5101:3-4-06.1 **Physician attendance during patient transport.**

(A) The following paragraphs apply to patient transports for both pediatric patients twenty-four months or less in age and patients older than twenty-four months:

(1) Face-to-face time begins when the physician assumes responsibility of the patient at the referring facility/hospital and ends when the receiving facility/hospital accepts responsibility for the patient's care. Only the time the physician spends in direct face-to-face contact with the patient during the transport should be billed.

(2) Services provided by other members of the transport team must not be billed by the physician but must be billed by the transportation company, e.g. ambulance provider

(3) Routine monitoring evaluations, e.g. heart or respiratory rate, blood pressure, pulse oximetry, and the initiation of mechanical ventilation are included in the face-to-face time reported in the patient transport codes and will not be paid separately

(4) The direction of emergency care to transporting staff by a physician located in a hospital/facility by two-way communication is not considered direct face-to-face care and must not be reported using the patient transport codes.

(5) The patient transport services are covered by the department only if the service is personally provided by a physician.

(6) The codes for the initial care of the critically ill or critically injured patient should be billed only once on a given date.

(7) "CPT" as referenced in this rule is defined in rule 5101:3-1-19.3 of the Ohio Administrative Code.

(B) The following paragraphs apply to patient transports of pediatric patients:

(1) The procedure codes 99289 and 99290 for pediatric patient transport found in rule 5101:3-1-60 of the Administrative Code are used to report the physical attendance and direct face-to-face time spent by a physician during the inter-agency transport of a critically injured or critically ill pediatric patient twenty-four months of age or less.

(2) These procedure codes are time-based. Pediatric patient transport services involving less than thirty minutes of face-to-face physician care should not be reported using the patient transport codes.

(3) Certain procedures are included in the global critically ill or critically injured pediatric patient transport codes and should not be billed separately. These procedures are specified in the pediatric critical care patient transport section

of the CPT.

(C) The following paragraphs apply to patient transports for individuals older than twenty four months of age:

(1) Critical care codes 99291 and 99292 should be billed when a physician is in attendance during the transport of a critically ill or critically injured patient over twenty-four months of age to and from a facility/hospital.

(2) When billing the critical care codes specified in paragraph (C) (1) of this rule for a patient transport, the provider must modify the code by "UB" to indicate that the code is being billed for a patient transport for a critically ill or injured patient over twenty-four months of age. When billing 99292 for a critically ill patient who has had a physician in attendance during the patient transport and then received critical care in the hospital, bill 99292 UB for the time the physician spent in attendance during the transport. Bill code 99292 unmodified for the time spent providing critical care in the hospital.

(3) The policies and specified in paragraph (G) of rule 5101:3-4-06 of the Administrative Code apply to patient transports billed with critical care codes, except for the maximum of two hours reimbursable for these codes.

~~(A) The procedure codes 99289 and 99290 for patient transport found in rule 5101:3-1-60 of the Administrative Code are used to report the physical attendance and direct face-to-face time spent by a physician during the inter-agency transport of a critical care patient. Face-to-face time begins when the physician assumes primary responsibility of the patient at the referring facility/hospital and ends when the receiving facility/hospital accepts responsibility for the patient's care. Only the time the physician spends in direct face-to-face contact with the patient during the transport should be billed.~~

~~(B) These procedure codes are time-based. Patient transport services involving less than thirty minutes of face-to-face physician care should not be reported using the patient transport codes.~~

~~(C)~~(D) ~~Services provided by other members of the transport team should not be billed by the physician but should be billed by the transportation company, e.g. ambulance provider~~.

~~(D)~~(E) ~~Routine monitoring evaluations, e.g. heart or respiratory rate, blood pressure, pulse oximetry, and the initiation of mechanical ventilation are included in the face-to-face time reported in the patient transport codes and will not be paid separately.~~

~~(E)~~(F) ~~The direction of emergency care to transporting staff by a physician located in a~~

~~hospital/facility by two-way communication is not considered direct face-to-face care and should not be reported using the patient transport codes.~~

~~(F)~~(G) ~~The patient transport codes are covered by the department only if the service is personally provided by a physician~~.

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