

Non-Emergency Medical Transportation Provider Billing in NCTracks

Effective dates:

Effective with dates of service September 1, 2016, Non-Emergency Medical Transportation (NEMT) providers contracted with Alamance, Catawba, Cumberland, Franklin, Lincoln and Rowan counties will be able to submit claims to NCTracks for reimbursement. Providers contracted with all other counties will continue to receive reimbursement from the county until December 31, 2016. All other counties will begin submitting claims for NEMT services to NCTracks effective with dates of service of January 1, 2017.

Claim type:

Providers are required to submit professional claims (CMS-1500/837P)

Diagnosis code:

An ICD-10-CM diagnosis code is required on all claims. Diagnosis code Z76.89 is recommended.

Procedure codes:

Use the following procedure codes:

- A0100 - NONEMERGENCY TRANSPORTATION; TAXI
- A0110 - NONEMERGENCY TRANSPORTATION AND BUS, INTRA OR INTER STATE CARRIER
- A0120 - NONEMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, OR OTHER TRANSPORTATION SYSTEMS
- A0130 - NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN
- A0140 - NONEMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMMERCIAL) INTRA- OR INTERSTATE
- A0999- UNLISTED AMBULANCE SERVICE

Modifiers:

A modifier is not required on the claim.



Dates of Service and Units:

- Units of service as well as dates of service are required on all details.
 - Dates of service must always include a From date and To date..
 - A unit is defined as transport from the point of origin to destination. For example:
 - If the recipient is transported from home to a dialysis clinic, 1 unit is billed.
 - When multiple trips for a single procedure code are provided on the same date, the units should reflect the number of trips.
 - If the recipient is transported by taxi from home to a dialysis clinic, then later that same day the recipient is transported by taxi from the dialysis clinic to home, the claim detail line will reflect A0100 and 2 units of service.
- Date spans on a claim detail are not allowed. Services for each date of service should be billed on a separate detail line.
 - Multiple dates can be billed on the same claim, but date spans on an individual claim detail line are not allowed. Each claim detail line should include a single to and from date of service.

Place of Service:

The Place of Service (POS) code is required on all claims. Choose the appropriate code from the following:

- 99 for taxi, bus, mini-bus, van
- 41 for ambulance – land
- 42 for Ambulance – air or water

Taxonomy:

A provider taxonomy code is required on all claims. Use taxonomy 343900000X – Non-emergency Medical Transport.

Authorization Information:

Service authorization is handled by the county Department Social Services (DSS) of the person requesting transport.

- Payment Authorization (PA) from the authorizing county is required prior to claim submission.
- Claims will be priced using the amount authorized by the county DSS.
- Service billed must match the service authorized by the county DSS.
- Questions regarding prior approval should be directed to the county DSS from which transportation request originated.



NEMT specific claim EOB information:

- **EOB 01701 - NEMT SERVICES REQUIRE NEMT PRIOR APPROVAL. PLEASE REQUEST PRIOR APPROVAL OR VERIFY CLAIM DETAILS MATCH PRIOR APPROVAL RECEIVED FROM LOCAL DSS OFFICE.**

Claims suspend when no PA match is found for the claim submitted. In order for the claim to match to the approved PA, the PA type, recipient identification number, billing provider, procedure code, and dates must match. When a PA match is not found the claim will suspend for 14 days to allow time for a PA update to occur. After 14 days if no PA match is found, the claim will deny EOB 1701.

- **EOB 01702 - NEMT SERVICES DENIED. NEMT PA APPROVED AMOUNT HAS BEEN EXHAUSTED.**

Claims deny when a PA match is found but the remaining dollar amount is zero and there are no other matching authorizations available.

- **EOB 03500 – CLAIM LINE CUTBACK TO MAXIMUM ALLOWED BY PA.**

Claims pay a reduced amount when the remaining balance on the authorization is less than the claim detail line billed charges. In this case the reimbursement is cutback to the available amount remaining on the PA.

Providers should note that recipients covered by the State Children’s Health Insurance Program (SCHIP) are not eligible for NEMT services.

Providers can find additional information regarding training on the [Provider Training page](#) within the [NCTracks Provider Portal](#).