

# State-Administered Transportation Procedure Codes, Modifiers and Payment Rates

Revised: [April 8, 2024](#)

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## Overview

Providers must bill Minnesota Health Care Programs (MHCP) for state-administered nonemergency medical transportation (NEMT) services and ancillary services electronically through [MN-ITS](#) interactive or batch.

This section has general information for basic claim submission. Additional requirements may be necessary for access transportation providers and related ancillary services providers to bill and receive reimbursement for MHCP services.

**Note:** We will deny any claim submitted on or after Jan. 1, 2023, that does not list an MHCP-enrolled driver's unique Minnesota provider identifier (UMPI) as the rendering provider. State-administered transportation organizations should begin the process of enrolling NEMT drivers in MHCP to qualify as a rendering provider. Previously, the transportation organization was both the pay-to provider and rendering provider. The enrollment process will take some time, so NEMT drivers should [enroll with MHCP](#) now.

## Claim Information

Basic claim information includes:

- **Pay-to provider:** Use the organization's national provider identifier (NPI) or UMPI.
- **Rendering provider number:** use the driver's individual UMPI number.
- **Individual subscriber ID:** MHCP ID (Medical Assistance ID) number of the MHCP-eligible member who received the covered NEMT transport or ancillary service
- **Diagnosis code:** Z02.9 – Encounter for administrative examinations; unspecified.

Bill each service provided (each code) on a separate service line. Proper claim submissions require entry of the following:

- Dates of service
- Dates on claim limited to one calendar month
- HCPCS origin and destination codes (The first position indicates the origin and the second position indicates the destination.)
- Enter a separate claim line for each distinct service code submitted
- Multiple services within same calendar month can be included on the same claim.
- Service (procedure) code: Reflects the NEMT transport service provided or reimbursed as indicated in the following tables

For Mode 4 – Assisted Transport, refer to [Local County or Tribal Agency Nonemergency Medical Transportation \(NEMT\) Services Claim, Service, and Rate Information](#).

## Transportation Procedure Codes, Modifiers and Payment Rates

Legislation effective Jan. 1, 2024

<b>Procedure Code</b>	<b>Description</b>	<b>Modifier Indicators required</b>	<b>Payment Rate</b>
<b>A0130</b> Wheelchair; lift-equipped, ramp transport **R	Mode 5 – Wheelchair; lift-equipped, ramp transport <b>base rate</b>	Origination and destination identifier modifier	\$19.80 (limit of 2 units per service line) ***P
<b>S0209</b> Wheelchair mileage; lift-equipped, ramp transport mileage **R	Mode 5 <b>mileage</b> door-to-door and door-through-door (station-to-station)	Origination and destination identifier modifier	\$1.70 per loaded mile (includes Jan. 1, 2024 fuel adjuster) *\$1.75 per loaded mile (includes April 1, 2024 fuel adjuster) ***P
<b>T2003 UA</b> Protected transport **R	Mode 6 – protected transport <b>base rate</b> (Pick-up) – door-to-door and door-through-door (station-to-station)	Origination and destination identifier modifier	\$75.00 per trip (must include an attendant) (limit 2 units per line) ***P
<b>S0215 UA</b> Protected transport mileage **R	Mode 6 <b>mileage</b> – door- to-door and door-through-door (station-to-station)	Origination and destination identifier modifier	\$2.40 per loaded mile (includes Jan. 1, 2024 fuel adjuster) *\$2.47 per loaded mile (includes April 1, 2024 fuel adjuster) ***P
<b>T2005</b> Stretcher **R	Mode 7 – stretcher transport <b>base rate</b> (Pick-up) - door-to-door and door-through-door (station-to-station)	Origination and destination identifier modifier	\$60.00 (limit 2 units per service line) ***P
<b>T2049</b> Stretcher mileage **R	Mode 7 <b>mileage</b> – door to- door and door – through – door (station to station)	Origination and destination identifier modifier	\$2.40 per loaded mile (includes Jan. 1, 2024 fuel adjuster) *\$2.47 per loaded mile (includes April 1, 2024 fuel adjuster)

			***P
<b>T2001</b> Extra attendant	Patient attendant or escort; Mode 7 only	Origination and destination identifier modifier	\$9.00

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

\*\*R = Rural Urban Commuting Area Base and Mileage Adjustments 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)**

[Minnesota Statutes, 256B.0625](#), subdivision 17m-subdivision 17o

The RUCA add-on adjustments apply to state administered transports and reimbursements to the MHCP enrolled transportation provider. Reimbursement is calculated from the zip code of the recipient's residence. Direct billing by the transport provider to MHCP or the Minnesota Department of Human Services occurs for the following transports:

**Mode 5** = Lift-equipped/Ramp Transport

**Mode 6** = Protected Transport

**Mode 7** = Stretcher Transport

Bill each procedure code by the number of units.

When a level-of-service (LOS) assessment is required, the member or member's representative must contact the medical review agent at 844-681-8144.

If the member requires an LOS assessment for protected transport (Mode 6), the member or the member's representative must contact the county [mental health crisis team](#). In some situations where the member is in a medical facility at the time of crisis or need, appropriate staff at the medical facility may determine if the member requires protected transport and certify the member for protected transport (Mode 6).

### **Place of service codes:**

**41** – Ambulance land

**42** – Ambulance air or water

**99** – Place of service for special transportation

**HCPCS origin and destination codes** (The first position indicates the origin and the second position indicates the destination.)

<b>Code</b>	<b>Description</b>
<b>D</b>	Diagnostic or therapeutic site other than P or H when these are used as origin codes
<b>E</b>	Residential, domiciliary, custodial facility (other than an 1819 facility)
<b>G</b>	Hospital-based end stage renal disease (ESRD) facility
<b>H</b>	Hospital
<b>I</b>	Site of transfer (for example, airport or helicopter pad) between modes of ambulance transport
<b>J</b>	Freestanding ESRD facility
<b>N</b>	Skilled nursing facility (SNF)

<b>P</b>	Physician's office
<b>QM</b>	Institutional based providers only. Ambulance service provided under arrangement by a provider of services
<b>QN</b>	Institutional based providers only. Ambulance service furnished directly by a provider of services
<b>R</b>	Residence
<b>S</b>	Scene of accident or acute event
<b>X</b>	Intermediate stop at physician's office on route to the hospital (destination code only)
<b>76</b>	Repeat procedure by same provider
<b>77</b>	Repeat procedure by another provider