This tip sheet provides information on submitting encounters for transportation services reimbursed through the Statewide Medicaid Managed Care (SMMC) program.

**Which claim type is appropriate for transportation services?**
Transportation services must be billed as a Professional health care claim, EDI 837P transaction.

**Are diagnosis codes and diagnosis code pointers required on the transportation encounter?**
No. Ambulance, Wheelchair, and Stretcher Van providers are not required to include a diagnosis code and are also exempt from using the diagnosis code pointer on the claim.

**Is a place of service (POS) code required on the transportation encounter?**
No. There is no applicable POS code for Ambulance, Wheelchair, and Stretcher Van providers therefore no entry is required on the encounter.

**Do all transportation encounters require the presence of a National Provider Identifier (NPI)?**
For successful processing, ambulance (Provider Type 40) and air ambulance (Provider Type 42) encounters require the presence of an NPI. All other transportation provider types are considered atypical. Atypical provider types do not require an NPI on encounters, but do require use of an active Florida Medicaid provider ID.

**Which CPT / HCPCS codes are allowable when billing transportation services?**
A Transportation Services Fee Schedule, which contains ambulance transportation services, can be found on the Agency's website under Provider Reimbursement Schedules and Billing Codes at [http://ahca.myflorida.com/medicaid/review/fee_schedules.shtml](http://ahca.myflorida.com/medicaid/review/fee_schedules.shtml).

**Does an emergency indicator need to be included on the transportation encounter?**
An emergency indicator is required if the service was an emergency. An emergency is indicated by entering a “Y” into the appropriate field of the claim. When submitting the emergency indicator on the EDI 837P transaction, please refer to the following chart:

<table>
<thead>
<tr>
<th>Loop ID</th>
<th>Reference</th>
<th>Name</th>
<th>Codes/Values</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2400</td>
<td>SV109</td>
<td>Emergency Indicator</td>
<td>Y</td>
<td>‘Y’ - Yes Enter ‘Y’ if the services are known to be an emergency.</td>
</tr>
</tbody>
</table>

EDI submission information may be accessed in the 5010 Version for 837P Companion Guide, which can be found online at [http://mymedicaid-florida.com](http://mymedicaid-florida.com). Select Provider Services and then Companion Guides under the EDI menu.
Which modifiers are allowable for transportation services?

Pages 6-3 and 6-4 of the 837P Companion Guide provide important information regarding the 837P transaction and transportation claims.

The X12N 837 Professional transaction does not provide the capability for providers to submit start and stop times. Private Transportation claims use two modifiers instead of start and stop times.

The values are:

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Diagnostic or therapeutic site other than ‘P’ or ‘H’</td>
</tr>
<tr>
<td>E</td>
<td>Residential, domiciliary, custodial facility (nursing home, not a skilled nursing facility)</td>
</tr>
<tr>
<td>G</td>
<td>Hospital-based dialysis facility (hospital or hospital-related)</td>
</tr>
<tr>
<td>H</td>
<td>Hospital</td>
</tr>
<tr>
<td>I</td>
<td>Site of transfer (for example, airport or helicopter pad) between types of ambulance</td>
</tr>
<tr>
<td>J</td>
<td>Non-hospital-based dialysis facility</td>
</tr>
<tr>
<td>N</td>
<td>Skilled nursing facility (SNF)</td>
</tr>
<tr>
<td>P</td>
<td>Physician’s office (includes HMO non-hospital facility, clinic, etc.)</td>
</tr>
<tr>
<td>R</td>
<td>Residence</td>
</tr>
<tr>
<td>S</td>
<td>Scene of accident or acute event</td>
</tr>
<tr>
<td>X</td>
<td>Intermediate stop at physician’s office in route to the hospital (includes HMO non-hospital facility, clinic, etc.)</td>
</tr>
</tbody>
</table>

Note: Modifier X can only be used as a designation code in the second modifier position. The Origin and Destination codes are billed together as a two-character modifier to create combinations that uniquely identify services billed on the same day. If the provider needs to utilize the same procedure code and origin/destination modifier for the same recipient on the same day, a second modifier is billed with the value of ‘76’ (Repeat Procedure by Same Physician).

How are round trips reported on an encounter?

A round trip means that the patient was picked up, taken somewhere, and returned to the same place they were picked up. There are only two legs to a round trip: going out and coming back.

a. To bill a round trip if you bill for a base rate and mileage:

1. Round trips will need to supply a brief description for the purpose of the round trip in CR109, Loop 2300.

2. Ambulance Pick-Up and Drop-Off locations are required for all ambulance and nonemergency transportation encounters. The Pick-Up and Drop-Off locations will be sent in the following segments in Loop 2310E and
2310F: NM1, N3 and N4. Please see pages 7-8 and 7-11 of the 837P Companion Guide for details of the segments.

3. Bill only one line for mileage (unless you have a known exception). The modifier for origin and destination should reflect the pickup point and the stop point (e.g., Home to Doctor is a modifier of RP). Enter the total miles for the entire trip.

4. If you bill a base rate, you will send that line item once. For wheelchair van and stretcher van, submit total charges of two times your base rate on this line item.

b. To bill a round trip if you bill for a base rate only:

1. Round trips will need to supply a brief description for the purpose of the round trip in CR109, Loop 2300.

2. Ambulance Pick-Up and Drop-Off locations are required for all ambulance and nonemergency transportation encounters. The Pick-Up and Drop-Off locations will be sent in the following segments in Loop 2310E and 2310F: NM1, N3 and N4. Please see pages 7-8 and 7-11 of the 837P Companion Guide for details of the segments.

3. Bill only one line item for base rate. The modifier for origin and destination should reflect the pickup point and the stop point (e.g., Home to Doctor is a modifier of RP). For wheelchair van and stretcher van, submit total charges of two times your base rate on this line item.

Note about Multi-Leg Trips: A trip that had multiple segments and is not a round trip as described above, each segment must be billed as a separate line item.

a. To bill a multiple leg trip if you bill for a base rate and mileage:

1. Ambulance Pick-Up and Drop-Off locations are required for all ambulance and nonemergency transportation encounters. The Pick-Up and Drop-Off locations will be sent in the following segments in Loop 2310E and 2310F: NM1, N3 and N4. Please see pages 7-8 and 7-11 of the 837P Companion Guide for details of the segments.

2. Bill one line item for each segment of mileage. The modifier for origin and destination should reflect the start point and the stop point.

3. Bill one line item for each segment of base rate. The modifier for origin and destination should reflect the start point and the stop point for that leg of the trip.

b. To bill a multiple leg trip if you bill for a base rate only:

1. Ambulance Pick-Up and Drop-Off locations are required for all ambulance and nonemergency transportation encounters. The Pick-Up and Drop-Off locations will be sent in the following segments in Loop 2310E and
2310F: NM1, N3 and N4. Please see pages 7-8 and 7-11 of the 837P Companion Guide for details of the segments.

2. Bill one line item for each segment of base rate. The modifier for origin and destination should reflect the start point and the stop point for that leg of the trip.

Are there additional Florida Medicaid transportation policy resources available online?

- The Ambulance Transportation Coverage and Limitations Handbook and Transportation Reimbursement Handbook are both available online at http://mymedicaid-florida.com. Select Public Information for Provider Services and then Handbooks under the Support menu.
- The SMMC Program Frequently Asked Questions documents contains helpful information related to the SMMC Program coverage of transportation services and are available online at http://ahca.myflorida.com/Medicaid/statewide_mc/faqs.shtml.
- The Agency’s Transportation e-Library Training is also available online at http://ahca.myflorida.com/Medicaid/e-library/docs/Highlights_of_Florida_Medicaid_Ambulance_Handbook_08-2013.pdf.

For More Information

Agency for Health Care Administration (Agency)

For more information regarding SMMC and related policies, visit the Agency website at http://ahca.myflorida.com/medicaid/statewide_mc/index.shtml.

DXC Technology

For assistance with encounter claims, contact Encounter Support or for all other questions, contact the Medicaid fiscal agent at 800-289-7799 and select Option 7.

Florida Encounter Support

For assistance with encounter denials, enrollment issues, billing and eligibility inquiries please contact healthplan.support@dxc.com.