

STATE PLAN UNDER XIX OF THE SOCIAL SECURITY ACT

State of Indiana

METHODS OF PROVIDING TRANSPORTATION

Transportation to and from an Indiana Medicaid covered service is provided as an optional service under this State Plan by the following methods:

When transportation is unavailable from a non-Medicaid reimbursed source, such as a recipient owned vehicle, a volunteer organization, or willing family or friends, Indiana Medicaid reimburses Medicaid-enrolled vendors for the least expensive type of emergency and non-emergency transportation available that meets the medical needs of the recipient, up to a maximum of twenty one-way trips (of less than 50 miles) per recipient per rolling twelve month time period. Additional trips and trips of 50 miles or more one way are subject to prior authorization. Emergency ambulance services and transportation to and from a hospital for inpatient admission or discharge are exempt from the numeric cap and do not require prior authorization. Available modes of transportation reimbursable by Indiana Medicaid include:

- taxicab, train or bus services
- airline/air ambulance services
- transportation services rendered by a provider located out-of-state in a non-designated area
- transportation services rendered by any provider to or from an out-of-state non-designated area
- basic and advanced life support emergency ambulance services
- specialized neonatal ambulance services
- intrastate wheelchair/nonambulatory services
- intrastate commercial ambulatory services

Transportation to and from an Indiana Medicaid covered service is also provided as an administrative service under this State Plan by the following methods:

- family member services via mileage reimbursement

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- 23. Pediatric or Family Nurse Practitioners' services
 Provided with limitations.
 Reimbursement is available for medically necessary and preventive health care services provided by a licensed, certified nurse practitioner within the scope of the applicable license and certification.

- 24. Any other medical or remedial care recognized by state law
 Provided as described in 24a – 24d.

- 24.a. Transportation services
 Reimbursement is available for emergency and nonemergency transportation to or from a Medicaid covered service. Providers located within Indiana or in a designated out-of-state area may be reimbursed for up to twenty (20) one-way trips of less than fifty (50) miles each, per recipient, per twelve (12) month period, without prior authorization. Designated out-of-state areas are the following:
 (A) Louisville, Kentucky (F) Sturgis, Michigan
 (B) Cincinnati, Ohio (G) Watseka, Illinois
 (C) Harrison, Ohio (H) Danville, Illinois
 (D) Hamilton, Ohio (I) Owensboro, Kentucky
 (E) Oxford, Ohio

 Prior authorization is required for the following:
 (1) More than 20 one-way trips, per recipient, per rolling 12 month period.
 (2) Trips of 50 miles or more one way
 (3) Train or bus transportation services
 (4) Transportation services rendered by a provider located in a non-designated out-of-state area.
 (5) Airline, air ambulance, and interstate transportation
 (6) Family member transportation

 Except for trips over 50 miles, the following services are exempt from the numeric trip cap and prior authorization requirements:
 (1) Emergency ambulance services
 (2) Transportation to or from a hospital for an inpatient admission or discharge, including transfers between hospitals
 (3) Transportation for patients on renal dialysis or residing in a nursing home
 (4) Accompanying parent or recipient attendant or both
 (5) Return trip from emergency room in an ambulance, when medically necessary

- 24.b. Services provided in Religious Nonmedical Health Care Institutions
 Provided within the limitations of 42 CFR 440.170(b).

- 24.c. Reserved

- 24.d. Skilled Nursing Facility Services for Patients under 21 Years of Age
 Reimbursement is available for skilled nursing services provided by a licensed and certified nursing facility when rendered to a Medicaid recipient whose level of care has been approved by the Medicaid agency.

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Transportation

Payment will be based upon the lower of the provider’s submitted charge or the fee schedule rate established by the State for the service billed. Base rate is defined as the allowed payment amount for a one-way trip, not including mileage. Mileage payments are made for loaded miles, defined as the number of miles the Medicaid member is transported in the vehicle. Reimbursement for covered transportation services will be as follows:

Non-emergency Ground Transportation:

Taxi Services: Lower of metered or zoned rate or fee schedule rate.

Commercial Ambulatory Services (non-taxi): Base rate + per mile rate for loaded mileage in excess of 10 miles.

Non-Ambulatory Services: Base rate + per mile rate for loaded mileage in excess of 10 miles.

Ambulance Transportation:

Ambulance Services: Loading fee + per mile rate for each loaded mile of the trip.

The fee schedule rates for transportation services shall be the rates listed below. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for governmental and private providers of transportation services. For services provided on or after January 1, 2011, the listed rates for ambulance services are subject to a 5% reduction and the listed rates for non-ambulance services are subject to a 10% reduction. These rate reductions will remain in effect through June 30, 2013. These rates are published at the State’s website, www.indianamedicaid.com.

Rates for Ambulance Services	
Procedure Code	Rate
A0140	Ticket Price
A0225	\$160.84
A0420 U1	\$20.00
A0420 U2	\$20.00
A0422	\$15.00
A0424	\$5.00
A0425 U1	\$4.41
A0425 U2	\$3.31
A0426	\$95.84
A0427	\$160.84
A0428	\$95.84
A0429	\$110.84
A0430	\$2,788.24
A0431	\$3,172.27
A0431 QL	\$3,172.27
A0433	\$160.84
A0435	\$8.07
A0436	\$21.53
A0999	Manual Pricing

Rates for Non-Ambulance Services	
Procedure Code	Rate
A0100 UA	\$6.00
A0100 UB	\$10.00
A0100 UC	\$15.00
A0100 U4	\$15.00
A0100 TK UA	\$3.00
A0100 TK UB	\$5.00
A0100 TK UC	\$7.50
A0100 TT UA	\$3.00
A0100 TT UB	\$5.00
A0100 TT UC	\$7.50
A0110	Ticket Price
A0130	\$20.00
A0130 TK	\$10.00
A0130 TT	\$10.00
A0130 U6	\$5.00
A0425 U3	\$1.25
A0425 U5	\$1.25
T2001	\$5.00
T2003	\$10.00
T2004	\$5.00
T2007 U3	\$4.25
T2007 U5	\$4.25

A supplemental payment will be made to a provider for ambulance transportation services. The supplemental payments will be made on a quarterly basis, in an amount which, when combined with other payments under the plan, does not exceed the providers' usual charges. For purposes of this payment, usual charges, for the State Fiscal Year beginning July 1, 2003, will be defined as follows:

- a. The average of the following amounts: amounts billed to cash paying patients; the amounts billed to patients covered by indemnity insurers with which the provider has no contractual arrangement; and fee-for-service rates it contractually agrees to accept from any payor, including any discounted fee-for-service rates negotiated with managed care plans.
- b. Amounts not included in the average are charges for services provided to uninsured patients free of charge or at a substantially reduced rate, capitated payments, rates offered under hybrid fee-for-service arrangements whereby more than 10% of the individual's or entity's maximum potential compensation could be paid in the form of a bonus and/or withhold payment; and fees set by Medicare, State health care programs, and other Federal health care programs.

Usual charges will be determined by a study of ambulance providers' charges conducted by OMPP. For each SFY thereafter, each provider's usual charges will be based on the previous year's usual charges increased by the Medicare Ambulance Inflation Factor.