

July 13, 2023

## Reminders Regarding Transportation Billing to HPSM

Dear providers,

This notification is to clarify important billing reminders for our non-emergency medical transport providers.

### Use HCPCS code:

- **A0380** to bill ground mileage for litter-van and wheelchair transportation for non-emergency services only (basic life support mileage per mile for use for wheelchair and litter van transports only).
- **A0425** to bill for ambulance transportation mileage for both emergency and non-emergency services, (ground mileage, per statute mile for use for ambulance transports only).

### Reminders:

- Each leg of the trip must be submitted on a separate service line. Do not submit roundtrip charges on the same claim line.
- Mileage must be submitted with the corresponding origin and destination modifier.
- Total unit value should reflect the total miles from the point of recipient pick-up to destination for a single leg of the trip.
- The complete origination and destination addresses, including city and ZIP code, must be indicated in the Additional Claim Information field (Box 19) of the claim. See *the example below*.
- Night Calls – (Transportation responses between the hours for 7 p.m. and 7 a.m.) – append modifier UJ (services provided at night) in the primary position and indicate the start and stop time of the service in the Additional Claim Information field (Box 19) of the CMS-1500 claim form. This applies to providers submitting using HPSM's online portal, eHEALTHsuite.

Payment for claims that do not conform to the requirements above are subject to payment delays or denials.

More information regarding HPSM's billing policy for NEMT can be found in the Medi-Cal manual and HPSM's website: <https://www.hpsm.org/docs/default-source/provider-services/hpsm-nemt-authorization-faqs.pdf>

Please direct questions to HPSM Provider Services at [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org).

Thank you for your continued commitment to our community,  
The Health Plan of San Mateo

*Example:*

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.		15. OTHER DATE QUAL. MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <b>DR. BOB SMITH</b>		17a.	
		17b. NPI	<b>0123456789</b>
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) <b>RESPONSE TO CALL/ROUND TRIP TRANS ON THE SAME DAY OF SER. FROM PAT HOME AT 509 OAKS ST., ANYTOWN, CA 95831 TO ANYTOWN DIALYSIS CLINIC 401 JAY ST., ANYTOWN, CA 95831 (10:15) &amp; RETURN TRIP TO PAT. HOME (13:45)</b>			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)			
A. _____	B. _____	C. _____	D. _____
E. _____	F. _____	G. _____	H. _____
I. _____	J. _____	K. _____	L. _____