

Chapter 21

Transportation Services

Transportation is a covered service if provided as follows:

1. To and/or from the site of a IMCare-covered medical service
2. By an enrolled health care provider (special transportation services [STS]) or local human service/tribal provider (access transportation services [ATS]) and billed using the member's eight-digit IMCare identification (ID) number

IMCare covers the following categories of medical transportation services:

1. ATS, sometimes referred to as "common carrier"
2. Ambulance services, including emergency and non-emergency ambulance services
3. STS, for members unable to use common transportation (e.g., a bus, taxi, or volunteer driver) because of physical or mental impairment that requires the transportation driver to provide direct assistance to the member. Direct driver assistance to the member is required in the residence/pickup location to exit/enter and at the medical facility to enter/exit to/from the appropriate medical appointment desk (station-to-station/door-through-door). This level of service is required to enable the member to obtain covered medical services.

Definitions

Access Transportation Services (ATS): Transportation by volunteer driver, common carrier (bus, taxicab, other commercial carrier, or private automobile), or contract for service, or direct mileage reimbursement to the member or the member's driver. ATS is also known as common carrier transportation. **ATS is provided by Itasca Health and Human Services in Itasca County.**

ALS: Advanced Life Support.

Advanced Life Support, Level 1 (ALS1): Transportation by ground ambulance vehicle, medically necessary supplies and services, and an ALS assessment by ALS personnel or the provision of at least one ALS intervention.

Advanced Life Support, Level 2 (ALS2):

1. Three or more different administrations of medications by intravenous push/bolus or by continuous infusion, excluding crystalloid, hypotonic, isotonic, and hypertonic solutions (Dextrose, Normal Saline, Ringer's Lactate), or transportation and medically necessary supplies and services; and
2. The provision of at least one of the following ALS procedures: manual defibrillation/cardio version, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, introsseous line.

Ambulance Service: The transport of a member whose medical condition or diagnosis requires medically necessary services before and during transport.

Ancillary Services: Health services incident to ambulance transportation services that may be medically necessary on an individual basis, but are not routinely used and are not included in the base rate for ambulance.

Attendant: An employee of a special transportation provider who meets all Minnesota Department of Transportation (MnDOT) driver certification requirements.

Basic Life Support (BLS): Transportation by ground ambulance vehicle and medically necessary supplies and services, plus the provision of BLS ambulance services.

Basic Life Support (BLS) Emergency: When medically necessary, the provision of BLS services as specified above in the context of an emergency response.

Certificate of Need (CON): The CON is a form that must be completed by the attending physician or nurse practitioner (NP), or the Clinical Nurse Specialist (CNS) or physician assistant (PA) working under the delegation of the attending physician. The CON certifies the need for STS services and must be updated annually.

Common Carrier Transportation: The transport of a member by bus, taxicab, other commercial carrier, or by private automobile.

Community Paramedic: An individual certified to provide the services and meets the requirements as noted in [MN Stat. sec. 256B.0625, subd. 60.](#)

Medical Transportation: The transport of a member for the purpose of obtaining a covered service or transporting the member after the service is provided. The types of medical transportation are common carrier, special transportation, and life support.

Minnesota Department of Transportation (MnDOT): The principal Minnesota State agency to develop, implement, administer, consolidate, and coordinate State transportation policies, plans, and programs ([MN Stat. Chap. 174](#)).

No-Load Miles: ATS and STS miles driven without the member in the vehicle, when the transportation provided is a one-way trip.

No-Load Transportation: An ambulance response to a request for ambulance service resulting in care provided at the scene to the member that does not result in the transport of the member to a medical facility.

Special Transportation Services (STS): The transport of a member who, because of physical or mental impairment, is unable to safely use a common carrier and does not require ambulance service. “Physical or mental impairment” means a physiological disorder, physical condition, or mental disorder that prohibits access to, or safe use of, ATS or common carrier transportation. Certification for STS also requires “door-through-door” or “station-to-station” service needs to be delivered directly to the recipient by the STS driver. Providers who do not deliver the STS “station-to-station” level of service must request reimbursement from the county/tribal local agency for access transportation services (ATS).

Specialty Care Transport (SCT): Interfacility transportation of a critically injured or ill member by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the emergency medical technician-paramedic (EMT-P).

Multiple Riders

A provider may transport two or more IMCare members in one vehicle from the same or different point(s) of pickup to the same or different destination(s).

Multiple Segments

Each complete round trip will include multiple segments.

Example: Member is picked up at point A and transported to point B service provider. The transportation provider waits, then transports the member from point B service provider to point C service provider, and then to the final destination, point A. This is three segments/units.

Transportation between Two Facilities

Transportation is covered between two hospitals, two long-term care facilities (LTCFs), or two medical/residential facilities if the transportation provider obtains a statement signed by the physician or a member of the nursing staff at the originating facility indicating the medically necessary health service is part of the member's plan of care and is not available at the originating facility. Please note that the member has to be admitted to the final destination hospital, Skilled Nursing Facility (SNF), or medical/residential facility to be eligible for payment.

Authorization Requirements

Refer to Chapter 5, Service Authorization, for general authorization requirements.

Documentation Requirements

Transportation providers must keep trip documentation as specified in Chapter 1, Requirements for Providers, including the following:

1. Member name and IMCare ID number
2. The date/time of pickup or return
3. Address of the member's pickup location
4. Address of the member's destination
5. Name of the member's IMCare provider destination
6. Vehicle and driver ID
7. For non-ambulance providers, written documentation from the health care provider serving the member is required
8. STS providers only: completed [Special Transportation Services \(STS\) Trip Sheet](#)

Keep records for five years from the date of service (DOS).

Authorization and/or Documentation Requirements for Transportation Services	
Access transportation	Local human service/tribal agencies may require authorization for the transportation services they provide or reimburse.
Air ambulance	No Authorization is required
Local trade area and transport to the nearest appropriate provider	Local human service/tribal agencies must prior authorize ATS to IMCare-covered medical services received outside of their local trade area.
Non-emergency ambulance trips	No authorization necessary.

Authorization and/or Documentation Requirements for Transportation Services	
Out-of-state transportation	All medical transportation originating outside of Minnesota, or going to a destination outside of Minnesota, must be authorized by the local human service/tribal agency.
Stretcher services	The stretcher vehicle must be capable of loading a stretcher into the vehicle and must be inspected and approved by MnDOT.

Out-of-State Transportation Limitation

1. Emergency transportation does not require authorization.
2. Out-of-state medical services requiring common carrier transportation must be authorized by the county.

Ambulance Transportation Services

Transport the member to the nearest facility with the appropriate level and type of care for treatment.

Eligible Members

Eligible members for emergency and non-emergency transportation:

1. **For non-emergency ambulance transportation:** Providers must verify member eligibility including whether member is eligible for transportation benefit for non-emergency transportation. Eligibility can be verified by viewing the current *Member Handbook (Evidence of Coverage)*.
2. **For emergency ambulance transportation:** All IMCare members have coverage

Eligible Providers

Eligible providers must be licensed under [MN Stat. sec. 144E.10](#) and [MN Stat. sec.144E.16](#) as a transportation service for ALS, BLS, or scheduled life support.

Coverage Criteria

IMCare covers ambulance transportation services when the member's transportation is at least one of the following:

1. In response to a 911 emergency call, a police or fire department call, or an emergency call received by the provider
2. Between two hospitals, only when the first hospital must discharge the member to another hospital because the first hospital could not care for the member
3. Medically necessary and documented
4. A transfer of an infant from a neonatal intensive care unit (NICU) level II or III nursery to a hospital within the family's local trade area if the distance from the family home to the facility caring for the infant is greater than 40 miles

If a member is pronounced dead by a legally authorized person:

1. After transportation is called, but before it arrives, service to the point of pickup is covered
2. En route, or dead on arrival, the transportation is covered
3. Before transportation is called, transportation is not covered

IMCare covers no-load transportation only if the ambulance provided medically necessary treatment to the

member at the member's pickup point. Payment is limited to charges for transportation to the point of pickup and for ancillary services. Use modifier ET for this emergency service.

Use procedure code A0998 (ambulance response and treatment, no transport) without a modifier for no-load transportation.

Air Ambulance Coverage Guidelines

IMCare covers air ambulance when:

1. The member has a potentially life-threatening condition that does not permit the use of another form of transportation
2. The referring facility does not have adequate facilities to provide the medical services needed by the member
3. Transport is to the nearest appropriate facility capable of providing the level of care required by the member

Ground Ambulance Guidelines

IMCare covers ground ambulance when the following criteria are met:

1. The member has a potentially life-threatening condition that does not permit the use of another form of transportation
2. The service is medically necessary
3. The referring facility does not have adequate facilities to provide the medical services needed by the member
4. Transport is to the nearest appropriate facility by the most direct route

Authorization for Non-Emergency Ambulance Trips

IMCare does not require authorization for non-emergency ambulance transports for members.

Special Transportation Services (STS)

STS are provided for members who are not able to safely use ATS, such as personal mileage reimbursement or common carrier (bus or light rail, taxi, or volunteer driver), because of physical or mental impairment. Certification for STS also requires "door-through-door" or "station-to-station" service needs to be delivered directly to the member by the STS driver.

STS providers must retain on file a current [CON](#) for each IMCare member for whom they provide transportation. This form must be completed by the attending physician or NP, or the CNS or PA working under the delegation of the attending physician. The **CON** form must be updated annually by the provider to ensure eligibility for STS. IMCare members residing in, being admitted to, or discharged from a skilled nursing facility automatically qualify for STS-level transportation for all non-stretcher STS trips. These members do not need a CON certification.

IMCare may perform periodic audits to ensure members receiving STS services meet the eligibility requirements for this service.

Please refer to Chapter 26, Home and Community Based Services (HCBS) Elderly Waivers, for information on providing transportation as an Elderly Waiver (EW) service.

Eligible Members

To be eligible for STS, a member must:

1. Be eligible for STS services as part of their benefits listed in the current *Member Handbook (Evidence of Coverage)*.
2. Have a physical or mental impairment that keeps him/her from safely accessing and using a bus, taxicab, private automobile, or other common carrier.

Eligible Providers

STS providers must be certified by MnDOT under [MN Stat. secs. 174.29 – 174.30](#) MN Stat. secs. 174.29 – 174.30. The special transportation provider’s driver must provide driver-assisted services. Driver-assisted services include the following:

1. Directly assisting the member inside of the member’s residence/pickup location to exit/enter
2. Directly assisting the member to/from the vehicle, including assistance in entering/exiting the vehicle
3. Assistance in passenger securement or in securing of wheelchairs or stretchers in the vehicle
4. Directly assisting the member to/from the member’s medical facility to enter/exit
5. Directly assisting the member inside of the medical facility to/from the member’s appropriate medical appointment desk

A signature must be obtained by the driver at the medical facility indicating there was a scheduled medical appointment and the member was taken to the appropriate medical appointment desk.

All STS vehicles must display ID on both sides of the vehicle, including the following:

1. Provider’s business name
2. Provider’s United States Department of Transportation (USDOT) number
 - a. If a USDOT number is not obtained, use the MnDOT STS certificate number preceded by the letters “STS”

The name and numbers must meet the following criteria:

1. Be marked in colors that sharply contrast with the background
2. Be readily legible during daylight hours from a distance of 50 feet while the vehicle is stationary
3. Be maintained in a manner that retains the legibility of the markings. Markings may be removable devices if they meet the ID and legibility requirements.

Multiple Riders

An STS provider may transport two or more IMCare members in one vehicle from the same or different points of pickup to the same or different destinations. Base rate and mileage rate charges are prorated when multiple riders utilize the same pickup point. Destination does not affect the proration.

Number of Riders	% of Allowed Base Rate Per Person in the Vehicle	% of Allowed Mileage Rate
1	100	100
2	80	50
3	70	34
4	60	25
5 – 9	50	20

Number of Riders	% of Allowed Base Rate Per Person in the Vehicle	% of Allowed Mileage Rate
10 or more	40	10

Nursing Facility Members Approved for STS Statewide

Medical Assistance (Medicaid) members residing in or being discharged to/from a licensed nursing facility automatically qualify for STS level transportation for all non-stretcher STS trips. This is effective statewide. Valid member living arrangements are as follows:

1. **41** – NFI (Nursing Facility I) Medicare certified
2. **42** – NFII (Nursing Facility II) Non-Medicare certified
3. **44** – Short Term Stay NFI
4. **45** – Short Term Stay NFII

Multiple Attendants

An attendant is an employee of the special transportation provider and meets all MnDOT driver certification requirements. Special transportation payment allows an extra attendant only in conjunction with stretcher services. Payment for an attendant, who is a person other than the driver, and non-emergency stretcher will be made at a maximum rate established by IMCare. Ambulance supply codes and the night surcharge code are not covered under special transportation.

1. Document medical necessity and submit with the claim.
2. Document the name of the extra attendant in the driver log.
3. Bill extra attendant code (T2001) and stretcher code (T2005) on the same claim.
4. Use procedure code T2049 for non-emergency stretcher mileage.

BLS and ALS base rates include two attendants.

Payment Limitations

Stretcher Services

The use of a stretcher is a covered service for special transportation when the medical need of the member requires a higher level of special medical services (e.g., when the member's condition requires medical supervision, medical equipment, the administration of drugs or oxygen, etc.). The stretcher vehicle must be capable of loading a stretcher (gurney) into the vehicle and must be inspected and approved by MnDOT. Documentation of the need for stretcher services must be kept by the transportation provider.

Day Training and Habilitation (DT&H) and Day Programs

IMCare covers STS for DT&H recipients when transporting eligible recipients of special transportation to and from authorized medical appointments and services.

Transportation to Waiver Services

Transportation to or from waiver services for a member on a waiver services program is not a separately billable fee-for-service STS. Transportation to and from waiver services must be approved by the county case manager and entered on a service agreement. See Chapter 26, Home and Community Based Services (HCBS) Elderly Waiver. When billing for transportation to/from a waiver service, the UC modifier is required.

Wheelchair Codes

Wheelchair Transports

A member who needs a wheelchair-accessible vehicle is defined as a person with severe permanent or temporary mobility impairments who meets all of the following:

1. Is unable to ambulate without a wheelchair
2. Cannot transfer independently from the wheelchair to a regular transport seat
3. Whose condition requires the use of a vehicle lift or ramp as in a wheelchair-accessible van

A member who transfers independently from the wheelchair to vehicle seat would be ambulatory, not eligible for wheelchair transport.

A wheelchair-accessible van must operate under the authority and in compliance with the official regulations of MnDOT and be registered as such by MnDOT. The reimbursement rate for members who need a wheelchair-accessible van is higher than for those who do not need a wheelchair-accessible van. Bills submitted with the wheelchair van base rate and mileage codes will not be paid unless all of the following criteria are met:

1. The member is documented as a wheelchair user with wheelchair STS certification in the recipient file
2. The van providing the service is wheelchair-accessible and certified by MnDOT
3. The provider record with MHCP has the wheelchair code indicator

Access Transportation Services (ATS) or Common Carrier Transportation

Common carrier transportation is a covered service when it is both of the following:

1. Necessary to enable a member to obtain a covered health service from a participating provider
2. The most appropriate and cost-effective form of transportation incurred by an eligible IMCare member.

Please refer to the benefits listed in the *Member Handbook (Evidence of Coverage)* for the particular member's group for coverage guidelines.

Members who are not eligible for STS may use buses, taxicabs, private automobiles, commercial carriers, or volunteer drivers for transportation to and from medical appointments. Local county human services agencies or tribal agencies must assist members in finding necessary transportation whenever transportation is not available to obtain covered health services.

Common carrier transportation can be arranged by contacting the human services or social services department listed below. All claims associated with common carrier transportation are the responsibility of the human service or social service department that arranges the transportation.

COUNTY	LOCAL	TOLL FREE
Itasca County	1-218-327-2941	1-800-422-0312

IMCare is not responsible for providing common carrier transportation in any situation where the member has access to private automobile transportation (not including volunteer drivers) to non-emergency covered services. IMCare members may choose a IMCare network primary care provider located up to 30 miles from a member's home or a network specialty provider up to 60 miles from a member's home as long as the service being requested does not require prior authorization. Following the approved Minnesota Department of Human Services (DHS) Transportation Access Plans, the local agency shall remain responsible for reimbursing the

member for private automobile transportation to non-emergency covered services and meals and lodging as necessary.

Local human service agencies coordinate and provide all common carrier transportation for Medical Assistance (Medicaid) recipients. Local human service agencies may require authorization for the transportation services they provide. Local human service agency authorization requirements will not be more restrictive than IMCare’s access standards (i.e., county cannot restrict the member to the “closest provider”). IMCare members must contact their local county human services agency for policies about common carrier transportation services.

Electro Current Treatment (ECT), Dialysis, and Outpatient Procedures with Sedation

Members who receive ECT, dialysis, and outpatient procedures with sedation are eligible for ATS to and from the service. Members may be eligible to be transported STS for the return trip.

No-Load Transportation

Common carrier transportation is delegated to IMCare’s county social services agency. IMCare follows DHS guidelines regarding common carrier transportation, with the exception of no-load transportation. No-load transportation is covered when approved at the county level.

IMCare requests providers include a separate line item on the claim for the no-load trip. This line item should include the appropriate mileage code that describes the type of transport and should include the modifier “TP” to indicate no-load (member not present). Point of origin and destination modifiers are also required on the no-load line. The point of origin and destination modifiers should be in the first position and the TP (no-load modifier) should be in the second position. This will help IMCare track mileage for no-load trips.

Non-Covered Services

The services listed below are not covered by IMCare as medical transportation services. These services are not reimbursable by IMCare. Excluded costs related to transportation cannot be billed to the member. This list is not all inclusive.

1. Transportation of a member to a hospital or other site of health services for detention that is ordered by a court or law enforcement agency, except when life support transportation is medically necessary
2. Transportation of a member to a facility for alcohol detoxification that is not medically necessary
3. Additional charges for luggage, stair carry of the member, and other airport, bus, or railroad terminal services
4. Airport surcharge
5. Federal or state excise or sales taxes on air ambulance service
6. Transportation of a member to a non-covered IMCare service (e.g., grocery store, health club, church, synagogue) and those services excluded from transportation payment
7. STS for transporting members from their residence to a DT&H or Adult Day Program site and back again
8. Extra attendant charges for Personal Care Assistants (PCAs) accompanying members for whom they are providing services

Billing

1. Use the 837P claim format.
2. Bill exact direct mileage, rounded only to the nearest mile. Do not use zone or region mileage calculations. Use commercially available software or Internet-based applications to determine the most direct mileage.

Enter pickup point and destination in the description field.

3. Use the appropriate Healthcare Common Procedure Coding System (HCPCS) codes for the following:
 - a. Ambulance: use the HCPCS code that best describes the services rendered. The codes must be used to reflect the type of service provided, not the type of vehicle used.
 - b. Emergency and non-emergency transportation
 - c. Miles traveled beyond the nearest appropriate facility to meet the medical needs of the member
4. Use HCPCS modifiers to do the following:
 - a. Indicate both point of origin and destination for both pickup and return trips
 - b. Clarify two trips on the same date. If the modifiers are the same, combine the HCPCS codes.
 - c. Clarify the portion of the trip that was no-load, if applicable.
5. Submit separate claims for air and ground transport on the same DOS for the same member.

Modifiers

Proper billing guidelines state that all claims for transportation services are required to include the appropriate modifiers to indicate both the point of origin and destination for pick up and return trips.

Healthcare Common Procedure Coding System (HCPCS) Point of Origin/Destination Codes

For more than one modifier on the same line item, the first position indicates the point of origin and the second position indicates the destination:

D	Diagnostic or therapeutic site other than “P” or “H” when these are used as origin codes
E	Residential, domiciliary, custodial facility
G	Hospital-based End Stage Renal Disease (ESRD) facility
H	Hospital
J	Freestanding ESRD facility
N	SNF
P	Physician’s office
R	Residence
S	Scene of accident or acute event

Claims for transportation service submitted **without** the appropriate modifier combinations above will be denied.

Coding of Transportation Services

1. ATS common carrier – Use the most appropriate code to describe the ATS service provided. **ATS can only be billed by IMCare county entities.**

Code	Description
A0080	Non-interest escort in non-emergent transport (volunteer driver)
A0100	Non-emergent transport; taxi or public transit
S0215	Mileage; non-emergent transport, per mile

2. STS – Use the most appropriate code to describe the type of STS provided to the member.

Code	Description
A0130	Non-emergent transport; wheelchair van
T2003	Non-emergent transport; encounter/trip
T2005	Non-emergent transport; stretcher van

S0209	Mileage; wheelchair van, per mile
S0215	Mileage; non-emergent transport, per mile
T2049	Mileage; Non-emergent transport; stretcher van, per mile

No-load miles

IMCare will reimburse STS providers for no-load transport. A separate line item must be submitted for the no-load trip. This line item should include the appropriate mileage code that describes the type of transport and should include the TP modifier to indicate no-load (member not present). The number of units on the line item should correspond to the number of miles that were no-load. Point of origin and destination modifiers must also be included on the no-load claim line. The point of origin and destination modifiers should be in the first position and the no-load modifier should be in the second position. Claims submitted for no-load miles without the origin and destination modifiers will be denied.

Air Ambulance

Keep the [Air Ambulance Checklist](#) on file at your facility for all IMCare claims for air ambulance trips. IMCare may perform retrospective reviews of claims submitted. If medical necessity is not proven and proper documentation does not exist, air ambulance transportation for a member not having a potentially life-threatening condition may be recouped.

Ground Ambulance

Keep the [Ground Ambulance Billing Checklist](#) for all IMCare claims for medical/residential facility to facility claims for ground ambulance trips. This may include, but is not limited to, hospitals, nursing facilities, physician offices, residential facilities, etc.

Use procedure code A0998 (ambulance response and treatment, no transport) without a modifier for no-load transportation.

IMCare is requesting that a separate line item be submitted on the claim for the no-load trip. This line item should include the appropriate mileage code that describes the type of transport and should include the modifier TP to indicate no-load (member not present).

Do not include the [Ground Ambulance Billing Checklist](#) information when billing A0998.

Mileage Billing

Bill mileage codes to indicate mileage. Bill destination and return trip on separate lines. Use the same modifiers used for the base rate.

Example:

Procedure Code	Modifier
T2003	RP
S0215	RP
T2003	PR
S0215	PR

Community Paramedic Services

Eligible Providers

A community paramedic or emergency medical technician-community paramedic (EMT-CP) must have the following:

1. Certification by the [Minnesota Emergency Medical Services Regulatory Board \(EMSRB\)](#)
2. Employment by an IMCare-enrolled ambulance service
3. A service scope agreement, based on the paramedic's skills, with the medical director of the ambulance service

To obtain a community paramedic certificate from the EMSRB, an applicant must have completed the following:

1. A current paramedic certification of EMT-P
2. Two years of full-time services as an EMT-P
3. Graduation from an accredited course

As stated in [MN Stat. sec. 144E.28, subd. 9](#):

- (a) To be eligible for certification by the board as a community paramedic, an individual shall:
 - (1) Be currently certified as a paramedic and have two years of full-time service as a paramedic or its part-time equivalent;
 - (2) Successfully complete a community paramedic education program from a college or university that has been approved by the board or accredited by a board-approved national accreditation organization. The education program must include clinical experience that is provided under the supervision of an ambulance medical director, advanced practice registered nurse, physician assistant, or public health nurse operating under the direct authority of a local unit of government; and
 - (3) Complete a board-approved application form.
- (b) A community paramedic must practice in accordance with protocols and supervisory standards established by an ambulance service medical director in accordance with section [144E.265](#). A community paramedic may provide services as directed by a patient care plan if the plan has been developed by the patient's primary physician or by an advanced practice registered nurse or a physician assistant, in conjunction with the ambulance service medical director and relevant local health care providers. The care plan must ensure that the services provided by the community paramedic are consistent with the services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient.

Eligible Members

Members enrolled in the following IMCare programs are eligible for community paramedic services:

BB	MinnesotaCare Plus One
JJ	MinnesotaCare Basic Plus
LL	MinnesotaCare Basic Plus Two MinnesotaCare Expanded
MA	Medical Assistance
NM	State-funded Medical Assistance
FF	MinnesotaCare Basic Plus

Members enrolled in the following programs are **not** eligible for IMCare community paramedic services:

1. Alternative Care Program (AC)
2. Emergency Medical Assistance (EH)
3. Minnesota Family Planning Program (FP)
4. HIV/AIDS (HH)
5. Institution for Mental Disease (IM)
6. Qualified Medicare Beneficiary (QM)

Community paramedics assist in the care of members who meet the following criteria:

1. Receive hospital emergency department services three or more times in four consecutive months within a 12-month period
2. Are identified by their primary care provider as at risk of nursing home placement
3. May require set up of services for discharge from a nursing home or hospital
4. May require services to prevent readmission to a nursing home or hospital

Covered Services

Services provided by certified community paramedics must be a part of a care plan ordered by a primary care provider (physician, advanced practice registered nurse (APRN) or physician assistant) in consultation with the ambulance medical director. The care plan must ensure that the services provided by community paramedics are coordinated with other community health providers and local public health agencies and are not duplicate services, including home health and waiver services. Community paramedics providing services to members receiving care coordination must consult with the care coordinators.

Upon Federal approval, and pursuant to [MN Stat. sec. 256B.0625, subd. 60](#), community paramedic services include the following:

1. Health assessments
2. Chronic disease monitoring and education
3. Medication compliance
4. Immunizations and vaccinations
5. Laboratory specimen collection
6. Hospital discharge follow-up care
7. Minor medical procedures approved by the ambulance medical director

Non-Covered Services

The following services are not covered:

1. Travel time
2. Mileage
3. Facility fee
4. Services related to hospital-acquired conditions or treatments

Documentation Requirements

Keep complete documentation on file.

Community Paramedic Billing

Refer to Chapter 4, Billing Policy, for general IMCare billing policies. Submit claims electronically using the 837P format.

1. In the “Treating Provider” field, enter the medical director’s National Provider Identifier (NPI).
2. Enter the clinic, hospital, or ambulance service’s NPI/Unique Minnesota Provider Identifier (UMPI) in the “Pay To” field.
3. Use code T1016 with modifier U3.
4. Place of service is “12” (home.)
5. Bill in 15-minute increments (one unit = 15 minutes)
6. More than half the time (eight minutes), must be spent performing the service face-to-face in order to report a 15-minute unit.

7. Bill supplies primary to the encounter separately. Supplies used by the community paramedic in direct relationship to the illness or injury are considered incidental to the service and not separately billable to IMCare.

Legal References

[MN Stat. sec. 144.123](#) – Fees for Diagnostic Laboratory Services; Exceptions

[MN Stat. sec. 144E.10](#) – Ambulance Service Licensing

[MN Stat. sec. 144E.16](#) – Rules; Local Standards

[MN Stat. Chap. 174](#) – Department of Transportation

[MN Stat. secs. 174.29 – 174.30](#) – Coordination of Special Transportation Service; Eligibility Certification; Penalty for Fraud; Operating Standards for Special Transportation Service

[MN Stat. sec 256B.04, subd. 14a](#) – Level of Need Determination

[MN Stat. sec. 256B.0625, subd. 17](#) – Covered Services: Transportation Costs

[MN Stat. sec. 256B.0625, subd. 17a](#) – Covered Services: Payment for Ambulance Services

[MN Stat. sec. 256B.0625, subd. 18](#) – Covered Services: Bus or Taxicab Transportation

[MN Rules part 8840.5925](#) – Vehicle Equipment

[MN Rules part 9505.0315](#) – Medical Transportation

[MN Rules part 9505.0445](#) – Payment Rates

[Title 42 Code of Federal Regulations \(CFR\) Part 431.53](#) – Assurance of Transportation

[42 CFR 440.170\(a\)](#) – Any other medical care or remedial care recognized under State law and specified by the Secretary: Transportation