



Ohio Administrative Code

Rule 5160-15-25 Transportation: services from an eligible provider: points of transport.

Effective: July 1, 2021

(A) For purposes of this chapter, medicaid recognizes the following twelve points of transport, which represent the origin or destination of a discrete one-way trip:

(1) Ten points of transport recognized by the centers for medicare and medicaid services (CMS):

(a) A diagnostic or therapeutic site other than a practitioner's office or a hospital, such as an alcohol and drug rehabilitation center, an ambulatory surgery center, an independent diagnostic testing facility, or a medical equipment supplier;

(b) A residential, domiciliary, or custodial facility that is not a skilled nursing facility;

(c) A dialysis facility located in a hospital;

(d) A hospital;

(e) A site of transfer between modes of transport, such as an airstrip or a helipad;

(f) A dialysis facility not located in a hospital;

(g) A skilled nursing facility;

(h) A practitioner's office, which includes but is not limited to the office of an individual health professional, the office of a group of health professionals, or a clinic;

(i) A residence other than a residential, domiciliary, or custodial facility; and

(j) The scene of an accident or an acute event;



(2) A workplace; and

(3) A school.

(B) On each claim for a transportation service provided by wheelchair van or by ambulance, the origin and the destination are specified in accordance with current claim-submission instructions.

(1) A claim submitted for a wheelchair van service or an ambulance service is subject to manual review unless the combination of origin and destination has been exempted. A list of the exempted combinations for each service is shown in the appendix to rule 5160-15-28 of the Administrative Code.

(2) Transportation providers may request manual review of claims for services involving non-exempted combinations of origins and destinations. Transportation providers may also request manual review of a claim for a service involving an origin or destination not listed in paragraph (A) of this rule if they indicate that fact explicitly on the claim.

(3) A request for manual review of a claim for a transportation service includes the following information:

(a) A completed practitioner certification form when the claim does not concern emergency ambulance service;

(b) A complete description of the service requested, the date of service, the trip origin and destination, a description of any special services involved, and a justification for the use of an attendant (when applicable); and

(c) Details of any related circumstances that should be considered in the evaluation of the request for manual review.