

Affected Programs: BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, Medicaid

To: Ambulance Providers, Hospital Providers, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Specialized Medical Vehicle Providers, HMOs and Other Managed Care Programs

Policy for Non-emergency Medical Transportation by Ambulance or Specialized Medical Vehicle Stretcher Van

This *ForwardHealth Update* announces policy for non-emergency medical transportation (NEMT) by ambulance or specialized medical vehicle (SMV) stretcher van effective for dates of service on and after July 1, 2012. It includes information on the following:

- Members eligible for NEMT through LogistiCare.
- Members not eligible for NEMT through LogistiCare.
- Categories of NEMT by ambulance or SMV stretcher van.
- Billing and reimbursement for members not covered by LogistiCare.

This *ForwardHealth Update* announces policy for non-emergency medical transportation (NEMT) by ambulance or specialized medical vehicle (SMV) stretcher van effective for dates of service (DOS) on and after July 1, 2012.

Policy for NEMT by common carrier is not changing.

Members Eligible for Non-emergency Medical Transportation Through LogistiCare

LogistiCare Solutions, LLC (LogistiCare), ForwardHealth's transportation manager, provides scheduling coordination, assignment, and reimbursement for all NEMT — including NEMT by ambulance — for most members enrolled in the following programs:

- Wisconsin Medicaid.
- Family Planning Only Services.
- The BadgerCare Plus Standard Plan.
- The BadgerCare Plus Benchmark Plan.
- Tuberculosis-Related Services-Only Benefit.
- BadgerCare Plus Express Enrollment for Pregnant Women.

Members Not Eligible for Non-emergency Medical Transportation Through LogistiCare

The following members are not eligible to receive NEMT through LogistiCare:

- Members who are enrolled in an HMO in Kenosha, Milwaukee, Ozaukee, Racine, Washington, or Waukesha County. (These members receive NEMT services from their respective HMO.)
- Members who are residing in a nursing home. (The nursing home coordinates members' NEMT.)
- Members who are enrolled in Family Care. (These members receive NEMT services from the Family Care care management organization.)

Categories of Non-emergency Medical Transportation by Ambulance or Specialized Medical Vehicle Stretcher Van

Non-emergency medical transportation by ambulance or SMV stretcher van falls into two categories based on whether life support services are required during transport:

1. Non-emergency medical transportation requiring life support services (either advanced life support [ALS] or basic life support [BLS]). This category of transportation is always provided by ambulance.
2. Non-emergency medical transportation *without* life support services (for a member who requires transportation in a supine position). This category of transportation is provided either by ambulance or by SMV stretcher van.

ForwardHealth defines life support services as any of the following:

- The administration of any oral prescription medication, intravenous prescription solution, or oxygen using on-board equipment. (Self-administered portable oxygen without the assistance of medical personnel is not considered prescription medication.)
- The provision of medical care by medically trained personnel during transport (i.e., nurse, paramedic, or emergency medical technician).
- The use of medical equipment during transport (i.e., electrocardiogram monitor, tracheotomy suctioning, ventilator, resuscitator bagging) beyond that specified in DHS 105.39, Wis. Admin. Code.

Non-emergency Medical Transportation Requiring Life Support Services

Effective for DOS on and after July 1, 2012, the following policy will apply for NEMT requiring life support services (provided by ambulance) for members who are required to receive their NEMT through LogistiCare:

- The ambulance provider will be required to be contracted with LogistiCare and to submit claims directly to LogistiCare in order to receive reimbursement.

- The transportation must be prescribed by a physician, physician assistant, or nurse practitioner. The prescription must:
 - ✓ Be in writing.
 - ✓ Be maintained and stored in the patient's record at the referring hospital, clinic, or other originating facility.
 - ✓ State what medical care is necessitated by the member's condition that requires transport with life support services.
- The referring hospital, clinic, or other originating facility will have two options for coordinating the transportation:
 - ✓ Coordinating directly with the ambulance provider. With this option, the ambulance provider will be required to contact LogistiCare within 24 hours after dispatching the trip to obtain a trip identification number (trip ID). (The ambulance provider will be required to obtain a copy of the prescription and submit it to LogistiCare.)
 - ✓ Coordinating through LogistiCare. With this option, the referring hospital, clinic, or originating facility will contact LogistiCare to arrange the trip. (The hospital, clinic, or facility will be required to fax a copy of the prescription to LogistiCare.)

Non-emergency Medical Transportation Without Life Support Services

Effective for DOS on and after July 1, 2012, the following policy will apply for NEMT without life support services (whether provided by ambulance or by SMV stretcher van) for members who require transportation in a supine position and who are required to receive their NEMT through LogistiCare:

- The ambulance or SMV provider will be required to be contracted with LogistiCare and to submit claims directly to LogistiCare in order to receive reimbursement.
- The transportation will *not* require a prescription.
- The referring hospital, clinic, or other originating facility will be required to coordinate the transportation through LogistiCare.

Billing and Reimbursement for Members Not Covered by LogistiCare

For members who are not eligible to receive NEMT services through LogistiCare, the following procedure codes are to be used when submitting claims to ForwardHealth:

- For NEMT requiring life support services, the ambulance provider will be required to indicate the appropriate non-emergency ALS or BLS procedure codes on claims in order to receive reimbursement.
- For NEMT without life support services provided *by ambulance*, the ambulance provider will be required to indicate the following Healthcare Common Procedure Coding System (HCPCS) procedure codes on claims in order to receive reimbursement:
 - ✓ Procedure code T2003 (Non-emergency transportation; encounter/trip). The maximum allowable fee for procedure code T2003 will be \$60.
 - ✓ Procedure code A0425 (Ground mileage; per statute mile). The reimbursement rate for mileage for procedure code A0425 will be \$1.75 (after the first five miles).
- For NEMT without life support services provided *by SMV stretcher van* for members who require transportation in a supine position, the SMV provider will be required to indicate the following HCPCS procedure codes on claims in order to receive reimbursement:
 - ✓ Procedure code T2005 (Non-emergency transportation; stretcher van [includes the first five miles]). Effective for DOS on and after July 1, 2012, the maximum allowable fee for procedure code T2005 will be increased to \$45.
 - ✓ Procedure code T2049 (Non-emergency transportation; stretcher van, mileage; per mile). Effective for DOS on and after July 1, 2012, the reimbursement rate for mileage for T2049 will be increased to \$1.46 (after the first five miles).

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250