



**Non-Emergent Transport and Lodging Reimbursement Policy**

<b>Policy Number</b>	2017RP509A	<b>Annual Approval Date</b>	06/07/2017	<b>Approved By</b>	Optum Behavioral Reimbursement Committee
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**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.*

*Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member's benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.*

*Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.*

*\*CPT® is a registered trademark of the American Medical Association*

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**Applicability**

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Policy**

**Overview**

This policy addresses reimbursement related to ambulance transportation and services included as part of an ambulance transportation service.



## Reimbursement Guidelines

Generally, non-emergent transportation and housing is not considered a covered service. The below travel or transportation services are excluded from coverage.

Travel or transportation expenses excluded from coverage, but are not limited to:

- Travel on a commercial airline or train
- Rental car expenses
- Mileage reimbursement for driving a personal vehicle
- Lodging
- Meals
- Non-emergency ambulance or medical transport services
- Non-emergency transport services that accommodate lifters and wheelchairs

## Codes (Note: This list of representative codes and is not intended as exhaustive of all relevant codes.)

HCCP Codes	Description
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest
A0100	Nonemergency transportation; taxi
A0110	Nonemergency transportation and bus, intra- or interstate 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
A0160	Nonemergency transportation: per mile - caseworker or social worker
A0170	Transportation ancillary: parking fees, tolls, other
A0180	Nonemergency transportation: ancillary: lodging, recipient
A0190	Nonemergency transportation: ancillary: meals, recipient
A0200	Nonemergency transportation: ancillary: lodging, escort
A0210	Nonemergency transportation: ancillary: meals, escort
S9975	Transplant related lodging, meals, and transportation, per diem
S9976	Lodging, per diem, not otherwise specified
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion
S9996	Meals for clinical trial participant and one caregiver/companion
T2001	Nonemergency transportation; patient attendant/escort
T2002	Nonemergency transportation; per diem
T2003	Nonemergency transportation; encounter/trip
T2004	Nonemergency transport; commercial carrier, multipass
T2005	Nonemergency transportation; stretcher van



T2049	Nonemergency transportation; stretcher van, mileage; per mile
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<b>Resources</b>
Centers for Medicare and Medicaid Services, CMS Manual System and other publications and services

<b>History / Updates</b>	
March, 2019	Annual review
April, 2018	Annual review
June, 2017	New

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