride Right, LLC. This benefit offers access to all covered benefits, including visits to doctors, specialists and other Providers in emergency and non-emergency situations.

Meridian’s relationship with MTM recognizes two broad provider categories: ambulance providers and non-ambulance transportation providers. If a trip is secured utilizing a company that operates primarily as an ambulance company, that claim should be directed to Meridian, regardless of the vehicle type. Alternately, if a non-ambulance transportation provider is providing a non-emergent transport, that claim must be delivered to MTM.

Transportation Provider services are broadly classified as “emergency” or “non-emergency.” Emergency transportation services are comprised of ambulance and helicopter Providers, while non-emergency transportation (NEMT) includes medicar, taxicab, service car, private automobile, bus, train and commercial airplane Providers. Ambulance companies may utilize other vehicle types besides those intended for emergency transport. However, a non-ambulance transportation provider will not have the capability to provide emergency transportation services. Both emergency and non-emergency transportation may utilize ambulance services.

Transportation Procedure Codes for Emergent and Non-Emergent Transportation

Bill to Meridian using 34160000X as Taxonomy				
	Type of Service	Description	Type of Provider	HCPCS
Emergent Ambulance	Base Rate	Advanced Life Support - Emergency	Ambulance	A0427
	Base Rate	Advanced Life Support 2	Ambulance	A0433
	Base Rate	Basic Life Support - Emergency	Ambulance	A0429
	Base Rate	Critical Care Paramedic, RN, Med Team	Ambulance	A0434
	Mileage	Mileage - Ambulance	Ambulance	A0425
	Oxygen	Oxygen	Ambulance	A0422
	Base Rate	Ambulance Service - Fixed Wing Airplane, One Way	Ambulance	A0430
	Base Rate	Ambulance Service - Helicopter, One Way	Ambulance	A0431
	Base Rate	Ambulance Service - Helicopter with Crew, One Way	Ambulance	A0431 (U3)

Non-Emergent Ambulance Provider Billing	Bill to Meridian			
	Type of Service	Description	Type of Provider	HCPCS
	Base Rate	Advanced Life Support - Non-Emergency	Ambulance	A0426
	Base Rate	Basic Life Support - Non-Emergency	Ambulance	A0428
	Mileage	Mileage - Non-Emergency	Ambulance/Non-Ambulance	A0425
	Base Rate	Medicar (Wheel Chair Van)	Non-Ambulance	A0130
	Attendant	Non-Emergency Transportation Attendant	Non-Ambulance	T2001
	Additional Attendant	Additional Non-Emergency Transportation Attendant	Non-Ambulance	T2001 (TK)
	Stretcher Van	non-Emergency Transportation Stretcher Van	Non-Ambulance	T2005
	Oxygen	Oxygen	Non-Ambulance	A0422

Non-Emergent Non-Ambulance Provider Billing	Bill to MTM			
	Type of Service	Description	Type of Provider	HCPCS
	Mileage	Private Auto - Per Trip Mileage (No Base Rate Allowed)	Non-Ambulance	A0090
	Base Rate	Taxi	Non-Ambulance	A0100
	Base Rate	Service Car	Non-Ambulance	A0120
	Base Rate	Medicar (Wheel Chair Van)	Non-Ambulance	A0130
	Mileage	Taxi, Service Car, Medicar	Non-Ambulance	A0425
	Oxygen	Oxygen	Non-Ambulance	A0422
	Base Rate	Critical Care Paramedic, RN, Med Team	Non-Ambulance	A0434
	Attendant	Non-Emergency Transportation Attendant	Non-Ambulance	T2001
	Additional Attendant	Additional Non-Emergency Transportation Attendant	Non-Ambulance	2001 (TK)
	Stretcher Van	Non-Emergency Transportation Stretcher Van	Non-Ambulance	T2005

Taxonomy and Category of Service Crosswalk

Providers are to utilize the taxonomy crosswalk located within Chapter 300 Companion Guide 5010 Electronic Processing. Claims are to be billed with the appropriate taxonomy listed for the category of service registered and services provided.

<https://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/5010.aspx>

Billable to Meridian			
Service	Provider Type	Category of Service	Taxonomy
Emergency Ambulance/Helicopter	70, 74	50	341600000X
Non-Emergency Ambulance	70, 74	51	341600000X
Medicare	70, 74	52	343800000X

Billable to MTM			
Service	Provider Type	Category of Service	Taxonomy
Medicar	71	52	343800000X
Service Car	71	54	343900000X
Taxicab	72	53	344600000X
Private automobile	73	55	347C00000X
Other Transportation	73	56	347C00000X

What other billing guidelines should Providers take note of?

- Emergency helicopter transportation claims that are denied because the patient’s condition does not meet medically-necessary criteria will be reimbursed by the billed MCO at the appropriate ground rate
- Anytime more than one passenger is transported in the same vehicle for any portion of a trip, the transportation Provider may only charge mileage for the first passenger
- Members receiving SASS services are eligible for transportation services
- Members are not limited to in-network family planning Providers
- All Managed Care Organizations should utilize the CMS published [guidelines](#) regarding the *National Breakout of Geographic Area Definitions by Zip Code* in order to determine Urban, Rural, and Super Rural county designations which identify the appropriate rates for one way trips greater than 17 miles in areas categorized as Rural and Super Rural. Determination will be made based upon the pick-up locations for Members.

Prior authorization may be required for certain transportation services. Please check with the MCO for guidelines and requirements, as well as any additional services that are billed with a GY modifier for participants in the Illinois Medicaid or Medicare Medicaid Alignment Initiative (MMAI) Program.

Members may be responsible for payment pursuant to [HFS guidelines](#).

Claims Submission Guidelines		
	Non- Ambulance	Ambulance
Billing Address	<p>MTM ATTN: Claims 16 Hawk Lake Saint Louis, MO 63367</p>	<p>MeridianHealth 1 Campus Martius, Suite 700 Detroit, MI 48226</p>
Accepted Claim Forms	<p>CMS 1500 (Paper) or 837P (Electronic)</p>	<p>CMS 1500 (Paper) or 837P (Electronic)</p>
Web	<p>https://onlineaccess.mtm-inc.net/index/login</p>	<p>http://corp.mhplan.com/en/provider</p>
Clearinghouse/ Portals		<ul style="list-style-type: none"> • Meridian accepts any of following clearinghouses (Payer ID: 13189) <ul style="list-style-type: none"> ○ Availity ○ Change Healthcare (Emdeon) ○ RelayHealth ○ SSI Group ○ PayerPath

Claim Billing Requirements

<p>Claim Billing Requirements</p>	<ul style="list-style-type: none"> • Provider Name • Registered and active HFS ID and NPI Number • For ATYPICAL providers (with no NPI) a valid Medicaid ID (837P Loop 2010BB in Ref*G2, the REF-02) • Include the Billing Date entered the date the Transportation Invoice was Prepared using the six digits, MMDDYY format • Ensure claims are complete in accordance with CMS and HFS requirements • Ensure claims use industry standard HCPCS procedure and ICD-10 diagnosis codes • Member’s name • Member’s Medicaid Recipient ID • Enter the date on which the transportation service was provided using the MMDDYY Format • Utilize correct HCPCS Code (See Table) • Provider charge in dollars and cents • Number of Sections • Total Charge • Net Charge • Signature/Date of Provider • Origin and Destination HCPCS Place Modifier <ul style="list-style-type: none"> ○ P - Physician’s Office ○ D - Medical Service (other than P or H) ○ G – Hospital Based ESRD ○ H - Hospital (Inpatient or Outpatient) ○ J – Freestanding ESRD facility ○ N – Nursing Facility ○ R – Residence ○ S – Scene of Accident ○ X- Intermediate Stop at Physician’s office 	
<p>Pay or Specific Requirements</p>	<p style="text-align: center;">Meridian-Specific Billing Requirements</p>	<p style="text-align: center;">MTM-Specific Billing Requirements</p>
	<ul style="list-style-type: none"> • Claim must be original; photo or scanned copy will not be accepted • Vehicle Identification Number (VIN) or FAA Number • Place of Service Codes (Optional): 41 (Ground Transport) or 42 (Air Transport) 	<ul style="list-style-type: none"> • Trip Number • Pick-Up and Drop-Off times per trip leg • Vehicle Identification Number (VIN) • Signature Type (i.e.—Member, facility staff or representative of the member)

<p>Claim Text Note</p> <p>Required on all transportation claims per HFS requirements. Claims and encounters billed without this information beginning January 1, 2017 will be rejected or denied.</p>	<p>Box 19 of paper claim form, or in the 837P format Loop 2300 (NTE) must include all of the following:</p> <ul style="list-style-type: none"> • State or Province Code (Use Code source 22: States and Outlying Areas of the U.S.) • License Plate Number or FAA 'N' Number (Tail Number) • Departure and Arrival in Military Time (time as follows: HHMM, where H = hours(00-23), M-minutes (00-59); <p>Claim text note example MUST follow this format: NTE*ADD*IL,12345678,1155,1220 (Each element must be separated with a comma).</p> <p>Member Origin and Destination Name: Paper claim Box 32 (Complete Address) Box 32 Example: 200 House St., Anytown, IL 60656 to Anytown Hospital, 500 Main Street, Anytown, IL 60056 (For 837P - NM1*45 and NM1*PW - aka Pick-up and drop-off)</p> <p>NOTE: The State or Province Code, Origin Time and Destination Time fields must contain the length per field as listed above. Vehicle license number may vary from 1 to a maximum of 8 characters. If the license plate or FAA tail number is less than 8</p>
<p>Taxonomy</p>	<p>Paper claims - in Box 33B, or in 837P format - Loop 2000A PRV-03</p>
<p>Timely Filing</p>	<p>Lesser of 180 days from Date of Service or contractual agreement with Managed Care Organization</p>

Authorization Requirements

Meridian does not require a prior authorization for ambulance services. Meridian does reserve the right to review claims retrospectively to determine medical necessity and claim accuracy. In the event a claim is found to be submitted at a service level higher than necessary, Meridian may recoup payment and pay at a level lower than what was provided.

Claims Payment

Claims submitted by ambulance companies must be directed to Meridian. All other non-emergent transportation claims shall be directed to MTM. Claims are generally processed by Meridian and MTM within 30 days. If submitted timely, no interest will accrue until after 30 days of receipt of a clean claim. If a rate discrepancy is found, Meridian or MTM will adjust the claim accordingly. All claims will be identified and adjusted appropriately within 30-60 days.

Emergency helicopter transportation claims that are denied because the patient's condition does not meet medically necessary criteria will be reimbursed by the Meridian at the appropriate ground rate.

Claim Appeals

Providers may appeal at any time within their claim filing limit. After the filing limit has expired, providers may appeal up to 120 days after the last denial date on the claim. All relevant documentation must be submitted for consideration with the appeal. If the appeal is:

- Approved for payment, the provider will receive notification on the remittance advice along with payment;
- Approved for payment at a different level than was requested in appeal, a letter may be sent to clarify the determination and request a new claim; or
- Denied, the provider will be sent a letter explaining the denial reason.