

Transportation and Ambulance Services Tip Sheet (Medicaid)

Non-Emergent Transportation (NEMT) is transportation for any beneficiary who has no other means of transportation available to any medically necessary Medicaid-compensable service for the purpose of receiving treatment, medical evaluation, or therapy. This includes transportation from one facility (hospital) to another or to member's home. Emergency transportation typically is used to get a patient to a hospital or urgent treatment facility quickly via ambulance.

Molina Healthcare provides NEMT through Access2Care Transportation.

Transportation Reservations

Members make a reservation for a NEMT transportation service by contacting Access2Care's reservation line for Molina Healthcare Members at (888) 298-4781. If the member needs further assistance, they can also call (866) 472-4585 and a Member Services Representative will assist them with this request.

Facility Reservations

All facility transfers or hospital discharges must be called into Access2Care's facility line to obtain authorization and schedule the transportation: (855) 573-7516. The transportation must be requested by the facility or a Molina Healthcare representative.

Advanced Life Support (ALS)

ALS is the provision of medically necessary supplies and services during ground ambulance transportation, including the provision of at least one ALS intervention. The ALS intervention must be medically necessary and in accordance with state and local laws, required to be performed by an emergency medical technician-intermediate (EMT-Intermediate or EMT-Paramedic). Level 2 (ALS2) includes additional services.

- A0427 (Level 1)
- A0433 (Level 2)

All ambulance transportation must be the most cost-effective and most appropriate method of transportation available. Ambulance providers must enroll in Medicaid as an ambulance provider. The following HCPCS codes identify Ambulance services: **A0021 – A0999**. The description of the HCPCS code indicates if the service is emergency or non-emergency.

Authorization Requests

Prior authorization is not required for emergency transportation. Non-emergent ambulance transports billed with a hospital-to-hospital modifier (GG, GH, HG and HH) must be scheduled with Access2Care via the Facility Line: (855)573-7516 and require an authorization number

Claim Submission

Non-Emergency Transportation Services:

Providers must submit claims to Molina's vendor, Access2Care, whether paper or electronic, within 6 months after date of service. Claims may be submitted:

- Online: **A2C Portal**: <https://a2ctp.emsc.net/Login.aspx?ReturnUrl=%2f>.
- On paper to:
Access2Care Transportation
6363 S. Fiddler's Green Circle
14th Floor
Greenwood Village, CO 80111

Emergency Transportation Services:

Providers must submit claims to Molina, whether paper or electronic, within 6 months after date of service. Claims may be submitted:

- Online: **Availity Portal** at <https://availity.com/molinahealthcare>.
- Via a clearinghouse, **Payer ID #51062**
- On paper to:
(MMA/LTC/SP)
Molina Healthcare
PO Box 22812
Long Beach, CA 90801

Before filing a claim, please review the following:

- Member eligibility and ID#
- Claim's timely filing
- Primary versus secondary insurance
- Rendered services are covered
- Rendered services were authorized, if appropriate



Ambulance Codes

Code	Description
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest
A0100	Nonemergency transportation; taxi
A0110	Nonemergency transportation and bus, intra or interstate carrier, per trip/ride
A0130	Nonemergency transportation: wheelchair van
A0380	BLS mileage (per mile)
A0425	Ground mileage, per statute mile
A0426	Ambulance service, advanced life support, nonemergency transport, level (ALS1)
A0428	Ambulance service, basic life support (BLS), nonemergency transport, (BLS)
A0434	Specialty care transport (SCT) - Bariatric wheelchair/stretchers van
S0209	Wheelchair van, mileage, per mile
S0215	Nonemergency transportation; mileage, per mile
T2005	Nonemergency transportation; stretchers van

Provider Resources

Medicaid Provider General Handbook

https://ahca.myflorida.com/medicaid/review/General/59G_5020_Provider_General_REQUIREMENTS.pdf

Medicaid Provider Handbook, Coverage Policies, and Fee Schedules

<https://ahca.myflorida.com/medicaid/review/Promulgated.shtml>

If you need further assistance, please contact Molina Healthcare at: 855-322-4076.

Thank you for your continued care to our members!

Molina Healthcare of Florida