

HCCPS CODE	DESCRIPTION	MEDICAID MAXIMUM PAYMENT	LATEST CHANGE IN PAYMENT	POINT-OF-TRANSPORT MODIFIERS REPRESENTING COMBINATIONS OF TRIP ORIGIN AND DESTINATION THAT DO NOT REQUIRE MANUAL REVIEW									INFORMATION MODIFIERS	
Ground Ambulance Services														
A0424	Extra attendant, ambulance	\$18.00	01/01/2024	DD	DE	DG	DH	DJ	DN	DP	DR	DI U4	DI U7	U6; UA, UB
A0426	Advanced life support, level 1, non-emergency	\$244.50	01/01/2024	ED	EE	EG	EH	EJ		EP	ER	GI U4	GI U7	
A0428	Basic life support, non-emergency	\$203.75	01/01/2024	GD	GE		GH		GN	GP	GR	HI U4	HI U7	
				HD	HE	HG	HH	HJ	HN	HP	HR			
							JH		JN	JP	JR	JI U4	JI U7	
				ND		NG	NH	NJ	NN	NP	NR			
				PD	PE	PG	PH	PJ	PN	PP	PR	PI U4	PI U7	
				RD	RE	RG	RH	RJ	RN	RP				
				U4 ID		U4 IG	U4 IH	U4 IJ		U4 IP				
				U7 ID		U7 IG	U7 IH	U7 IJ		U7 IP				
A0427	Advanced life support, level 1, emergency	\$289.75	01/01/2024				DH							
A0429	Basic life support, emergency	\$244.00	01/01/2024				EH	EI						
A0433	Advanced life support, level 2	\$349.50	01/01/2024				GH							
							HH	HI						
							IH							
							JH							
							NH	NI						
							PH							
							RH							
							SH	SI						
							U4 IH							
							U7 IH							
A0434	Specialty care transport ⁽¹⁾	\$413.00	01/01/2024				HH		HN					
							NH		NN					
A0425	Mileage, ground ambulance	\$5.05 per mile	01/01/2024	DD	DE	DG	DH	DJ	DN	DP	DR	DI U4	DI U7	U6; UA, UB
				ED	EE	EG	EH	EI	EJ	EP	ER	GI U4	GI U7	
				GD	GE		GH		GN	GP	GR	HI U4	HI U7	
				HD	HE	HG	HH	HI	HJ	HN	HP			
							IH							
				JD	JE		JH		JN	JP	JR	JI U4	JI U7	
				ND		NG	NH	NI	NJ	NN	NP	NR		
				PD	PE	PG	PH		PJ	PN	PP	PR	PI U4	
				RD	RE	RG	RH		RJ	RN	RP			
							SH	SI						
				U4 ID		U4 IG	U4 IH	U4 IJ		U4 IP				
				U7 ID		U7 IG	U7 IH	U7 IJ		U7 IP				

HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM PAYMENT	LATEST CHANGE IN PAYMENT	POINT-OF-TRANSPORT MODIFIERS REPRESENTING COMBINATIONS OF TRIP ORIGIN AND DESTINATION THAT DO NOT REQUIRE MANUAL REVIEW								INFORMATION MODIFIERS			
Air Ambulance Services															
A0430	Transport by fixed-wing ambulance	\$1,860.00	01/01/2024	II								U6			
A0435	Mileage, fixed-wing ambulance	\$3.75 per statute mile	01/01/2024												
A0431	Transport by rotary-wing ambulance	\$2,160.00	01/01/2024	DH DI EH EI GH GI HH HI IH II JH JI NH NI PH PI RH RI SH SI								U6; UA, UB			
A0436	Mileage, rotary-wing ambulance	\$9.50 per statute mile	01/01/2024	U4 IH U7 IH											
Wheelchair Van Services															
A0130	Transport by wheelchair van	\$31.00	01/01/2024	DD	DE	DG	DH	DJ	DN	DP	DR	DI U4	DI U7	U3; U6; UA, UB	
S0209	Mileage, wheelchair van	\$1.30 per mile	01/01/2024	ED	EE	EG	EH	EJ		EP	ER				
				GD	GE	GH		GN	GP	GR	GI U4	GI U7			
T2001	Attendant, wheelchair van	\$15.00	01/01/2024	HD	HE	HG	HH	HJ	HN	HP	HR	HI U4	HI U7		
				JD	JE		JH		JN	JP	JR	JI U4	JI U7		
				ND		NG	NH	NJ	NN	NP	NR				
				PD	PE	PG	PH	PJ	PN	PP	PR	PI U4	PI U7		
				RD	RE	RG	RH	RJ	RN	RP					
				U4 ID		U4 IG	U4 IH	U4 IJ		U4 IP					
				U7 ID		U7 IG	U7 IH	U7 IJ		U7 IP					

(1) The submission of a claim for specialty care transport (SCT) is an attestation (1) that the individual was in critical condition (at immediate risk of deterioration or death) at the time of transport, (2) that a need was anticipated for on-board treatment that went beyond the scope of an EMT-paramedic with standard training, and (3) that there was someone on board with the training necessary to provide such treatment.

False attestation constitutes Medicaid fraud.

Note: The information in this appendix is not intended to be a comprehensive representation of all policies, claim-submission procedures, or other requirements. Please refer to Chapter 5160-15 of the Ohio Administrative Code.

Point-of-Transport Modifiers

D is 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.

E is a residential, domiciliary, or custodial facility that is not a skilled nursing facility (e.g., an intermediate care facility for individuals with intellectual disabilities).

G is a dialysis facility located in a hospital.

H is a hospital.

I is a site of transfer between modes of transport, such as an airstrip or a helipad.

J is a dialysis facility not located in a hospital.

N is a skilled nursing facility (SNF).

P is a practitioner's office, which includes but is not limited to the office of an individual health professional or a group of health professionals (e.g., advanced practice registered nurses, chiropractors, dentists, occupational therapists, ophthalmologists, optometrists, opticians, podiatrists, physical therapists, physicians, physician assistants, psychiatrists, or psychologists) or a clinic.

R is a residence, either permanent or temporary, other than a residential, domiciliary, or custodial facility.

S is the scene of an accident or acute event.

U4 is a workplace.

U7 is a school.

Note: With the two-character descriptors U4 and U7, a second two-character descriptor is necessary to specify the corresponding destination or origin.

For example, a transport from an individual's place of work to a physician's office would be recorded as U4 | IP (not as U4 | P):

U4, workplace + IP, from a transfer point to a practitioner's office = from a workplace to a practitioner's office

The return trip from the physician's office to the individual's place of work would be recorded as PI | U4 (not as P | U4):

PI, from a practitioner's office to a transfer point + U4, workplace = from a practitioner's office to a workplace

U5 is an origin/destination point not otherwise specified. It does not need a second descriptor, but it does require manual review.

Information Modifiers

U3 indicates a wheelchair van service provided in an ambulance vehicle. It is used only with HCPCS codes A0130, S0209, and T2001.

U6 indicates that the healthcare service was unavailable when the vehicle arrived at the destination.

UA indicates an additional trip taken by the same individual on the same day in the same type of vehicle to or from the same type of location.

UB indicates a second additional trip taken by the same individual on the same day in the same type of vehicle to or from the same type of location.