

To:
Specialized
Medical Vehicle
Providers
HMOs and Other
Managed Care
Programs

Revised Vehicle Requirements for Specialized Medical Vehicles

Effective for dates of service on and after July 1, 2006, specialized medical vehicle (SMV) service providers using at least two vehicles equipped with a wheelchair ramp or lift may also use human services vehicles (HSVs) (that meet Trans. 301.01-301.61, Wis. Admin. Code, requirements) not equipped with a wheelchair ramp or lift. Wisconsin Medicaid has added two new procedure codes to use when submitting claims for services provided in HSVs without a ramp or lift.

Attachments 1 and 2 of this *Wisconsin Medicaid and BadgerCare Update* contain procedure codes, modifiers, modifier descriptions, and maximum allowable fees for SMV services.

Vehicle Without Wheelchair Ramp or Lift

Provisions of 2005 Wisconsin Act 340 authorizes Wisconsin Medicaid to reimburse for specialized medical vehicle (SMV) transportation services provided in human services vehicles (HSVs) that are not equipped with a wheelchair ramp or lift as long as the provider operates at least two vehicles that are equipped with a wheelchair ramp or lift. If a provider uses only one or two vehicles, these vehicle(s) must be equipped with a wheelchair ramp or lift.

Effective for dates of service (DOS) on and after July 1, 2006, SMV service providers using at least two vehicles equipped with a wheelchair ramp or lift may use additional HSVs that are not equipped with a ramp or lift. Vehicles that do not have a wheelchair ramp or lift must meet the HSV requirements of Trans. 301.01-301.61, Wis. Admin. Code, and it must be possible to equip the vehicle(s) with the special equipment needed for transporting a person who uses a wheelchair, as required under Trans 301.60-301.66, Wis. Admin. Code.

Individuals Eligible for Transportation by Specialized Medical Vehicle

Wisconsin Medicaid will continue to cover transportation by SMV for Medicaid recipients who meet both of the following criteria:

- Need transportation to obtain a Medicaid-covered service.
- Are legally blind or temporarily or indefinitely disabled to the extent that they cannot safely use another type of transportation, as documented in writing by a nurse midwife, nurse practitioner, physician, or physician assistant.

The only change is that individuals who meet the criteria for SMV travel, but do not use a wheelchair, can be transported in HSVs that are not equipped with a wheelchair ramp or lift. Wisconsin Medicaid will cover transportation of

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

an individual who uses a wheelchair only if the individual is transported in a vehicle that is equipped with a wheelchair ramp or lift. The use of a portable ramp or lift does not meet the requirement of “equipped with a wheelchair ramp or lift.” Wisconsin Medicaid will recoup payment made for such trips.

Providers should continue to refer individuals who are able to travel safely by other means of transportation to their local county/tribal social or human services agency for transportation assistance.

Adding New Vehicles

Providers adding new vehicles are required to submit a revised Specialized Medical Vehicle Information Chart, HCF 1300 (Rev. 07/03), to Wisconsin Medicaid. The completion instructions and Specialized Medical Vehicle Information Chart are located in the Specialized Medical Vehicle Services Handbook for photocopying and may also be downloaded and printed from the Medicaid Web site at dhfs.wisconsin.gov/medicaid/.

Wisconsin Medicaid will allow providers to transport recipients in the additional vehicle(s) as soon as the newly added vehicle is insured and inspected by the Wisconsin State Patrol as required under HFS 105.39 and Trans 301, Wis. Admin. Code. However, Wisconsin Medicaid must receive the inspection and insurance verification documentation along with the Specialized Medical Vehicle Information Chart within 14 calendar days of the first DOS. If the required documentation is not received within 14 calendar days of the first DOS, Wisconsin Medicaid may recoup payments made for trips provided using the new vehicle(s) before Wisconsin Medicaid receives the required documentation.

Two Procedure Codes Added

When billing for services provided in an HSV vehicle that is not equipped with a wheelchair ramp or lift, providers are required to use the following procedure codes:

- A0120 (Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems).
- S0215 (Non-emergency transportation; mileage, per mile).

Providers are reminded to use the procedure code that describes the service performed. All other policies included in SMV publications still apply.

Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* lists the procedure codes (including the two new procedure codes), modifiers, and maximum allowable fees for SMV services.

Attachment 2 contains the trip modifiers and additional modifiers for SMV services.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

Wisconsin Medicaid will allow providers to transport recipients in the additional vehicle(s) as soon as the newly added vehicle is insured and inspected by the Wisconsin State Patrol as required under HFS 105.39 and Trans 301, Wis. Admin. Code.

ATTACHMENT 1

Procedure Codes, Modifiers, and Maximum Allowable Fees for Specialized Medical Vehicle Services

The following table lists the Healthcare Common Procedure Coding System (HCPCS) procedure codes, modifiers, and maximum allowable fees for specialized medical vehicle (SMV) services performed on and after July 1, 2006. Refer to Attachment 2 of this *Wisconsin Medicaid and BadgerCare Update* for modifier descriptions.

HCPCS Procedure Code	Description	Valid Modifiers for Procedure Code					Maximum Allowable Fee
		Trip Modifiers	Rural County Trip Modifier	Discharge Modifiers	Unloaded* Mileage Modifier	Multiple Carry Modifier	
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems [includes the first five miles]	U1, U2, U3, U4, U5, U6	TN	HR, NR	Not Required		\$11.87
						TK	\$10.09
A0130	Non-emergency transportation: wheelchair van [includes the first five miles]	U1, U2, U3, U4, U5, U6	TN	HR, NR	Not Required		\$11.87
						TK	\$10.09
A0170**	Transportation ancillary: parking fees, tolls, other [waiting time per hour]	U1, U2, U3, U4, U5, U6	Not Required	Not Required	Not Required	Not Required	\$4.57
S0209	Wheelchair van, mileage, per mile	U1, U2, U3, U4, U5, U6	TN	HR, NR			\$1.25
						TK	\$1.06
						TP	\$0.46
S0215	Non-emergency transportation; mileage, per mile	U1, U2, U3, U4, U5, U6	TN	HR, NR			\$1.25
						TK	\$1.06
						TP	\$0.46
T2001	Non-emergency transportation: patient attendant/escort [per trip]	U1, U2, U3, U4, U5, U6	Not Required	Not Required	Not Required	Not Required	\$8.00
T2005	Non-emergency transportation; stretcher van [includes the first five miles]	U1, U2, U3, U4, U5, U6	TN	HR, NR	Not Required		\$35.00
						TK	\$30.00
T2049	Non-emergency transportation; stretcher van, mileage; per mile	U1, U2, U3, U4, U5, U6	TN	HR, NR			\$1.25
						TK	\$1.06
						TP	\$0.46

*Only the unloaded mileage beyond 20 miles is reimbursable by Wisconsin Medicaid. Refer to the July 2003 *Update* (2003-63), titled "Changes to local codes, paper claims, and prior authorization for specialized medical vehicle services in conjunction with HIPAA requirements," for additional information about unloaded mileage.

**This code is for waiting time only. Wisconsin Medicaid does not cover parking fees, tolls, or other ancillary transportation costs.

ATTACHMENT 2

Modifiers for Specialized Medical Vehicle Services

The following tables list the nationally recognized modifiers and descriptions for specialized medical vehicle services.

Trip Modifiers	
National Modifier	Wisconsin Medicaid Modifier Description for Specialized Medical Vehicle Services
U1	First or only trip
U2	Second trip
U3	Third trip
U4	Fourth trip
U5	Fifth trip
U6	Sixth trip

Additional Modifiers for Specialized Medical Vehicle Services	
National Modifier	National Modifier Description
TK	Extra patient or passenger, non-ambulance
TP	Medical transport, unloaded vehicle
HR	Hospital discharge
NR	Nursing home discharge
TN	Rural/outside providers customary service area