

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, with the exception of Medicaid payments for family member mileage, 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. 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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Supersedes
TN No. 10-012

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Prior authorization is required for the following transportation services:

- Trips exceeding 20 one-way trips per member, per rolling 12 month period, with the following exceptions: emergency transportation services, hospital admission or discharge, recipients on renal dialysis or residing in nursing homes Trips of 50 miles or more one way, including all costs associated with the trip
- Interstate transportation or transportation services rendered by a provider located out-of-state in a non-designated area
- Train
- Bus services for trips of 50 miles or more one way
- Airline or air ambulance services

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-taxis): 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 through December 31, 2013, 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 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