

Non-Emergent Medical Transportation Billing Manual

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Benefit Overview

Non-emergent medical transportation (NEMT) is transportation to and from medically necessary services covered by Health First Colorado (Colorado's Medicaid Program) for members who have no other means of transportation, including free transportation. NEMT can only be utilized to access non-emergency services.

NEMT can only be utilized to transport eligible members to and from Health First Colorado provider service locations that are enrolled to provide the service the member is transported to receive. To determine if a provider or service location is an approved Health First Colorado provider, visit the Department's website and select the Find a Doctor tool. NEMT must be used to access the closest qualified Health First Colorado provider willing and able to treat the member. NEMT can only be used to access non-emergency services. Transportation to receive Home and Community Based Services (HCBS) must be provided through Non-Medical Transportation (NMT).

Providers must be enrolled as a Health First Colorado provider in order to:

- Provide NEMT services to a Health First Colorado member
- Submit claims for payment to Health First Colorado

Providers should refer to the Code of Colorado Regulations (CCR), Program Rules (10 CCR 2505-10), for specific information when providing NEMT services.

NEMT Regulations can be found in 10 CCR 2505-10 8.014.

NEMT Policies can be found in the [NEMT Benefit Coverage Standard](#).

Billing Information

Refer to the [General Provider Information manual](#) for general billing information.

NEMT Administration

The Department has established State Designated Entities (SDE) responsible for administering NEMT throughout Colorado. A member's SDE is based on the member's county of residence. The SDE explores and utilizes the least costly, medically appropriate means of transportation for each member and arranges those transportation services.

Colorado has three types of State Designated Entities:

- County Departments of Human Services, or their designee. These counties operate NEMT locally using a number of different approaches and processes. <https://www.colorado.gov/cdhs/contact-your-county>
- Multi-County Collaboratives. Three collaboratives have partnered with a non-county Department of Human Services agency (e.g. a Regional Council of Government or a community-based agency) to act as their "regional" transportation broker.
- State contracted NEMT Broker, currently Veyo, LLC.

The NEMT SDE is:

NEMT State-Designated entity	Member's County of Residence
State contracted NEMT broker https://medicaidco.com/	Adams Arapahoe Boulder Broomfield Denver Douglas Jefferson Larimer Weld
Northwest Colorado Council of Governments: (Mountain Ride Transportation Resource Center) http://mtnride.org	Eagle Grand Jackson Park Pitkin Routt Summit
Northeast Colorado Transit Authority: http://www.necalg.com	Logan Morgan Phillips Sedgwick Washington Yuma
San Luis Valley (Red Willows) (719) 589-5734	Alamosa Conejos Costilla Mineral Rio Grande Saguache
County Department of Human Services	All other counties

Eligible Providers

To provide NEMT services to Health First Colorado members and receive reimbursement, a provider must:

1. Contact the State-Designated Entity in the area(s) you want to provide NEMT services to determine the need for providers and the policies and procedures in that area. The SDE in the area(s) you provide NEMT services may require an agreement or contract to address processes and requirements specific to that SDE. All NEMT providers in the State-contracted broker service area must be fully credentialed by the broker before providing services. There may be a wait to become a provider based on the network need.

2. Obtain the appropriate license, certificate, or permit for the services you want to provide. Licensure, or proof of exemption from licensure requirements, must be included in the Health First Colorado NEMT provider application. To determine the appropriate licensure, contact:

- Ground ambulances- licensing of ground ambulance services is conducted by county governments. Contact the county commissioner's office for specific county ambulance licensing requirements and/or verification of a valid license.
- Air ambulances- Air ambulance services are regulated by the state when they transport patients out of Colorado. If your air ambulance service agency wants to provide this service, it must be

either licensed or authorized by the Colorado Department of Public Health and Environment.

- All other providers- [Public Utilities Commission \(PUC\)](#) or County.

3. Complete provider enrollment to become a Health First Colorado NEMT provider. Enrollment information can be found in the Provider Services Enrollment section of the Department's website (colorado.gov/hcpf).

- To be eligible to be reimbursed for Health First Colorado NEMT claims, providers must enroll correctly prior to providing services.

Provider Type/Code: 73 – Transportation (Non-Emergent Medical Transportation)

- Specialty: Transportation Broker - Non-Emergency Medical

Specialty Code: 326

This is for NEMT providers that are providing services within the State-contracted broker's service area: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, and Weld Counties.

- Specialty: Non-Emergency Medical

Specialty Code: 525

This is for non-emergency medical transportation (NEMT) providers, including county departments of human services that provide services in any county outside of: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, and Weld Counties.

Note: Providers enrolled as any other provider type/code must complete a separate enrollment application to be eligible to provide NEMT services.

Ambulance Providers

Ambulance providers must complete a separate enrollment application to be eligible to provide Emergency Medical Transportation services.

HCBS Non-Medical Transportation (NMT) Providers

To provide Non-Medical Transportation (NMT) services, a separate enrollment application is necessary to submit claims for NMT services. A provider cannot bill NMT services through their NEMT Provider ID.

Exceptions

The only exceptions to these provider requirements are reimbursements or mileage paid to members, members' family, members' friends, or volunteers for covered services; and commercial air, train, and bus tickets. Lodging providers are not required to obtain PUC or ambulance licensure but must enroll as a Health First Colorado NEMT provider in order to submit claims for services.

Payment for Covered Services

Payment will only be made for the least expensive mode suitable to the member's condition.

Providers in the state-contracted broker service area must be enrolled in the broker's network in order to provide services and receive payment for covered services. The broker pays enrolled providers directly for NEMT services. Services provided in the broker service are only reimbursable by the State Contracted Broker and cannot be submitted directly to the Department.

Regardless of whether Health First Colorado has actually reimbursed the provider, billing members for covered services is strictly prohibited. Balance billing is prohibited. If reimbursement is made, providers must accept this payment as payment in full (see Program Rule 8.012). The provider may only bill the member for services not covered by Health First Colorado.

For detailed coverage and service limitations, please refer to the Non-Emergent Medical Transportation Benefit Coverage Standard on the Department's website.

Member Eligibility

To receive NEMT, a person must:

- Be a current Health First Colorado member, receiving Medicaid State Plan / Title XIX coverage on the date of service;
- Not have access to other means of transportation including free transportation and the Program of All-Inclusive Care for the Elderly (PACE);
- Require transportation to obtain non-emergency Health First Colorado covered medical services at Health First Colorado enrolled providers; and
- Not be within the following eligibility groups:
 - Qualified Medicaid Beneficiary (QMB) Only
 - Special Low-Income Medicare Beneficiary (SLMB) Only
 - Medicare Qualifying Individual-1 (QI-1)
 - Old Age Pension- State Only (OAP-state only)

Note: CHP+ is not Health First Colorado and, therefore, is not eligible for NEMT services.

Web Portal example of a member eligible for NEMT services:

Eligibility Verification Request ?

* Indicates a required field.
Enter the member information. If Member ID is not known, enter two of the following: SSN, Birth Date, Member Name.

Member ID Last Name First Name

SSN Birth Date

*Effective From 04/28/2017 Effective To 04/28/2017 Verification for Newborn?

Service Type Code

If the Service Type Code is selected from the 'Search By' dropdown list, the Service Type Code is required.


Search By

Service Type Code

Eligibility Verification Information for [redacted] from 04/28/2017 to 04/28/2017

Member ID	Birth Date	Gender
[redacted]	[redacted]	Female
Coverage	Effective Date	End Date
Alternative Benefit Plan	12/01/2016	12/31/2299
Medicaid State Plan	01/01/2014	12/31/2299
Behavioral Health Benefits	01/01/2014	12/31/2299

[Other Insurance Detail Information](#)

 [Privacy Notice](#) R05.00.159

Web Portal example of a member not eligible for NEMT services (note there is not a line for "Medicaid State Plan"):

Eligibility Verification Request ?

* Indicates a required field.
Enter the member information. If Member ID is not known, enter two of the following: SSN, Birth Date, Member Name.

Member ID Last Name First Name

SSN Birth Date

*Effective From 04/28/2017 Effective To 04/28/2017 Verification for Newborn?

Service Type Code

If the Service Type Code is selected from the 'Search By' dropdown list, the Service Type Code is required.


Search By

Service Type Code

Eligibility Verification Information for [redacted] from 04/28/2017 to 04/28/2017

Member ID	Birth Date	Gender
[redacted]	[redacted]	Female
Coverage	Effective Date	End Date
Qualified Medicare Beneficiary	01/01/2014	12/31/2299

[Other Insurance Detail Information](#)

 [Privacy Notice](#) R05.00.159

Prior Authorization

All NEMT requests must be sent to the State Designated Entity (SDE). The member, or member's representative, is responsible for obtaining prior authorization and should be requested as soon as possible. Transportation provided without authorization from the SDE, or their designee, will not be reimbursed or paid. For information on the SDE's authorization process, contact the SDE directly.

While not requiring *prior* authorization, mileage or bus pass reimbursement may be denied if the member does not provide proper documentation to the State Designated Entity within timely filing requirements, or sooner if required by the State Designated Entity's policies.

Train, Air, and Out-of-State Travel

Train, air, and out-of-state travel must be prior authorized by the Department. Members and/or medical professionals requesting train, air, or out-of-state travel must contact their SDE.

NEMT can only be used to access approved medical services. 10 CCR 2505-10 8.013 requires all medical services to be provided in Colorado, unless the service is not available in-state.

The SDE will request the required documentation and submit to the Department for review and decision. The decision will be communicated to the SDE.

SDEs must submit a completed NEMT Air, Train, and Out-of-State Request Form as indicated on the form. The form is available on the NEMT section of the Department's website:

<https://www.colorado.gov/pacific/hcpf/non-emergent-medical-transportation>

All rules and practices for in-state NEMT apply to travel for routine medical services provided to members in Colorado border communities performed across the state line in a Border Town/City indicated in Appendix F because of closer proximity to the closest qualified provider. Appendix F is available on the Billing Manual section of the Department's website: <https://www.colorado.gov/hcpf/billing-manuals>.

Covered Benefits and Limitations

Non-Emergent Medical transportation (NEMT) is a Health First Colorado benefit when the member has no other means of transportation. The transportation services must be medically necessary and provided within the scope of the provider's certification and/or license. Transportation for Health First Colorado members to and from a medical provider is a benefit when the medical service provided is a benefit of the Health First Colorado and the provider is enrolled with Health First Colorado to deliver the service.

There is no limit to the number of daily trips a client can receive from one or multiple providers, but those trips must meet all NEMT regulatory and policy requirements.

The following modes of transportation are covered:

- Public/Mass Transportation
- Personal vehicle mileage reimbursement
- Mobility/Ambulatory vehicles
- Wheelchair van
- Taxicab
- Stretcher van
- Ambulance, ground and air
- Commercial plane
- Train

Ancillary services may also be covered. Ancillary services include:

- Escort transportation
- Lodging
- Meals
- Escort's lodging
- Escort's meals

Types of Non-Emergent Medical Transportation

Public/Mass Transportation

Public/mass transportation, including fixed route, light rail, paratransit, and private bus transportation, may be available when these modes of transportation are the least costly and most appropriate to the member's condition. Transit passes may be issued when the cumulative cost of bus trips exceeds the cost of a pass.

Procedure Code(s): A0110

Personal Vehicle Mileage Reimbursement

A private vehicle may be provided by a volunteer, (individual or organization, with no member vested interest) or a vehicle provided by an individual, (family member, self, neighbor), with a member vested interest.

Mileage reimbursement for a personal vehicle is reimbursed per vehicle, without regard to the number of members or escorts in the vehicle and is only reimbursed using the most direct route to and from the appointment. Exceptions can be made by the SDE if the shortest distance is impassable due to severe weather, road closure, or other unforeseen circumstances outside of the member's control that severely limit using the shortest route. If an exception is made, the SDE must document the reason and can pay mileage for the actual route traveled.

Procedure Code(s): A0080, A0090

Mobility/Ambulatory Vehicles

Mobility/Ambulatory vehicle services are transportation services provided to individuals who are not wheelchair confined. A mobility/ambulatory vehicle is a passenger carrying vehicle for hire, including those designed, constructed, modified or equipped to meet the needs of passengers with medical, physical or mobility impairments and, when medically necessary, their certified escorts. Mobility/ambulatory vehicle providers must have, and maintain one of the following PUC licenses, or be determined exempt by PUC statutes:

- Contract Carrier permit
- Medicaid Client Transport (MCT) permit
- Luxury Limousine

Providers must provide services in compliance with PUC licensure and state and federal laws.

Taxi service is not a mobility vehicle; however, a taxi company may also have an MCT permit or luxury limousine authority from the PUC and may operate its vehicles under that authority as mobility / ambulatory vehicles.

In this case, the taxi company agrees to the Health First Colorado reimbursement for mobility /ambulatory vehicles.

A mobility vehicle may submit claims using wheelchair van procedure codes only when the member is a wheelchair user and the vehicle has been modified with appropriate wheelchair equipment. If these requirements are not met, the mobility/ambulatory vehicle may not bill using wheelchair van codes. (See Wheelchair Van)

Mobility/ambulatory vehicle transportation is a Health First Colorado benefit when the member's medical or physical condition precludes the use of member-purchased public or private transportation, or other less costly modes of Health First Colorado transportation. The SDE is responsible for ensuring documentation from the member's medical professional indicates, in writing, the member is unable to use less costly modes of NEMT services (e.g., mileage reimbursement, bus tickets).

Mileage shall be paid for the shortest trip length in miles as determined by an internet-based map, trip planner, or other Global Positioning System (GPS).

Procedure Code(s): A0120, A0425

Wheelchair Van

A wheelchair van is a vehicle for hire that has been specifically designed, constructed, modified, or equipped to accommodate the needs of wheelchair users. Wheelchair van services are a Health First Colorado benefit only when the member's medical professional indicates, in writing, the member is wheelchair-confined and unable to use less costly modes of NEMT services (e.g., mileage reimbursement, bus tickets).

Wheelchair van providers must have, and maintain one of the following PUC licenses, or be determined exempt by PUC statutes:

- Contract Carrier permit
- Medicaid Client Transport (MCT) permit

Providers must provide services in compliance with PUC licensure and state and federal laws.

When operating as a wheelchair van, the provider agrees to wheelchair van reimbursement.

Wheelchair vans must bill using mobility/ambulatory vehicle procedure codes if the member's medical professional has not indicated in writing that the member is wheelchair-confined. In this case, the mobility/ambulatory vehicle must also meet PUC requirements for mobility vehicle services and agrees to the Health First Colorado reimbursement for mobility/ambulatory vehicles. (See Mobility/Ambulatory Vehicle)

Mileage shall be paid for the shortest trip length in miles as determined by an internet-based map, trip planner, or other Global Positioning System (GPS).

Procedure Code(s): A0130, S0209

Taxicab

A taxicab service means passenger transportation by a common carrier on a call-and-demand basis in a taxicab, with the first passenger therein having exclusive use of the taxicab unless such passenger agrees to multiple loading. Taxicab providers must have and maintain a common carrier certificate with authority to provide taxicab service. Providers must provide services in compliance with PUC licensure and state and federal laws.

Taxicab services are a Health First Colorado benefit when the member's medical or physical condition precludes the use of member-purchased public or private transportation, or other less costly modes of Health First Colorado transportation. The SDE is responsible for ensuring documentation from the member's medical professional indicates, in writing, the member is unable to use less costly modes of NEMT services (e.g., mileage reimbursement, bus tickets).

Mileage shall be paid for the shortest trip length in miles as determined by an internet-based map, trip planner, or other Global Positioning System (GPS).

Taxicab service is not a mobility vehicle; however, a taxi company may also have an MCT permit or luxury limousine authority from the PUC and may operate its vehicles under that authority as mobility / ambulatory vehicles. In this case, the taxi company agrees to the Health First Colorado reimbursement for mobility / ambulatory vehicles. (See Mobility/Ambulatory Vehicles)

Procedure Code(s): A0100

Stretcher Van

Stretcher van is a vehicle that can legally transport a client in a prone or supine position when the client does not require medical attention en route. This may be by stretcher, board, gurney, or other appropriate device. Medical or safety requirements must be the basis for transporting a client in the prone or supine position.

Stretcher van service is a Health First Colorado benefit when the member's medical professional indicates, in writing, the member must be transported in a prone or supine position and they are unable to use less costly modes of NEMT services (e.g., mileage reimbursement, bus tickets).

Mileage shall be paid for the shortest trip length in miles as determined by an internet-based map, trip planner, or other Global Positioning System (GPS).

Procedure Code(s): T2005, T2049

Ground Ambulance

Ambulance means any publicly or privately-owned vehicle that is specially designed, constructed, modified or equipped to be used, maintained and operated on streets or highways to transport clients to a hospital or other treatment facility in cases of accident, trauma or severe illness. Transport of clients requiring cardiac/hemodynamic monitoring is considered to be non-emergency only if such monitoring is required both before and after transport. Advanced airway management shall include clients who are ventilator dependent, require intubation and/or deep suctioning en route, or are on an apnea monitor before, during and after transport. Administration of intravenous (IV) medication en route shall not include self-administered IV medications.

Non-emergent ground ambulance service is a Health First Colorado service when the member's medical professional indicates that the member requires an ambulance in order to be transported safely and they are unable to use less costly modes of NEMT services (e.g., mileage reimbursement, bus tickets). All out-of-state ground ambulance trips must be prior approved by the Department (See Prior Authorization).

Procedure Code(s): A0428, A0426, A0433, A0434, A0425, A0021, A0422

Air Ambulance

Air ambulance means a fixed wing or rotor wing aircraft that is equipped to provide air transportation and is specifically designed to accommodate the medical needs of individuals who are ill, injured, or otherwise mentally or physically incapacitated and who require in-flight medical supervision.

Non-emergent air ambulance benefits are provided when:

- Non-emergent, pre-planned services are authorized by the State authorizing agency.
- Great distances or other obstacles prohibit transporting the member by land to the nearest appropriate facility and the member's condition requires immediate attention.
- The member is suffering from an illness or injury making other forms of transportation inadvisable.

Non-emergent air ambulance service is a Health First Colorado service when the member's medical professional indicates, in writing, that the member requires air ambulance in order to be transported safely and they are unable to use less costly modes of NEMT services. All NEMT air ambulance trips must be prior approved by the Department (See Prior Authorization).

Procedure Code(s): A0430, A0431

Commercial Air

Commercial air means travel via an airline which provides scheduled air transportation for passengers.

Commercial air transport is a Health First Colorado service when the member's medical professional indicates that the member requires commercial air in order to be transported safely and they are unable to use less costly modes of NEMT services. All NEMT commercial air trips must be prior approved by the Department (See Prior Authorization).

Procedure Code(s): A0140

Train

Train means passenger-carrying railroad cars.

Train transport is a Health First Colorado service when the member's medical professional indicates that the member requires commercial air in benefit of the Health First Colorado only when a member's medical professional indicates that the member requires train transportation in order to be transported safely and they are unable to use less costly modes of NEMT services. All NEMT train trips must be prior approved by the Department (See Prior Authorization).

Procedure Code(s): A0140

Ancillary Services

Escort

An escort may accompany a member when:

- The member is a child or an at-risk adult, and is unable to make personal/medical
- Determinations or provide necessary self-care as certified in writing by the member's attending Medicaid enrolled provider.
- The escort or attendant must be physically and cognitively capable of providing the needed services for the member.

NEMT may cover the cost of transporting a second escort with written certification for medical necessity from the member's medical provider, if:

- The member has a behavioral or medical condition which may cause the member to be a threat to self or others if only one escort is provided, or
- The member's primary caretaker has a disability that precludes the caregiver from providing all of the member's needs during transport or extended stay.

Minors who are at least thirteen (13) years old, but younger than eighteen (18) years old, may travel alone with a written release from their parent or guardian, as long as an adult is present to receive the minor at the destination and at the return location. Minors under thirteen (13) years old shall not travel without an escort.

Children in a day treatment program may travel without an escort, as long as there is a written release from their parent or guardian, stating that an adult will be present to receive the minor at the destination and return location. Children are not eligible for NEMT travel to and from school funded day treatment programs.

Procedure Code(s): T2001

Meals/Lodging:

Meals and lodging for members are available for:

- In-state treatment when travel cannot be completed in one calendar day
- Authorized out-of-state treatment if meals or lodging is not included as part of an inpatient stay.

Meals and lodging may be covered for the escort when a member is a child or an at-risk adult who requires the escort's continued stay.

Reimbursement will only be made for meals and lodging that members and escorts are actually charged for, up to the daily per diem rate established by the Department. If a member is not normally billed for meals and lodging will not be reimbursed.

Procedure Code(s): A0180, A0190, A0200, A0210

Exclusions

The following services are not Health First Colorado NEMT benefits:

- Services provided only as a convenience to the member as opposed to medical necessity.
- Charges incurred while the member is not in the vehicle, except for lodging and meals.
- Transportation to/from non-covered medical services, including services that do not qualify due to coverage limitations (e.g., transportation to a medical service after the limit on number of appointments has been reached).
- Waiting time.
- Cancellations.
- Transportation which is covered by another entity (e.g., transportation provided by the Veterans Administration or a school).
- Metered taxi services.
- Charges for additional passengers except when acting as an escort for a child or at-risk adult.
- Response calls when, upon arrival at the site of the call, no transportation is needed or provided.
- Transportation for nursing facility or group home residents to medical or rehabilitative services required in the facility's program, unless the facility does not have an available vehicle. Nursing facilities and group homes should instead report transportation as part of their allowable costs on their state-approved cost report.

Resources**Code of Federal Regulations (CFR)**

Title 42 CFR, §431.53 requires states to:

- Ensure transportation for members to and from providers, and
- Specify in the Medicaid State Plan, which must be approved by the Centers for Medicare and Medicaid Services (CMS), the methods the state will use to ensure transportation.

The Electronic Code of Federal Regulations: www.ecfr.gov

Colorado's Medicaid State Plan

Colorado's Medicaid State Plan is the contract with CMS outlining how Colorado will run the Medicaid program. Attachment 3.1.-D, Methods of Assuring Transportation covers NEMT and specifies the methods used to ensure transportation for members, as required by 42 CFR, §431.53.

Colorado's Medicaid State Plan: <https://www.colorado.gov/pacific/hcpf/colorado-medicaid-state-plan>

Colorado Code of Regulations (CCR)

The Colorado Code of Regulations are the state's rules governing programs and services. 10 CCR 2505-10.8.014 covers NEMT.

To find the current version of 10 CCR 2050-10 8.000 (which includes 8.014):

<http://www.sos.state.co.us/CCR/NumericalCCRDdocList.do?deptID=7&agencyID=69>

Benefit Coverage Standard

The NEMT Benefits Collaborative Policy Statement (also known as the Benefit Coverage Standard) is the detailed policy on the program.

Benefit Coverage Standards (find Non-Emergent Medical Transportation Services):

<https://www.colorado.gov/pacific/hcpf/benefits-collaborative-approved-benefits-standards>

Rate & Fee Schedule

The Provider Rate & Fee Schedule outlines the current NEMT rates and available procedure codes. The Rate & Fee Schedule is updated annually around July 1 with the new rates implemented by the legislature for the new State Fiscal Year.

Provider Rates & Fee Schedule (NEMT is located under Transportation Rate Schedule):

<https://www.colorado.gov/hcpf/provider-rates-fee-schedule>

HCPF NEMT Website

The Department's NEMT Website is a brief overview of NEMT and includes some resources.

<https://www.colorado.gov/pacific/hcpf/non-emergent-medical-transportation>

Find a Doctor Tool

NEMT must be used to access the closest qualified provider of that services. There is an online tool to find the closest provider, accessible on our homepage by clicking Find Doctors:

<https://www.colorado.gov/hcpf/find-doctor>

Procedure Coding

Health First Colorado uses the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedural Coding System (HCPCS). The codes are used for submitting claims for services provided to Health First Colorado members and represent services that may be provided by enrolled, certified Health First Colorado providers.

HCPCS are used to identify and reimburse non-emergent medical transportation services.

The Department updates and revises HCPCS codes through Health First Colorado billing manuals.

The series of local procedure codes used to bill for mobility van services (X6022-X6030) are no longer available. Providers should use HCPCS A0120 plus modifier TK (Extra member or passenger) to bill for mobility van services. Use the appropriate number of units to identify the actual number of riders.

Public/Mass Transportation

Procedure Code	Mod-1	Mod-2	Mod-3	Unit	Description
A0110	TN			Ticket, One-Way	Fixed Route, One-Way, Local
A0110	SC	SE	TN	Ticket, One-Way	Fixed Route, One-Way, Regional
A0110	SE			Ticket, One-Way	Paratransit, One-Way
A0110				Ticket, One-Way	Public/Mass Transportation; Bus Service

Personal Vehicle Mileage Reimbursement

Code	Unit	Description
A0080	Mile	Volunteer Vehicle Mileage - vehicle provided by volunteer (individual or organization), with no vested interest
A0090	Mile	Individual Vehicle Mileage - vehicle provided by individual (family member, self, neighbor) with vested interest

Mobility / Ambulatory Vehicles

Code	Unit	Description
A0120	One Way Trip	Mobility / Ambulatory Vehicles
A0425	Mile	Ground mileage, per statute mile

Wheelchair Van

Code	Unit	Description
A0130	One Way Trip	Wheelchair Van
S0209	Mile	Wheelchair Van Mileage

Taxicab

Code	Unit	Description
A0100	One Way Trip	Taxi

Stretcher Van

Code	Unit	Description
T2005	One Way Trip	Stretcher Van
T2049	Mile	Stretcher Van Mileage

Ground Ambulance

Code	Unit	Description
A0428	One Way Trip	Nonemergency transportation: Ambulance service- Basic Life Support (BLS)
A0426	One Way Trip	Nonemergency transportation: Ambulance service- Advanced Life Support (ALS), level 1
A0433	One Way Trip	Ambulance service- Advanced Life Support (ALS), level 2
A0434	One Way Trip	Specialty care transport (SCT)
A0425	Mile	Ground mileage, per statute mile

Code	Unit	Description
A0021	Mile	Ambulance service, outside state per mile, transport
A0422	Per Unit	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation

Air Ambulance

Code	Unit	Description
A0430	One Way Trip	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	One Way Trip	Ambulance service, conventional air services, transport, one way (rotary wing)

Commercial Air and Train

Code	Unit	Description
A0140	Per Trip	Train and/or Air

Ancillary Services

Code	Unit	Description
T2001	One Way Trip	Escort Transportation
A0180	Per Diem	Travel Lodging for Member
A0190	Per Diem	Travel Meals for Member
A0200	Per Diem	Travel Lodging for Escort
A0210	Per Diem	Travel Meals for Escort

NEMT Billing Information

The 837 Professional (837P) transaction should be utilized for electronic billing.

Claim Type

NEMT Claims submitted via the web portal are Professional Claims.

Diagnosis Codes

A diagnosis is required on all claims. Enter code R68.89 for all claims. Do not fill unused spaces with zeroes. The diagnosis must be referenced to each detail line by placing a "1" in the diagnosis indicator field.

Dates of Services

Each detail line includes space to enter two (2) dates of service: a 'From' Date Of Service (FDOS) and a 'To' Date Of Service (TDOS). Both dates must be completed on the electronic record. For services rendered on a single date, complete the FDOS and the TDOS with the same date.

Span Billing

Span billing is not allowed for transportation services.

Place of Service Codes

Use CMS place of service codes. Use place of service codes:

- 41-land transportation
- 42-air transportation

Procedure Codes

Each detail line must include a valid NEMT procedure code.

EMG (Emergency) Indicator

The Emergency Indicator is used to differentiate some NEMT services from Emergency Medical Transportation. Enter N or leave blank to indicate the service was non-emergency medical transportation.

Transportation Certification

Transportation Certification is optional for NEMT claims.

Attachments

Beginning 3/1/17, attachments can be submitted with electronic claims submitted via the web portal. NEMT claims which require manual pricing must include an attachment that supports the claim.

CMS 1500 Paper Claim Reference Table

The following paper claim form reference table shows required, optional, and conditional fields and detailed field completion instructions for transportation claims on the CMS 1500 claim form.

CMS Field #	Field Label	Field is?	Instructions
1	Insurance Type	Required	Place an "X" in the box marked as Medicaid.
1a	Insured's ID Number	Required	Enter the member's Health First Colorado seven-digit Medicaid ID number as it appears on the Medicaid Identification card. Example: A123456.
2	Patient's Name	Required	Enter the member's last name, first name, and middle initial.
3	Patient's Date of Birth / Sex	Required	Enter the member's birth date using two digits for the month, two digits for the date, and two digits for the year. Example: 070114 for July 1, 2014. Place an "X" in the appropriate box to indicate the sex of the member.
4	Insured's Name	Conditional	Complete if the member is covered by a Medicare health insurance policy. Enter the insured's full last name, first name, and middle initial. If the insured used a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name.
5	Patient's Address	Not Required	
6	Patient's Relationship to Insured	Conditional	Complete if the member is covered by a commercial health insurance policy. Place an "X" in the box that identifies the member's relationship to the policyholder.
7	Insured's Address	Not Required	
8	Reserved for NUCC Use		

CMS Field #	Field Label	Field is?	Instructions
9	Other Insured's Name	Conditional	If field 11d is marked "YES", enter the insured's last name, first name and middle initial.
9a	Other Insured's Policy or Group Number	Conditional	If field 11d is marked "YES", enter the policy or group number.
9b	Reserved for NUCC Use		
9c	Reserved for NUCC Use		
9d	Insurance Plan or Program Name	Conditional	If field 11d is marked "YES", enter the insurance plan or program name.
10a-c	Is Patient's Condition Related to?	Conditional	When appropriate, place an "X" in the correct box to indicate whether one or more of the services described in field 24 are for a condition or injury that occurred on the job, as a result of an auto accident or other.
10d	Reserved for Local Use		
11	Insured's Policy, Group or FECA Number	Conditional	Complete if the member is covered by a Medicare health insurance policy. Enter the insured's policy number as it appears on the ID card. Only complete if field 4 is completed.
11a	Insured's Date of Birth, Sex	Conditional	Complete if the member is covered by a Medicare health insurance policy. Enter the insured's birth date using two digits for the month, two digits for the date and two digits for the year. Example: 070114 for July 1, 2014. Place an "X" in the appropriate box to indicate the sex of the insured.
11b	Other Claim ID	Not Required	

CMS Field #	Field Label	Field is?	Instructions
11c	Insurance Plan Name or Program Name	Not Required	
11d	Is there another Health Benefit Plan?	Conditional	When appropriate, place an "X" in the correct box. If marked "YES", complete 9, 9a and 9d.
12	Patient's or Authorized Person's signature	Required	Enter "Signature on File", "SOF", or legal signature. If there is no signature on file, leave blank or enter "No Signature on File". Enter the date the claim form was signed.
13	Insured's or Authorized Person's Signature	Not Required	
14	Date of Current Illness Injury or Pregnancy	Conditional	Complete if information is known. Enter the date of illness, injury or pregnancy, (date of the last menstrual period) using two digits for the month, two digits for the date and two digits for the year. Example: 070114 for July 1, 2014. Enter the applicable qualifier to identify which date is being reported 431 Onset of Current Symptoms or Illness 484 Last Menstrual Period
15	Other Date	Not Required	
16	Date Patient Unable to Work in Current Occupation	Not Required	
17	Name of Referring Physician	Conditional	
17.b	NPI of referring physician	Conditional	

CMS Field #	Field Label	Field is?	Instructions
18	Hospitalization Dates Related to Current Service	Not Required	
19	Additional Claim Information	Conditional	When applicable, enter the word "TRANSPORT CERT" to certify that you have a transportation certificate or trip sheet on file for this service.
20	Outside Lab? \$ Charges	Not Required	
21	Diagnosis or Nature of Illness or Injury	Required	Enter at least one but no more than twelve diagnosis codes based on the member's diagnosis/condition. Enter applicable ICD indicator to identify which version of ICD codes is being reported. 0 ICD-10-CM (DOS 10/1/15 and after) 9 ICD-9-CM (DOS 9/30/15 and before) NEMT Enter diagnosis code R68.89.
22	Medicaid Resubmission Code	Conditional	List the original reference number for adjusted claims. When resubmitting a claim as a replacement or a void, enter the appropriate bill frequency code in the left-hand side of the field. 7 Replacement of prior claim 8 Void/Cancel of prior claim This field is not intended for use for original claim submissions.
23	Prior Authorization	Not Required	
24	Claim Line Detail	Information	The paper claim form allows entry of up to six detailed billing lines. Fields 24A through 24J apply to each billed line. Do not enter more than six lines of information on the paper claim. If more than six lines of information are entered, the additional lines will not be entered for processing. Each claim form must be fully completed (totaled). Do not file continuation claims (e.g., Page 1 of 2).

CMS Field #	Field Label	Field is?	Instructions						
24A	Dates of Service	Required	<p>The field accommodates the entry of two dates: a "From" date of services and a "To" date of service. Enter the date of service using two digits for the month, two digits for the date and two digits for the year. Example: 010117 for January 1, 2017</p> <p style="text-align: center;">From To</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px 5px;">01</td> <td style="padding: 2px 5px;">01</td> <td style="padding: 2px 5px;">17</td> <td style="padding: 2px 5px;">01</td> <td style="padding: 2px 5px;">01</td> <td style="padding: 2px 5px;">17</td> </tr> </table> <p><u>Single Date of Service:</u> Enter the six-digit date of service in the "From" field. Completion of the "To" field is not required. Do not spread the date entry across the two fields.</p> <p><u>Span billing:</u> Is not allowed for NEMT.</p>	01	01	17	01	01	17
01	01	17	01	01	17				
24B	Place of Service	Required	<p>Enter the Place of Service (POS) code that describes the location where services were rendered. The Health First Colorado accepts the CMS place of service codes.</p> <p>41 Transportation – Land 42 Transportation – Air or Water</p>						
24C	EMG	Conditional	<p>Enter an "N" or leave blank in the bottom, unshaded area of the field to indicate the service was non-emergent medical transportation.</p>						
24D	Procedures, Services, or Supplies	Required	<p>Enter the HCPCS procedure code that specifically describes the service for which payment is requested.</p> <p>Only approved codes from the current CPT or HCPCS publications will be accepted.</p>						
24D	Modifier	Not Required	<p>Enter the appropriate procedure-related modifier(s) that applies to the billed service. Up to four modifiers may be entered when using the paper claim form.</p> <p>NEMT Only A0110 may require a modifier (See Transportation HCPCS codes).</p>						

CMS Field #	Field Label	Field is?	Instructions
24E	Diagnosis Pointer	Required	<p>Enter the diagnosis code reference letter (A-L) that relates the date of service and the procedures performed to the primary diagnosis.</p> <p>At least one (1) diagnosis code reference letter must be entered.</p> <p>When multiple services are performed, the primary reference letter for each service should be listed first, other applicable services should follow.</p> <p>This field allows for the entry of four (4) characters in the unshaded area.</p>
24F	\$ Charges	Required	<p>Enter the usual and customary charge for the service represented by the procedure code on the detail line. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.</p> <p>Submitted charges cannot be more than charges made to non-Health First Colorado covered individuals for the same service.</p> <p>Do not deduct Health First Colorado co-payment or commercial insurance payments from the usual and customary charges.</p>
24G	Days or Units	Required	<p>Enter the number of units provided for each procedure code.</p> <p>Enter whole numbers only- do not enter fractions or decimals.</p>
24H	EPSDT/ Family Plan	Not Required	
24I	ID Qualifier	Not Required	
24J	Rendering Provider ID #	Required	<p>In the shaded portion of the field, enter the NPI or Provider ID of the Health First Colorado provider who actually performed or rendered the billed service. This number cannot be assigned to a group or clinic.</p>
25	Federal Tax ID Number	Not Required	

CMS Field #	Field Label	Field is?	Instructions
26	Patient's Account Number	Optional	Enter information that identifies the member or claim in the provider's billing system. Submitted information appears on the Remittance Advice (RA).
27	Accept Assignment?	Required	The accept assignment indicates that the provider agrees to accept assignment under the terms of the payer's program.
28	Total Charge	Required	Enter the sum of all charges listed in field 24F. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.
29	Amount Paid	Conditional	Enter the total amount paid by Medicare or any other commercial health insurance that has made payment on the billed services. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.
30	Rsvd for NUCC Use		

CMS Field #	Field Label	Field is?	Instructions
31	Signature of Physician or Supplier Including Degrees or Credentials	Required	<p>Each claim must bear the signature of the enrolled provider or the signature of a registered authorized agent.</p> <p>A holographic signature stamp may be used <u>if</u> authorization for the stamp is on file with the fiscal agent.</p> <p>An authorized agent or representative may sign the claim for the enrolled provider <u>if</u> the name and signature of the agent is on file with the fiscal agent.</p> <p>Each claim must have the date the enrolled provider or registered authorized agent signed the claim form. Enter the date the claim was signed using two digits for the month, two digits for the date and two digits for the year. Example: 070117 for July 1, 2017.</p> <p>Unacceptable signature alternatives:</p> <p>Claim preparation personnel may not sign the enrolled provider's name.</p> <p>Initials are not acceptable as a signature.</p> <p>Typed or computer printed names are not acceptable as a signature.</p> <p>"Signature on file" notation is not acceptable in place of an authorized signature.</p>
32	32- Service Facility Location Information 32a- NPI Number 32b- Other ID #	Conditional	<p>Complete for services provided in a hospital or nursing facility in the following format:</p> <p>1st Line Facility Name 2nd Line Address 3rd Line City, State and ZIP Code</p> <p>32a- NPI Number Enter the NPI of the service facility (if known).</p>
33	33- Billing Provider Info & Ph # 33a- NPI Number 33b- Other ID #	Required	<p>Enter the name of the individual or organization that will receive payment for the billed services in the following format:</p> <p>1st Line Name 2nd Line Address 3rd Line City, State and ZIP Code</p> <p>33a- NPI Number Enter the NPI of the billing provider</p>

CMS 1500 Transportation Claim Example



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> MEDICARE <input checked="" type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER		1a. INSURED'S I.D. NUMBER (For Program in Item 1) D444444	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Client, Ima A		3. PATIENT'S BIRTHDATE MM DD YY SEX 10 16 45 M F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (include Area Code)		7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? PLACE (State) YES <input type="checkbox"/> NO <input type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10g. RESERVED FOR LOCAL USE	
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 Signature on File DATE 10/1/18		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 ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. 17c. 17d.		15. OTHER DATE MM DD YY QUAL 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) TRANS CERT	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD Ind 0 A. R68.89 B. C. D. E. F. G. H. I. J. K. L.		22. 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 EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. FROM THIS DATE I. ID. QUAL. J. RENDERING PROVIDER ID #		25. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES 26. PATIENT'S ACCOUNT NO. Optional A0429 27. ACCEPT ASSIGNMENT? (For prior auth. use back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 28. TOTAL CHARGE \$ 150.00 29. AMOUNT PAID \$ 30. Rwd for NUCC Use	
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.) SIGNED Signature DATE 10/1/18		32. SERVICE FACILITY LOCATION INFORMATION ABC Transportation 100 Any Street Any City a. 1234567890 b.	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

Transportation Third Party Claim - No Mileage Example



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

FICA		FICA	
1. MEDICARE (Medicare #) <input checked="" type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) D444444	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Client, Ima A		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
3. PATIENT'S BIRTH DATE (MM/DD/YY) 10/16/45 SEX M <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)	
5. PATIENT'S ADDRESS (No., Street)		8. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
6. CITY STATE ZIP CODE TELEPHONE (Include Area Code)		9. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10a. RESERVED FOR LOCAL USE	
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 <u>Signature on File</u> DATE 10/1/18		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 ILLNESS, INJURY, or PREGNANCY (LMP) MM/DD/YY QUAL		15. OTHER DATE MM/DD/YY QUAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM/DD/YY TO MM/DD/YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) TRANS CERT		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM/DD/YY TO MM/DD/YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Rate A-L to service line below (24E)) ICD-9 0		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES	
A. R08.89 B. C. D.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
E. F. G. H. I. J. K. L.		23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM/DD/YY To MM/DD/YY B. PLAC OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9 QUAL. J. RENDERING PROVIDER ID #			
1. 10 01 16 10 01 16 41 Y A0429 A 150 00 1 NPI			
2. NPI			
3. NPI			
4. NPI			
5. NPI			
6. NPI			
25. FEDERAL TAX I.D. NUMBER BSN EIN		26. PATIENT'S ACCOUNT NO. Optional <input type="checkbox"/>	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED <u>Signature</u> DATE 10/1/18		27. ACCEPT ASSIGNMENT? (For gov. plans, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
32. SERVICE FACILITY LOCATION INFORMATION		28. TOTAL CHARGE \$ 150 00 29. AMOUNT PAID \$	
		30. Billing Provider Info & PH # 1234567890	
		33. BILLING PROVIDER INFO & PH # ABC Transportation 100 Any Street Any City	

NUCC Instruction Manual available at: www.nucc.org

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APPROVED OMB-0935-1197 FORM CMS-1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Transportation Crossover Claim Example



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA <input type="checkbox"/> PICA																																																																																																			
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (ICM/DCM) (Member ID#) (ID#)</small>					1a. INSURED'S I.D. NUMBER (For Program in Item 1) D444444																																																																																														
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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 Signature on File DATE 10/1/16					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 _____																																																																																														
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<table border="1"> <thead> <tr> <th>24. A.</th> <th>B.</th> <th>C.</th> <th>D.</th> <th>E.</th> <th>F.</th> <th>G.</th> <th>H.</th> <th>I.</th> <th>J.</th> </tr> <tr> <th>DATE(S) OF SERVICE</th> <th>PLACE OF SERVICE</th> <th>EMG</th> <th>PROCEDURES, SERVICES, OR SUPPLIES</th> <th>DIAGNOSIS POINTER</th> <th>\$ CHARGES</th> <th>DAYS OR UNITS</th> <th>PL</th> <th>ID</th> <th>RENDERING PROVIDER ID #</th> </tr> <tr> <th>From MM DD YY</th> <th>To MM DD YY</th> <th></th> <th>(Explain Unusual Circumstances) CPT/HCPCS MODIFIER</th> <th></th> <th></th> <th></th> <th>Percent Paid</th> <th>QUAL</th> <th></th> </tr> </thead> <tbody> <tr> <td>10 01 16</td> <td>10 01 16</td> <td>41</td> <td>Y A0429</td> <td>A</td> <td>20 00</td> <td>1</td> <td></td> <td>NPI</td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NPI</td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NPI</td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NPI</td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NPI</td> <td></td> </tr> <tr> <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NPI</td> <td></td> </tr> </tbody> </table>										24. A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	DATE(S) OF SERVICE	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES, OR SUPPLIES	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	PL	ID	RENDERING PROVIDER ID #	From MM DD YY	To MM DD YY		(Explain Unusual Circumstances) CPT/HCPCS MODIFIER				Percent Paid	QUAL		10 01 16	10 01 16	41	Y A0429	A	20 00	1		NPI		2								NPI		3								NPI		4								NPI		5								NPI		6								NPI	
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6								NPI																																																																																											
25. FEDERAL TAX I.D. NUMBER BSN EIN			26. PATIENT'S ACCOUNT NO. Optional		27. ACCEPT ASSIGNMENT? (For 24E, 24F, 44E, 44F) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 20 00		29. AMOUNT PAID \$ 10 00																																																																																										
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.) SIGNED Signature DATE 10/1/16			32. SERVICE FACILITY LOCATION INFORMATION			33. BILLING PROVIDER INFO & PH # () ABC Transportation 100 Any Street Any City a. 1234567890 b.																																																																																													

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

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CARRIER PATIENT AND INSURED INFORMATION PHYSICIAN OR SUPPLIER INFORMATION

Timely Filing

For more information on timely filing policy, including the resubmission rules for denied claims, please see the [General Provider Information manual](#).

NEMT Billing Manual Revisions Log

Revision Date	Section/Action	Pages	Made by
12/01/2016	Manual revised for interChange implementation. For manual revisions prior to 12/01/2016, please refer to Archive.	All	HPE
12/27/2016	Updates based on Colorado iC Stage II Provider Billing Manual Comment Log v0_2.xlsx	4, 6, 7, 14	HPE
1/10/2017	Updates based on Colorado iC Stage Provider Billing Manual Comment Log v0_3.xlsx	Multiple	HPE
1/19/2017	Updates based on Colorado iC Stage Provider Billing Manual Comment Log v0_4.xlsx	5, 13	HPE
1/26/2017	Updates based on Department 1/20/2017 approval email	Accepted tracked changes throughout	HPE
12/12/2017	Manual revised to separate NEMT and EMT services. Changed the name to NEMT Billing Manual. Updates made throughout to align with current policies and billing rules.	All	ERM
4/12/2018	Corrected Wheelchair Van procedure code	9	ERM
6/22/18	Updated billing and timely to point to General Billing manual	1,27	HCPF
6/28/18	Edited link, edited timely	1, 27	HCPF

Note: In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above are the page numbers on which the updates/changes occur.