

Bulletin Number: MSA 14-65

Distribution: Ambulance Providers, Hospitals

Issued: December 29, 2014

Subject: Revisions to the Billing Instructions for Multiple Transports on the Same Date of Service

Effective: February 1, 2015

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services

Effective for claims submitted on and after February 1, 2015, the Michigan Department of Community Health (MDCH) is implementing new claim submission requirements that apply to claims for multiple ambulance transports rendered to the same beneficiary on the same date of service. The new requirements include changes to the utilization of origin and destination modifiers.

Multiple Same Day Ambulance Transports

When a beneficiary requires more than one ambulance transport on the same date of service, the following billing instructions apply:

- Providers must report the appropriate origin and destination modifier with both the base rate and the mileage procedure codes.
- Providers must report the quantity for each transport base rate as "1" and the quantity for each transport mileage as the number of loaded miles.
- Modifier 22 is no longer required when billing multiple transports. Use of modifier 22 will result in claims suspending for manual review.

If a break in service occurs between transports, each transport must be billed as a separate service. A break in service occurs when the ambulance is available to respond to other requests. If there is no break in service between transports, the transport is considered a single run and is described under the Continuous or Round Trip Transports subsection of the Ambulance Chapter within the Medicaid Provider Manual.

If more than two ambulance transports are needed for the same beneficiary on the same date of service, the third transport will require prior authorization. Providers should contact the Program Review Division within MDCH for prior authorization and approval. When additional transports are of emergent nature are necessary, ambulance providers may secure prior authorization after the transport has been rendered.

All medically necessary non-emergency ambulance transports require documentation of medical necessity for the transport. Documentation must be retained in the beneficiary's files and made available to MDCH upon request. Non-emergency ambulance transports for nursing facility residents are only reimbursed by MDCH when the resident's attending physician orders the transport due to the need for a stretcher or other emergency equipment. Standard Medicaid practices related to pre and post payment, as well as medical necessity and appropriateness of the services, apply.

Origin and Destination Modifiers

The origin and destination modifiers must be included on all ambulance claim lines.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
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