

Local County or Tribal Agency Nonemergency Medical Transportation (NEMT) Services Claim, Service and Rate Information

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Overview

County and tribal agency requests for Minnesota Health Care Programs (MHCP) reimbursement for nonemergency medical transportation (NEMT) service and ancillary services must be billed electronically through [MN-ITS](#) interactive or batch.

Local County or Tribal Agency Administered NEMT Transports

The local county or tribal agency determines the appropriate level of NEMT services for the member. The local county or tribal agency coordinates or provides the NEMT transport; reimburses the individual or the transport provider; and bills the Minnesota Department of Human Services (DHS) for reimbursement of the service costs.

Exception: The Mode 4 = Assisted Transport level-of-service (LOS) assessments for establishing the appropriate level of transport are completed by the state contracted medical review agent. The local agency then coordinates or provides transport; reimburses the individual or transport provider; and bills MHCP or DHS for reimbursement of the service costs.

Local agency-administered NEMT and the ancillary service claim submissions require several fields to be completed with correct and accurate information for the claim to be processed and paid. This section has general information for basic claim submission. Additional requirements may be necessary for access transportation and the related ancillary services claims to be billed and reimbursed correctly.

Claim Information

Basic claim information includes the following details:

- **Pay-to provider number:** Use the local agency (county or tribe) national provider identifier (NPI) or unique Minnesota provider identifier (UMPI)
- **Rendering provider number:** Effective Jan. 1, 2023, use the NEMT driver's individual UMPI number.
- **Individual subscriber ID:** MHCP ID (MA ID) number of the MHCP-eligible member who received the covered medical service for which the NEMT transport or ancillary services were provided or reimbursed.
- **Diagnosis Code:** Z02.9 – Encounter for Administrative Examinations; Unspecified.

Claim submission requires **each** service provided (each code) to be billed on a separate service line. Proper claim submission requires entry of the following information:

- Dates of service (DOS)
- Dates on claim limited to one calendar month
 - Enter single date when service is provided on one date only
 - Enter "From-To" date span for multiple consecutive dates of the same service. A date span **does not** include a date the service was not provided

- Service (personal mileage codes) code: Reflects the NEMT transport service provided or reimbursed as indicated in the following tables
 - Enter a separate claim line for each distinct service code submitted
 - Multiple services within same calendar month can be included on the same claim
- Modifier: Indicates the level of service provided when the service includes more than one level or type of transport as indicated in the following tables
- Service unit count: Reflects the total number of units of service provided for the dates and service type entered. Example: A0090 (personal mileage) = 30 miles = 30 units
- Line item charge amount: Reflects the total reimbursement amount requested for the service units billed on the line. Example: A0090 (personal mileage) = 30 miles = 30 units x \$0.22/unit = \$6.60 total line item charge amount

Submit claims for the appropriate transportation base and mileage rates for transport of an MHCP member with the service code and modifiers combinations listed on the table.

Local County or Tribal Agency–Administered Transportation Personal Mileage Codes, Modifiers and Payment Rates

Personal mileage codes and payment rates

Personal Mileage Code	NEMT Service Description	Service Modifier	Payment Rate
A0100 Unassisted Transport Base (Mode 3) ***R	Taxi or equivalent, curb-to-curb	Origination and destination identifier modifier	Base rate: \$12.10 (limit of 2 units per service line) ****P
S0215 Unassisted Transport Mileage The transport claims must have a paid base service line to reimburse the mileage service line charges. ***R	Taxi or equivalent, curb-to-curb	Origination and destination identifier modifier	Mileage rate: \$1.43 per mile (includes Jan. 1, 2024, fuel adjuster) *Per mile: \$1.47 April 1, 2024, rate including quarterly fuel adjustment. ****P RUCA may apply.
T2003 Assisted Transport Base (Mode 4) ***R	Nonemergency transportation; ambulatory; encounter or trip = door-to-door and door-through-door	Origination and destination identifier modifier	Base rate: \$14.30 (limit of 2 units per service line) ****P RUCA may apply.
S0215 Assisted Transport Mileage The transport claims must have a paid base service line to reimburse the mileage service line charges. ***R	Nonemergency transportation mileage; ambulatory; encounter or trip = door-to-door and door-through-door	Origination and destination identifier modifier	Mileage rate: \$1.43 per mile (includes Jan. 1, 2024, fuel adjuster) * Per mile: \$1.47 April 1, 2024, rate including quarterly fuel adjustment. ****P

Multiple unassisted and assisted transports on the same date of service

Billing for the base (pick-up) service code is limited to two units per service line per date of service (DOS). If the person is provided more than two transports on the same DOS, separate the base charges into two units per service line billed and include the "repeat service" modifier on the additional base service lines.

Bill the corresponding mileage on multiple service lines consistent with the base service lines billed.

Modifiers Required

For "Mode 4 – Assisted Transport" base (T2003) and mileage (S0215) an origination (pick-up) and destination (drop-off) identifier modifier combination is required. The modifier is determined by combining two individual location identifiers. The first indicator is the origination identifier and the second identifier is for the destination. Indicators for the modifier are created from the identifiers used for Medicare ambulance billing. The indicators include the following:

D = Diagnostic or therapeutic site other than P = Physician or H = Hospital when these are used as origin codes

E = Residential, domiciliary, custodial facility (other than 1819 facility)

G = Hospital-based end stage renal disease (ESRD) facility

H = Hospital

I = Site of transfer (for example, airport or helicopter pad) between modes of ambulance transport

J = Freestanding ESRD facility

N = Skilled nursing facility

P = Physician's office

R = Residence

S = Scene of accident or acute event

X = Intermediate stop at physician's office on way to hospital (destination code only)

Personal and Volunteer Driver Mileage

Personal mileage codes and payment rates for personal and volunteer drivers

Personal Mileage Code	NEMT Service Description	Service Modifier	Payment Rate
Mode 1 A0090 ***R	Vehicle provided by individual (self, family member, neighbor or others) with vested interest	None	\$0.22 per mile (includes Jan. 1, 2024, fuel adjuster) *Per mile: \$0.22 April 1, 2024, rate including quarterly fuel adjustment. Rural urban commuting area (RUCA) may apply.
Mode 1 A0090 Licensed Foster Parent ***R	Vehicle provided by licensed foster parent only	UC*	Jan. 1, 2024 – March 31, 2024, \$0.67 per mile (includes Jan. 1, 2024, fuel adjuster) *Per mile: \$0.69 April 1, 2024, rate including quarterly fuel adjustment

			**RUCA may apply.
Mode 2 A0080 Volunteer Driver ***R	Vehicle provided by volunteer (individual or organization) with no vested interest	None	Jan. 1, 2024 – March 31, 2024, \$0.67 per mile (includes Jan 1, 2024, fuel adjuster) *Per mile: \$0.69 April 1, 2024, rate including quarterly fuel adjustment

***A0090** = Personal Mileage Code with “**UC**” modifier is used to indicate volunteer mileage rate reimbursement paid **only** to a licensed foster parent.

Reimbursement **up to 100 percent of the IRS Business Deduction rate in place on the date-of-service.

Bus, Paratransit and Air Travel

Personal mileage codes and payment rates for bus, paratransit* and air travel

Personal Mileage Code	NEMT Service Description	Service Modifier	Payment Rate
A0110	Bus, intrastate or interstate carrier (includes light rail)	None	**At cost; reimbursement cannot exceed rate paid by non-MHCP passengers Rural urban commuting area (RUCA) does not apply.
A0110	Bus, monthly pass (includes light rail)	U7	**At cost; reimbursement cannot exceed rate paid by non-MHCP passengers RUCA does not apply.
A0120	Americans with Disabilities Act (ADA) paratransit	None	**At cost; reimbursement cannot exceed rate paid by non-MHCP passengers RUCA does not apply.
A0140	Air travel (private or commercial) intrastate or interstate, when appropriate	None	**At cost; reimbursement cannot exceed rate paid by non-MHCP passengers. Need not be direct flight RUCA does not apply.

* The mileage rate begins with first mile the client is in the vehicle. Transport is by the most direct route.

** Review “Excluded Costs Related to Transportation” information to verify the transport costs do not include costs that are not reimbursable.

***R = RUCA adjustment available if conditions are met

****P = Proration applies to two or more riders picked up at the same point of origin/pickup location

Rural Urban Commuting Area Base and Mileage Adjustments (RUCA)

The RUCA add-on adjustments apply to local agency coordinated transports and reimbursements to the individual or transportation provider. Reimbursement is calculated from the zip code of the recipient's residence. Direct billing by the transport provider to MHCP/DHS does not occur for these transports:

Mode 1 = Client Reimbursement (personal mileage/licensed foster parent mileage)

Mode 2 = Volunteer Transport

Mode 3 = Unassisted Transport (ambulatory)

Mode 4 = Assisted Transport (ambulatory)

Legal References

[Minnesota Statutes, 256B.0625](#), subdivision 17 (Transportation costs)

- Statute language about rural urban commuting area includes the following:
 - (b) For purposes of this subdivision, "rural urban commuting area" or "RUCA" means a census-tract based classification system under which a geographical area is determined to be urban, rural, or super rural.
 - (q) The base rate for nonemergency medical transportation services in areas defined under RUCA to be super rural is equal to 111.3 percent of the respective base rate in paragraph (p), clauses (1) to (7). The mileage rate for nonemergency medical transportation services in areas defined under RUCA to be rural or super rural areas is:
 - (1) for a trip equal to 17 miles or less, equal to 125 percent of the respective mileage rate in paragraph (p), clauses (1) to (7); and
 - (2) for a trip between 18 and 50 miles, equal to 112.5 percent of the respective mileage rate in paragraph (p), clauses (1) to (7).
 - (r) For purposes of reimbursement rates for nonemergency medical transportation services under paragraphs (p) and (q), the zip code of the recipient's place of residence shall determine whether the urban, rural, or super rural reimbursement rate applies.