
Transportation Payment Policy

Policy Statement

Medically necessary emergency and non-emergency transportation is available to Neighborhood members via different methods. This policy outlines coverage guidelines and limitations for emergency and non-emergency transportation.

Scope

This policy applies to:

- Medicaid** *excluding Extended Family Planning (EFP)*
- INTEGRITY**
- Commercial**

Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as InterQual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Coverage Includes:

- All medically necessary emergency transportation including mileage.
- Non-emergency ambulance transportation for medically necessary care is covered when the member's medical condition prevents safe transportation by any other means.
- Bus transportation is a benefit available to eligible Neighborhood Medicaid and INTEGRITY members to assist them in getting to their provider if they do not have a car or anyone to take them. Please refer to the Provider Manual for more information on how to access these services.



Coverage Exclusions

All lines of business

The following services are considered included in the reimbursement rate for the transport and are not reimbursed separately:

- Oxygen
- Supplies
- EKG services

Medicaid & INTEGRITY

RI EOHHS contracts with a non-emergency transportation broker for all members (Medical Transportation Management Inc. MTM). Through this service, for medically necessary medical or behavioral health appointments members are offered bus passes and, when necessary, transport on other types of non-emergency medical vehicles (chair vans, ambulances, etc.). Neighborhood member services will also help with setting up or coordinating transportation if needed.

Providers are required to have a treatment plan that is appropriate for the member's condition and identified needs. It is not the responsibility of MTM (State of RI transportation provider) to leave a stretcher for the length of the member's appointment, unless it is their personal mobility device.

Commercial

Exclusions include, but are not limited to, transportation by chair car, wheelchair van, or taxi.

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

Member Responsibility

Commercial plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.



Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Coding

CPT Code	Description
A0021	Ambulance service, outside state per mile, transport
A0130	Nonemergency transportation: wheelchair van
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way
A0380	BLS mileage (per mile)
A0390	ALS mileage (per mile)
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0425	Ground mileage, per statute mile
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)

A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers
A0433	Advanced life support, level 2 (ALS 2)
A0434	Specialty care transport (SCT)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile

Modifiers

Origin and destination modifiers are single digit modifiers. The first single digit indicates the origin of the trip and the second single digit modifier indicates the destination of the patient. Below is a list of ambulance origin and destination modifiers.

Modifier	Description
D	Diagnostic or therapeutic site other than "P" or "H" (includes free-standing facilities)
E	Residential, domiciliary, custodial facility (includes non-participating facilities).
G	Hospital-based dialysis facility (hospital or hospital-related).
H	Hospital (includes OPD or ER)
I	Site of Transfer (e.g., airport or helicopter pad) between modes of ambulance transfer.
J	Non hospital-based dialysis facility (free standing).
N	Skilled Nursing Facility (Medicare participating only).
P	Physician's office.
R	Residence
S	Scene of accident or acute event.
X	Intermediate stop at physician's office on the way to the hospital (destination only).

Modifier Exclusions

Medicaid

RE- Residence to Residential, domiciliary, custodial facility

IN- Site of Transfer between modes of ambulance transfer to Skilled Nursing Facility



INTEGRITY

Non Emergency: Any modifier combination other than; EG, EI, GE, GN, GR, HE, HH, HJ, HN, HR, JE, JN, JR, NG, NH, NJ, NR, RG, RJ

Commercial

Emergency: IN, JN, or RE

Non Emergency: HJ, IN, JN, or RE

Document History

Date	Action
05.01.25	Policy Effective Date