



JEB BUSH, GOVERNOR

MARY PAT MOORE, INTERIM SECRETARY

May 26, 2004

Dear Non-Emergency Transportation Providers:

There have been several changes made to transportation billing requirements for non-emergency transportation claims since Florida Medicaid implemented HIPAA and converted to the new claim form. In summary they are:

- Providers can bill a round trip on one line using the round trip indicator.
- Modifiers are not required for some codes.
- W9888 should be used for billing a negotiated rate

The following table lists non-emergency transportation procedure codes by their effective date. An asterisk * identifies the codes that do not require a modifier.

Non-Emergency Transportation Procedure Codes)		
Procedure Code (prior to 10/16/2003)	Procedure Code (as of 10/16/2003)	Description
A0130	A0130	Base Rate – Wheelchair Van
W9886*	A0425*	Mileage Charge – Van
A0220*	A0426*	Ambulance, Advanced Life Support
A0010*	A0428*	Ambulance, Basic Life Support
A0030	A0430	Air Ambulance Fixed Wing
A0030	A0431	Air Ambulance Rotary Wing
W9885	T2005	Base Rate – Stretcher Van
W9887*	W9887*	Additional Passenger
W9888*	W9888*	Negotiated Rate

Since the implementation of the changes there have been some common billing problems that are appearing on transportation claims. The following tips may help you avoid those problems.

Billing Tips

- Bill the Origin and Destination codes as a two-character modifier; for example RH would indicate a trip from home to the hospital. (Please see the following table for a list of modifiers.)



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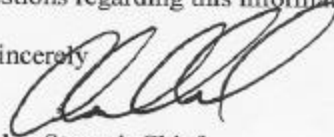
AHCA Headquarters
2727 Mahan Drive
Tallahassee, FL 32308

- If you are billing a second trip on the same day of service, using the same procedure code and origin/destination modifier for the same recipient, bill with an additional modifier of '76' (Repeat Procedure by Same Physician).
- Dates of service before 10/16/03 must be billed with the old procedure codes and new modifiers except as noted in the table on page 1 (see Transportation Coverage and Limitations Handbook).
- As of 10/16/03 Private Transportation claims must be submitted either on the new 131/131A paper claim forms, WINASAP 2003 or as anX12 transaction.
- Round Trips – Bill round trips on one claim line using the round trip indicator. Enter the procedure codes for the Base Rate and Mileage once. Enter the total mileage for the trip. Enter a modifier for initial origin and destination.
- Modifier X can only be used in the second modifier position.

Procedure Code Modifiers	
Modifier	Description
D	Diagnostic or therapeutic site other than 'P' or 'H'
E	Residential, domiciliary, custodial facility (nursing home, not a skilled nursing facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (for example, airport or helicopter pad) between types of ambulance
J	Non-hospital-based dialysis facility
N	Skilled nursing facility (SNF)
P	Physician's office (includes HMO non-hospital facility, clinic, etc.)
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office enroute to the hospital (includes HMO non-hospital facility, clinic, etc.)

Please contact your area office if you have questions regarding this information.

Sincerely,



Alan Strowd, Chief
Medicaid Contract Management