

RESOLUTION NO. 23- 8786

**APPROVING THE EXECUTION OF VENDOR TRANSPORTATION
AGREEMENT BETWEEN PLUMAS COUNTY PUBLIC HEALTH AGENCY
(PLUMAS) AND BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC.
(ANTHEM)**

WHEREAS ANTHEM has a contract(s) with the California Department of Health Care Services to provide Medi-Cal benefits, including non-medical transportation services, to eligible persons who are Members of its Medi-Cal Managed Care ("MMC") Program; and,

WHEREAS PLUMAS desires to provide non-medical transportation services to members of the MMC Program and possesses all licenses required in order to provide such non-medical transport; and,

WHEREAS PLUMAS shall provide vehicle transportation services to Anthem Members of its MMC program via a vehicle either owned or leased by PLUMAS and submit invoices to ANTHEM for reimbursement; and,

WHEREAS the requirements for approving this agreement require a resolution, from the County Board of Supervisors, which specifically approves and authorizes execution of this contract and to authorize an individual to bind the County to the Agreement.

NOW, THEREFORE, BE IT RESOLVED that the Plumas County Board of Supervisors specifically approves and authorizes execution of this contract.

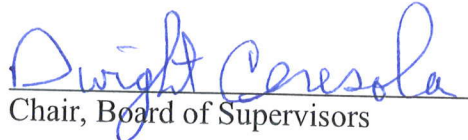
BE IT FURTHER RESOLVED that the Director of the Plumas County Health Agency has full and binding authority to the commitments contained in the general terms and conditions on behalf of the Board of Supervisors and is the authorized representative for County in regard to this contract.

I hereby certify that the foregoing is a true copy of the resolution adopted by the Board of Supervisors of Plumas County in a meeting thereof held on the 2nd day of May, 2023 by the following:

Ayes: Supervisor(s) Goss, McGowan, Hagwood, Ceresola

Noes: None

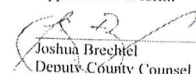
Absent: Supervisor Engel


Chair, Board of Supervisors

ATTEST:


Clerk of the Board of Supervisors

Approved as to form:


Joshua Brechtel
Deputy County Counsel

VENDOR TRANSPORTATION AGREEMENT
BETWEEN
Non Medical Transportation Entity
AND
Blue Cross of California Partnership Plan,
Inc.

This Agreement is by and between Blue Cross of California Partnership Plan, Inc. and Affiliates ("Anthem") and Plumas County Public Health Agency ("Provider").

I. RECITALS

- 1.1 Anthem is a California corporation licensed by the Director of the California Department of Managed Health Care to operate a health care service plan pursuant to the Knox-Keene Health Care Service Plan Act of 1975 and the Rules of the Director of the California Department of Managed Health Care promulgated thereunder (California Health & Safety Code, Sections 1340 to 1399.64 and California Code of Regulations, Sections 1300.43 to 1300.99, collectively, the "Knox-Keene Act"), including without limitation to issue benefit agreements covering the provision of health care services and to enter into agreements with PROVIDER.
- 1.2 Anthem has a contract(s) with the California Department of Health Care Services to provide Medi-Cal benefits, including non-medical transportation services, to eligible persons who are Members of its Medi-Cal Managed Care ("MMC") Program.
- 1.3 Provider is in the business of providing non-medical transportation services and possesses all licenses required in order to provide such non-medical transport.
- 1.5 Anthem intends by entering into this Agreement to make available to persons who are assigned to Anthem under the MMC Program by contracting with Provider. Provider intends to provide such non-medical transportation services in a professional and appropriate, cost-efficient manner.

General Provisions

1. **Non Medical Transportation Services.** During the term of this Agreement, Provider shall provide vehicle transportation services to Anthem Members via a vehicle either owned or leased by Provider. Attached hereto as Exhibit A and incorporated herein is All Plan Letter ("APL")17-010 of the Department of Health Care Services ("DHCS"), containing the California Medi-Cal guidance that must be adhered to for non-medical transportation.
2. **Amendments and Schedules.** All amendments and schedules to this Agreement must be agreed to in writing by both parties.
3. **Confidentiality.** Except as otherwise required by law, the parties agree to hold one another's confidential or proprietary information or trade secrets in trust and confidence and agree that such information shall be shared only for the purposes contemplated herein, and not for any other purpose.

4. **Compensation.** See Attachment A for Scope of Work Options

5. **Vehicle Requirements.** Plumas County Public Health Agency shall ensure that all vehicles transporting Members meet the following requirements:

- a. All vehicles shall have functioning, clean and accessible seat belts for each passenger seat position. Each vehicle shall utilize child safety seats when transporting children under age five or as specified by state and/or federal law.
- b. All vehicles must have proper registration and current insurance documents stored securely in the vehicle.
- c. All vehicles must be equipped with a functional fire extinguisher and shall display a current inspection tag or sticker as applicable.
- d. All vehicles shall have a functioning speedometer and odometer.
- e. All vehicles shall have the transportation provider's name, vehicle number (if applicable), and the Participating Provider's phone number prominently displayed within the interior of each vehicle.
- f. Smoking is prohibited in all vehicles while transporting Members. All vehicles shall post "no smoking" signs in all vehicle interiors, easily visible to the passengers.
- g. All vehicles shall be equipped with a first aid kit.
- h. Applicable vehicles must have current Brake and Lamp certificates.
- i. All vehicles must meet state, federal, local, and manufacturer's safety and mechanical operating and maintenance standards for the vehicles.
- j. Vehicles shall comply with the American's with Disabilities Act (ADA) regulations.
- k. All vehicles shall have a functioning two-way communication system to link all vehicles to the transportation providers' place of business.
- l. All vehicles shall have adequate and functioning heating and air conditioning systems.
- m. All wheelchair vehicles must have a hydraulically or electromechanical powered wheelchair lift which is mounted so as not to impair the structural integrity of the vehicle, wheelchair securement devices (or "tiedowns") and safety belts that meet state, federal and ADA requirements. Alternatively, wheelchair vehicles may be equipped with an ADA compliant retractable ramp system.
- n. Each vehicle must remain compliant with the California Department of Motor Vehicles, DHCS, ADA, and federal licensing and safety requirements for vehicles performing transportation on behalf of Members and the requirements of this Agreement and California Medi-Cal Program.

6. **Driver Requirements.** Plumas County Public Health Agency shall ensure that all drivers of vehicles transporting Members meet the following requirements:

- a. All drivers shall have a current valid driver's license and must be legally authorized by the state of California Department of Motor Vehicles to operate the motor vehicle to which he/she is assigned.
- b. All drivers shall have a certificate for first aid and CPR certification.

- c. Drivers shall not have any prior convictions for sexual abuse, barrier crimes, or crimes of violence.
- d. No driver or attendant shall use alcohol, narcotics, illegal drugs or drugs that impair ability to perform while on duty.
- e. All drivers and attendants shall wear or have visible, easily readable proper identification.
- f. Each driver must be neat and clean in appearance and courteous, patient and helpful to Members.

7. **Invoices Submission.** All invoices that are submitted must contain the following information (at a minimum):

- a. Date of service
- b. Patient (member) name
- c. Member ID
- d. Provider Tax Identification Number (TIN) – won't the TIN always be the same since we are contracting with entity that is providing the transportation?
- e. Location transported from
- f. Location transported to
- g. Patient (Member) Date of Birth
- h. Miles driven
- i. Mile cost (per mile) billed
- j. Per ride charge, if applicable
- k. Total billed charges

8. **Insurance.** Each party shall maintain in full force and effect at all times during the term of this Agreement appropriate insurance in accordance with industry standards for the activities conducted by such party related to the services described in this Agreement. Provider shall also maintain automobile liability insurance with a minimum \$1,000,000 per occurrence combined single limit for owned, non-owned and hired automobiles. Provider may adjust the insurance liability by giving written notice to Anthem.

9. **Independent Contractor.** The parties acknowledge and agree that each of the parties hereto shall be deemed an independent contractor, and not an employee or agent of the other party. Nothing contained herein shall, or shall be construed, to create a partnership, joint venture or any other relationship between the parties hereto.

10. **Blue Cross Blue Shield Association (BCBSA) "Anthem Blue Cross Service Marks.** Provider hereby acknowledges its understanding that this Agreement constitutes a contract between Provider and Anthem as an independent corporation, operating under a license with the Blue Cross and Blue Shield Association, an Association of independent Blue Cross and Blue Shield Plans (the "Association"), permitting Anthem to use the Blue Cross service mark in the State of California and that Anthem is not contracting as the agent of the Association. Provider further acknowledges and agrees that Provider has not entered into this Agreement based upon representations by any person other than Anthem and that no person, entity, or organizations other than Anthem shall be held accountable or liable to Provider for any of Anthem's obligations to Provider created under this Agreement. This section shall not create any additional obligations whatsoever on the part of

Anthem, other than those obligations created under other provisions of this Agreement.

11. **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of California except to the extent such laws conflict with or are preempted by any federal law, in which case such federal law shall govern.

12. **Entire Agreement.** This Agreement and any attachments and amendments thereto constitute the entire agreement and understanding between the parties with respect to the subject matter hereof, and supersede any prior understandings and agreements between the parties, whether written or oral, with respect to the subject matter hereof.

13. **Regulation.** Provider and Amerigroup Anthem are subject to the requirements of various local, state, and federal laws, rules and regulations. To the extent any provision is required to be in this Agreement by any of the above, either party is entitled to unilaterally amend this Agreement by written notice to the other party. In the event a party objects to such amendment within thirty (30) days following receipt of such notice, the amendment will take effect provisionally pending the resolution of the objection or the termination of this Agreement as otherwise provided for herein.

14. **Term and Termination.** This Agreement shall commence as of April 1, 2023 and shall terminate on Dec 31, 2023, unless earlier terminated as set forth herein. Either party may terminate this Agreement for any reason by giving fifteen (15) days' written notice to the other party of its intent to terminate.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed personally or by their duly authorized officers or agents.

Blue Cross of California Partnership Plan, Inc.
Anthem

Plumas County Public Health Agency
Provider

By: _____

Name: Les Ybarra

Title: President

By: _____

Name: Dana Loomis

Title: Director of Public Health

By: _____

Name: Cassie Kam

Title: CFO

Approved as to form:


Joshua Brechtel
Deputy County Counsel

4/24/2023

EXHIBIT A



JENNIFER KENT
DIRECTOR

State of California-Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: June 29, 2017

ALL PLAN LETTER 17-010

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: NON-EMERGENCY MEDICAL AND NON-MEDICAL TRANSPORTATION SERVICES

PURPOSE:

This All Plan Letter (APL) provides Medi-Cal managed care health plans (MCPs) with guidance regarding Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services. With the passage of Assembly Bill (AB) 2394 (Chapter 615, Statutes of 2016), which amended Section 14132 of the Welfare and Institutions Code (WIC), the Department of Health Care Services (DHCS) is clarifying MCPs' obligations to provide and coordinate NEMT and NMT services. In addition, this APL provides guidance on the application of NEMT and NMT services due to the Medicaid Mental Health Parity Final Rule (CMS-2333-F).

BACKGROUND:

DHCS administers the Medi-Cal Program, which provides comprehensive health care services to millions of low-income families and individuals through contracts with MCPs. Pursuant to Social Security Act (SSA) Section 1905(a)(29) and Title 42 of the Code of Federal Regulations (CFR) Sections 440.170, 441.62, and 431.53, MCPs are required to establish procedures for the provision of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for qualifying members to receive medically necessary transportation services. NEMT services are authorized under SSA Section 1902 (a)(70), 42 CFR Section 440.170, and Title 22 of the California Code of Regulations (CCR) Sections 51323, 51231.1, and 51231.2.

AB 2394 amended WIC Section 14132(ad)(1) to provide that, effective July 1, 2017, NMT is covered, subject to utilization controls and permissible time and distance standards, for MCP members to obtain covered Medi-Cal medical, dental, mental health, and substance use disorder services. Beginning on July 1, 2017, MCPs must provide NMT for MCP members to obtain medically necessary MCP-covered services and must make their best effort to refer for and coordinate NMT for all Medi-Cal services

¹ CMS-2333-F

not covered under the MCP contract. Effective October 1, 2017, in part to comply with CMS-2333-F and to have a uniform delivery system, MCPs must also provide NMT for Medi-Cal services that are not covered under the MCP contract. Services that are not covered under the MCP contract include, but are not limited to, specialty mental health, substance use disorder, dental, and any other services delivered through the Medi-Cal fee-for-service (FFS) delivery system.

REQUIREMENTS:

Non-Emergency Medical Transportation

NEMT services are a covered Medi-Cal benefit when a member needs to obtain medically necessary covered services and when prescribed in writing by a physician, dentist, podiatrist, or mental health or substance use disorder provider. NEMT services are subject to a prior authorization, except when a member is transferred from an acute care hospital, immediately following an inpatient stay at the acute level of care, to a skilled nursing facility or an intermediate care facility licensed pursuant to Health and Safety Code (HSC) Section 1250².

MCPs must ensure that the medical professional's decisions regarding NEMT are unhindered by fiscal and administrative management, in accordance with their contract with DHCS³. MCPs are also required to authorize, at a minimum, the lowest cost type of NEMT transportation (see modalities below) that is adequate for the member's medical needs. For Medi-Cal services that are not covered by the MCP's contract, the MCP must make its best effort to refer for and coordinate NEMT. MCPs must ensure that there are no limits to receiving NEMT as long as the member's medical services are medically necessary and the NEMT has prior authorization.

MCPs are required to provide medically appropriate NEMT services when the member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining medically necessary services⁴. MCPs are required to provide NEMT for members who cannot reasonably ambulate or are unable to stand or walk without assistance, including those using a walker or crutches⁵. MCPs shall also ensure door-to-door assistance for all members receiving NEMT services.

Unless otherwise provided by law, MCPs must provide transportation for a parent or a guardian when the member is a minor. With the written consent of a parent or guardian, MCPs may arrange NEMT for a minor who is unaccompanied by a parent or a guardian.

² 22 CCR Section 51323 (b)(2)(C)

³ Exhibit A, Attachment 1 (Organization and Administration of the Plan)

⁴ 22 CCR Section 51323 (a)

⁵ Manual of Criteria for Medi-Cal Authorization, Chapter 12.1 Criteria for Medical Transportation and Related Services

MCPs must provide transportation services for unaccompanied minors when applicable State or federal law does not require parental consent for the minor's service. The MCP is responsible to ensure all necessary written consent forms are received prior to arranging transportation for an unaccompanied minor.

MCPs must provide the following four available modalities of NEMT transportation in accordance with the Medi-Cal Provider Manual⁶ and the CCR⁷ when the member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for the purpose of obtaining needed medical care:

1. MCPs must provide **NEMT ambulance services** for⁸:
 - Transfers between facilities for members who require continuous intravenous medication, medical monitoring or observation.
 - Transfers from an acute care facility to another acute care facility.
 - Transport for members who have recently been placed on oxygen (does not apply to members with chronic emphysema who carry their own oxygen for continuous use).
 - Transport for members with chronic conditions who require oxygen if monitoring is required.
2. MCPs must provide **litter van services** when the member's medical and physical condition does not meet the need for NEMT ambulance services, but meets both of the following:
 - Requires that the member be transported in a prone or supine position, because the member is incapable of sitting for the period of time needed to transport⁹.
 - Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance¹⁰.
3. MCPs must provide **wheelchair van services** when the member's medical and physical condition does not meet the need for litter van services, but meets any of the following:
 - Renders the member incapable of sitting in a private vehicle, taxi or other form of public transportation for the period of time needed to transport¹¹.

⁶ Medi-Cal Provider Manual: Medical Transportation- Ground

⁷ 22 CCR Section 51323(a) and (c)

⁸ Medi-Cal Provider Manual: Medical Transportation - Ground, page 9, Ambulance: Qualified Recipients

⁹ 22 CCR Section 51323 (2)(A)(1)

¹⁰ 22 CCR Section 51323 (2)(B)

¹¹ 22 CCR Section 51323 (3)(A)

- Requires that the member be transported in a wheelchair or assisted to and from a residence, vehicle and place of treatment because of a disabling physical or mental limitation ².
- Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance ³.

Members with the following conditions may qualify for wheelchair van transport when their providers submit a signed Physician Certification Statement (PCS) form (as described below)¹⁴:

- Members who suffer from severe mental confusion.
- Members with paraplegia.
- Dialysis recipients.
- Members with chronic conditions who require oxygen but do not require monitoring.

4. MCPs must provide **NEMT by air only under the following conditions ⁵:**

- When transportation by air is necessary because of the member's medical condition or because practical considerations render ground transportation not feasible. The necessity for transportation by air shall be substantiated in a written order of a physician, dentist, podiatrist, or mental health or substance use disorder provider.

NEMT Physician Certification Statement Forms

MCPs and transportation brokers must use a DHCS approved PCS form to determine the appropriate level of service for Medi-Cal members. Once the member's treating physician prescribes the form of transportation, the MCP cannot modify the authorization. In order to ensure consistency amongst all MCPs, all NEMT PCS forms must include, at a minimum, the components listed below:

- **Function Limitations Justification:** For NEMT, the physician is required to document the member's limitations and provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate with assistance or be transported by public or private vehicles.
- **Dates of Service Needed:** Provide start and end dates for NEMT services; authorizations may be for a maximum of 12 months.
- **Mode of Transportation Needed:** List the mode of transportation that is to be used when receiving these services (ambulance/gurney van, litter van, wheelchair van or air transport).

¹² 22 CCR Section 51323 (3)(8)

¹³ 22 CCR Section 51323 (3)(C)

¹⁴ Medi-Cal Provider Manual: Medical Transportation - Ground, page 11, Wheelchair Van

¹⁵ 22 CCR Section 51323 (c)(2)

- Certification Statement: Prescribing physician's statement certifying that medical necessity was used to determine the type of transportation being requested.

Each MCP must have a mechanism to capture and submit data from the PCS form to DHCS. Members can request a PCS form from their physician by telephone, electronically, in person, or by another method established by the MCP.

Non-Medical Transportation

NMT has been a covered benefit when provided as an EPSDT service¹⁶. Beginning on July 1, 2017, MCPs must provide NMT for MCP members to obtain medically necessary MCP-covered services. For all Medi-Cal services not covered under the MCP contract, MCPs must make their best effort to refer for and coordinate NMT.

Effective October 1, 2017, MCPs must provide NMT for all Medi-Cal services, including those not covered by the MCP contract. Services that are not covered under the MCP contract include, but are not limited to, specialty mental health, substance use disorder, dental, and any other benefits delivered through the Medi-Cal FFS delivery system.

NMT does not include transportation of the sick, injured, invalid, convalescent, infirm, or otherwise incapacitated members who need to be transported by ambulances, litter vans, or wheelchair vans licensed, operated, and equipped in accordance with state and local statutes, ordinances, or regulations. Physicians may authorize NMT for members if they are currently using a wheelchair but the limitation is such that the member is able to ambulate without assistance from the driver. The NMT requested must be the least costly method of transportation that meets the member's needs.

MCPs are contractually required to provide members with a Member Services Guide that includes information on the procedures for obtaining NMT transportation services¹⁷. The Member Services Guide must include a description of NMT services and the conditions under which NMT is available.

At a minimum, MCPs must provide the following NMT services¹⁸:

- Round trip transportation for a member by passenger car, taxicab, or any other form of public or private conveyance (private vehicle)¹⁹, as well as mileage reimbursement for medical purposes²⁰ when conveyance is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

¹⁶ WIC 14132 (ad)(7)

¹⁷ Exhibit A, Attachment 13 (Member Services), Written Member Information

¹⁸ WIC Section 14132(ad)

¹⁹ Vehicle Code (VEH) Section 465

²⁰ IRS Standard Mileage Rate for Business and Medical Purposes

- Round trip NMT is available for the following:
 - Medically necessary covered services.
 - Members picking up drug prescriptions that cannot be mailed directly to the member.
 - Members picking up medical supplies, prosthetics, orthotics and other equipment.
- MCPs must provide NMT in a form and manner that is accessible, in terms of physical and geographic accessibility, for the member and consistent with applicable state and federal disability rights laws.

Conditions for Non-Medical Transportation Services:

- MCP may use prior authorization processes for approving NMT services and re-authorize services every 12 months when necessary.
- NMT coverage includes transportation costs for the member and one attendant, such as a parent, guardian, or spouse, to accompany the member in a vehicle or on public transportation, subject to prior authorization at time of initial NMT authorization request.
- With the written consent of a parent or guardian, MCPs may arrange for NMT for a minor who is unaccompanied by a parent or a guardian. MCPs must provide transportation services for unaccompanied minors when state or federal law does not require parental consent for the minor's service. The MCP is responsible to ensure all necessary written consent forms are received prior to arranging transportation for an unaccompanied minor.
- NMT does not cover trips to a non-medical location or for appointments that are not medically necessary.
- For private conveyance, the member must attest to the MCP in person, electronically, or over the phone that other transportation resources have been reasonably exhausted. The attestation may include confirmation that the member:
 - Has no valid driver's license.
 - Has no working vehicle available in the household.
 - Is unable to travel or wait for medical or dental services alone.
 - Has a physical, cognitive, mental, or developmental limitation.

Non-Medical Transportation Private Vehicle Authorization Requirements

The MCPs must authorize the use of private conveyance (private vehicle)²¹ when no other methods of transportation are reasonably available to the member or provided by the MCP. Prior to receiving approval for use of a private vehicle, the member must exhaust all other reasonable options and provide an attestation to the MCP stating other methods of transportation are not available. The attestation can be made over the

²¹ VEH Section 465

phone, electronically, or in person. In order to receive gas mileage reimbursement for use of a private vehicle, the driver must be compliant with all California driving requirements, which include²²:

- Valid driver's license.
- Valid vehicle registration.
- Valid vehicle insurance.

MCPs are only required to reimburse the driver for gas mileage consistent with the Internal Revenue Service standard mileage rate for medical transportation²³.

Non-Medical Transportation Authorization

MCPs may authorize NMT for each member prior to the member using NMT services. If the MCP requires prior authorization for NMT services, the MCP is responsible for developing a process to ensure that members can request authorization and be approved for NMT in a timely matter. The MCP's prior authorization process must be consistently applied to medical/surgical, mental health and substance use disorder services as required by CMS-2333-F.

Non-Medical Transportation and Non-Emergency Medical Transportation Access Standards

MCPs are contractually required to meet timely access standards²⁴. MCPs that have a Knox-Keene license are also required to meet the timely access standards contained in Title 28 CCR Section 1300.67.2.2. The member's need for NMT and NEMT services do not relieve the MCPs from complying with their timely access standard obligations.

MCPs are responsible for ensuring that their delegated entities and subcontractors comply with all applicable state and federal laws and regulations, contractual requirements, and other requirements set forth in DHCS guidance, including APLs and Dual Plan Letters. MCPs must timely communicate these requirements to all delegated entities and subcontractors in order to ensure compliance.

²² VEH Section 12500, 4000, and 16020

²³ [IRS Standard Mileage Rate for Business and Medical Purposes](#)

²⁴ 28 CCR Section 1300.51(d)(H); Exhibit A, Attachment 9 (Access and Availability)

ALL PLAN LETTER 17-010

Page 8

If you have any questions regarding this APL, contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division

ATTACHMENT A

Medical Transportation – Ground: Billing Codes and Reimbursement Rates

mc tran gnd cd

1

This section lists the codes and maximum allowances for ground medical transportation services. Refer to the *Medical Transportation – Ground* section in this manual for policy information. Reimbursement will be made at the provider's usual charge to the general public, not to exceed the following maximum allowances.

TARs

For *Treatment Authorization Requests* (TARs), enter the appropriate HCPCS code followed by modifier(s), if necessary, in the *NDC/UPN* or *Procedure Code* field (Box 11). Enter details related to the services requested in the *Medical Justification* field (Box 8C) of the TAR.

Codes and Rates

Ground medical transportation services are reimbursed as listed below:

Note: If services are provided are emergency, the *Emergency Indicator* field (Box 24C) on the *CMS-1500* claim form must be checked or condition code 81 (emergency indicator) on the *UB-04* claim form must be included.

AMBULANCE TRANSPORTATION

Response to Call

Code	Description	Modifier(s)	Maximum Allowance
93005 ±	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report		\$ 7.43
93041 ±	Rhythm ECG, 1 to 3 leads, tracing only without interpretation and report		16.07
A0225 * †	Ambulance service; neonatal transport, base rate, emergency transport, one way		179.92
		UJ	189.80

* This HCPCS code may be used only by providers of ambulance services certified by the California Highway Patrol and staffed in accordance with state regulations.

† Use of compressed air in conjunction with an incubator is separately reimbursable under code A0999 only as a power or drive source; use of compressed air as a source of ambient atmosphere within an incubator ("medical compressed air") is not separately reimbursable.

± Ground medical transportation providers may not be reimbursed for both codes 93005 and 93041 on the same day, for the same recipient.

Code	Description	Modifier(s)	Maximum Allowance
A0420 *	Ambulance waiting time (ALS or BLS) one half (<u>1/2</u>) hour increments		19.76
A0422 *	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation		9.98
A0424 * †††	Extra ambulance attendant, ground (ALS or BLS) or air (<u>fixed or rotary winged</u>); (<u>requires medical review</u>) (per hour)		16.44
A0425 *	Ground mileage, per statute mile (use for ambulance transports only)		3.55
A0426 *	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1).		107.16
		UJ	117.04
A0427 *	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)		118.20
		UN	101.06 per patient
		UJ	128.08
		UN, UJ	106.00 per patient
A0428 *	Ambulance service, basic life support, non-emergency transport (BLS)		107.16
		UJ	117.04
A0429 *	Ambulance service, basic life support, emergency transport (BLS-emergency)		118.20
		UN	101.06 per patient
		UJ	128.08
		UN, UJ	106.00 per patient

* This HCPCS code may be used only by providers of ambulance services certified by the California Highway Patrol and staffed in accordance with state regulations.

††† Billed per hour. Refer to the *Medical Transportation – Ground* section in this manual for additional information.

†† Providers billing for code A0999 must itemize all supplies billed and attach a manufacturer or supplier invoice showing the wholesale price. An internal company invoice or catalog page is not acceptable. The contents of any kit billed with code A0999 must be listed in the *Additional Claim Information* field (Box 19) of the claim or on an attachment. Identify items billed on the invoice with an underline, check mark or circle (not a highlighting pen), or the claim may be denied for inadequate documentation.

† Use of compressed air in conjunction with an incubator is separately reimbursable under code A0999 only as a power or drive source; use of compressed air as a source of ambient atmosphere within an incubator ("medical compressed air") is not separately reimbursable.

|| Billing for code A0999 for organ procurement requires an invoice from the Organ Procurement Organization. For more information, refer to the "Invoice with Claim: Solid Organ" area of this manual's *Transplants* section.

Code	Description	Modifier(s)	Maximum Allowance
A0433 *	Advanced life support, level 2 (ALS2)		118.20
		UN	101.06 per patient
		UJ	128.08
		UN, UJ	106.00 per patient
A0434 *	Specialty care transport (SCT)		118.20
		UN	101.06 per patient
		UJ	128.08
		UN, UJ	106.00 per patient
A0999 * †† †† †	Unlisted ambulance service		By Report

* This HCPCS code may be used only by providers of ambulance services certified by the California Highway Patrol and staffed in accordance with state regulations.

†† Providers billing for code A0999 must itemize all supplies billed and attach a manufacturer or supplier invoice showing the wholesale price. An internal company invoice or catalog page is not acceptable. The contents of any kit billed with code A0999 must be listed in the *Additional Claim Information* field (Box 19) of the claim or on an attachment. Identify items billed on the invoice with an underline, check mark or circle (not a highlighting pen), or the claim may be denied for inadequate documentation.

† Use of compressed air in conjunction with an incubator is separately reimbursable under code A0999 only as a power or drive source; use of compressed air as a source of ambient atmosphere within an incubator ("medical compressed air") is not separately reimbursable.

‡ Billing for code A0999 for organ procurement requires an invoice from the Organ Procurement Organization. For more information, refer to the "Invoice with Claim: Solid Organ" area of this manual's *Transplants* section.

**WHEELCHAIR VAN
AND LITTER VAN
TRANSPORTATION**
**Response to Call –
Non-litter Patient**

The following services require a TAR.

Code	Description	Modifier(s)	Maximum Allowance
A0130	Non-emergency transportation: wheelchair van		\$ 17.65
		UJ	23.78
		UN	14.10 per patient
		UP	11.17 per patient
		UQ	10.01 per patient
		UR	10.01 per patient
		US	10.01 per patient
<u>A0380 *</u>	<u>BLS mileage (per mile) (use for wheelchair and litter van transports only)</u>		<u>\$ 1.30</u>
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation		9.98

- * This HCPCS code may be used only by providers of ambulance services certified by the California Highway Patrol and staffed in accordance with state regulations.
- †† Providers billing for code A0999 must itemize all supplies billed and attach a manufacturer or supplier invoice showing the wholesale price. An internal company invoice or catalog page is not acceptable. The contents of any kit billed with code A0999 must be listed in the *Additional Claim Information* field (Box 19) of the claim or on an attachment. Identify items billed on the invoice with an underline, check mark or circle (not a highlighting pen), or the claim may be denied for inadequate documentation.
- † Use of compressed air in conjunction with an incubator is separately reimbursable under code A0999 only as a power or drive source; use of compressed air as a source of ambient atmosphere within an incubator ("medical compressed air") is not separately reimbursable.
- || Billing for code A0999 for organ procurement requires an invoice from the Organ Procurement Organization. For more information, refer to the "Invoice with Claim: Solid Organ" area of this manual's *Transplants* section.
- ⊕ Reimbursable for a maximum of 90 minutes, except in cases where the patient is a neonate. Refer to the *Medical Transportation – Ground* section in this manual for additional information.

Code	Description	Modifier(s)	Maximum Allowance
A0999 * †† †	Unlisted ambulance service		By Report
T2001	Non-emergency transportation; patient attendant/escort		5.52
T2005	Non-emergency transportation: stretcher van		26.29
		UJ	32.42
T2007 ⊕	Transportation waiting time, air ambulance, and non-emergency vehicle, one-half (1/2) hour increments		11.30

* This HCPCS code may be used only by providers of ambulance services certified by the California Highway Patrol and staffed in accordance with state regulations.

†† Providers billing for code A0999 must itemize all supplies billed and attach a manufacturer or supplier invoice showing the wholesale price. An internal company invoice or catalog page is not acceptable. The contents of any kit billed with code A0999 must be listed in the *Additional Claim Information* field (Box 19) of the claim or on an attachment. Identify items billed on the invoice with an underline, check mark or circle (not a highlighting pen), or the claim may be denied for inadequate documentation.

† Use of compressed air in conjunction with an incubator is separately reimbursable under code A0999 only as a power or drive source; use of compressed air as a source of ambient atmosphere within an incubator ("medical compressed air") is not separately reimbursable.

|| Billing for code A0999 for organ procurement requires an invoice from the Organ Procurement Organization. For more information, refer to the "Invoice with Claim: Solid Organ" area of this manual's *Transplants* section.

⊕ Reimbursable for a maximum of 90 minutes, except in cases where the patient is a neonate. Refer to the *Medical Transportation – Ground* section in this manual for additional information.

**NON-EMERGENCY PATIENT
TRANSFER FROM ACUTE
CARE FACILITY TO NURSING
FACILITY LEVELS A/B**

**Treatment Authorization
Request**

The following services do not require a TAR when billed with modifiers HN and QN.

Code	Description	Modifier(s)	Maximum Allowance
A0130	Non-emergency transportation: wheelchair van	HN, QN	\$ 17.65
A0380	BLS mileage (per mile) (use for wheelchair and litter van transports only)	HN, QN	1.30
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation.	HN, QN	9.98
A0425	Ground mileage, per statute mile (use for ambulance transports only)	HN, QN	3.55
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)	HN, QN	107.16
A0428	Ambulance service, basic life support, non-emergency transport (BLS)	HN, QN	107.16
A0999 * †† †	Unlisted ambulance service	<u>HN, QN</u>	By Report
T2001	Non-emergency transportation; patient attendant/escort	HN, QN	5.52
T2005	Non-emergency transportation: stretcher van	HN, QN	26.29

* This HCPCS code may be used only by providers of ambulance services certified by the California Highway Patrol and staffed in accordance with state regulations.

†† Providers billing for code A0999 must itemize all supplies billed and attach a manufacturer or supplier invoice showing the wholesale price. An internal company invoice or catalog page is not acceptable. The contents of any kit billed with code A0999 must be listed in the *Additional Claim Information* field (Box 19) of the claim or on an attachment. Identify items billed on the invoice with an underline, check mark or circle (not a highlighting pen), or the claim may be denied for inadequate documentation.

† Use of compressed air in conjunction with an incubator is separately reimbursable under code A0999 only as a power or drive source; use of compressed air as a source of ambient atmosphere within an incubator ("medical compressed air") is not separately reimbursable.

|| Billing for code A0999 for organ procurement requires an invoice from the Organ Procurement Organization. For more information, refer to the "Invoice with Claim: Solid Organ" area of this manual's *Transplants* section.

**NON-MEDICAL
TRANSPORTATION**

Response to Call

Code	Description	Modifier(s)	Maximum Allowance
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems		\$ 17.65
		UJ	23.78
		UN	14.10 per patient
		UP	11.17 per patient
		UQ	10.01 per patient
		UR	10.01 per patient
		US	10.01 per patient
A0390	ALS mileage (per mile)		<u>1.30</u>