Non-Emergency Transportation – Ground: Services

TRANSPORTATION SERVICES FOR BEHAVIORAL HEALTH PROVIDERS

Examples in this page are to assist behavioral health providers in billing for CDH nonemergency transportation Mecklenburg, Gaston, Cabarrus, Cleveland, Union, Rowan and Lincoln counties.

Billing Tips:

When completing claims, do not enter the decimal points in ICD codes or dollar amounts. If requested information does not fit neatly in the *Additional Claim Information* field of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

Non-Emergency Transport

This is a <u>sample only</u>. Please adapt to your billing situation.

In this example, a Medicaid behavioral health provider is billing for a CDH non-emergency trip from the patient's home to therapy and support group and back. HCPCS codes A0120 (mini-bus, mountain area transports, or other transportation systems) and T2003 (NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP (ROUND TRIP)]) are entered in the *Procedures, Services or Supplies* field. HCPCS code T2003 is billed at a (**Medicaid Maximum Allowable**) rate for groups (\$474.00) or (on a per mile basis of \$3.03 (**Medicaid Maximum Allowable**), whatever is the total mileage is entered in the *Days or Units* field. A "2" is entered in the *Days or Units* field for HCPCS code T2003 to indicate that the transport was round trip, to and from the Behavioral Health place of service.

Also in this example, an approved *Treatment Authorization Request* (TAR) is required for non-emergency transportation. The TAR number is entered in the *Prior Authorization Number* field.

A description of the trip is shown in the *Additional Claim Information* field of the claim indicating the duration for each trip. When mileage is billed, the complete origination and destination addresses, including cities and ZIP codes, are required in the *Additional Claim Information* field or on an attachment to the claim.

Enter the usual and customary charges in the *Charges* field.

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