TEXAS MEDICAID

PROVIDER PROCEDURES MANUAL

Volume 2

PROVIDER HANDBOOKS

AMBULANCE SERVICES HANDBOOK

This manual is available for download at www.tmhp.com, and is also available on CD. There are many benefits to using the electronic manual, including easy navigation with bookmarks and hyperlinked cross-references, the ability to quickly search for specific terms or codes, and form printing on demand.

The Texas Medicaid & Healthcare Partnership (TMHP) is the claims administrator for Texas Medicaid under contract with the Texas Health and Human Services Commission.

AMBULANCE SERVICES HANDBOOK

TEXAS
Health and Human
Services Commission

AMBULANCE SERVICES HANDBOOK

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AMBULANCE SERVICES HANDBOOK

1. GENERAL INFORMATION

The information in this handbook is intended for Texas Medicaid ambulance providers. The handbook provides information about Texas Medicaid's benefits, policies, and procedures applicable to emergency and nonemergency ambulance transports.

Important: *All providers are required to read and comply with Section 1, Provider Enrollment and Responsibilities. In addition to required compliance with all requirements specific to Texas Medicaid, it is a violation of Texas Medicaid rules when a provider fails to provide health-care services or items to Medicaid clients in accordance with accepted medical community standards and standards that govern occupations, as explained in* Title 1 Texas Administrative Code (TAC) §371.1617(a)(6)(A). *Accordingly, in addition to being subject to sanctions for failure to comply with the requirements that are specific to Texas Medicaid, providers can also be subject to Texas Medicaid sanctions for failure, at all times, to deliver health-care items and services to Medicaid clients in full accordance with all applicable licensure and certification requirements including, without limitation, those related to documentation and record maintenance.*

Refer to: Section 1, Provider Enrollment and Responsibilities (*Vol. 1, General Information*) for more information about enrollment procedures.

Section 8, Managed Care (*Vol. 1, General Information*).

2. AMBULANCE SERVICES

2.1 Enrollment

To enroll in Texas Medicaid, ambulance providers must operate according to the laws, regulations, and guidelines governing ambulance services under Medicare Part B; equip and operate under the appropriate rules, licensing, and regulations of the state in which they operate; acquire a license from the Texas Department of State Health Services (DSHS) approving equipment and training levels of the crew; and enroll in Medicare.

A hospital-operated ambulance provider must be enrolled as an ambulance provider and submit claims using the ambulance provider identifier, not the hospital provider identifier.

Refer to: Subsection 2.4.3, "Medicare and Medicaid Coverage" in this handbook.

Note: *Air ambulance providers are not required to enroll with Medicare.*

Reminder: *When ambulance providers enroll in Texas Medicaid, they accept Medicaid payment as payment in full. They cannot bill clients for Texas Medicaid-covered benefits.*

2.1.1 Subscription Plans

The Texas Insurance Code does not apply to ambulance providers who finance, in part or in whole, an ambulance service by subscription plan. DSHS's license requirements do not permit providers of membership or subscription programs to enroll Medicaid clients. Emergency Medical Services (EMS) Subscription Programs are regulated by the DSHS-EMS Compliance Group. An EMS provider must have specific approval to operate a subscription program.

For more information, providers should contact the DSHS Office of EMS/Trauma Systems Coordination at 1-512-834-6700. A list of EMS office and contact information is available at www.dshs.state.tx.us/emstraumasystems/about.shtm.

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2.2 Services/Benefits, Limitations, and Prior Authorization

Texas Medicaid reimburses for nonemergency and emergency transports.

Cardiopulmonary resuscitation (CPR) billed as an ambulance service by an ambulance provider will be denied.

Reimbursement for disposable supplies is separate from the established global fee for ambulance transports and is limited to one billable code per trip.

Medical necessity and coverage of ambulance services are not based solely on the presence of a specific diagnosis. Medicaid payment for ambulance transportation may be made only for those clients whose condition at the time of transport is such that ambulance transportation is medically necessary. For example, it is insufficient that a client merely has a diagnosis such as pneumonia, stroke, or fracture to justify ambulance transportation. In each of those instances, the condition of the client must be such that transportation by any other means is medically contraindicated. In the case of ambulance transportation, the condition necessitating transportation is often an accident or injury that has occurred giving rise to a clinical suspicion that a specific condition exists (for instance, fractures may be strongly suspected based on clinical examination and history of a specific injury).

It is the provider's responsibility to supply the contractor with information describing the condition of the client that necessitated ambulance transportation. Medicaid recognizes the limitations of ambulance personnel establishing a diagnosis and recognizes, therefore, that diagnosis coding of a client's condition using *International Classification of Diseases*, Ninth Revision, Clinical Modification (ICD-9-CM) codes when reporting ambulance services may be less specific than for services reported by other professional providers. Providers who submit ICD-9-CM diagnosis codes should choose the code that best describes the client's condition at the time of transport. As a reminder to providers of ambulance services, "rule out" or "suspected" diagnoses should not be reported using specific ICD-9-CM codes. In such instances where a diagnosis is not confirmed, it is more correct to use a symptom, finding, or injury code.

The ambulance provider may be sanctioned, including exclusion from the Medicaid Title XIX programs, for completing or signing a claim form that includes false or misleading representations of the client's condition or the medical necessity of the transport.

2.2.1 Emergency Ambulance Transport Services

An emergency ambulance transport service is a benefit when the client has an emergency medical condition. An emergency medical condition is defined, according to 1 TAC §354.1111, as a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, or symptoms of substance abuse) such that a prudent layperson with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in one of the following:

- Placing the client's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

Facility-to-facility transport may be considered an emergency if the emergency treatment is not available at the first facility and the client still requires emergency care.

The transport must be to an appropriate facility. An appropriate facility is the nearest medical facility that is equipped to provide medical care for the illness or injury of the client involved. An appropriate facility includes the institution, equipment, personnel, and capability to provide the services necessary to support the required medical care.

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Transports to out-of-locality providers (one-way transfers of 50 or more miles from the point of pickup to the point of destination) are covered if a local facility is not adequately equipped to treat the condition. Transports may be cut back to the closest appropriate facility.

2.2.1.1 Prior Authorization for Emergency Out-of-State Transport

All emergency out-of-state (air and ground) transports require authorization before the transport is considered for payment.

Prior authorization for emergency transports is required for out-of-state providers with the exception of those providers located within 200 miles of the Texas border.

Refer to: Subsection 2.5, "Out-of-State Medicaid Providers" in Section 2, Texas Medicaid Reimbursement (*Vol. 1, General Information*) for additional information on providers who are not considered out-of-state providers.

To initiate the prior authorization process, providers must call 1-800-540-0694.

TMHP is responsible for processing prior authorization requests for all Medicaid clients, Primary Care Case Management (PCCM) clients, and all State of Texas Access Reform (STAR)+PLUS Medicaid Qualified Medicare Beneficiaries (MQMBs).

2.2.2 Nonemergency Ambulance Transport Services

According to 1 TAC §354.1111, nonemergency transport is defined as ambulance transport provided by an ambulance provider for a Medicaid client to or from a scheduled medical appointment, to or from another licensed facility for treatment, or to the client's home after discharge from a hospital.

Nonemergency ambulance service is a benefit when the client has a medical condition such that the use of an ambulance is the only appropriate means of transportation (e.g., alternate means of transportation are medically contraindicated).

According to *Human Resource Code* (HRC) §32.024 (t), a Medicaid enrolled physician, nursing facility, health-care provider, or other responsible party is required to obtain authorization before an ambulance is used to transport a client in circumstances not involving an emergency.

Refer to: Appendix D, "Medical Transportation" (*Vol. 1, General Information*) for more information about the Medical Transportation Program.

2.2.2.1 Nonemergency Ambulance Transport Prior Authorization

Facilities and other providers must request and obtain prior authorization before contacting the ambulance provider for nonemergency ambulance services. HRC states that a provider who is denied payment for nonemergency ambulance transport may be entitled to payment from the nursing facility, health-care provider, or other responsible party that requested the service if payment under the Medical Assistance Program is denied because of lack of prior authorization and the provider submits a copy of the bill for which payment was denied.

TMHP responds to nonemergency transport prior authorization requests within two business days of receipt of the request. It is recommended that all requests for a prior authorization number (PAN) be submitted in sufficient time to allow TMHP to issue the PAN before the date of the requested transport. If the client's medical condition is not appropriate for transport by ambulance, nonemergency ambulance services are not a benefit. Prior authorization is a condition for reimbursement but is not a guarantee of payment. The client and provider must meet all of the Medicaid requirements, such as client eligibility and claim filing deadlines.

These prior authorization requirements also apply to Medicaid providers who participate in PCCM. Medicaid providers who participate in one of the Medicaid Managed Care Health Maintenance Organization (HMO) plans must follow the requirements of their plan.

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The TMHP Ambulance Unit reviews the prior authorization request to determine whether the client's medical condition is appropriate for transport by ambulance. Incomplete information may cause the request to be denied.

The following information assists TMHP in determining the appropriateness of the transport:

- An explanation of the client's physical condition that establishes the medical necessity for transport. The explanation must clearly state the client's condition(s) requiring transport by ambulance.
- The necessary equipment, treatment, or personnel used during the transport.
- The origination and destination points of the client's transport.

Prior authorization is required when an extra attendant is needed for any emergency transport. When a client's condition changes, such as a need for oxygen or an extra attendant for transport, the prior authorization request must be updated.

2.2.2.1.1 Prior Authorization Types, Definitions

One-Time, Nonrepeating
One-time, nonrepeating requests (1 day) for prior authorization must be submitted on the Nonemergency Ambulance Prior Authorization Request form. The physician's signature is not needed for one-time, nonrepeating requests.

Short Term
Short-term requests (2 to 60 days) for prior authorization are reserved for those clients whose transportation needs are short-term and are not anticipated to last longer than 60 days. Short-term requests must be submitted on the Nonemergency Ambulance Prior Authorization Request form. The request must include the physician's original signature and date signed. Stamped or computerized signatures and dates are not accepted. Without a signature and date, the form is considered incomplete.

Long Term
Long-term requests (61 to 180 days) are reserved for those clients whose transportation needs extend beyond 60 days. Long-term requests must be submitted on the Nonemergency Ambulance Prior Authorization Request form. The request must include the physician's original signature and date signed. Stamped or computerized signatures and dates are not accepted. Without a physician's signature and date, the form is considered incomplete.

> ***Note:*** *Short-term and long-term prior authorization requests must be submitted on the Nonemergency Ambulance Prior Authorization Request form and must be signed. The request must include the physician's original signature and date signed. Stamped or computerized signatures and dates are not accepted. Without a physician's signature and date, the form is considered incomplete.*

2.2.2.2 Nonemergency Prior Authorization Process

Prior authorization is required for all nonemergency ambulance transport. The special evening and weekend hours for submitting prior authorization requests by telephone ended on September 1, 2009. Providers may submit prior authorization on the TMHP website at www. tmhp.com or may fax the new Nonemergency Ambulance Prior Authorization Request form to the TMHP Ambulance Unit at 1-512-514-4205. This form was created to replace the "Physician's Medical Necessity Certification for Nonemergency Ambulance Transports (Texas Medicaid Program)" and the "Ambulance Fax Cover Sheet" which were end-dated as of November 1, 2009.

Medicaid providers may request prior authorization using one of the following methods:

- The client's physician, nursing facility, Intermediate Care Facility for Person's with Mental Retardation (ICF-MR), health-care provider, or other responsible party completes the online prior authorization request on the TMHP website at www. tmhp.com.

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- Hospitals may call TMHP at 1-800-540-0694 to request prior authorization Monday through Friday, 7 a.m. to 7 p.m., Central Time. A request may be submitted up to 60 days before the date on which the nonemergency transport will occur. A request for a one-day transport may be submitted on the next business day following the transport in some circumstances; however, every attempt should be made to obtain prior authorization before the transport takes place.

Authorization requests for one day transports submitted beyond the next business day period will be denied. A request for a recurring transport must be submitted before the client is transported by ambulance.

Clients requiring hospital-to-hospital and hospital-to-outpatient medical facility transports are issued a PAN for that transport only.

TMHP reviews all of the documentation it receives. An online prior authorization request submitted on the TMHP website at www.tmhp.com is responded to with an online approval or denial. Alternately, a letter of approval or denial is faxed to the requesting provider. The client is notified by mail if the authorization request is denied or downgraded. Reasons for denial include documentation that does not meet the criteria of a medical condition that is appropriate for transport by ambulance, or that the client is not eligible for the dates of services requested. Clients may appeal prior authorization request denials by contacting TMHP Client Notification at 1-800-414-3406.

The requesting provider contacts the transporting ambulance provider and supplies the ambulance provider with the PAN and the dates of service that were approved.

Refer to: Subsection 5.3.1, "Prior Authorization Requests Through the TMHP Website" in Section 5, Prior Authorization (*Vol. 1, General Information*), for additional information, including mandatory documentation requirements and retention.

Providers are not required to fax medical documentation to TMHP; however, in certain circumstances, TMHP may request that the hospital fax the supporting documentation.

Incomplete online or faxed request forms are not considered a valid authorization request and are returned as a denial.

A Nonemergency Ambulance Prior Authorization Request form that is completed and signed after the service is rendered is not considered documentation and should not be sent with a claim or appeal.

Emergency transports that use an extra attendant do not require prior authorization. Modifier ET must be billed with the extra attendant procedure code A0424.

2.2.2.3 Nonemergency Prior Authorization and Retroactive Eligibility

If a client's Medicaid eligibility is pending, a PAN must be requested before a nonemergency transport. This request will be initially denied for Medicaid eligibility. When Medicaid eligibility is established, the requestor has 95 days from the date that the eligibility was added to TMHP's files to contact the TMHP Ambulance Unit and request that authorization be reconsidered.

To inquire about Medicaid eligibility, providers can contact the Automated Inquiry System (AIS) at 1-800-925-9126.

2.2.3 Oxygen

Reimbursement for oxygen (procedure code A0422) is limited to one billable code per transport.

2.2.4 Types of Transport

2.2.4.1 Multiple Client Transports

Multiple client transports occur when more than one client with Medicaid coverage is transported in the same vehicle simultaneously. A claim for each client must be completed and must reference multiple transfers with the names and Medicaid numbers of other clients sharing the transfer in Block 19 of the

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CMS-1500 paper claim form. Providers must enter charges on a separate claim for each client. TMHP adjusts the payment to 80 percent of the allowable base rate for each claim and divides mileage equally among the clients who share the ambulance.

Important: *Mileage determinations are based on the Official State Mileage Guide. All ground ambulance transports must be billed with mileage procedure code A0425.*

Refer to: Subsection 6.4, "Claims Filing Instructions" in Section 6, "Claims Filing" (*Vol. 1, General Information*).

2.2.4.2 Air or Specialized Vehicle Transports

Air ambulance transport services, by means of either fixed or rotary wing aircraft, and other specialized emergency medical services vehicles may be covered only if one of the following conditions exists:

- The client's medical condition requires immediate and rapid ambulance transportation that could not have been provided by standard automotive ground ambulance.
- The point of client pick up is inaccessible by standard automotive ground vehicle.
- Great distances or other obstacles are involved in transporting the client to the nearest appropriate facility.

2.2.4.3 Specialty Care Transport (SCT)

SCT (procedure code A0434) is the interfacility transportation of a critically injured or ill client by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the emergency medical technician (EMT) or paramedic. SCT is necessary when a client's condition requires ongoing care that must be furnished by one or more health-professionals in an appropriate specialty area, for example, emergency or critical-care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.

2.2.4.4 Transports for Pregnancies

Transporting a pregnant woman may be covered as an emergency transfer if the client's condition is documented as an emergency situation at the time of transfer.

Claims documenting a home delivery or delivery en route are considered emergency transfers. Premature labor and early onset of delivery (less than 37 weeks gestation) also may be considered an emergency. Active labor without more documentation of an emergency situation is not payable as an emergency transport.

First day of last menstrual period (LMP) or estimated date of delivery (EDD) must be in Block 14 of the CMS-1500 paper claim form and on the documentation.

If the pregnant client is transported in an ambulance on a nonemergency basis, all criteria for nonemergency prior authorization must be met.

2.2.4.5 Transports to or from State Institutions

Ambulance transports to or from a state-funded hospital for admission or following discharge are covered when nonemergency transfer criteria are met. Ambulance transfers of clients while they are inpatients of the institution are not covered. The institution is responsible for routine nonemergency transportation.

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2.2.4.6 Not Medically Necessary Transports

Providers must use the GY modifier to bill for claims when the provider is aware no medical necessity existed. When billing for this type of transportation, ambulance providers must maintain a signed Client Acknowledgment Statement indicating that the client was aware, prior to service rendered, that the transport was not medically necessary. The Client Acknowledgment Statement is subject to retrospective review.

Refer to: Subsection 1.4.9.1, "Client Acknowledgment Statement" in Section 1, Provider Enrollment and Responsibilities (*Vol. 1, General Information*).

2.2.4.7 Transports for Nursing Facility Residents

Transports from a nursing facility to a hospital are covered if the client's condition meets emergency criteria. Nonemergency transport for the purpose of required diagnostic or treatment procedures not available in the nursing facility (such as dialysis treatments at a freestanding facility) are also allowable *only* for clients whose medical condition is such that the use of an ambulance is the only appropriate means of transport (e.g., alternate means of transport are medically contraindicated).

The nursing facility is responsible for providing routine nonemergency transportation for services not provided in the nursing facility. The cost of such transportation is included in the nursing facility vendor rate. This nonemergency transport requires the nursing facility to request and obtain a PAN from the TMHP Ambulance Unit before contacting the ambulance company for the transport.

Transports of nursing facility residents for rehabilitative treatment (e.g., physical therapy) to outpatient departments or physicians' offices for recertification examinations for nursing facility care are *not* reimbursable ambulance services.

Claims for services to nursing facility residents must indicate the medical diagnosis or problem requiring treatment, the medical necessity for use of an ambulance for the transport, and the type of treatment rendered at the destination (e.g., admission or X-ray).

If a client is returned by ambulance to a nursing facility following hospitalization, the acute condition requiring hospitalization must be noted on the ambulance claim form. This transport is considered for payment only if the client's medical condition is appropriate for transport by ambulance. This nonemergency transport requires the nursing facility to request and obtain a PAN from the TMHP Ambulance Unit before contacting the ambulance company for the transport.

Nursing facilities are responsible for providing or arranging transportation for their residents. Arranging transportation for Medicaid clients includes obtaining prior authorizations for nonemergency ambulance transports. Ambulance providers may assist nursing facilities in obtaining prior authorizations.

Ambulance providers may bill a nursing facility or client for a nonemergency ambulance transport only under the following circumstances:

- *Providers may bill the nursing facility* when the nursing facility requests the nonemergency ambulance transport without a PAN.
- *Providers may bill the client* only when the client requests transport that is not an emergency and the client does not have a medical condition such that the use of an ambulance is the only appropriate means of transport (e.g., alternate means of transport are medically contraindicated). The provider must advise the client of acceptance as a private pay patient at the time the service is provided, and the client is responsible for payment of all services. Providers are encouraged to have the client sign the *Private Pay Agreement*.

Providers may refer questions about a nursing facility's responsibility for payment of a transport to the TMHP Contact Center at 1-800-925-9126 or TMHP provider relations representatives.

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2.2.4.8 Emergency Transports Involving a Hospital

Hospital-to-hospital transports that meet the definition of an emergency transport do not require prior authorization.

Providers must use modifier ET and one of the facility-to-facility transfer modifiers (HI, IH, or HH) on each procedure code listed on the claim.

Modifier	Transport Type
HI	From hospital to site transfer
IH	From site of transfer to hospital
HH	From hospital to hospital

2.2.4.9 No Transport

Texas Medicaid does not reimburse providers for services that do not result in a transport to a facility, regardless of any medical care rendered. If a client contacts an ambulance provider, but the call does not result in a transport, the provider should have the client sign an acknowledgement statement and may bill the client for services rendered.

2.3 Documentation Requirements

Supporting documentation is required to be maintained by both the ambulance provider and the requesting provider including a physician, nursing facility, health-care provider, or other responsible party.

An ambulance provider is required to maintain documentation that represents the client's medical condition(s) and other clinical information to substantiate medical necessity and the level of service and mode of transportation requested. This supporting documentation is limited to documents developed or maintained by the ambulance provider.

Physicians, nursing facilities, health-care providers, or other responsible parties are required to maintain physician orders related to requests for prior authorization of nonemergency and out-of-state ambulance services. These providers must also maintain documentation of medical necessity for the ambulance transport.

In hospital-to-hospital transports or hospital-to-outpatient medical facility transports, the TMHP Ambulance Unit considers information by telephone from the hospital. Providers are not required to fax medical documentation to TMHP; however, in certain circumstances, TMHP may request that the hospital fax the supporting documentation. Hospitals are allowed to release a client's protected health information (PHI) to a transporting emergency medical services provider for treatment, payment, and health-care operations.

2.4 Claims Filing and Reimbursement

2.4.1 Claims Information

Emergency and nonemergency claims may be billed electronically. For electronic billers, the hospital's provider identifier must be entered in the Facility ID field. Providers should consult their software vendor for the location of this field on the electronic claim form.

2.4.2 Reimbursement

Ground and air ambulance providers are reimbursed in accordance with 1 TAC §355.8600. Providers can refer to the Online Fee Lookup (OFL) or the applicable fee schedule on the TMHP website at www.tmhp.com.

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Refer to: Subsection 2.2, "Reimbursement Methodology" in Section 2, Texas Medicaid Reimbursement (*Vol. 1, General Information*) for more information about reimbursement methodologies.

Subsection 1.7, "Texas Medicaid Limitations and Exclusions" in Section 1, Provider Enrollment and Responsibilities (*Vol. 1, General Information*) for information on Medicaid exclusions.

2.4.2.1 Ambulance Disposable Supplies

Ambulance disposable supplies are included in the global fee for specialty care transport and must not be billed separately.

Reimbursement for basic life support (BLS) or advanced life support (ALS) disposable supplies (procedure code A0382 or A0398) is separate from the established fee for ALS and BLS ambulance transports and is limited to one billable code per transport.

2.4.3 Medicare and Medicaid Coverage

Medicaid is the secondary payor to other health insurance sources including Medicare. Ambulance claims for Medicaid and Medicare Part B claims must be filed with Medicare first. MQMBs are eligible for Medicaid benefits such as ambulance transports. Qualified Medicare Beneficiaries (QMBs) are not eligible for Medicaid benefits. Texas Medicaid is only required to pay for coinsurance or deductibles for QMBs. Therefore, providers should not request prior authorization for ambulance services for these clients.

Important: *Providers must use national procedure codes when billing Texas Medicaid.*

Refer to: Subsection 4.9, "Medicare and Medicaid Dual Eligibility" in Section 4, Client Eligibility (*Vol. 1, General Information*).

2.4.3.1 Medicare Services Paid

Assigned claims filed with and paid by Medicare should automatically transfer to TMHP for payment of the deductible and coinsurance liability. Providers must submit Medicare-paid claims that do not cross over to TMHP for the coinsurance and deductible. Providers must send the Medicare Remittance Advice Notice (MRAN) with the client information circled in black ink.

2.4.3.2 Medicare Services Denied

All claims denied by Medicare for administrative reasons must be appealed to Medicare before they are sent to Texas Medicaid. An assigned claim that was denied by Medicare because the client has no Part B benefits or because the transport destination is not allowed can be submitted to TMHP for consideration. Providers must send claims to TMHP on a CMS-1500 paper claim form with the ambulance provider identifier, unless they are a hospital-based provider. Hospital-based ambulance providers must send Medicare denied claims to TMHP on a CMS-1500 paper claim form with the ambulance provider identifier and a copy of the MRAN.

Note: *All claims for STAR+PLUS clients with Medicare and Medicaid should follow the same requirements used for obtaining prior authorization for Medicaid-only services from TMHP. The STAR+PLUS HMO is not responsible for reimbursement of these services.*

2.4.4 Ambulance Claims Coding

Providers must submit claims for emergency transport with the ET modifier on each procedure code submitted. Any procedure code submitted on the claim for emergency transport without the ET modifier will be subject to prior authorization requirements.

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2.4.4.1 Place of Service Codes

The place of service (POS) for all ambulance transports is the destination. POS codes 41 and 42 (other) are accepted by Texas Medicaid for electronic claims. Paper claims must be submitted using POS 9.

2.4.4.2 Origin and Destination Codes

All claims submitted on paper or electronically must include the two-digit origin and destination codes for every claim line. The origin is the first digit, and the destination is the second digit.

The following are the origin and destination codes accepted by Texas Medicaid:

Origin and Destination Code	Description
D	Diagnostic or therapeutic site/freestanding facility (e.g., radiation therapy center) other than P or H
E	Residential/domiciliary/custodial facility (e.g., nonskilled facility)
G	Hospital-based dialysis facility (hospital or hospital-related)
H	Hospital (e.g., inpatient or outpatient)
I	Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
J	Non-hospital-based dialysis facility
N	Skilled Nursing Facility (SNF) (swingbed is considered an SNF)
P	Physician's office (includes HMO and nonhospital facility)
R	Residence (client's home or any residence)
S	Scene of accident or acute event
X	Intermediate stop at physician's office en route to the hospital (destination code only)

Nonemergency claims filed electronically must include the PAN in the appropriate field. For nonemergency hospital-to-hospital transfers, indicate the services required from the second facility and unavailable at the first facility in Block 19 of the CMS-1500 paper claim form. If the destination is a hospital, enter the name and address and the provider identifier of the facility in Block 32.

For nonemergency transports, ambulance providers must enter the ICD-9-CM diagnosis code to the highest level of specificity available for each diagnosis observed in Block 21 of the claim form.

Reminder: *Providers must submit multiple transports for the same client on the same date of service through one claim submission. Additional claims information can be found within individual topics in this section.*

Providers should consult their software vendor for the location of the field on the electronic claim form. Providers must submit ambulance services to TMHP on a CMS-1500 paper claim form. Providers may purchase CMS-1500 paper claim forms from a vendor of their choice. TMHP does not supply the forms.

When completing a CMS-1500 paper claim form, all required information must be included on the claim, as TMHP does not key information from claim attachments. Superbills, or itemized statements, are not accepted as claim supplements.

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Refer to: Section 3, TMHP Electronic Data Interchange (EDI) (*Vol. 1, General Information*) for information on electronic claims submissions.

Section 6, "Claims Filing" (*Vol. 1, General Information*) for general information about claims filing.

Subsection 6.5, "CMS-1500 Claim Filing Instructions" in Section 6, "Claims Filing" (*Vol. 1, General Information*). Blocks that are not referenced are not required for processing by TMHP and may be left blank.

2.4.5 Air or Specialized Vehicle Transports

Use procedure codes A0430 and A0435 or A0431 and A0436 to bill air transport. Use procedure code A0999 for specialized vehicle transports. Transport claims may be submitted on paper with supporting documentation. Claims may be submitted electronically with a short description of the client's physical condition in the comment field. If the client's condition cannot be documented, providers must file a paper claim.

2.4.6 Emergency Transport Billing

The following procedure codes are benefits for emergency transport when billed with the ET modifier and the most appropriate emergency medical condition code(s).

Procedure Codes									
A0382	A0398	A0420	A0424	A0425*	A0426	A0427	A0429	A0430	A0431
A0433	A0434	A0435	A0436	A0999					
*A0425 is denied if it is billed without A0429									

A diagnosis code is required on all ambulance claims, while procedure or condition codes are not required. Any applicable diagnosis code(s) must be listed in Box 21 of the CMS 1500 claim form.

While ICD-9-CM codes are not precluded from use on ambulance claims, they are currently not required (per the *Health Insurance Portability and Accountability Act* [HIPAA] of 1996) on most ambulance claims and use of these codes generally does not trigger a payment or a denial of a claim.

Emergency Medical Condition Codes									
0010	0011	0019	0020	0021	0022	0023	0029	0051	0200
0201	0202	0203	0204	0205	0208	0209	0210	0211	0212
0213	0218	0219	0220	0221	0222	0223	0228	0229	0320
0321	0322	0323	03281	03282	03283	03284	03285	03289	0329
0369	03812	0389	04041	04042	0470	0471	0478	0479	0500
0501	0502	0509	0600	0601	0609	061	0650	0651	0652
0653	0654	0658	0659	071	080	0810	0811	0812	0819
0840	0841	0842	0843	0844	0845	0846	0847	0848	0849
0930	0931	09320	09321	09322	09389	0939	24910	24911	24930
24931	24960	24961	25002	25003	2910	2913	29181	2920	29281
29282	29283	29284	29289	2929	29382	2989	3009	30300	30301
30302	30303	30500	33701	33921	3449	34500	34501	34510	34511
3452	3453	34540	34541	34550	34551	34560	34561	34570	34571
34580	34581	34590	34591	36811	36812	36816	3699	37990	37991
41512	4233	4260	42611	42613	4266	4264	42650	42653	4266

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Emergency Medical Condition Codes									
4270	4271	4272	42731	42732	42741	42742	4275	42760	42761
42769	42781	42789	4279	436	4379	449	4589	4590	51181
5128	5185	53550	5362	5693	5780	5781	5789	5967	5968
59971	6238	6269	630	631	632	63300	63301	63310	63311
63320	63321	63380	63381	63390	63391	63400	63401	63402	63410
63411	63412	63420	63421	63422	63430	63431	63432	63440	63441
63442	63450	63451	63452	63460	63461	63462	63470	63471	63472
63480	63481	63482	63490	63491	63492	63500	63501	63502	63510
63511	63512	63520	63521	63522	63530	63531	63532	63540	63541
63542	63550	63551	63552	63560	63561	63562	63570	63571	63572
63580	63581	63582	63590	63591	63592	63600	63601	63602	63610
63611	63612	63620	63621	63622	63630	63631	63632	63640	63641
63642	63650	63651	63652	63660	63661	63662	63670	63671	63672
63680	63681	63682	63690	63691	63692	63700	63701	63702	63710
63711	63712	63720	63721	63722	63730	63731	63732	63740	63741
63742	63750	63751	63752	63760	63761	63762	63770	63771	63772
63780	63781	63782	63790	63791	63791	63792	6380	6381	6382
6383	6384	6385	6386	6387	6388	6389	6390	6391	6392
6393	6394	6395	6396	6398	6399	64000	64001	64003	64080
64081	64083	64090	64091	64093	64100	64101	64103	64110	64111
64113	64120	64121	64123	64130	64131	64133	64180	64181	64183
64190	64191	64193	64200	64201	64202	64203	64204	64210	64211
64212	64213	64214	64220	64221	64222	64223	64224	64230	64231
64232	64233	64234	64240	64241	64242	64243	64244	64250	64251
64252	64253	64254	64260	64261	64262	64263	64264	64270	64271
64272	64273	64274	64290	64291	64292	64293	64294	64300	64301
64303	64310	64311	64313	64320	64321	64323	64380	64381	64383
64390	64391	64393	64400	64403	64410	64413	64420	64421	64510
64511	64513	64520	64521	64523	64600	64601	64603	64610	64611
64612	64613	64614	64620	64621	64622	64623	64624	64630	64631
64633	64640	64641	64642	64643	64644	64650	64651	64652	64653
64654	64660	64661	64662	64663	64664	64670	64671	64673	64680
64681	64682	64683	64684	64690	64691	64693	64700	64701	64702
64703	64704	64710	64711	64712	64713	64714	64720	64721	64722
64723	64724	64730	64731	64732	64733	64734	64740	64741	64742
64743	64744	64750	64751	64752	64753	64754	64760	64761	64762
64763	64764	64780	64781	64782	64783	64784	64790	64791	64792
64793	64794	64800	64801	64802	64803	64804	64810	64811	64812
64813	64814	64820	64821	64822	64823	64824	64830	64831	64832
64833	64834	64840	64841	64842	64843	64844	64850	64851	64852

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Emergency Medical Condition Codes									
64853	64854	64860	64861	64862	64863	64864	64870	64871	64872
64873	64874	64880	64881	64882	64883	64884	64890	64891	64892
64893	64894	64900	64901	64902	64903	64904	64910	64911	64912
64913	64914	64920	64921	64922	64923	64924	64930	64931	64932
64933	64934	64940	64941	64942	64943	64944	64950	64951	64953
64960	64961	64962	64963	64964	650	65100	65101	65103	65110
65111	65113	65120	65121	65123	65130	65131	65133	65140	65141
65143	65150	65151	65153	65160	65161	65163	65170	65171	65173
65180	65181	65183	65190	65191	65193	65200	65201	65203	65210
65211	65213	65220	65221	65223	65230	65231	65233	65240	65241
65243	65250	65251	65253	65260	65261	65263	65270	65271	65273
65280	65281	65283	65290	65291	65293	65300	65301	65303	65310
65311	65313	65320	65321	65323	65330	65331	65333	65340	65341
65343	65350	65351	65353	65360	65361	65363	65370	65371	65373
65380	65381	65383	65390	65391	65393	65400	65401	65402	65403
65404	65410	65411	65412	65413	65414	65420	65421	65423	65430
65431	65432	65433	65434	65440	65441	65442	65443	65444	65450
65451	65452	65453	65454	65460	65461	65462	65463	65464	65470
65471	65472	65473	65474	65480	65481	65482	65483	65484	65490
65491	65492	65493	65494	66000	66001	66003	66010	66011	66013
66020	66021	66023	66030	66031	66033	66040	66041	66043	66050
66051	66053	66060	66061	66063	66070	66071	66073	66080	66081
66083	66090	66091	66093	66100	66101	66103	66110	66111	66113
66120	66121	66123	66130	66131	66133	66140	66141	66143	66190
66191	66193	66200	66201	66203	66210	66211	66213	66220	66221
66223	66230	66231	66233	66300	66301	66303	66310	66311	66313
66320	66321	66323	66330	66331	66333	66340	66341	66343	66350
66351	66353	66360	66361	66363	66380	66381	66383	66390	66391
66393	66400	66401	66404	66410	66411	66414	66420	66421	66424
66430	66431	66434	66440	66441	66444	66450	66451	66454	66460
66461	66464	66480	66481	66484	66490	66491	66494	66500	66501
66503	66510	66511	66520	66522	66524	66530	66531	66534	66540
66541	66544	66550	66551	66554	66560	66561	66564	66570	66571
66572	66574	66580	66581	66582	66583	66584	66590	66591	66592
66593	66594	66600	66602	66604	66610	66612	66614	66620	66622
66624	66630	66632	66634	66700	66702	66704	66710	66712	66714
66800	66801	66802	66803	66804	66810	66811	66812	66813	66814
66820	66821	66822	66823	66824	66880	66881	66882	66883	66884
66890	66891	66892	66893	66894	66900	66901	66902	66903	66904
66910	66911	66912	66913	66914	66920	66921	66922	66923	66924

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Emergency Medical Condition Codes									
66930	66932	66934	66940	66941	66942	66943	66944	66950	66951
66960	66961	66970	66971	66980	66981	66982	66983	66984	66990
66991	66992	66993	66994	67410	67412	67414	67420	67422	67424
67430	67432	67434	6920	6921	6922	6923	6924	6925	6926
69270	69271	69272	69273	69274	69275	69276	69277	69279	69281
69282	69283	69289	6929	6930	6931	6938	6939	69550	69551
69552	69553	69554	69555	69556	69557	69558	69559	6959	6989
7089	7242	7245	7249	7262	78001	78002	78003	78009	7802
78031	78039	7804	78065	78079	7808	78096	78097	7810	7812
7813	7814	78194	78199	7820	7821	7825	78261	7843	7847
78499	7850	7851	78550	78551	78552	78559	7859	78602	78603
78604	78605	78609	7863	78650	78651	78652	78659	7868	78701
78702	78703	78720	78729	79791	78900	78901	78902	78903	78904
78905	78906	78907	78909	78940	78941	78942	78943	78944	78945
78946	78947	78949	78960	78961	78962	78963	78964	78965	78966
78967	78969	79021	79022	7962	7963	7964	7991	80000	80001
80002	80003	80004	80005	80006	80009	80010	80011	80012	80013
80014	80015	80016	80019	80020	80021	80022	80023	80024	80025
80026	80029	80030	80031	80032	80033	80034	80035	80036	80039
80040	80041	80042	80043	80044	80045	80046	80049	80050	80051
80052	80053	80054	80055	80056	80059	80060	80061	80062	80063
80064	80065	80066	80069	80070	80071	80072	80073	80074	80075
80076	80079	80080	80081	80082	80083	80084	80085	80086	80089
80090	80091	80092	80093	80094	80095	80096	80099	80100	80101
80102	80103	80104	80105	80106	80109	80110	80111	80112	80113
80114	80115	80116	80119	80120	80121	80122	80123	80124	80125
80126	80129	80130	80131	80132	80133	80134	80135	80136	80139
80140	80141	80142	80143	80144	80145	80146	80149	80150	80151
80152	80153	80154	80155	80156	80159	80160	80161	80162	80163
80164	80165	80166	80169	80170	80171	80172	80173	80174	80175
80176	80179	80180	80181	80182	80183	80184	80185	80186	80189
80190	80191	80192	80193	80194	80195	80196	80199	8020	8021
80220	80221	80222	80223	80224	80225	80226	80227	80228	80229
80230	80231	80232	80233	80234	80235	80236	80237	80238	80239
8024	8025	8026	8027	8028	8029	80300	80301	80302	80303
80304	80305	80306	80309	80310	80311	80312	80313	80314	80315
80316	80319	80320	80321	80322	80323	80324	80325	80326	80329
80330	80331	80332	80333	80334	80335	80336	80339	80340	80341
80342	80343	80344	80345	80346	80349	80350	80351	80352	80353
80354	80355	80356	80359	80360	80361	80362	80363	80364	80365

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Emergency Medical Condition Codes									
80366	80369	80370	80371	80372	80373	80374	80375	80376	80379
80380	80381	80382	80383	80384	80385	80386	80389	80390	80391
80392	80393	80394	80395	80396	80399	80400	80401	80402	80403
80404	80405	80406	80409	80410	80411	80412	80413	80414	80415
80416	80419	80420	80421	80422	80423	80424	80425	80426	80429
80430	80431	80432	80433	80434	80435	80436	80439	80440	80441
80442	80443	80444	80445	80446	80449	80450	80451	80452	80453
80454	80455	80456	80459	80460	80461	80462	80463	80464	80465
80466	80469	80470	80471	80472	80473	80474	80475	80476	80479
80480	80481	80482	80483	80484	80485	80486	80489	80490	80491
80492	80493	80494	80495	80496	80499	80500	8074	8076	8088
8089	81000	81100	81101	81102	81103	81109	81110	81111	81112
81113	81119	81200	81201	81202	81203	81209	81210	81211	81212
81213	81219	81220	81221	81230	81231	81240	81241	81242	81243
81244	81249	81250	81251	81252	81253	81254	81259	81300	81301
81302	81303	81304	81305	81306	81307	81308	81310	81311	81312
81313	81314	81315	81316	81317	81318	81320	81321	81323	81330
81331	81332	81333	81340	81341	81342	81343	81344	81345	81350
81351	81352	81353	81354	81380	81381	81382	81383	81390	81391
81392	81393	81400	81401	81402	81403	81404	81405	81406	81407
81408	81409	81410	81411	81412	81413	81414	81415	81416	81417
81418	81419	81500	81501	81502	81503	81504	81509	81510	81511
81512	81513	81514	81519	81600	81601	81602	81603	81610	81611
81612	81613	8170	8171	8180	8181	8190	8191	82000	82001
82002	82003	82009	82010	82011	82012	82013	82019	82020	82021
82022	82030	82031	82032	8208	8209	82100	82101	82110	82111
82120	82121	82122	82123	82129	82130	82131	82132	82133	82139
82300	82301	82302	82310	82312	82320	82321	82322	82330	82331
82332	82340	82341	82342	82380	82381	82382	82390	82391	82392
8290	8291	8471	8472	85100	85101	85102	85103	85104	85105
85106	85109	85110	85111	85112	85113	85114	85115	85116	85119
85120	85121	85122	85123	85124	85125	85126	85129	85130	85131
85132	85133	85134	85135	85136	85139	85140	85141	85142	85143
85144	85145	85146	85149	85150	85151	85152	85153	85154	85155
85156	85159	85160	85161	85162	85163	85164	85165	85166	85169
85170	85171	85172	85173	85174	85175	85176	85179	85180	85181
85182	85183	85184	85185	85186	85189	85190	85191	85192	85193
85194	85195	85196	85199	85200	85201	85202	85203	85204	85205
85206	85209	85210	85211	85212	85213	85214	85215	85216	85219
85220	85221	85222	85223	85224	85225	85226	85229	85230	85231

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Emergency Medical Condition Codes									
85232	85233	85234	85235	85236	85239	85240	85241	85242	85243
85244	85245	85246	85249	85250	85251	85252	85253	85254	85255
85256	85259	85300	85301	85302	85303	85304	85305	85306	85309
85310	85311	85312	85313	85314	85315	85316	85319	85400	85402
85403	85404	85405	85406	85409	85410	85411	85412	85413	85414
85415	85416	85419	8600	8601	8602	8603	8604	8605	86100
86101	86102	86103	86110	86111	86112	86113	86120	86121	86122
86130	86131	86132	8620	8621	86221	86222	86229	86231	86232
86239	8628	8629	8630	8631	86320	86321	86329	86330	86331
86339	86340	86341	86342	86343	86344	86345	86346	86349	86350
86351	86352	86353	86354	86355	86356	86359	86380	86381	86382
86383	86384	86385	86389	86390	86391	86392	86393	86394	86395
86399	86400	86401	86402	86403	86404	86405	86409	86410	86411
86412	86413	86414	86415	86419	86500	86501	86502	86503	86504
86509	86510	86511	86512	86513	86514	86519	86600	86601	86602
86603	86610	86611	86612	86613	8690	8691	8700	8701	8702
8703	8704	8708	8709	8710	8711	8712	8713	8714	8715
8716	8717	8719	87200	87201	87202	87210	87212	87261	87262
87263	87264	87269	87271	87272	87273	87274	87279	8728	8729
8730	8731	87320	87321	87322	87323	87329	87330	87331	87332
87333	87339	87340	87341	87342	87343	87344	87349	87350	87351
87352	87353	87354	87359	87360	87361	87362	87363	87364	87365
87369	87370	87371	87372	87373	87374	87375	87379	8738	8739
87400	87401	87402	87410	87411	87412	8742	8743	8744	8745
8748	8749	8750	8751	8760	8761	8770	8771	8780	8781
8782	8783	8784	8785	8786	8787	8788	8789	8790	8791
8792	8793	8794	8795	8796	8797	8798	8799	88000	88001
88002	88003	88009	88010	88011	88012	88013	88019	88020	88021
88022	88023	88029	88100	88101	88102	88110	88111	88112	88120
88121	88122	8820	8821	8822	8830	8831	8832	8840	8841
8842	8850	8851	8860	8861	8870	8871	8872	8873	8874
8875	8876	8877	8900	8901	8902	8910	8911	8912	8920
8921	8922	8930	8931	8932	8940	8941	8942	8950	8951
8960	8961	8962	8963	8970	8971	8972	8973	8974	8975
8976	8977	90000	90001	90002	90003	9001	90081	90082	90089
9009	9010	9011	9012	9013	90140	90141	90181	90182	90183
90189	9019	9020	90210	90211	90219	90220	90221	90222	90223
90224	90225	90226	90227	90229	90231	90232	90233	90234	90239
90240	90241	90242	90249	90250	90251	90252	90253	90254	90255
90256	90259	90281	90282	90287	90289	9029	90300	90301	90302

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Emergency Medical Condition Codes									
9031	9032	9033	9034	9035	9038	9039	9040	9041	9042
9043	90440	90441	90442	90450	90451	90452	90453	90454	9046
9047	9048	9049	9210	9211	9212	9219	9330	9331	94120
94121	94122	94123	94124	94125	94126	94127	94128	94129	94130
94131	94132	94133	94134	94135	94136	94137	94138	94139	94220
94221	94222	94223	94224	94225	94229	94230	94231	94232	94233
94234	94235	94239	94320	94321	94322	94323	94324	94325	94326
94329	94330	94331	94332	94333	94334	94335	94336	94339	94420
94421	94422	94423	94424	94425	94426	94427	94428	94430	94431
94432	94433	94434	94435	94436	94437	94438	94520	94521	94522
94523	94524	94525	94526	94529	94530	94531	94532	94533	94534
94535	94536	94539	9492	9493	9582	95901	9598	9600	9601
9602	9603	9604	9605	9606	9607	9608	9609	9610	9611
9612	9613	9614	9615	9616	9617	9618	9619	9620	9621
9622	9623	9624	9625	9626	9627	9628	9629	9630	9631
9632	9633	9634	9635	9638	9639	9640	9641	9642	9643
9644	9645	9646	9647	9648	9649	96500	96501	96502	96509
9651	9654	9655	96561	96569	9657	9658	9659	9660	9661
9662	9663	9664	9670	9671	9672	9673	9674	9675	9676
9678	9679	9680	9681	9682	9683	9684	9685	9686	9687
9689	9691	9692	9693	9694	9695	9696	9698	9699	9700
9701	9708	9709	9710	9711	9712	9713	9719	9720	9721
9722	9723	9724	9725	9726	9727	9278	9729	9730	9731
9732	9733	9734	9735	9736	9738	9739	9740	9741	9742
9743	9744	9745	9746	9747	9750	9751	9752	9753	9754
9755	9756	9757	9758	9760	9761	9 762	9763	9764	9765
9766	9767	9768	9769	9770	9771	9772	9773	9774	9778
9779	9780	9781	9782	9783	9784	9785	9786	9788	9789
9790	9791	9792	9793	9794	9795	9796	9797	9799	981
9820	9821	9822	9823	9824	9828	9830	9831	9832	9839
9840	9841	9848	9849	9850	9851	9852	9853	9854	9855
9856	9858	9859	986	9870	9871	9872	9873	9874	9875
9876	9877	9878	9879	9891	9892	9893	9894	9895	9896
9897	9899	990	9910	9911	9912	9913	9914	9916	9919
9920	9921	9922	9923	9924	9925	9926	9927	9928	9929
9940	9941	9948	9950	9951	99520	9953	9954	99553	99560
99561	99562	99563	99564	99565	99566	99567	99568	99569	9957
99580	99583	99600	99601	99602	99604	99609	9961	9962	99630
99631	99640	99641	99642	99643	99644	99645	99646	99647	99649
99659	99769	99811	99831	99832	99833	9982	9989	99981	99982

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Emergency Medical Condition Codes									
99988	99989	V715	V8701	V8709	V8711	V8712	V8719	V872	V8739

Claims for emergency transports that are denied for not meeting the emergency criteria will be considered on appeal with additional documentation to support the emergency nature of the transport. Claims that have denied for not meeting emergency transport criteria cannot be appealed for reimbursement as a nonemergency claim.

Refer to: Subsection 2.4.1, "Claims Information" in this handbook.

2.4.7 Nonemergency Transport Billing

Use the following procedure codes when billing for nonemergency ambulance services:

Procedure Codes									
A0382	A0420	A0422	A0424	A0425*	A0428	A0430	A0431	A0435	A0436
*A0425 is denied if it is billed without A0428.									

2.4.8 Extra Attendant

The use of additional attendant(s) must be related to extraordinary circumstances when the basic crew is unable to transport the client safely.

An extra attendant on a nonemergency transport must be prior authorized. On an emergency transport, the billing provider's medical documentation must clearly indicate the services the attendant performs along with a rationale for the services to indicate medical necessity of the attendant.

The information supporting medical necessity must be kept in the billing provider's medical record and is subject to retrospective review.

Situations when an extra attendant may be required beyond the basic crew include, but are not limited to, the following:

- Necessity of additional special medical equipment or treatment in route to destination (describe what special treatment and equipment is required and why it requires an attendant)
- Client behavior that may be a danger to self or ambulance crew or that requires or may require restraints
- Extreme obesity of client (provide weight and client's functional limitations)

2.4.8.0.1 Emergency Transports

Emergency transports that use an extra attendant do not require prior authorization. Modifier ET must be billed with the extra attendant procedure code A0424.

The billing provider's medical documentation must clearly indicate the services the attendant performed along with rationale for the services to indicate the medical necessity of having the attendant. The billing provider must keep the information that supports medical necessity in the client's medical record, which will be subject to retrospective review.

When more than one client is transported at the same time in the same vehicle, the use of an extra attendant may be required when each client who is being transported requires medical attention or close monitoring.

2.4.8.0.2 Nonemergency Transports

Prior authorization is required when an extra attendant is needed for any nonemergency transport. When a client's condition changes, such as a need for oxygen or an extra attendant for transport, the prior authorization request must be updated.

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To receive prior authorization, the requesting provider must prove medical necessity and identify attendant services that could not be provided by the basic crew. The information supporting medical necessity must be kept in the requesting provider's medical record and is subject to retrospective review.

Texas Medicaid does not reimburse for an extra attendant based on an ambulance provider's internal policy.

An extra attendant (procedure code A0424) will be denied if billed with air transports (procedure code A0430 or A0431).

2.4.9 Night Call

Texas Medicaid does not reimburse an extra charge for a night call.

2.4.10 Waiting Time

Procedure code A0420 may be billed when it is the general billing practice of local ambulance companies to charge for unusual waiting time (longer than 30 minutes). Providers must use the following procedures:

- Separate charges must be billed for all clients, Medicaid and non-Medicaid, for unusual waiting time.
- The circumstances requiring waiting time and the exact time involved must be documented in Block 24 of the CMS-1500 paper claim form.
- The amount charged for waiting time must not exceed the charge for a one-way transfer.

Important: *Waiting time is reimbursed up to one hour.*

2.4.11 Appeals

Only a denial of prior authorization may be appealed. Clients may appeal prior authorization request denials by contacting TMHP Client Notification at 1-800-414-3406. The Nonemergency Ambulance Prior Authorization Request form is not considered as documentation after the service is rendered.

Claims denied due to an inappropriate emergency medical condition code may be resubmitted with the appropriate emergency medical condition code.

On appeal, supporting documentation is critical for determining the client's condition. Ambulance providers who file paper claims must include all information that supports the reason for the transport and attach a copy of the run sheet to the claim. The emergency medical technician (EMT) who transported the client must sign the documentation.

Refer to: Subsection 2.3, "Documentation Requirements" in this handbook.

2.4.12 Relation of Service to Time of Death

Medicaid benefits cease at the time of the client's death. However, if the client dies in the ambulance while en route to the destination, Texas Medicaid covers the transport. If a physician pronounces the client dead after the ambulance is called, Texas Medicaid covers the ambulance service (base rate plus mileage) to the point of pick up. Providers must indicate the date and time the client died in Block 9 of the CMS-1500 paper claim form. If a physician or coroner pronounces the client dead before the ambulance is called, the service is not covered.

Equipment and nondisposable supplies are included in the base rate. These items are not separately reimbursable and are considered part of another procedure. Therefore, equipment and supplies cannot be billed to the client.

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2.5 Claims Resources

Providers may refer to the following sections or forms when filing claims:

Resource	Location
Acronym Dictionary	Appendix F (*Vol. 1, General Information*)
Ambulance 1 Claim Form Example	Form AM.3, Section 6 of this handbook
Ambulance 2 Claim Form Example	Form AM.4, Section 6 of this handbook
Ambulance 3 Claim Form Example	Form AM.5, Section 6 of this handbook
Automated Inquiry System (AIS)	TMHP Telephone and Address Guide (*Vol. 1, General Information*)
CMS-1500 Claim Filing Instructions	Subsection 5.5 (*Vol. 1, General Information*)
State and Federal Offices Communication Guide	Appendix A (*Vol. 1, General Information*)
TMHP Electronic Data Interchange (EDI)	Section 3 (*Vol. 1, General Information*)

2.6 Contact TMHP

The TMHP Contact Center at 1-800-925-9126 is available Monday through Friday from 7 a.m. to 7 p.m., Central Time.

3. FORMS

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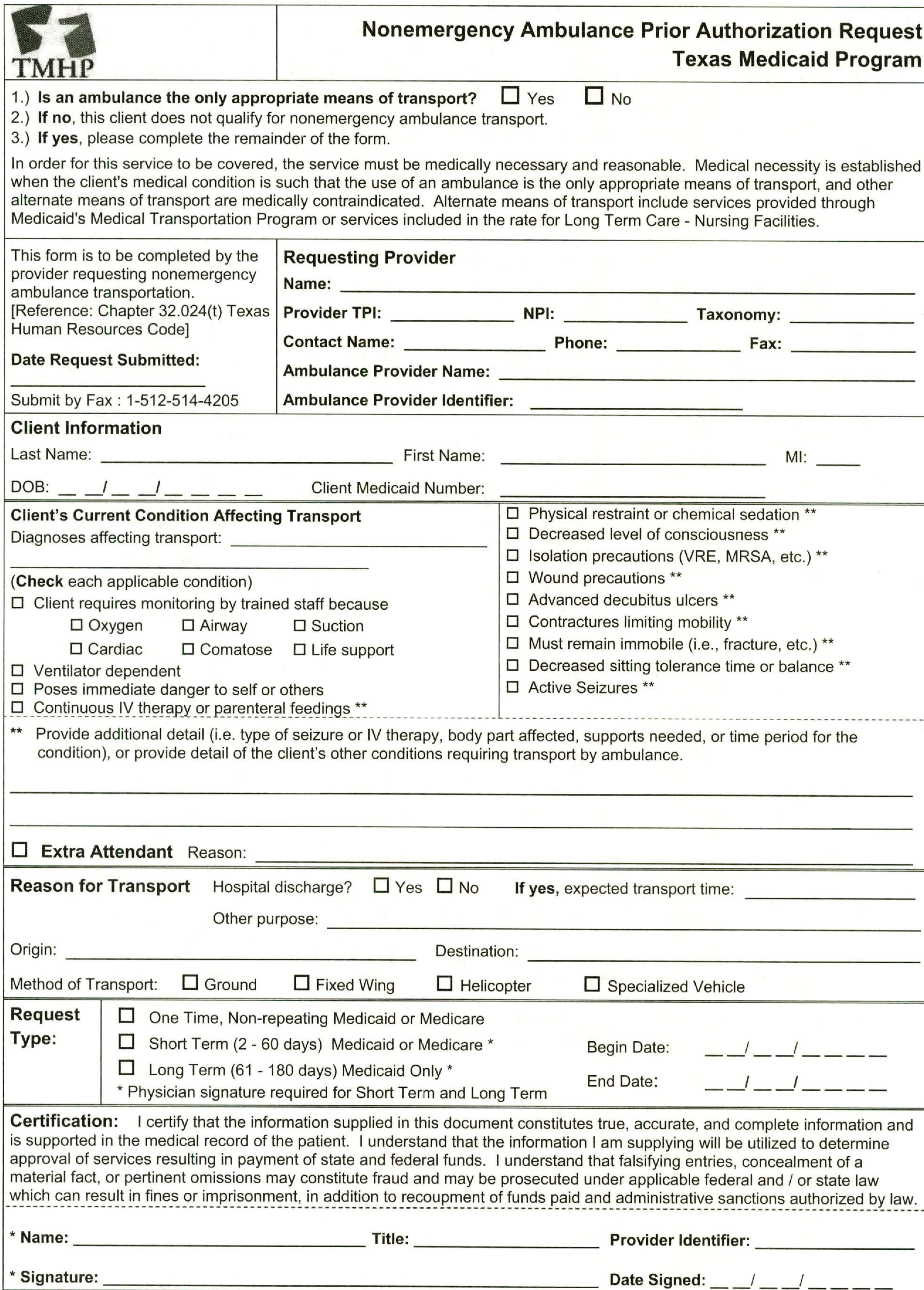
AM. 1 Nonemergency Ambulance Prior Authorization Request



TMHP

Nonemergency Ambulance Prior Authorization Request
Texas Medicaid Program

1.) **Is an ambulance the only appropriate means of transport?** ☐ Yes ☐ No
2.) **If no**, this client does not qualify for nonemergency ambulance transport.
3.) **If yes**, please complete the remainder of the form.

In order for this service to be covered, the service must be medically necessary and reasonable. Medical necessity is established when the client's medical condition is such that the use of an ambulance is the only appropriate means of transport, and other alternate means of transport are medically contraindicated. Alternate means of transport include services provided through Medicaid's Medical Transportation Program or services included in the rate for Long Term Care - Nursing Facilities.

This form is to be completed by the provider requesting nonemergency ambulance transportation. [Reference: Chapter 32.024(t) Texas Human Resources Code]

Date Request Submitted: ____________

Submit by Fax : 1-512-514-4205

Requesting Provider

Name: ____________

Provider TPI: ________ **NPI:** ________ **Taxonomy:** ________

Contact Name: ________ **Phone:** ________ **Fax:** ________

Ambulance Provider Name: ____________

Ambulance Provider Identifier: ____________

Client Information

Last Name: ____________ First Name: ____________ MI: _____

DOB: __ __/__ __/__ __ __ __ Client Medicaid Number: ____________

Client's Current Condition Affecting Transport

Diagnoses affecting transport: ____________

(**Check** each applicable condition)

☐ Client requires monitoring by trained staff because
- ☐ Oxygen ☐ Airway ☐ Suction
- ☐ Cardiac ☐ Comatose ☐ Life support

☐ Ventilator dependent
☐ Poses immediate danger to self or others
☐ Continuous IV therapy or parenteral feedings **
☐ Physical restraint or chemical sedation **
☐ Decreased level of consciousness **
☐ Isolation precautions (VRE, MRSA, etc.) **
☐ Wound precautions **
☐ Advanced decubitus ulcers **
☐ Contractures limiting mobility **
☐ Must remain immobile (i.e., fracture, etc.) **
☐ Decreased sitting tolerance time or balance **
☐ Active Seizures **

** Provide additional detail (i.e. type of seizure or IV therapy, body part affected, supports needed, or time period for the condition), or provide detail of the client's other conditions requiring transport by ambulance.

____

____

☐ **Extra Attendant** Reason: ____________

Reason for Transport Hospital discharge? ☐ Yes ☐ No **If yes,** expected transport time: ____________

Other purpose: ____________

Origin: ____________ Destination: ____________

Method of Transport: ☐ Ground ☐ Fixed Wing ☐ Helicopter ☐ Specialized Vehicle

Request Type:

☐ One Time, Non-repeating Medicaid or Medicare
☐ Short Term (2 - 60 days) Medicaid or Medicare * Begin Date: __ __/__ __/__ __ __ __
☐ Long Term (61 - 180 days) Medicaid Only * End Date: __ __/__ __/__ __ __ __
* Physician signature required for Short Term and Long Term

Certification: I certify that the information supplied in this document constitutes true, accurate, and complete information and is supported in the medical record of the patient. I understand that the information I am supplying will be utilized to determine approval of services resulting in payment of state and federal funds. I understand that falsifying entries, concealment of a material fact, or pertinent omissions may constitute fraud and may be prosecuted under applicable federal and / or state law which can result in fines or imprisonment, in addition to recoupment of funds paid and administrative sanctions authorized by law.

*** Name:** ____________ **Title:** ____________ **Provider Identifier:** ____________

*** Signature:** ____________ **Date Signed:** __ __/__ __/__ __ __ __

Effective Date 11012009/Revised Date 11022009

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Provider Instructions for Nonemergency Ambulance Prior Authorization Request Form

All nonemergency ambulance transportation must be medically necessary. Texas Medicaid and Medicare have similar requirements for this service to qualify for reimbursement. This form is intended to accommodate both programs' requirements. The criteria for determining medical necessity include: the client is bed-confined and other methods of transportation are contraindicated, or the client's condition is such that transportation by ambulance is medically required. For additional information and changes to this policy and process refer to the respective program information: Texas Medicaid's Provider Procedures Manual, bulletins and Banner Messages; and to Medicare's manuals, newsletters and other publications.

1. **Request Date**—Enter the date the form is submitted.
2. **Requesting Provider Information**—Enter the name of the entity requesting authorization. (i.e., hospital, nursing facility, dialysis facility, physician).
3. **Requesting Provider Identifiers**—Enter the following information for the requesting provider (facility or physician):
   - Enter the Texas Provider Identifier (TPI) number.
   - Enter the National Provider Identifier (NPI) number. An NPI is a ten-digit number issued by the National Plan and Provider Enumeration System (NPPES).
   - Enter the primary national taxonomy code. This is a ten-digit code associated with your provider type and specialty. Taxonomy codes can be obtained from the Washington Publishing Company website at www.wpc-edi.com.
4. **Ambulance Provider Identifier**— Enter the TPI or NPI number of the requested ambulance provider. If the ambulance provider changes from the provider you originally requested, notify TMHP of the new provider by phone (1-800-925-9126, Option 3) or fax (1-512-514-4205).
5. **Client's Current Condition**—This section must be filled out to indicate the client's *current condition* and not to list all historical diagnoses. Do not submit a list of the client's diagnoses unless the diagnoses are relevant to transport (i.e., if client has a diagnosis of hip fracture, the date the fracture was sustained must be included in documentation). It must be clear to TMHP when reviewing the request form, exactly why the client requires transport by ambulance and cannot be safely transported by any other means.
6. **Isolation Precautions**—Vancomycin-Resistant Enterococci (VRE) and Methicillin-Resistant Staphylococcus Aureus (MRSA) are just two examples of isolation precautions. Please indicate in the notes exactly what type of precaution is indicated.
7. **Details for Checked Boxes**—For each checked answer, a detailed explanation is required (i.e., if contractures is checked, please give the location and degree of contracture[s]). If a client has a decreased tolerance for sitting time, please indicate why the client has a decreased tolerance as well as the maximum length of time the client is able to sit upright. Additional documentation can be submitted with this request form if needed.
8. **Request Type**—Check the box for the request type. A One Time, non-repeating request is for a one day period. A Short Term request is for a period of 2-60 days when repeated transports are expected to occur; both Medicaid and Medicare permit short-term requests. A Long Term request is for a period of 61-180 days when repeated transports are expected to occur; Medicare does not permit a Long Term request. Medicaid requires a physician signature for Short Term and Long Term requests. Enter the begin and end dates of the authorization period for short and long-term requests.
9. **Transport Time**—This field must be filled out for all hospital discharge requests. The anticipated time of transport must be entered in order to ensure the request was initiated prior to the actual time of transport.
10. **Name of Person Signing the Request**—All request forms require a signature, date, and title of the person signing the form. A One Time request must be signed and dated by a physician, physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), registered nurse (RN), or discharge planner with knowledge of the client's condition. A request of a Short Term or Long Term authorization period must be signed and dated by the physician. The signature must be dated not earlier than the 60th day before the date on which the request for authorization is made.
11. **Signing Provider Identifier**—This field is for the TPI or NPI number of the requesting facility or provider signing the form. The signature must be dated no earlier than 60 days prior to the transport.

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4. CLAIM FORM EXAMPLES

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AM. 2 Ambulance 1

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #) / MEDICAID (Medicaid #) [X] / TRICARE CHAMPUS (Sponsor's SSN) / CHAMPVA (Member ID#) / GROUP HEALTH PLAN (SSN or ID) / FECA BLK LUNG (SSN) / OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, Jane

3. PATIENT'S BIRTH DATE MM DD YY: 02 02 1970 SEX M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street): 341 Tosca Way

6. PATIENT RELATIONSHIP TO INSURED: Self / Spouse / Child / Other

7. INSURED'S ADDRESS (No., Street)

CITY: Houston STATE: TX

8. PATIENT STATUS: Single / Married / Other; Employed / Full-Time Student / Part-Time Student

CITY / STATE

ZIP CODE: 77485 TELEPHONE (Include Area Code): (123) 555-1234

ZIP CODE / TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED ______ DATE ______

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED ______

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 879.3
2. 459
3. 958.0
4. 780.09

22. MEDICAID RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

Line	24. A. From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. CPT/HCPCS	MODIFIER				E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	01	2009	01	01	2009	3	9	A0429	ET	SH			1	40.00	1		NPI	
2	01	01	2009	01	01	2009	3	9	A0422	ET				1	20.00	1		NPI	
3	01	01	2009	01	01	2009	3	9	A0382	ET				2	2.00	2		NPI	
4	01	01	2009	01	01	2009	3	9	A0382	ET				1	15.00	5		NPI	
5	01	01	2009	01	01	2009	3	9	A0425	ET					48.00	8		NPI	
6																		NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.: 12345

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [X] YES [ ] NO

28. TOTAL CHARGE: $ 123.00

29. AMOUNT PAID: $

30. BALANCE DUE: $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Signature on File 01 10 2009

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

Junction Hospital
332 Junction Street
Houston, TX 77883

a. 4302198765 b.

33. BILLING PROVIDER INFO & PH # ( )

Spindle Ambulance
4000 Main Street
Houston, TX 77883

a. 9876543021 b. 1234567-01

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

CARRIER — PATIENT AND INSURED INFORMATION — PHYSICIAN OR SUPPLIER INFORMATION

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AM. 3 Ambulance 2

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA | PICA

1. MEDICARE (Medicare #) [ ] MEDICAID (Medicaid #) [X] TRICARE CHAMPUS (Sponsor's SSN) [ ] CHAMPVA (Member ID#) [ ] GROUP HEALTH PLAN (SSN or ID) [ ] FECA BLK LUNG (SSN) [ ] OTHER (ID) [ ]

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, Jane

3. PATIENT'S BIRTH DATE MM DD YY: 05 28 1964 SEX M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street): 338 West Boone

6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street)

CITY: Belvedere STATE: TX

8. PATIENT STATUS: Single [ ] Married [ ] Other [ ]

CITY STATE

ZIP CODE: 77435 TELEPHONE (Include Area Code): (123) 555-1234

Employed [ ] Full-Time Student [ ] Part-Time Student [ ]

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]

b. AUTO ACCIDENT? [ ] YES [X] NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? [ ] YES [X] NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [ ] NO *If yes,* return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED ______ DATE ______

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED ______

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? [ ] YES [ ] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 585.9
2. 344.00
3. ___.___
4. ___.___

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER: 1234567890

	24. A. From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	01	2009	01	01	2009	5		A0382		1	15 00	1		NPI	
2	01	01	2009	01	01	2009	5		A0428	RG	1	150 00	1		NPI	
3	01	01	2009	01	01	2009	5		A0425		1	125 00	50		NPI	
4	01	01	2009	01	01	2009	5		A0422		1	30 00	1		NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN [ ] [ ]

26. PATIENT'S ACCOUNT NO.: 12345

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [X] YES [ ] NO

28. TOTAL CHARGE $ 320 00

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Duke Wellington 01 08 2009

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

Get Well Hospital
9929 Seventh Street
Anytown, TX 77883

a. 4302198765 b.

33. BILLING PROVIDER INFO & PH # ( )

Wellington Ambulance
2222 Tulia
Randall, TX 77777

a. 9876543021 b. 1234567-01

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

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AM. 4 Ambulance 3

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA | PICA

CARRIER

1. MEDICARE (Medicare #) [ ] MEDICAID (Medicaid #) [X] TRICARE CHAMPUS (Sponsor's SSN) [ ] CHAMPVA (Member ID#) [ ] GROUP HEALTH PLAN (SSN or ID) [ ] FECA BLK LUNG (SSN) [ ] OTHER (ID) [ ]

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John

3. PATIENT'S BIRTH DATE MM DD YY: 05 02 1960 SEX M [X] F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial):

5. PATIENT'S ADDRESS (No., Street): 2242 Spencer

6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street):

CITY: San Antonio STATE: TX

8. PATIENT STATUS: Single [ ] Married [ ] Other [ ]

CITY: STATE:

ZIP CODE: 78228 TELEPHONE (Include Area Code): (123) 555-1234

Employed [ ] Full-Time Student [ ] Part-Time Student [ ]

ZIP CODE: TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER:

a. OTHER INSURED'S POLICY OR GROUP NUMBER:

a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]

b. AUTO ACCIDENT? [ ] YES [X] NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? [ ] YES [X] NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [ ] NO *If yes,* return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED ______ DATE ______

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED ______

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? [ ] YES [ ] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 994. 7
2. ___ . ___
3. ___ . ___
4. ___ . ___

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER				E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 01	01	2009	01	01	2009	3		A0429	RH				1	200.00	1		NPI	
2 01	01	2009	01	01	2009	3		A0425	ET				1	30.00	6		NPI	
3																	NPI	
4																	NPI	
5																	NPI	
6																	NPI	

25. FEDERAL TAX I.D. NUMBER SSN [ ] EIN [ ]

26. PATIENT'S ACCOUNT NO.: 12345

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [X] YES [ ] NO

28. TOTAL CHARGE: $ 230.00

29. AMOUNT PAID: $

30. BALANCE DUE: $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Mike Harrahan 01 10 2008

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

Texas Hospital
209 West 45th Street
Anywhere, TX 78500

a. 4302198765 b.

33. BILLING PROVIDER INFO & PH # ( )

Harrahan Ambulance
345 Morning Star
San Antonio, TX 77777

a. 9876543021 b. 1234567-01

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

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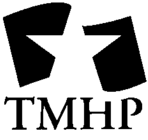

TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
12357 - B RIATA TRACE PARKWAY STE 150
AUSTIN, TX 78727
A STATE MEDICAID CONTRACTOR