



CHAPTER 524—COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS FOR TRANSPORTATION SERVICES

CHANGE LOG

Replace	Title	Change Date	Effective Date
Attachment 3	Covered Codes for Transportation Services	08/10/05	09/15/05

SEPTEMBER 15, 2005

Attachment 3

Introduction: Made changes in procedure code reimbursement rate for Non-Ambulance Transportation.

Change: Changed reimbursement rate for procedure codes A0120 from \$10.00 to \$9.00 and S0215 with a reimbursement rate of \$0.75 per mile each mile exceeding 15 to a rate of \$0.66 per mile each mile exceeding 15.

Directions: Replace the pages containing these sections.



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EXCLUSIONS FOR TRANSPORTATION SERVICES
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CHAPTER 524—COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS FOR TRANSPORTATION SERVICES

INTRODUCTION

The WV Medicaid Program offers a comprehensive scope of medically necessary medical and mental health services to diagnose and treat eligible members. Covered and authorized services must be rendered by enrolled providers within the scope of their license and in accordance with all State and Federal requirements. Any service, procedure, item, or situation not discussed in the manual must be presumed non-covered unless informed otherwise by the Bureau for Medical Services (BMS) in writing.

WV Medicaid covers and reimburses air and ground ambulance services rendered to Medicaid members, subject to medical necessity and appropriateness criteria. In addition, WV Medicaid covers the non-ambulance transportation of members to appropriate medical appointments for diagnostic and therapeutic services, subject to various requirements.

The WV Medicaid Program is administered pursuant to Title XIX of the Social Security Act and Chapter 9 of the Public Welfare Law of WV. The BMS in the WV Department of Health and Human Resources (DHHR) is the single State agency responsible for administering the WV Medicaid Program.

524.1 SPECIFIC MEDICAID ENROLLMENT REQUIREMENTS

To enroll and participate in the WV Medicaid Program, a transportation provider must meet applicable general requirements in Chapter 300, as well as the specific requirements summarized here. The provider must also meet the certification requirements of Part B of the Medicare Program. Ambulance transportation providers must be licensed by and meet the personnel certification requirements of the WV Bureau for Public Health, Office of Emergency Medical Services (OEMS). Transportation providers must also comply with all applicable Federal and State laws, regulations, and certification requirements, including those established and regulated by the WV Public Service Commission (PSC).

All transportation providers shall have a valid and current WV business license, and remain current with Workers Compensation and Employment Security premiums and all State and local taxes. All participating patient transportation providers must have current coverage of errors and omissions liability and/or auto insurance liability of an amount not less than one million dollars or as required under current WV law. Copies of documentation verifying compliance must be submitted with application.

524.1.1 AIR AND GROUND AMBULANCES

In addition to the provider enrollment application, an ambulance transportation provider must submit a copy of its license as an Emergency Medical Services (EMS) agency by the WV Office of EMS and a copy of its Medicare Part B certification.

All vehicles and personnel must be in compliance with requirements as set forth by WV State Code §16-4C and WV Health Legislative Rule §64 CSR 48.



524.1.2 NON-AMBULANCE TRANSPORT VEHICLES

This category includes two types of specialty transport vehicles—specialized multi-passenger vans and specialized multi-patient medical transport vans along with common carriers and individual transportation.

524.1.2.a SPECIALIZED MULTI-PASSENGER VAN TRANSPORTATION (SMPVT)

Providers must submit a PSC Certificate of Convenience and Necessity to the Bureau for Medical Services at the time of application and with all changes and renewals. (Senior Services Centers may be exempt from PSC certification pursuant to W. Va. Code §24A-1-3(11)).

Multi-passenger van drivers must have current certification in first aid and CPR as evidenced by a certification document filed with the BMS Enrollment Unit. Re-certification documents are to be current, and kept on site and made available for review upon request by BMS or their authorized representative.

Multi-passenger van services must operate an approved multi-passenger vehicle as evidenced by a copy of the vehicle registration that must be filed with the Provider Enrollment Unit in the BMS. Standard passenger sedans and limousines are not acceptable as transportation vehicles for this category.

524.1.2.b SPECIALIZED MULTI-PATIENT MEDICAL TRANSPORT (SMPMT)

Applicants must submit a copy of their EMS agency license with their application. The applicant must meet and adhere to the requirements set forth in WV Health Legislative Rule §64 CSR 29.

524.1.2.c COMMON CARRIERS AND INDIVIDUAL TRANSPORTATION

The WV DHHR, Office of Family Support (OFS) administers these transportation programs through their county offices. Providers of these services do not need to register with the BMS enrollment unit. All services are subject to procedural requirements outlined in the OFS Income Maintenance Manual.

524.2 ONGOING COMPLIANCE

All transportation providers must maintain a valid and current WV business license, and remain in good standing with Workers Compensation and Employment Security Premiums and all State and local taxes. Documentation that verifies compliance with the requirements must be provided upon request to the BMS or its authorized representative.

Records and documentation that fully disclose the type, level, and volume of services provided must be maintained for 6 years from the date of service and made available upon request to the BMS. For ambulance services, the documentation must include a fully completed pre-hospital care record and any other required documents. For non-ambulance transportation services, the documentation must include the necessary signed certification verification forms as described in Section 524.30.3.

All participating transportation providers must maintain and be able to verify current errors and omissions liability and/or auto insurance liability coverage of an amount not less than one million dollars or as required under WV current law.

All transport vehicles must be inspected annually by appropriate regulatory authority and satisfy



the corresponding requirements. Additionally, providers must maintain their license and remain in good standing with the appropriate regulatory agency. Any modifications made to organization, personnel, or fleet must be submitted in writing to the enrollment unit of the WV Medicaid Program.

524.3 COVERED TRANSPORTATION SERVICES

The following is a list of WV Medicaid covered transportation services:

Patient Transportation Services	Patient Care Service	Classifications
Air Ambulance		1. Fixed Wing 2. Rotary Wing
Ground Ambulance		1. Advanced Life Support 2. Basic Life Support – Emergency 3. Basic Life Support - Non-emergency
Non-Ambulance Transportation		1. Specialized Multi-Passenger Van Transport 2. Specialized Multi-Patient Medical Transport 3. Common Carrier 4. Individual Transportation
	Paramedic Intercept	1. Advanced Life Support

NOTE: The fact that a medical provider prescribes, recommends, or approves medical care does not in itself make the care medically necessary or a covered service. Nor does it mean that the patient is eligible for Medicaid benefits. It is the provider’s responsibility to verify Medicaid eligibility before services are provided. Payment is based on the level of service provided and only when that level of service is medically necessary and within benefit limits.

524.3.1 AIR AMBULANCE SERVICES

WV Medicaid covers fixed wing and rotary wing transportation services for eligible members who need emergency transportation by an air ambulance.

524.3.1.a FIXED WING

Transportation by a fixed wing aircraft that is certified by the Federal Aviation Administration (FAA) as a fixed wing air ambulance and is designed, constructed or modified; equipped, maintained, appropriately staffed, and operated for the transportation of patients as provided and classified in WV Health Legislative Rules §64 CSR 48.

Transport by fixed wing may be necessary because the member’s condition requires rapid transport to a treatment facility, and either great distances or other obstacles preclude rapid delivery by ground transport to the nearest appropriate facility.

524.3.1.b ROTARY WING

Transportation by a helicopter that is certified by the FAA as a rotary wing ambulance and is designed, constructed or modified; equipped, maintained, appropriately staffed, and operated for the transportation of patients as provided and classified in WV Health Legislative Rules §64 CSR 48.



Transport by rotary wing may be necessary because the member's condition requires rapid transport to a treatment facility, and either great distances or other obstacles preclude rapid delivery by ground transport to the nearest appropriate facility.

524.3.2 GROUND AMBULANCE

There are three levels of ground ambulance service—advanced life support (ALS), basic life support- emergency, and basic life support-non-emergency. Each level has its own medical necessity requirements, documentation standards, and payment rates. The patient care report must contain documentation to support the medical necessity for the level of transport service provided. Providers should use **Attachment 1** as a guideline to assist in determining medical necessity for ground ambulance services.

Current conditions or history that is not identified as a current disabling condition with ongoing or present limitations do not constitute a need for ambulance transport. Describing a patient as being “non-ambulatory,” “bed confined,” or needing “stretcher transport” without more specific description of the patient's condition, is not adequate documentation to support ambulance as the only means of transport that could be utilized without endangering the patient's health. A physician order for ambulance transportation does not negate the need for documentation describing the medical condition that necessitates ambulance transport, nor does a physician order for ambulance transportation guarantee that the transport is reimbursable by the WV Medicaid Program.

Medicaid reimbursement for ambulance services is based upon the patient's condition at the initial assessment by the ambulance squad and the medical intervention provided throughout the transport. The WV OEMS Patient Care Record provides the documentation to support the billing submitted to Medicaid. The documentation on this form should include all pertinent information regarding the patient's condition and support the need for transport as well as providing sufficient information to determine the appropriate level of service for billing.

If a post payment review is conducted, decisions will be based on the documentation on the patient care record. This documentation should stand alone to verify billing. Supporting information regarding the patient's status gathered after the fact will not be considered in the review process.

524.3.2.a ADVANCED LIFE SUPPORT (ALS)

Transportation by ground ambulance and the provision of medically necessary supplies and services including the provision of an ALS assessment and at least one ALS intervention as defined in West Virginia State Code 16-4C, related legislative rules, and protocols established by the Office of Emergency Medical Services.

ALS service is deemed appropriate when the member has experienced a sudden onset of a medical condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in:

1. Serious jeopardy to patient's health
2. Impairment to bodily functions, or
3. Serious dysfunction to any bodily organ or part.



ALS services are also deemed necessary and reasonable when a patient is transferred from one health care facility and admitted to another health care facility for treatment not available at the sending facility, and certified advanced life support personnel are needed to insure continuity of ALS medical care.

524.3.2.b BASIC LIFE SUPPORT - EMERGENCY

Transportation by ground ambulance and the provision of medically necessary supplies and services, including BLS ambulance services as defined in West Virginia State Code 16-4C, related legislative rules and protocols established by the Office of Emergency Medical Services.

An emergency transport is one that is provided after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in:

1. Serious jeopardy to patient's health
2. Impairment to bodily functions, or
3. Serious dysfunction to any bodily organ or part.

Personnel staffing and vehicles must conform to the requirements listed in WV Health Legislative Rule §64 CSR 48.

524.3.2.c BASIC LIFE SUPPORT - NON-EMERGENCY

Scheduled or unscheduled transports that do not meet the criteria for emergency as defined above, regardless of the origin or destination, are considered non-emergency services. Scheduled services are generally regularly scheduled transportation for the diagnosis or treatment of a patient's medical condition.

Bed-confinement, by itself, is neither sufficient nor is it necessary to determine the coverage for Medicaid ambulance benefits. It is simply one element of the member's condition that may be taken into account in the determination of medically necessary. The term "bed-confined" is not synonymous with "bed rest" or "non-ambulatory." Bed confined requires all the following criteria to be met:

- The member is unable to get up from bed without assistance
- The member is unable to ambulate
- The member is unable to sit in a chair or wheelchair.

Personnel staffing and vehicles must conform to the requirements listed in WV Health Legislative Rule §64 CSR 48.

524.3.3 NON-AMBULANCE TRANSPORTATION

There are two types of non-ambulance transportation services—Specialized Multi-Patient Medical Transport, which is provided in vans operated by EMS, and Specialized Multi-Passenger Van Transportation provided in all other approved multi-passenger vans.

In general, a provider of van transportation services must transport the member from the member's home to the scheduled medical service or from the location of the medical



appointment directly to the member's residence. The transporting company is responsible for maintaining records that verify the transport was appropriate and completed. **Mileage can only be calculated using the shortest, most direct route between the recipient's residence and medical facility.** Mileage cannot be accumulated over this distance even if recipient remains in vehicle while other recipients are being transported. Only those miles that exceed fifteen (15) miles are reimbursable.

If transportation to more than two medical appointments is scheduled on the same day, documentation that supports the additional transport(s) must be submitted for review to:

Bureau for Medical Services
Transportation Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3707

Attachment 2 is an example of the form for Member/Provider Verification/Certification of Attendance at Scheduled Medical Appointment. This specific format does not have to be used, but all of the data required to complete the form must be collected for each trip and retained at the provider's location for review by the BMS when applicable.

524.3.3.a SPECIALIZED MULTI-PATIENT MEDICAL TRANSPORT (SMPMT)

Emergency medical services providers furnish Specialized Multi-Patient Medical Transport for ambulatory patients with a medical history, but who have no apparent immediate need for any level of medical supervision while being transported to and from scheduled medical appointments and as defined in WV Code 16-4-C. This category of provider submits claims directly to the BMS.

Ambulance companies that provide Multi-Patient Medical Transport Services must use vehicles that conform to definitions and requirements in Division of Health Rule (64 CSR 29-3.1.d.1).

524.3.3.b SPECIALIZED MULTI-PASSENGER VAN TRANSPORT (SMPVT)

Providers of Specialized Multi-Passenger Medical Transport services transport Medicaid members to and from medical appointments in a safe, sanitary, and comfortable manner. Providers of this service must have a Certificate of Convenience and Necessity from the WV Public Service Commission in order to participate in the WV Medicaid Program. The vehicles and personnel may not be utilized for the transportation of BLS or ALS medical patients. This category of provider submits claims directly to the BMS.

Medicaid-approved providers of multi-passenger van services are prohibited from identifying themselves in any way as ambulance services or entities associated with emergency medical services agencies. The organization or entity may not advertise or utilize a company name or logo that could be misinterpreted by the general public as having the capacity to provide medical care, or be construed as associated with an emergency medical service agency.

524.3.3.c COMMON CARRIER

Common carrier services are transportation services provided by public railways, buses, cabs, airlines or other common carriers at rates established by the WV Public Service Commission, or applicable Federal regulatory agency. The local DHHR office must prior approve these services



for Medicaid members.

524.3.3.d INDIVIDUAL TRANSPORTATION

The transportation of individual Medical members by a private vehicle is also reimbursed through the Non-Emergency Medical Transportation Program. The local DHHR reimburses for these services. The local DHHR office must approve in advance any room allowances or lodging and out-of-state travel by private automobile in order for these costs to be reimbursed.

524.3.4 PARAMEDIC INTERCEPT (PI)

Paramedic intercept refers to advanced life support (ALS) procedures performed by an EMS agency other than the EMS agency that provides transport. Under these circumstances, the EMS agency that provides basic life support and transportation may bill for the BLS services and loaded mileage. The EMS agency that assists and provides paramedic intercept ALS may bill for the ALS services at the established ALS add-on rate but no mileage. As an example, Agency X provides basic life support services to a critical patient. Agency X's crew requests an advanced life support unit to meet them on the way to the hospital. Agency Y's ALS unit responds to Agency X's request. Agency Y's paramedic boards Agency X's ambulance and provides ALS service while the patient is being transported to the hospital. Agency X will be reimbursed the current BLS rate and mileage, while Agency Y will be reimbursed at the current paramedic intercept rate (ALS add-on). Agency Y cannot bill for mileage since its unit did not transport the patient.

The exception would be if the patient were removed from the BLS unit and transported in the ALS unit. Then the EMS agency providing transport may bill for the ALS services and mileage, while the BLS agency would not have any billable services.

524.4 LIMITATIONS, CONDITIONS, AND SPECIAL CIRCUMSTANCES

WV Medicaid covers transportation services subject to the following limitations conditions, and special circumstances:

- Ground and air ambulances must transport the member to the nearest facility that has the appropriate equipment and personnel necessary to diagnose and treat the member.
- Ambulance transportation from one hospital to a more distant hospital must be for specialized medical care that is not available at the first hospital.
- Ambulance transportation to or from a helipad, airport or landing zone is covered when such transportation is provided in conjunction with air ambulance transport.

524.5 NON-COVERED TRANSPORTATION SERVICES

WV Medicaid does not cover or reimburse transportation services provided to Medicaid members under the following circumstances:

- Ground or air ambulance services beyond the nearest appropriate facility.
- Scheduled air ambulance transportation without prior approval.
- Same-day, round-trip, ambulance transportation from one medical facility to another.
- Transportation to any location that does not render covered medical, diagnostic, or



therapeutic services.

- Transportation of multiple Medicaid members in the same ambulance at the same time, unless an emergency warrants that multiple patients be transported, as in the case of mass casualty incidents. In this event, mileage may be billed as if only one patient was transported.
- Transportation using inadequate or inappropriate level of staff personnel on board transporting vehicle.
- Transportation of members who do not meet the medical necessity requirements for level of service billed.
- Transportation of patient’s guardian or family members.

524.6 MANAGED CARE

Health Maintenance Organizations (HMOs) are responsible for all covered medically necessary scheduled and emergency ambulance trips that their Medicaid members require. The HMO is responsible for paying the costs associated with transporting a member when a life-threatening medical emergency exists, regardless of whether the particular ambulance is enrolled as a participant or contractor with the HMO.

Scheduled ambulance transportation services require HMO approval. Providers should follow the particular prior authorization rules of the member’s HMO.

524.7 REIMBURSEMENT AND BILLING

Attachment 3 is a list of the procedure codes for covered transportation services and the corresponding WV Medicaid reimbursement rates.

524.7.1 CODE MODIFIERS

Below is a list of the modifiers that are affixed to the procedure codes to indicate a trip’s origin or destination. The appropriate code modifier must be entered in the proper space on the CMS-1500 claim form.

- D Diagnostic or therapeutic site
- E Residential, domiciliary, custodial facility
- H Hospital
- N Skilled nursing facility
- P Physician’s office
- R Residence
- S Scene of an accident or acute event

The preceding codes are combined to report a trip’s origin and destination of a member’s trip. For example:

- EH From an extended care facility to a hospital
- EP From an extended care facility to a physician’s office
- HE From a hospital to an extended care facility
- HR From a hospital to patient’s residence
- PH From a physician’s office to a hospital



- RH From a patient's residence to a hospital
- SH From the scene of an accident to a hospital
- RPPR Van round trip from a member's residence to a physician's office and back to the member's residence

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SEPTEMBER 3, 2003

ATTACHMENT 1
MEDICAL NECESSITY CHART
FOR GROUND AMBULANCE SERVICES
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MEDICAL NECESSITY

Ambulance Transportation

Note: The listed symptoms and transport suggestions are guidelines only and are not intended to be all-inclusive or to guarantee medical necessity and payment. The medical necessity and appropriate method transport must be determined on a case-by-case basis.

On-scene condition (general)	On-scene condition (specific)	Comments and examples (not all inclusive)	Level of Service
Abdominal pain	With other signs or symptoms	Nausea, vomiting, fainting, pulsatile mass, distention, rigid, tenderness on exam, guarding.	Advanced Life Support (ALS)
Abdominal pain	Without other signs or symptoms		Basic Life Support – Non-Emergency
Abnormal cardiac rhythm/ Cardiac dysrhythmia	Potentially life-threatening	Bradycardia, junctional and ventricular blocks, non-sinus tachycardias, PVC's >6/min., bi and trigeminy, vtach, vfib, atrial flutter, PEA, asystole.	Advanced Life Support (ALS)
Abnormal skin signs		Diaphoresis, cyanosis, delayed cap refill, poor turgor, mottled, other ALS emergency conditions.	Advanced Life Support (ALS)
Abnormal vital signs (includes abnormal pulse oximetry)	With symptoms	Other ALS emergency conditions.	Advanced Life Support (ALS)
Alcohol intoxication, drug overdose (suspected)	Unable to care for self; unable to ambulate; airway at risk, pharmacological intervention, cardiac monitoring		Advanced Life Support (ALS)
Alcohol intoxication, drug overdose (suspected)	Unable to care for self; unable to ambulate; no risk to airway; no other symptoms		Basic Life Support – Non-Emergency
Allergic reaction	Potentially life-threatening	Other ALS emergency conditions, rapid progression of symptoms, prior history of anaphylaxis, wheezing, difficulty swallowing.	Advanced Life Support (ALS)
Allergic reaction	No life-threatening signs or symptoms	Hives, itching, rash, slow onset, local swelling, redness, erythema	Basic Life Support – Emergency
ALS monitoring required	Cardiac/hemodynamic monitoring required en route	Expectation monitoring is needed before and after transport	Advanced Life Support (ALS)
On-scene condition (general)	On-scene condition (specific)	Comments and examples (not all inclusive)	Level of Service
ALS monitoring required	IV meds required en route	Does not apply to self administered IV medications	Advanced Life Support (ALS)

Animal bites/sting/envenomation	Potentially life or limb-threatening	Symptoms of specific envenomation, significant face, neck, trunk, and extremity involvement; other ALS emergency conditions.	Advanced Life Support (ALS)
Animal bites/sting/envenomation	Not potentially life or limb-threatening	Local pain and swelling, special handling considerations and patient monitoring required	Basic Life Support – Emergency
Bed confined (at the time of transport)	Unable to get up from bed without assistance; and Unable to ambulate; and Unable to sit in a chair or wheelchair	Patient is being transported to medical facility for treatment, medical procedure, testing, or evaluation that is medically necessary and reimbursable by Medicaid. Also included are: admissions to and discharges from hospitals, nursing homes or other medical facilities.	Basic Life Support – Non-Emergency
Blood glucose	Abnormal - <80 or >250, with symptoms.	Altered mental status, vomiting, signs of dehydration, etc.	Advanced Life Support (ALS)
Burns	Major – per ABA	Partial thickness burns >10% TBSA; involvement of face, hands, feet, genitalia, perineum, or major joints; third degree burns; electrical, chemical; inhalation burns with preexisting medical disorders; burns and trauma	Advanced Life Support (ALS)
Burns	Minor – per ABA	Burns other than those listed in ALS	Basic Life Support – Emergency
Cardiac Arrest – Resuscitation in progress			Advanced Life Support (ALS)
Cardiac symptoms other than chest pain	Atypical pain or other symptoms	Persistent nausea and vomiting, weakness, hiccups, pleuritic pain, feeling of impending doom and other ALS emergency conditions	Advanced Life Support (ALS)

On-scene condition (general)	On-scene condition (specific)	Comments and examples (not all inclusive)	Level of Service
Choking episode		Partial or complete airway obstruction	Advanced Life Support (ALS)
Cold exposure	Potentially life or limb threatening	Body temperature <95° F, deep frost bite, other emergency conditions.	Advanced Life Support (ALS)
Cold exposure	With symptoms	Shivering, superficial frost bite, and other emergency conditions	Basic Life Support – Emergency
Convulsions/Seizures	Seizing, immediate post-seizure, or at risk of seizure & requires medical monitoring/observation.		Advanced Life Support (ALS)
Difficulty breathing	With signs and symptoms	Other ALS emergency conditions.	Advanced Life Support (ALS)

Eye injuries	Acute vision loss or blurring, severe pain or chemical exposure, penetrating, severe lid lacerations		Basic Life Support – Emergency
Heat exposure	Potentially life-threatening	Hot and dry skin, Temp >105° F, neurologic distress, signs of heat stroke or heat exhaustion, orthostatic vitals, other ALS emergency conditions	Advanced Life Support
Heat exposure	With symptoms	Muscle cramps, profuse sweating, fatigue	Basic Life Support – Emergency
Hemorrhage	Severe (quantity)	Active, uncontrolled bleeding with significant signs of shock, Active vaginal, rectal, or post-surgical bleeding, hematemesis, hemoptysis, epistaxis, other emergency conditions.	Advanced Life Support (ALS)
Infectious diseases requiring isolation procedures/public health risk			Basic Life Support – Non-Emergency
Medical device failure	Life or limb threatening malfunction, failure, or complication	Malfunction of ventilator, internal pacemaker, internal defibrillator, implanted drug delivery device	Advanced Life Support (ALS)
Medical conditions that may contraindicate transport by other means	Patient safety: Danger to self or others. Seclusion (Flight risk)	Behavioral or cognitive risk such that patient requires attendant to assure patient does not try to exit the ambulance prematurely.	Basic Life Support – Non-Emergency
Medical conditions that may contraindicate transport by other means	Patient safety. Danger to self and others. In restraints.		Basic Life Support – Emergency
On-scene condition (general)	On-scene condition (specific)	Comments and examples (not all inclusive)	Level of Service
Medical conditions that may contraindicate transport by other means	Special handling en route; Orthopedic device	Backboard, halotraction, use of pins and traction etc.	Basic Life Support – Non-Emergency
Medical Device Failure	Health maintenance device failures	O ₂ supply malfunction	Basic Life Support – Emergency
Near Drowning			Advanced Life Support (ALS)
Neurological distress	Facial drooping; loss of vision; aphasia; difficulty swallowing; numbness, tingling extremity; stupor, delirium, confusion, hallucinations, paralysis, paresis (focal weakness; abnormal movements; vertigo; unsteady gait/balance; slurred speech, unable to speak		Advanced Life Support (ALS)
Pain, severe not otherwise specified in this list	Acute onset, unable to ambulate or sit	Patient receiving out-of-hospital pharmacologic intervention	Advanced Life Support (ALS)
Pain, severe, not otherwise specified in this list	Acute onset, unable to ambulate or sit	Pain is the reason for the transport	Basic Life Support – Emergency
Poisons, ingested, injected, inhaled, absorbed	Adverse drug reaction, poison exposure by inhalation, injection or absorption		Advanced Life Support (ALS)

Post-operative procedure complications	Major wound dehiscence, evisceration, or requires special handling for transport	Orthopedic appliance; prolapse	Basic Life Support – Emergency
Pregnancy complication/ abnormal delivery		High risk delivery, newborn distress, other ALS emergency conditions	Advanced Life Support (ALS)
Pregnancy/labor/normal delivery			Basic Life Support – Emergency
Psychiatric/Behavioral	Abnormal mental status; drug withdrawal	Suicidal, homicidal, hallucinations, violent, disoriented, DT's, withdrawal symptoms, transport required by state law/court order	Basic Life Support – Emergency
Psychiatric/Behavioral	Threat to self or others, severe anxiety, acute episode or exacerbation of paranoia, or disruptive behavior		Basic Life Support – Non-Emergency
Respiratory arrest		Apnea, hypoventilation requiring ventilatory assistance and airway management.	Advanced Life Support (ALS)
On-scene condition (general)	On-scene condition (specific)	Comments and examples (not all inclusive)	Level of Service
Trauma, major	As defined by ACS field triage decision scheme	Trauma with two or more of the following conditions: Glasgow <12; systolic BP <90; RR <10 or >29; all penetrating injuries to head, neck, torso, extremities proximal to elbow or knee; flail chest; pelvic fracture; 2 or more long bone fractures; paralysis; severe mechanism of injury including ejection, death of another passenger in same compartment as patient, falls >20 feet, 20" deformity of passenger compartment, auto vs. pedestrian/bike, motorcycle accident at speeds >20 mph and rider separated from vehicle	Advanced Life Support (ALS)
Trauma	Need to monitor or maintain airway	Decreased LOC, bleeding into airway; trauma to head, face, or neck	Advanced Life Support (ALS)
Trauma	Major bleeding	Uncontrolled or significant bleeding with significant hemodynamic changes	Advanced Life Support (ALS)
Trauma	Amputation (other than digits)		Advanced Life Support (ALS)
Trauma	Suspected internal, head, chest, or abdominal injuries	Signs of closed head injury, open head injury, pneumothorax, hemothorax, abdominal bruising, positive abdomen signs on exam, internal bleeding criteria, evisceration	Advanced Life Support (ALS)

Trauma	Severe pain requiring pharmacologic pain control		Advanced Life Support (ALS)
Trauma	Suspected fracture/dislocation requiring splinting/immobilization for transport	Spinal, long bones, and joints, including shoulder elbow, wrist, hip, knee, and ankle deformity of bone or joint	Basic Life Support – Emergency
On-scene condition (general)	On-scene condition (specific)	Comments and examples (not all inclusive)	Level of Service
Trauma	Amputation – digits		Basic Life Support – Emergency
Trauma	Penetrating extremity injuries	Isolated with bleeding stopped and good CSM	Basic Life Support – Emergency
Unconscious, Fainting, Syncope	Transient unconscious episode or found unconscious	With other ALS emergency conditions	Advanced Life Support (ALS)

**CHAPTER 524
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SEPTEMBER 1, 2003**

**ATTACHMENT 2
FORM FOR MEMBER/PROVIDER VERIFICATION/CERTIFICATION
OF ATTENDANCE AT SCHEDULED MEDICAL APPOINTMENT**

PAGE 1 OF 2

RECIPIENT/PROVIDER VERIFICATION/CERTIFICATION OF ATTENDANCE

AT SCHEDULED MEDICAL APPOINTMENT

The West Virginia Medicaid Program reimburses approved providers for non-ambulance non-emergency medical transportation of Medicaid eligible individuals to scheduled medical appointments. Such reimbursement is allowed only after the transportation has been provided, and recipient attendance at the scheduled medical service verified. By affixing their signatures below on this document, the medical service provider, transportation provider, and Medicaid recipient certify that the named Medicaid recipient attended a scheduled medical appointment with the named medical provider, transported by the named transportation provider, on the date or dates indicated on this form.

Date of Scheduled Medical Appointment: ____/____/____ Appointment Time: ____:____ AM/PM

Patient's Name: _____ Medicaid I.D. Number _____

Name and Address of Medical Vendor: _____

Name and Address of Transportation Provider: _____

Vehicle Identification: _____

Time of Client Pickup: ____:____ AM/PM Mileage at Point of Pickup: _____

Time of Client Drop-off: ____:____ AM/PM Mileage at Point of Drop-off: _____

I understand that payment for the services certified on this form will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Signature of Medical Vendor's Representative: _____ Date: ____/____/____

Signature of Driver: _____ Date: ____/____/____

Signature of Medicaid Patient: _____ Date: ____/____/____

**CHAPTER 524
TRANSPORTATION
SEPTEMBER 1, 2003**

**ATTACHMENT 3
WEST VIRGINIA MEDICAID REIMBURSEMENT RATES
FOR COVERED
TRANSPORTATION SERVICES**

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REVISED SEPTEMBER 15, 2005

Air Ambulance-Rotary Wing

Code	Item	Description	Payment Rate
A0431	Base rate	All inclusive	\$940.00
A0436	Mileage	Distance patient transported	\$25.00 per mile
A0021	Ground transport	Out of State	Up to \$350.00 per occurrence

Air Ambulance - Fixed Wing

Code	Item	Description	Payment Rate
A0430	Base rate	All inclusive	\$972.00
A0435	Mileage	Distance patient transported	\$9.00 per mile
A0021	Ground transport	Out of State	Up to \$350.00 per occurrence

Ground Ambulance - Basic Life Support Emergency

Code	Item	Description	Payment Rate
A0429	Base rate	BLS, emergency transport	\$112.50
A0422	Oxygen	Unit rate	\$25.00 per unit up to a \$100.00 maximum
A0425	Mileage	Distance patient transported	\$3.80 per mile

Advanced Life Support

Code	Item	Description	Payment Rate
A0426	Base Rate	ALS, non-emergency transport	\$377.50
A0427	Base Rate	ALS, emergency transport (level 1)	\$377.50
A0433	Base Rate	ALS, emergency transport (level 2)	\$377.50
A0425	Mileage	Distance patient transported	\$3.80 per mile

Basic Life Support Non-emergency

Code	Item	Description	Payment Rate
A0428	Base rate	All inclusive	\$90.00
A0425	Mileage	Distance patient transported	\$3.80 per mile

Non-Ambulance Transportation

- a. Specialized Multi-Patient Medical Transport (SMPMT)
- b. Specialized Multi-Passenger Van Transport (SMPVT)

Code	Item	Description	Payment Rate
A0120	Base rate	Transportation to and/or from therapeutic or diagnostic medical service that is covered by Medicaid.	\$9.00
S0215	Mileage	Mileage exceeding 15 miles	\$0.66 per each mile over 15

Common Carrier

- PSC approved rate per mile

Private Vehicle

- State travel allowance per mile
- Turnpike fees
- \$5 for certain meals
- Economic room allowances

Paramedic Intercept

Code	Item	Description	Payment Rate
S0207	Base rate	Hospital based EMS agency	\$265.50
S0208	Base rate	Non-hospital based EMS agency	\$265.50