

Important Notice for Ambulance Service Providers

IlliniCare Health is notifying all ambulance service providers of important information that needs to be included on paper and EDI claims. Below are specifications that must be included in all emergent and non-emergent transportation claims.

Information regarding electronic claims submission:

2300	NTE	CLAIM NOTE	DESCRIPTION
2300	NTE01	Note Reference Code	ADD Must use "ADD" when the services require additional information to be reported.
2300	NTE02	Claim Note Text	For all claims that are special priced, include the appropriate required detail in this section. For emergency and non-emergency transportation claims, this element will contain the State, Vehicle License Number, Origin Time, and Destination Time. See section on Transportation claims under the Payer Specific Business Rules and Limitations section for more detail.
2300	CR1	Ambulance Transport Information	
2300	CR106	Transport Distance	Transportation providers must report the number of "loaded" miles.
2310E	AMBULANCE PICK-UP LOCATION: This Loop is required for all transportation claims. Please follow the 5010 Implementation Guide for details		
2310E	NM1	Ambulance Pick-up Location	
2310E	N3	Ambulance Pick-up Location Address	
2310E	N4	Ambulance Pick-up Location City, State, ZIP Code	
2310F	AMBULANCE DROP-OFF LOCATION: This Loop is required for all transportation claims. Please follow the 5010 Implementation Guide for details		
2310F	NM1	Ambulance Drop-off Location	
2310F	N3	Ambulance Drop-off Location Address	
2310F	N4	Ambulance Drop-off Location City, State, ZIP Code	

Transportation Claims: Information Required

A diagnosis code is required on all 5010 transportation claims. If the diagnosis code is provided by the treating physician or other practitioner, enter the code in the HI*BK segment of the 2300 loop. If there is no diagnosis code available, transportation providers can use a default ICD-9 code of 799.9. Note: Effective 10/01/2013, the new ICD-10 code set will be implemented, thus making the ICD-9 code value invalid. A valid ICD-10 code must be used on all claims with a service date of 10/01/2013 and after. Transportation claims, emergency and non-emergency, must report specific information about the trip in the NTE 2300 Loop. If this information is not included, the claim will be rejected.

The following information must be included in the Loop 2300 Claim Note, within the NTE02 element:

- State code
- Vehicle license number
- Origin time
- Destination time

The information contained in this field will apply to all service sections unless overridden in the 2400 Loop. Information in each field must be separated by a comma.

NTE01: Value "ADD"

NTE02: State or Province Code, Vehicle License Number, Origin Time, Destination Time

Example: NTE*ADD*
IL,12345678,1155,1220

NOTE: The State or Province Code, Origin Time and Destination Time fields must contain the length per field as listed above. Vehicle license number may vary from 1 to a maximum of 8 characters. If the license plate number is less than 8 characters, left justify and space fill.

Examples:

1. State Code, Vehicle License #, Origin Time, Destination Time:
IL,12345678,1155,1220
2. Pick up and drop off addresses:

Transportation Modifiers – Emergency Transportation Claims

****Please note that transportation modifiers apply to both EDI and paper claims**

Place Codes for origin and destination will be reported using Procedure Modifiers, and they will be reported with each procedure code billed. The one-digit modifiers are combined to form a two-digit modifier that identifies the transportation provider's place of origin with the first digit, and the destination with the second digit.

FIELD LENGTH	DESCRIPTION
2	State or Province Code (Use Code source 22: States and Outlying Areas of the U.S.)
8	Vehicle License Number
4	Origin Time: Time expressed in 24-hour clock time as follows: HHMM, where H = hours (00-23), M = minutes (00-59)
4	Destination Time: Time expressed in 24-hour clock time as follows: HHMM, where H = hours (00-23), M = minutes (00 59)

MODIFIER	DESCRIPTION
D	Diagnostic or therapeutic site, other than P or H when used as an origin code
E	Residential facility
H	Hospital
N	Skilled nursing facility
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	Destination code only, intermediate stop at physician's office on the way to the hospital

If you have any questions about submitting claims, please contact Provider Services at 866-329-4701.

Information regarding paper claims submissions:

Below, please find instructions for the Illinois Department of Healthcare and Family Services required data in paper transportation claims including ambulance claims. The required information is to be populated in all transportation paper claims as follows:

1. Origin and destination addresses for all transportation claims
Please use box 24. In the shaded area please add FR and TO on separate lines to identify the following:

- Specify the origin street number, street name, city, state and zip 5 using “FR”

Example: FR,1234Main Street, Chicago, IL,60630

- Specify the destination street number, street name, city, state and zip 5 using “TO”

Example: TO,9876 Hospital Street, Chicago, IL,60605

2. State or Province Code, Vehicle License Number, Origin Time, Destination Time

- Please use box 19 with the exact formatting below
- The State or Province Code, Origin Time and Destination Time fields must contain the length per field as listed below.
- Vehicle license number may vary from 1 to a maximum of 8 characters. If the license plate number is less than 8 characters, left justify and space fill.
- Each field must be separated with a comma.

FIELD LENGTH	DESCRIPTION
2	State or Province Code (Use Code source 22: States and Outlying Areas of the U.S.)
8	Vehicle License Number
4	Origin Time: Time expressed in 24-hour clock time as follows: HHMM, where H = hours (00-23), M = minutes (00-59)
4	Destination Time: Time expressed in 24-hour clock time as follows: HHMM, where H = hours (00-23), M = minutes (00 59)

EXAMPLE

State Code, Vehicle License #, Origin Time, Destination Time

- The state that licensed the vehicle is Illinois
- The license number is 12345678
- The origin time was 11:55 am
- The destination time was 2:20 pm

Box 19 on the claim form should look like this:

IL, 12345678, 1155, 1420

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