

**NEW YORK STATE
MEDICAID PROGRAM**



TRANSPORTATION PROCEDURE CODES

Only available procedure codes and their definitions, not approved fees, are listed in this document.

For fee information, please contact the Office of Health Insurance Programs Medicaid Transportation Policy Unit.

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Ambulance – Category of Service 0601

Note: While these codes are recognized by Medicaid, not all codes have dollar amounts assigned to them for each county.

Procedure	General Description	Procedure	General Description
A0021	OUTSIDE STATE AMBULANCE SERV	A0396	ALS ESOPHAGEAL INTUB SUPPLS
A0080	NONINTEREST ESCORT IN NON ER	A0398	ALS ROUTINE DISPOSBLE SUPPLS
A0090	INTEREST ESCORT IN NON ER	A0420	AMBULANCE WAITING TIME 1/2 HR
A0100	NONEMERGENCY TRANSPORT TAXI	A0422	AMBULANCE OXYGEN LIFE SUSTAINING
A0110	NONEMERGENCY TRANSPORT BUS	A0424	EXTRA AMBULANCE ATTENDANT
A0120	NONER TRANSPORT MINI-BUS	A0425	GROUND MILEAGE
A0130	NONER TRANSPORT WHEELCH VAN	A0426	ADVANCED LIFE SUPPORT 1 NONEMERGENCY
A0140	NONEMERGENCY TRANSPORT AIR	A0427	ADVANCED LIFE SUPPORT 1 EMERGENCY
A0160	NONER TRANSPORT CASE WORKER	A0428	BASIC LIFE SUPPORT NONEMERGENCY
A0170	TRANSPORT PARKING FEES/TOLLS	A0429	BASIC LIFE SUPPORT EMERGENCY
A0180	NONER TRANSPORT LODGNG RECIP	A0430	FIXED WING AIR TRANSPORT
A0190	NONER TRANSPORT MEALS RECIP	A0431	ROTARY WING AIR TRANSPORT
A0200	NONER TRANSPORT LODGNG ESCRT	A0432	ALS-ASSIST OR PARAMEDIC INTERCEPT
A0210	NONER TRANSPORT MEALS ESCORT	A0433	ADVANCED LIFE SUPPORT 2 EMERGENCY
A0225	NEONATAL EMERGENCY TRANSPORT	A0434	SPECIALTY CARE TRANSPORT - ALS
A0380	BASIC LIFE SUPPORT MILEAGE	A0435	FIXED WING AIR MILEAGE
A0382	BASIC SUPPORT ROUTINE SUPPLS	A0436	ROTARY WING AIR MILEAGE
A0384	BLS DEFIBRILLATION SUPPLIES	A0800	AMB TRANS 7PM-7AM
A0390	ADVANCED LIFE SUPPORT MILEAG	A0888	NONCOVERED AMBULANCE MILEAGE
A0392	ALS DEFIBRILLATION SUPPLIES	A0998	AMBULANCE RESPONSE/TREATMENT
A0394	ALS IV DRUG THERAPY SUPPLIES	A0999	UNLISTED AMBULANCE SERVICE

Ambulette, Taxi/Livery/Van - Categories of Service 0602, 0603, 0605, 0606

The following procedure codes will be available on or after April 27, 2011.

Note: While these procedure codes are recognized by Medicaid, not all codes have dollar amounts assigned to them for each county.

HCPCS Code	Definition
A0100	Taxi: local trip or trip within the common medical marketing area
S0215	Taxi/livery/van mileage
A0110	Van transportation by county-based provider (e.g., public transit)
A0120	Van transportation by private vendor
A0130	Ambulette: local trip or trip within the common medical marketing area
T2004	Ambulette: One Way Trip
S0209	Ambulette mileage
T2005	Ambulette Stretcher transportation
T2049	Ambulette Stretcher mileage
A0170	Parking fees & Thruway/Bridge/Tunnel Tolls

The following modifier codes will be available on or after April 27, 2011.

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Modifier	Definition
AX	Dialysis transportation
CG	Unassigned – available for extraordinary transports
HA	Transport to a child/adolescent program
HC	Transport to a non-geriatric program
HE	Transport to a mental health program
HF	Transport to a substance abuse program
HG	Transport to an addiction program
HH	Transport to an integrated mental health/substance abuse program
HI	Transport to an integrated mental health/developmental disabilities program
HK	Transport to specialized programs for high-risk populations
SC	Transportation service not otherwise defined
TF	Intermediate level of care
TG	Complex/high level of care
TJ	Group Ride of children/adolescents
TK	Extra passenger
TN	Transport outside the common medical marketing area
TU	After-hours transportation
TV	Holiday/weekend transportation